



North West

North West Education

Commissioning Plan

Refresh 2012/13 to 2014/15

Consultation Document

January 2012

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1. Executive Summary

The core purpose of the Education Commissioning plan is to ensure there is an appropriate supply of clinical staff who have the skills, knowledge, values and attitudes to meet the needs of patients, carers and healthcare employers. Central to this is the recognition that users of healthcare services should expect the highest level of safe and individualised care and that staff are able to access high quality education and training based on the best available evidence.

The 2012/13 Commissioning Plan is a refresh of the three year Commissioning Plan covering the period 2010/11 to 2012/13. The plan provides an update on the commissioning activity and assumptions for 2012/13 and provides indicative commissioning intentions up to 2014/15.

The plan has been developed through key themes and issues identified from a range of sources including the North West Workforce, Education Commissioning and Education Strategy, previous NHS North West annual commissioning plans, local workforce plans, the Centre for Workforce Intelligence Risk Assessments and other sources of workforce information identified in the plan.

The commissioning plan reflects education themes within the NHS Operating Framework 2012/13, published in December 2009, and the MPET Service Level Agreement with the Department of Health. It is supported by Education Governance and contractual frameworks and supports the NHS Constitution.

The key messages in the plan are:

- **NHS Constitution** – the principles and values of the NHS Constitution embedded within training programmes commissioned by the SHA which support positive attitudes and behaviours.
- **Commissions** – delivering a 16% reduction on commissions over the period 2010/11 to 2013/14 to reflect reduced demand for newly qualified staff and improvements in retention of students.
- **Health Visitors** - Increasing numbers of Health visitors and Family Nurse Partnerships as a key priority reflected in the Operating Framework.
- **Improving access to Psychological Therapies (IAPT)** - Increasing numbers of IAPT therapists at both high and low intensity as priority reflected in the Operating Framework and 4 Year Action Plan.
- **Supporting unemployed health graduates** – Ensuring that graduates who cannot find employment on qualification are not lost to the system.
- **Military and Veterans Health** – Ensuring the principles of the Armed Forces Covenant are met including supply of Prosthetists and associated professions and implementing NW IAPT Veterans Initiative
- **Workforce modernisation** – ensure supply of assistant and advanced practitioners against background of loss of HEFCE funding.
- **Operating Framework and QIPP** – aligning QIPP plans to workforce plans and using education commissioning to support as appropriate,

amongst others: workforce productivity, increasing community and primary care services, Impact of new technology and innovation, Pathology Modernisation, long term conditions, the dementia strategy, maternity care, public health safeguarding and supporting positive experiences of care.

- **CPD Strategy** - Implementation for the CPD strategy
- **Vocational Learning (Bands 1 to 4)** - Developing 'Apprenticeships in the NHS'
- **Efficiency and Productivity** – ensuring efficiencies savings are achieved to meet financial pressures including inflation, operating framework and MPET priorities including Health Visiting and IAPT.
- **Education Management and Infrastructure** – performance management and quality assurance of education and learning, practice learning and placement activity, innovation in learning including Technology Enhanced Learning

2. Consultation

This plan is subject to consultation managed through the Network Leadership Groups and stakeholder forum. Responses to the following consultation questions are being sought:

1. Has the Education Commissioning Plan identified the appropriate Strategic context?
2. Are there other key factors that need to be considered?
3. Are the commissioning intentions outlined in part B of the Commissioning Plan for each of the groups appropriate? If not how should they change?
4. Does the Plan reflect the need to support service transformation and organisational changes, encouraging innovation in workforce development, the impact of QIPP and changes in service delivery?
5. Does the plan recognise the wider impact of changes in commissioning levels across all disciplines, including medicine and dentistry?
6. Have you any other comments or suggestions you would like to give?

This consultation paper will be published alongside the North West Education Commissioning Plan which can be accessed through the eWin website at:

<https://northwest.ewin.nhs.uk/knowledge/resource/484>

The consultation will be open until 5.00pm on the 17 February 2012. Respondents can either use this template and return via the email address below or respond by mail to:

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PART A

1. Introduction

The 2012/13 Commissioning Plan is a refresh of the three year Commissioning Plan published in December 2010 and which covered the period 2010/11 to 2012/13. This is aligned with the pledges of the “*North West Workforce, Education Commissioning and Education and Learning Strategy*” published in 2008. The refreshed plan provides an update on the commissioning activity and assumptions in the original plan and provides indicative commissioning intentions for a further year to 2014/15. The 2010/11 to 2012/13 commissioning plans can be access at:

<http://www.ewin.northwest.nhs.uk/knowledge/resource/48>

The SHA will continue to work with partners from both education and service locally, regionally and nationally to ensure that the commissioning is plan is delivered. The North West is recognised as having strong collaboration between the SHA, service providers and the education sector and it is essential that this is built upon during what will be challenging times for all and is intended that this plan will help to contribute towards this.

2. Strategic Context

Education and learning plays a central role in the delivery of safe and effective patient care across the health sector and the SHA remains committed to supporting this through the commissioning of high quality education and learning. The Commissioning Plan aims to support the NHS to meet the challenges of the current financial climate while ensuring it supports delivery of national and local priorities through the Operating Framework, local workforce plans and QIPP.

3. Local Context

NHS North West has a current annual multi-professional education and training (MPET) budget of over £680m which funds education for healthcare professions, doctors in training and clinical infrastructure support for medical and dental students. There are around 20,000 learners on commissioned education programmes leading to a professional qualification. In addition, NHS North West commissions significant amounts of other education including post-qualification (PQ) education. The NHS in the North West employs over 180,000 staff, of which over 83,000 are professionally qualified clinical staff. In addition, it is estimated that there may be more than 9,000 professional qualified staff working in non-NHS settings including the voluntary, independent and private sectors.

NHS North West has formal contracts with 13 universities delivering a wide range of vocational and non-registered, pre-registration and post qualifying

education. NHS North West successfully implemented the Standard National Contract framework and, where applicable, the national benchmark price across all its partner universities, drove forward a common learning and development agreement and invested in the development of clinical skills and support for the newly qualified healthcare practitioners. Alongside the University contracts NHS North West has agreed Learning and Development Agreements (LDAs) covering all Trusts and PCTs in the region.

There remains a need to ensure that the healthcare sector has an appropriately educated and trained workforce to meet the needs of employers. To ensure delivery of this workforce NHS North West requires an education commissioning plan that:

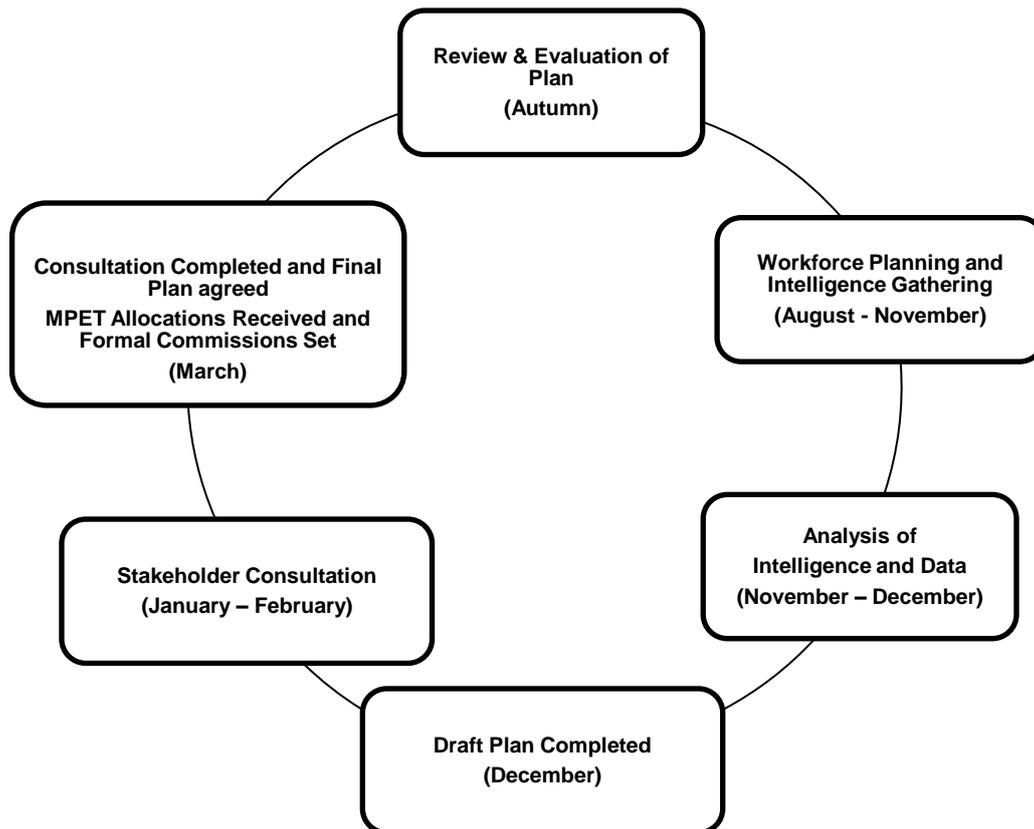
- Delivers within available resources
- Meets local needs, contributes to the national supply as appropriate and fulfils the requirements of the MPET Service Level Agreement with the Department of Health
- Supports the supply of an affordable and flexible workforce
- Addresses key risk areas of shortage
- Enables partners to own commissioning decisions made
- Ensures robust performance management and quality
- Mitigates against excessive oversupply
- Maintains a supportive but flexible educational infrastructure.

Over the three year period 2009/10 to 2012/13 a 14% reduction in commissions will be achieved with a further 2% reduction in 2013/14. These reductions reflect known or planning reductions or changes in skill mix in the workforce. This will in turn lead to a reduction in higher education contract expenditure of 18% in this period which contributes towards the cost efficiency savings required of the MPET budget.

4. Education Commissioning Process

The process for developing the commissioning plan is a cyclical one which is informed by intelligence and data from a range of sources both locally, regionally and nationally.

The timescales are driven by key target dates but are also subject to review through detailed analysis of the intelligence and data and through formal stakeholder consultation. It is also dependent on mapping activity against MPET allocations including any need to deliver efficiency savings and signing off finance and activity contract schedules with HEIs. The commissioning cycle is described below:



5. Liberating the NHS: developing the healthcare workforce

In response to the structural and organisational changes to education and training resulting from '*Liberating the NHS- developing the healthcare workforce*' NHS North West will work with the newly established Network Leadership Groups (NLGs) to develop a new model for education commissioning during 2012/13 which reflects these new groups and other emerging bodies both locally and nationally.

While the SHA will remain accountable for Education Commissioning until the transition to the new system in April 2013 but will work with the NLGs to review the process for education commissioning and enable the NLG to own and lead the process in 2012/13. NHS North West have established three NLGs covering:

- Cheshire & Mersey
- Cumbria & Lancashire
- Greater Manchester

These groups first met in November 2011 and within their Terms of Reference they were established to be able to be fully involved in the education commissioning plan for 2012/13. The groups received a briefing paper outlining the commissioning process and interim commissions along with the summary workforce plan. This refresh of the Education Commissioning Plan has begun the focus on the way in which education commissioning is reflected in each NLG; the process will be further developed during the

commissioning cycle in 2012/13 in preparation for the 2013/14 plan. The NLGs agreed that:

1. Copies of the plan will be presented at the NLG Meetings in January 2012 for consideration and agreement for wider consultation
2. NLG s will consider responses to the consultation in February and March 2012 and agree the final plan.
3. The Education Commissioning Team will set final commissions and contract schedules for agreement by HEIs for signing by 31 March 2012

6. NHS Constitution

The Commissioning Plan need to ensure that it supports the principles and values within the NHS Constitution as well as ensuring it supports the delivery of the pledges, rights and responsibilities within it. These need to be embedded within training programmes commissioned by the SHA and this will be monitored through the contract quality assurance and performance management framework and through facilitating patient, carer, staff and employer involvement in course design and delivery.

7. Approach Taken for 2012/13 Commissioning Plan

The 2012/13 commissioning plan is to be an overarching regional plan but will identify activity by each Network Leadership Group (NLG) as appropriate (Appendix 1). The current 3 year plan is due for fundamental review during 2012/13 and will reflect the final structures for NLGs and the legal entity for the plans for 2013/14 onwards.

8. Commissioning Plan Headlines

The key priorities for the plan have been derived from evidence derived from a variety of sources as outlined in the appendix and in particular from the local workforce plans, the NHS Operating Framework 2012/13, Workforce Risk and Opportunities Summaries (published by the Centre for Workforce Intelligence), previous Commissioning Plans and HEI performance and quality assurance (Appendix 2):

- **Health Visitors** - Increasing numbers of Health visitors and Family Nurse Partnerships remains a key priority reflected in the Operating Framework. The additional education costs for commissioning the extra numbers will be a specific funding requirement. The North West overall has the lowest target because of our relatively high numbers of health visitors
- **Improving access to Psychological Therapies (IAPT)** - Increasing numbers of IAPT therapists at both high and low intensity remains a

priority reflected in the Operating Framework. The additional education costs for commissioning the extra numbers will be a specific funding requirement.

- **Supporting unemployed health graduates** - There is an expectation that although most nursing and Allied Health professional graduates who qualify in 2011/12 have gained employment that position will change in 2012/13. Funding to support this situation may become a priority to ensure these graduates are not lost to the system. There is already a newly qualified graduates group that works to support initiatives to mitigate such unemployment.
- **Military and Veterans Health** – Ensuring the principles of the Armed Forces Covenant are met by ensuring supply of Prosthetists to meet national demand; commissions from associated professions matches demand (physiotherapy); implementing NW IAPT Veterans Initiative to provide access to veterans across the region; liaising with SHA Armed Forces Network on workforce issues
- **Commissions** – the final planned reductions outlined in the 3 year plan will be implemented. Additional reductions are recommended as described in Part 2 of this plan.
- **Operating Framework and QIPP** – aligning QIPP plans to workforce plans and using education commissioning to support as appropriate, amongst others: workforce productivity, increasing community and primary care services, Impact of new technology and innovation, Pathology Modernisation, long term conditions, the dementia strategy, maternity care, public health safeguarding and supporting positive experiences of care.

There are also significant drivers impacting on specific services and professions including:

- Professional Modernisation and in particular implementation of degree only Nursing and Modernising Scientific Careers
- Implementation for the CPD strategy
- Contract performance management and quality assurance,
- The Workforce Strategy review
- Bursaries modernisation
- Practice Learning and placement activity
- Technology Enhanced Learning

- Workforce modernisation – demand for assistant and advanced practitioners and impact of HEFCE funding changes
- Support of Bands 1-4 including Apprenticeships

These headlines may change following consultation on the Commissioning Plan, requirements from the MPET SLA and the final funding allocations.

9. Workforce Planning 2010-2015

The Northwest Integrated Business and Workforce Planning Process 2011 – 2016 is published alongside the Education Commissioning Plan. The report outlines the structure and timescales for the 2011 to 2016 workforce planning process together with the interim commissioning intentions. The plan is a refresh of the annual workforce plans completed in December 2009 and September 2010 and which are covered in the five year planning cycle. The refreshed plan provides an update to:

- The 10 year workforce “Northwest Workforce, Education Commissioning and Education and Learning” strategy
- Inform the NHS single operating plans for 2012 / 2013
- Give a direction and indication of the education commissioning intentions for 2014 / 2015 and cause, effect and impact on continuing professional development (CPD)
- Outline contingencies that will need to be placed over the next 3 years where the potential supply into the system may in some areas exceed the demand required from bottom up plans by NHS providers
- Provide evidence to the Network Leaders Groups (NLGs)
- Focus on key priority areas around health visiting, midwifery, increased access to psychological therapies (IAPT) and the cancer workforce
- The paper focuses on nursing and midwifery, specialist practitioner, allied health professional and modernisation workforce. At this stage, the paper does not include the medical and dental demand or healthcare sciences which will be added as an addendum when complete.

The NHS Northwest received a wide variety of narrative submissions and workforce strategies prepared by the provider gave a detailed insight into the general issues NHS providers are facing:

- Overall participation in the workforce planning process has been very good with only a small number of trusts not participating in each NLG cluster
- The quality of the narratives has been excellent and gives a good insight into the trusts along strategic intents, major issues,

modernisation, QIPP, education and management learning needs and overall issues with the organisation.

- For newly qualified staff / band 5 is significantly less than in previous years against a static out-turn of students from university year on year. Newly qualified nurses impacted the most with many trusts not recruiting or re-deploying existing staff.
- Cash improvement programmes are cutting deep into workforce-reducing costs whilst maintain quality and safe services – workforce having to go the extra mile
- Pending further 1.5% reduction in tariff for 2012/2013 in Single operating plan
- Providers are recruiting health visitors and midwives but Service Commissioners need to release and invest the money in increasing the services
- Delivering QIPP is challenging beyond level 1 and 2 is proving challenging.
- Transforming Community Services is taking time as providers begin to understand how the community workforce operates
- Providers are looking to transform care pathways
- The range and breadth of challenges from a PESTLE perspective are immense
- Some trusts are struggling to recruit some medical specialties and other clinical staff, and have resorted to growing their own workforce via succession planning and skills and competencies planning
- Reconfiguration, consolidation and integration of trusts are challenging and seen staff being re-deployed rather than recruiting newly qualified staff.

The narratives are very detailed but some of the specific issues having a cause, effect and impact

- Demand for newly qualified AHP again is low; the AHP Northwest Network is considering alternative methods for recruiting newly qualified band 5 via different schemes of bank, agency, job share, part-time and guaranteed contracts.
- Local and national talent pools are filling up slowly with newly qualified graduates unable to secure posts. The NHS Northwest is monitoring this carefully and education commissioners are liaising with university to check on first destination posts on completing their education programmes.
- Considering incentive schemes to fast-track newly qualified nurses on to Health Visitor programmes

10. Performance

Details of the performance of Education Commission can be found in the Annual Report; the key areas for review were:

- Recruitment to Target
- Newly Qualified Supply
- First Post Destination
- Diversity
- Attrition

The report provides an analysis of performance data against each of these areas and has informed the development of this commissioning plan refresh. Against the key areas for review the Annual reported:

- **Recruitment to Target** - There was a trend showing improvements in recruitment to target although both Learning Disability and Mental Health Nursing showed under-recruitment. NHS North West is working with Universities to explore solutions to this including targeted use of Widening Access routes.
- **Newly Qualified Supply** – Supply has remained level for the period 2007 to 2010 which reflects commissioning decisions made in preceding years. Supply is planned to come down in subsequent years as the impact of reductions in commissions take effect.
- **First Post Destination** – Data for first post destinations has been difficult to collect as it is reliant on students providing information after they have left University. Of those providing information the bulk remain within the NHS in the North West. NHS North West is working with Universities to look at how to improve data returns and to share good practice across institutions.
- **Diversity** – Ensuring student profiles reflect the communities they service has been a key priority for both NHS North West and Universities. The data demonstrates that there remains challenges in the recruitment of men to health professions with 86% to 90% being women. Recruitment from BME communities low with small increases from Black or Black British African (2% to 2.7%) and Asian or Asian British Pakistani (0.7% to 1.1%). There has been an increase in those declaring a disability from 16.3% to 22% but this may relate to increase declaration of educational disability reflected in higher education more generally. In terms of age while the highest group of students is in the 17-20 age range around 40% are aged 25 or above.
- **Attrition** – Attrition has been a key area of concern for NHS North West and while levels of attrition have been falling the SHA has worked

with Universities to explore ways to further reduce it. A review of attrition was commissioned by NHS North West during 2011/12 which was carried out by Manchester Metropolitan University. The outcome of the review, 'Staying the Course', has been received by the SHA and highlighted areas of good practise which will inform the performance review of Universities during 2012/13.

11. Funding

Multi-Professional Education & Training Levy (MPET) funding supports education across medical and non-medical clinical professions including medical student placement support, doctors in training, non-medical professional education and CPD. In addition MPET provides some funding for vocational training at Bands 1 to 4 and for educational developments. It provides funding for both education and practice learning infrastructure.

In addition to the priorities set out in the plan there will be significant other financial pressures on the workforce and education budgets for 2012/13, arising out of contractual or other liabilities including:

- Inflation uplifts in higher education contracts
- Medical student tuition fees support
- Increased take up of NHS student bursary allowances through means testing
- Central medical recruitment costs

The Department of Health has asked Strategic Health Authorities to identify 14% of efficiency savings from MPET over the period 2011/12 – 2014/15. The target savings for NHS North West are £102m and the Directorate has already identified areas where savings will need to be made and have enacted a programme of savings and efficiency schemes to achieve these. These include:

- Management cost reductions
- Reduction in seconded student salary contributions including not applying inflation
- Stopping new developments and not extending or reducing the scope of existing ones
- Reducing medical training posts
- Reducing pre-registration Commissions
- Ceasing quality premia payments associated with higher education contracts

The efficiency savings that Universities will contribute will be just under £18.8m of the net contract values. These will be achieved by the reductions in commissions described above, removal of quality premia payments.

12. Widening Access

Widening Access monies to support secondments of existing support staff to access pre-registration continues to be funded through MPET. Demand has reduced in recent years and currently just over 760 staff are being supported for pre-registration Nursing, Healthcare Science, Allied Health Professions and Operating Department Practitioners. NHSNW carried out a major review of this support in light of reducing demand, identifying priorities for support and the impact of the move to all degree nursing. The review will be published along the final Commissioning Plan to inform the future direction and priorities for this funding.

13. NHS Bursary Scheme

NHS North West has continued its Lead SHA activity working with the NHS Student Bursary Unit to ensure the healthcare student community receives accurate and timely bursary awards as its primary objective.

During the early part of 2011, work has focused on the area of overpayments as it has been demonstrated that a significant number of students have been overpaid, to a considerable extent in some cases. This work has already seen demonstrable improvements as a result and NHS North West hopes that the trend of reducing overpayments incurred will continue.

The forecast spend across all ten SHAs for the NHS Bursary Scheme for 2011/12 is £521.9 million to approximately 82,000 students representing around 10.7% of the total Multi-Professional Education and Training budget. This demonstrates the sizeable investment that is allocated to supporting student bursaries and underlines the importance of ensuring the scheme is administered correctly and efficiently to deliver best value for money.

During 2012-13, work is ongoing to support several areas of work including:

- Raising awareness of the need to effectively tackle and reduce fraud
- Implementation of the outcomes from the Review of NHS Student Support:
http://www.dh.gov.uk/en/Managingyourorganisation/Workforce/WorkingintheNHS/DH_128397
- Modernisation of the internal Bursary Unit systems
- Implementing the Mechanism for Considering Professional Eligibility for the Bursary Scheme

These areas of work are routinely performance managed through the monthly liaison meetings between the NHS Business Services Authority and NHS North West and also through the bi-annual governance meetings between all primary stakeholders.

14. Organisational Transformation

NHS North West will need to continue to reflect changes emanating from Transforming Community Services and the structural changes from 'Liberating the NHS'. This includes ensuring that resource allocations and planning take into account existing and future changes.

15. Securing a Sustainable Future for Higher Education

The Independent Review of Higher Education Funding and Student Finance – 'Securing a Sustainable Future for Higher Education' (the Browne Review) was published in October 2010 and the Government has presented its proposals in response to this. Implementation of the changes will be in 2012.

While much of the commissioning activity in this plan is not directly affected by the Browne Review there are a number of areas where workforce supply is dependent on non-MPET funding, notably Medicine, Dentistry, Healthcare Science and others that feed NHS commissioned activity such as Pharmaceutical Science and Psychology. Of particular concern is the impact on funding of Foundation Degrees for Assistant Practitioners and the Modernisation Hub is reviewing the potential impact of this on affordability and supply of training places. In addition, it is important that there is a strong overall sustainable higher education sector in which MPET funded activity can securely sit. NHS North West will continue to work with stakeholders particularly North West Universities, to assess the impact of any changes resulting from the Browne Review on commissioning plans.

16. Equality Impact Assessment

The Equality Impact Assessment will be published alongside this plan but is based on the assessment undertaken for the North West Workforce, Education Commissioning and Education and Learning Strategy. NHS North West has continued to implement its EIA Action Plan and in particular has undertaken the following actions:

- Commissioned a project to record and collate of the experiences of staff from equality target groups in the North West which will form the basis of a marketing package to support recruitment of students and staff from these groups.
- Completed a review of Widening Access Project and whether this is impacting on recruitment into professional roles for under-represented groups.
- Provide regular monitoring of the diversity of student profiles through the contract data base and published through the Annual Report.
- Including questions on equality and diversity into the student focus group meetings as part of the contract annual reviews. This includes questions relating to equality and diversity in training programmes and to support for students from equality target groups.

PART B

1. Nursing & Midwifery

The 2009-2010 three year commissioning plan indicated a staged reduction in Nursing commissions reflecting the reduced demand for newly qualified staff in the NHS which across the North West ranges between 20-29%, the impact of the previous education commission reductions of 12% whilst maintaining sufficient educational capacity to ensure credible provision in pre-pre-registration, pre registration and post qualifying. Despite the historic reductions the nursing workforce has continued to grow by 0.3%

In addition to maintained progress to the 2012 aspirations, this North West wide programme will strengthen the focus on delivery of the following enhancements to the programme by 31st March 2013

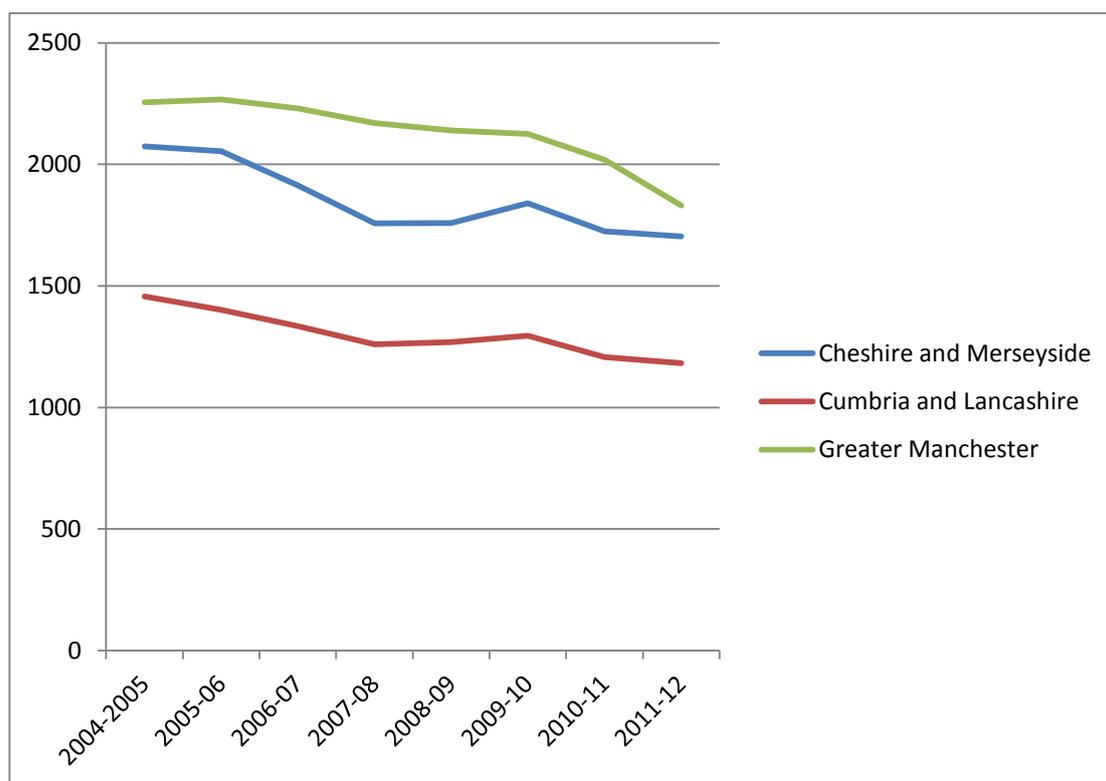
- Enhanced learning support tool to maximise pre-registration students experience of Health Visitor training
- All pre-registration nursing commissions placed after 31st August 2012 will be lead to a degree as an initial registerable qualification maximising existing capacity through strategic partnerships where approval processes do not enable this to occur.
- Improved evidence base and raised awareness of the contribution of the nursing and midwifery workforce to safer quality focused patient care through publication and presentation working with Strategic Partners such as Centre for Workforce Intelligence, the Academic Health Science Centre and regulators
- Supporting recruitment processes into pre-registration nursing and midwifery education by determining a common approach to the assessment of the aptitude to care and compassion of applicants.
- Supporting Clinical Commissioning Groups and Practices to prepare for the licensing of Primary Care with the Care Quality Commission outcomes 12 and 13
- Delivery of the first cohort of student quality ambassadors

These will be developed in partnership with NHS and non NHS organisations

Following submission of NHS QIPP plans it is anticipated that the impact of the cost reduction schemes will impact on the NHS over the next 3 to 4 years after which a new workforce baseline will be established. In terms of the position between 2013/14 and 2016/17 to which the current commissioning plan relates is even less clear but assuming turnover rates will remain constant then it is probable that any reductions will occur during this period after which a steady supply of new graduates, albeit at a lower baseline, will need to be maintained.

Since 2004-2005 the SHA and its predecessor organisations have produced steady state reduction in commissions (see table 1)

Table 1 – Reduction in commissions since 2004



The numbers by branch will be determined by anticipated local demand identified through these QUIP plans however total commissions are identified in table 2 and reductions will applied equally across relevant Universities in each NLG area.

N&M	2010/11 (actual)	2011/12	2012/13	2013/14	2014/15	Total Change
Nursing	3358 (3430)	3175	3066	3005	3005	-584
Midwifery	231(233)	231	253	253	253	22
TOTAL	3589 (3633)	3406	3319	3258	3258	-331
N&M	2010/11 % change	2011/12 % change	2012/13 % change	2013/14 % change		Total % change
Nursing	-6%	-5%	-3%	-2%	0%	-16%
Midwifery	0%	0%	10%	0%	0%	+10%

Table 2 – Nursing and midwifery commissions

As in the 2011/2012 refresh the SHA intends to continue with its strategy of a minimal future reductions of 8% by 2014/2015 with a further 2% reduction reflecting the continued progress in improving nursing productivity and

security of supply. **This will bring commissioning levels to the same level as was the position in 2003/2004**

The SHA remains committed to supporting the principles of Modernising Nursing Careers working in partnership with the Directors of Nursing network and Council of Deans North West. The programme continues to consist of the four key work programmes identified in the initial commissioning plan and subsequent refreshes, namely:

1. Developing a competent and flexible workforce
2. Review and update career pathways and choices
3. Preparing nurses to lead
4. Modernise careers

This strategic direction was reinforced and energised by the NHS Next Stages Review: A High Quality Workforce (DH 2009) and saw key tools and levers developed to deliver the programme, namely:

- Shifting the initial qualification for nurse registration from diploma to degree;
- Delivering consistent preceptorship;
- Promoting nursing as a career through a national career framework.
- Updating the image of nursing
- Driving forward the 10 high impact changes for nursing
- Preparing nurses to lead through leadership programme

The North West programme will see delivery by 2012 of

- common approaches to the recognition of key recruitment criteria in numeracy.
- Progress in the development of common sub regional assessment documents and methodologies
- Common approaches to the assessment and accreditation of clinical practice
- Shared placement capacity and mentor preparation
- Progress in responding to the “Call to Action in Energising for Excellence” through the launch of the Student Quality Ambassador Scheme
- Increased community placement requirements
- Accelerated routes into community specialist roles
- Embedding the high impact changes for nursing within the new programmes of education

In addition to maintained progress to the 2012 aspirations, this North West wide programme will strengthen the focus on delivery of the following enhancements to the programme by 31st March 2013

- Enhanced learning support tool to maximise pre-registration students experience of Health Visitor training
- All pre-registration nursing commissions placed after 31st August 2012 will be lead to a degree as an initial registerable qualification

maximising existing capacity through strategic partnerships where approval processes do not enable this to occur.

- Improved evidence base and raised awareness of the contribution of the nursing and midwifery workforce to safer quality focused patient care through publication and presentation working with Strategic Partners such as Centre for Workforce Intelligence, the Academic Health Science Centre and regulators
- Supporting recruitment processes into pre-registration nursing and midwifery education by determining a common approach to the assessment of the aptitude to care and compassion of applicants.
- Delivery of the first cohort of student quality ambassadors

These will be developed in partnership with NHS and non NHS organisations.

Current attrition rates

Tables 3a and 3b demonstrates the North West position on nursing attrition compare to other professional groups. The improvements demonstrated from 2010-2011 has seen an increase in student population and reasserts the need for the SHA to continue with the reductions in commissions of 16% over the period 2010/11 – 2012/13.

Table 3a North West Nursing and Midwifery Attrition

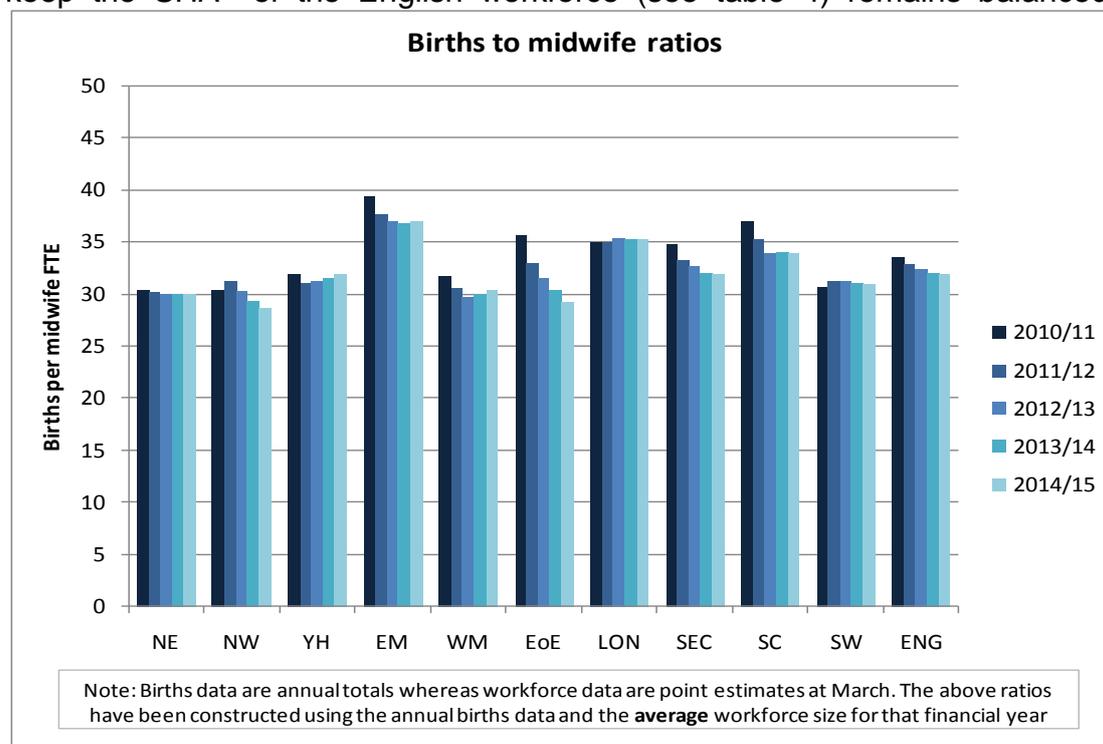
Average Attrition Rates	Attrition Rate %				Year Trend 09/10- 10/11
	Apr07-Mar08	Apr08-Mar09	Apr09-Mar10	Apr10-Mar11	
Nursing and Midwifery	30.2	29.5	31.5	24.4	↓

When we compare this across the pathways we see that mental health pathways remain challenged with rising attrition rates and it is anticipated that minimal reductions in mental health commissions will need to be applied in 2012-13. For other pathways continued improvement is seen.

Programme	Attrition Rate %				Year Trend 09/10 - 10/11
	Apr07-Mar08	Apr08-Mar09	Apr09-Mar10	Apr10-Mar11	
All Programmes	21.8	25.1	25.4	24.0	↓
Adult Nursing	23.4	26.4	27.4	26.5	↓
Child Nursing	21.6	31.3	30.1	27.0	↓
Combined Child and Social Work Nursing					→
Combined Community Childrens Nursing					→
Combined Nursing and Health Visiting					→
Learning Disabilities / Social Work Nursing	5.9	9.1	18.2	29.2	↑
Learning Disabilities Nursing	26.9	21.7	26.0	23.1	↓
Mental Health Nursing	25.8	30.7	29.6	31.9	↑
Midwifery - Direct Entry	21.6	16.7	23.8	22.3	↓
Midwifery - Shortened	16.0	17.1	17.5	10.5	↓

Midwifery

NHS North West has seen a small decline in midwife to birth ratios although these remain at the recognised Royal College of Midwifery levels. Whilst considering the current fiscal position, this plus the proposed impact of Any Willing Provider, Midwifery 2020 and the potential impact of the “Call to Action on Health Visiting it appears that current commissioning levels supported by continued return to practice should increase by 10% with a balance between 18 month provision and direct entry as it is expected that birthrates will continue to rise. This will assure providers that the current performance will keep the SHA of the English workforce (see table 4) remains balanced.



Community Nursing

The SHA has committed to providing maximum flexibility to the development of the primary care workforce to meet and will continue with approaches outlined in the 2009 plan. It must be recognised however that the following strategic imperatives will have a significant impact on both capacity and capability of the system. These are

- Ensuring access all existing pathways and in particular the demand for primary care staff including practice nurses
- Expansion of the family nurse partnership programme
- The application of a new service delivery model for health visiting
- The professional mobilisation of the current Health Visiting workforce
- Reflect the agreed trajectory set out in the Call of Action

Table 4 Health Visitor Commissions by Historic PCT footprints

(Future) Provider	Historic PCT	Student trainees 2012/13
Lancashire Care FT		34
	<i>Blackburn with Darwen</i>	7
	<i>Central Lancs</i>	13
	<i>East Lancs</i>	14
Blackpool Hospitals FT	<i>Total</i>	22
	<i>Blackpool PCT</i>	9
	<i>North Lancs PCT</i>	13
Cumbria Partnership MH Trust		15
	<i>Cumbria</i>	15
Five Boroughs Partnership		8
	<i>Knowsley</i>	8
Wirral Community FT		11
	<i>Wirral</i>	11
Liverpool Community Trust		29
	<i>Liverpool</i>	18
	<i>Sefton</i>	11
East Cheshire Trust		12
	<i>Central and Eastern Cheshire</i>	12
Cheshire and Wirral Partnership		8
	<i>Western Cheshire</i>	8
Bridgewater CFT		38
	<i>Ashton Leigh and Wigan</i>	15
	<i>Halton & St Helens</i>	8
	<i>Trafford</i>	8
	<i>Warrington</i>	7
Bolton FT		10
	<i>Bolton</i>	10
Pennine Care		23
	<i>Bury</i>	7
	<i>Heywood Middleton & Rochdale</i>	8
	<i>Oldham</i>	8
Central Manchester FT		17
	<i>Manchester PCT</i>	17
Salford FT		6
	<i>Salford PCT</i>	6
Stockport FT		18
	<i>Stockport</i>	10
	<i>Tameside & Glossop</i>	8
Total		251

To support this the SHA will use the opportunities presented by:

- the implementation of the new pre-registration nursing standards to deliver fast track graduate routes
- the development of a local bursary scheme for non employed learners
- promotion of a university accredited work based learning programme
- requirement of Primary Care Workforce providers to deliver two cohorts per year
- return to practice and preceptorship of qualified health visitors

Throughout 2012-2013 it will work with providers and the placement development network to expand placement capacity looking to increase commissions from 163 (2011) to 251 (2012). The key issues will continue to be Current Education Capacity in Practice Settings. Across the North West PCTs the ratio of trainees to health visitors ranges from 1 student per 6 health visitors to 1 trainee per 66 health visitors (North West average 1 trainee per 24 health visitors). The Nursing and Midwifery Council have produced guidance that will look to clarify the rules on trainee supervision that will enable great flexibility and open capacity for training. The SHA, through the partnership will continue to maximise the flexibilities this guidance affords.

Throughout 2012-2013 it will work with providers and the placement development network to expand placement capacity looking to increase commissions from 163 (2011) to 251 (2012). With sufficient Higher Education Capacity evidenced by the strategic review of contracts the SHA will continue to use the existing education providers for the duration of this plan focusing rather on the critical issues identified in North West Health Visiting Implementation Plan (February 2011) specifically the critical issue of Education Capacity in Practice Settings and securing Preceptorship for newly qualified Health Visitors. The Nursing and Midwifery Council have produced guidance that will look to clarify the rules on trainee supervision that will enable great flexibility and open capacity for training. The SHA, through the partnership will continue to maximise the flexibilities this guidance affords, furthermore it will mobilise the student and trainee workforce to drive forward the respective "Call to Actions" through the Energising for Excellence Programme.

2. Allied Health Professions (AHPs)

Introduction

As per the key messages in the introductory section of this commissioning plan, there are ongoing demands to ensure MPET funding is invested in education with the underpinning requirement to achieve best value for money. The previous year's commissioning plan underlined the importance of ensuring that the commissioning activity undertaken across the AHPs is affordable and sustainable into the future, and this continues to be a primary requirement.

The AHPs are a diverse group of professionals and it is therefore essential to consider each profession in its own right, however there are some common themes that are applicable across all:

- There is evidence, to varying degrees, of AHP posts being lost or frozen in the current economic climate
- There is a continuing need to develop and promote cost-effective strategies for the provision of temporary staffing across the AHPs
- Service provider colleagues must be supported through the work of the North West AHP Workforce Board to ensure that career progression for the AHPs is enabled and that recruitment to more senior posts can be achieved
- To maintain the future workforce and address some of the challenges of the current graduate employment position, employers must continue to support innovative and flexible employment opportunities for newly qualified AHPs
- The workforce modernisation agenda remains a key enabler to delivering the appropriate skill mix across the AHPs and also for delivering across care pathways

Subsequent narrative in this section considers each of the AHPs individually and makes recommendations for commissioning levels for 2012-13 through to 2014-15. Evidence to support the proposals is derived from a range of sources including the Workforce Risks and Opportunities – Education Commissioning Risk Summaries (WRO ECRS) work currently being undertaken by the Centre for Workforce Intelligence (CfWI).

NHS North West continues to be engaged at the leading edge of AHP workforce and education through its strong engagement in the national agenda. In respect of its lead commissioning responsibilities for Orthoptics and Prosthetics & Orthotics, strong links are in place across the four home countries, primarily through the UK Chief Health Professions Officers and also the relevant professional bodies, to ensure commissioning is appropriately reflective of demand outside of England.

It must be recognised that pre-registration commissions for the Allied Health Professions are, in varying degrees across the professions, to meet national as well as local demand and such commissioning can thus be higher than would be required to meet just local demand.

Workforce Supply

Projected output of new qualifiers information will be made available in the NHS North West Non-Medical Commissioning Annual Report 2011-12.

Attrition

Details of current attrition rates will be made available in the NHS North West Non-Medical Commissioning Annual Report 2011-12. Historical evidence demonstrates that attrition rates are considerably variable across the AHPs and some are significantly above the accepted target for AHPs of 13% or less.

NHS North West will continue to work with Higher Education Institutions to explore opportunities to enhance student retention and also to consider the findings from the work undertaken by Manchester Metropolitan University. The impact of the current economic climate must be taken account of and anecdotal evidence suggests that attrition rates are reducing to varying degrees across pre-registration AHP programmes.

Demand Assumptions

Building on the evidence base contained in the North West Non-Medical Education Commissioning Plan 2011-12 to 2013-14, the following sections identify the key factors that underpin the proposed commissioning levels for the AHPs for 2012-13 to 2014-15.

Diagnostic Radiography

Attrition (based on average across completing cohorts between 2007-2010)	20%
Number on North West talent pool as at November 2011	4

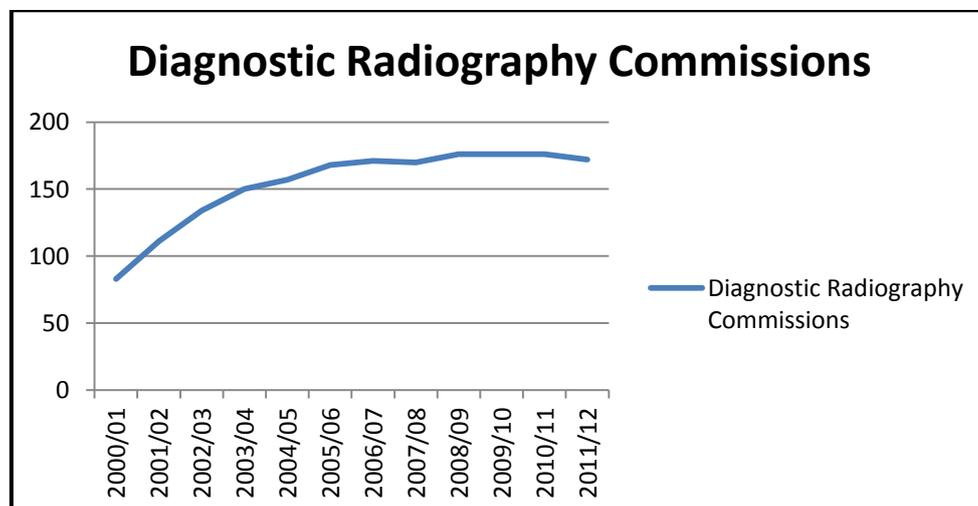
As highlighted in the previous year's commissioning plan, the diagnostic radiography workforce covers a number of sub-specialties including ultrasound, mammography and some of the other cancer screening specialties. In addition, there are implications in respect of the radiographer role extension to include radiography reporting. The CfWI draft WRO ECRS report highlights workforce expansion to deliver new service delivery models as one of the key drivers. This means provision of sufficient radiographers including capacity to allow higher-level training and deliver more complex imaging.

As can be evidenced from the above table, the attrition rate is above the 13% or less target, therefore this continues to be an area where opportunities for significant improvement will be considered and discussed with the higher education providers. However it is important to ensure commissioning levels take account of attrition to enable delivery of the required qualified workforce output.

The number of new qualifiers registered on the North West talent pool is low suggesting that new qualifiers are able to find first post employment opportunities.

Following analysis of all available intelligence, it is proposed that the commissioning intentions for Diagnostic Radiography remain the same and that commissions continue at current commissioning levels for the next three year period.

The chart below provides a historical summary of pre-registration commissions.



Dietetics

Attrition (based on average across completing cohorts between 2007-2010)	4%
Number on North West talent pool as at November 2011	2

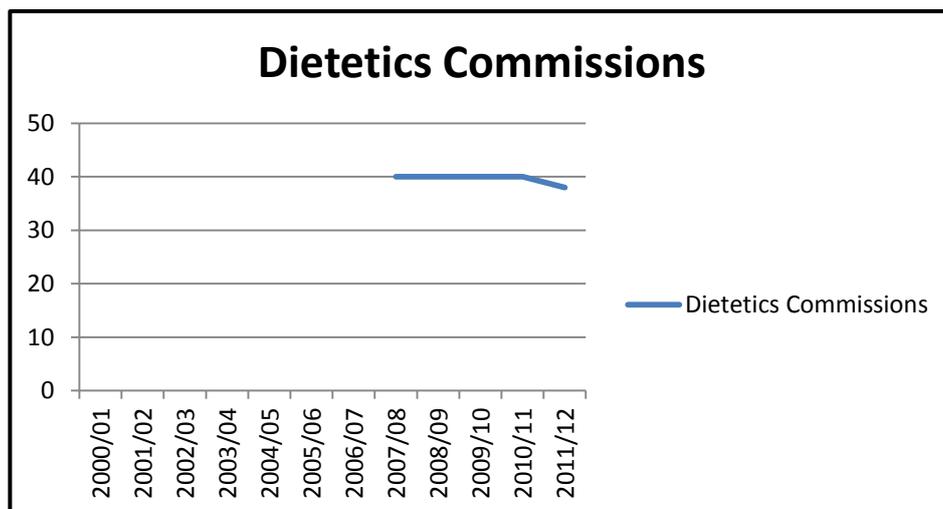
Current demographic data indicates a continued rise in levels of obesity and increasing proportion of elderly population. Dietetic services will continue to have a critical role in respect of these two key issues.

As can be seen from the above table, attrition is very low and there are minimal numbers of new qualifiers registered on the North West talent pool. This would suggest that new qualifiers are able to find suitable first post employment opportunities. It is understood that the Dietetic training numbers in Scotland are reducing, therefore NHS North West must ensure continued supply of qualified practitioners as total new qualifier numbers are likely to be reducing overall.

During 2011-12, informal discussions have been held regarding the potential to introduce a three year programme in place of the current four year programme. Having considered all of the factors in the current climate, the structure of the current programme including the public health aspects and the level of change across the healthcare system, it is concluded that such a change should not be considered in the current planning period.

Following analysis of all available intelligence, it is proposed that the commissioning intentions for Dietetics remain the same and that commissions continue at current commissioning levels for the next three year period.

The chart below provides a historical summary of pre-registration commissions.



Occupational Therapy

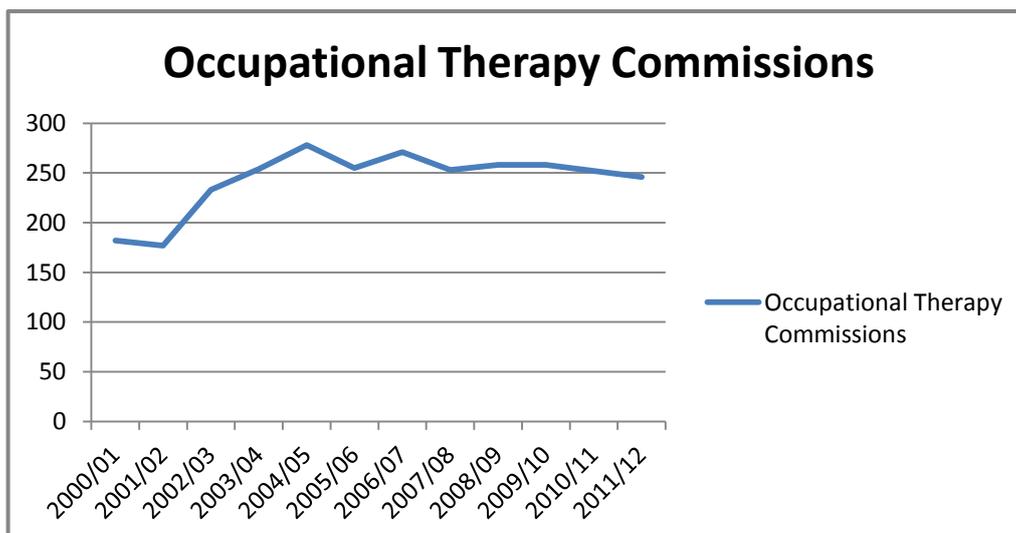
Attrition (based on average across completing cohorts between 2007-2010)	19%
Number on North West talent pool as at November 2011	39

Occupational therapists have a key role in respect of developing and implementing care plans for patients. This cuts across several care pathways, however these are pivotal to the rehabilitation and reablement agenda and also the management of patients with long term conditions. The impact of the increasing elderly population also has implications for this workforce.

As can be seen from the above table, attrition is above the target of 13% or less, therefore this continues to be an area where opportunities for significant improvement will be considered and discussed with the higher education providers. Also there are a number of new qualifiers registered on the North West talent pool suggesting that there are insufficient suitable first post employment vacancies. This will continue to be discussed through the North West AHP Workforce Board and the North West Newly Qualified Partnership Forum to explore innovative and flexible first post employment opportunities. However it is important to ensure commissioning levels take account of attrition and future workforce demand to enable delivery of the required qualified workforce output into the future.

Following analysis of all available intelligence, it is proposed that the commissioning intentions for Occupational Therapy remain the same and that commissions continue at current commissioning levels for the next three year period.

The chart below provides a historical summary of pre-registration commissions.



Operating Department Practice

Attrition (based on average across completing cohorts between 2007-2010)	34%
Number on North West talent pool as at November 2011	Not available

As stated by the CfWI, the number of practising Operating Department Practitioners (ODPs) is broadly equal to service demand. As also reported by the CfWI, ODPs are due to take over some of the operating theatre responsibilities currently held by midwives. This is likely to have an impact in respect of demand for ODP workforce.

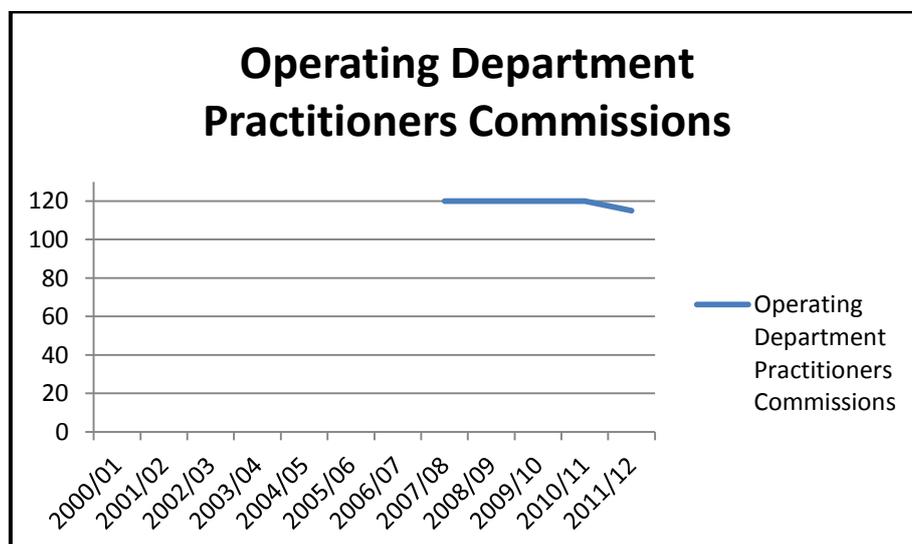
As highlighted in the previous year's commissioning plan, information collated by the CfWI indicates that the UK is a supplier of ODP workforce to overseas countries, primarily United States of America and Australia. This suggests that there needs to be continued consideration of recruitment and retention strategies and career development issues by service providers.

As can be evidenced from the above table, the attrition rate is significantly above the 13% or less target, therefore this continues to be an area where opportunities for substantial improvement will be considered and discussed with the higher education providers.

Following analysis of all available intelligence, it is proposed to make reductions to Operating Department Practitioners of 3% in 2012-13 and an additional 2% in 2013-14 and 2014-15. This represents a cumulative reduction of 6.1% in total over the three year period.

As agreed with relevant stakeholders, it is recommended to continue towards full implementation of the shift from diploma to degree during 2012-13.

The chart below provides a historical summary of pre-registration commissions.



Orthoptics

Attrition (based on average across completing cohorts between 2007-2010)	22%
Number on North West talent pool as at November 2011	1

The table above demonstrates that attrition rates are currently above the 13% or less target, however it must be acknowledged that attrition rates in this profession are variable due to lower levels of commissions and the impact of varying levels of intercalation. The information also demonstrates that there are minimal numbers of new qualifiers registered on the North West talent pool. This would suggest that new qualifiers are able to find suitable first post employment opportunities.

NHS North West and NHS Yorkshire & Humber commission Orthoptics education from Liverpool University and Sheffield University respectively for the UK workforce supply. NHS North West, in respect of its role as lead for Orthoptics education commissioning, manages a Lead SHA Orthoptics Education Commissioning Group thus enabling a joined up focus and partnership working across the key stakeholders. In addition, NHS North West has continued to link across the four home countries through the UK Chief Health Professions Officers and also through the British and Irish Orthoptics Society. Through this strategic engagement, there have been discussions with NHS Education for Scotland regarding the introduction of a new 4 year undergraduate Orthoptics programme in Scotland. As Orthoptics is a small workforce, careful oversight is required to ensure workforce demand and supply remain in balance. Currently there is an under supply of qualified Orthoptists, however commissions increased in 2009-10 and 2010-11 by 14% (10 per year in total) in an attempt to address the gap in supply. Through the partnership approach, it has been agreed that the two Universities in England will be treated equitably in respect of commissioning intentions.

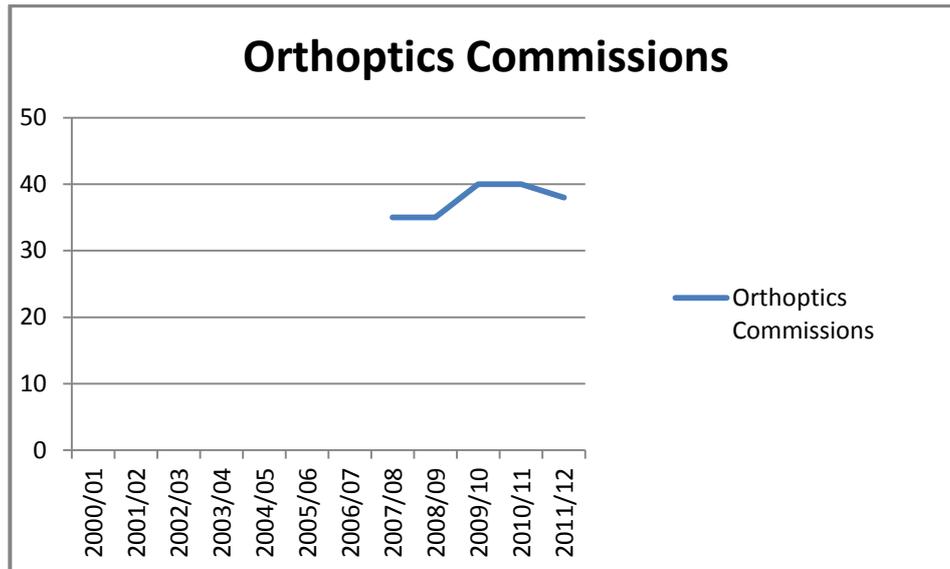
It has now been confirmed that the new undergraduate programme at Glasgow Caledonian University has been validated by the Health Professions Council and is likely to commence with its first intake in 2012. The Lead SHA Orthoptics Education Commissioning Group has reviewed the information and reconsidered its position in view of the impact of this development. Given the flexible nature of the new programme, for example the pathways with step off points, and the fact that the programme will primarily serve Scotland linked to its projected workforce shortages, the two SHAs have agreed the need to aim to maintain pre-registration commissions at current levels to protect the supply of new qualifiers for the short and medium term.

By far the most concerning issue is the chronic shortage of clinical placements available to support the pre-registration, and this has become the single biggest threat to maintaining commissions at current levels. The numbers of clinical placements has shown a notable decline during 2010-11 and this is posing considerable difficulties for the Universities. The SHA

intends to work with other SHAs to explore options for increasing clinical placement capacity.

Following analysis of all available intelligence, it is proposed that the commissioning intentions for Orthoptics remain the same and that commissions continue at current commissioning levels for the next three year period.

The chart below provides a historical summary of pre-registration commissions.



Paramedics

Attrition (based on average across completing cohorts between 2007-2010)	Not available (see note below)
Number on North West talent pool as at November 2011	Not available (see note below)

The attrition rates are not available for Paramedic programmes as there is insufficient data available to enable provision of definitive rates, however anecdotal evidence indicates that current attrition rates across the three education providers are low and certainly under 10%. The talent pool does not currently collect data on newly qualified Paramedics.

NHS North West works closely with North West Ambulance Service NHS Trust (NWAS) to support its ambulance workforce development strategy. The initial years of education commissions have served to pump-prime the workforce requirements to increase the numbers of qualified Paramedics. This has been achieved through supporting two routes through a Diploma in Paramedic Practice, a full two year direct entry route and a one year conversion programme for existing Emergency Medical Technicians. The next three years commissioning will continue to support the required conversions and also move towards mainstream commissioning requirements to meet workforce turnover in the future. The change in figures from the previous year's commissioning plan reflect additional service cost improvement pressures that are requiring savings to be met through staff reductions from turnover.

Following analysis of all available intelligence, it is proposed to make reductions to Paramedics of 4.5% in 2012-13 and 2.4% in 2014-15, followed by an 18.7% reduction in 2014-15. The split of commissions proposed is as follows.

Route	2012	2013	2014
Standard Entry to Year 1	45	45	60
EMT Conversions to Year 2	81	78	40

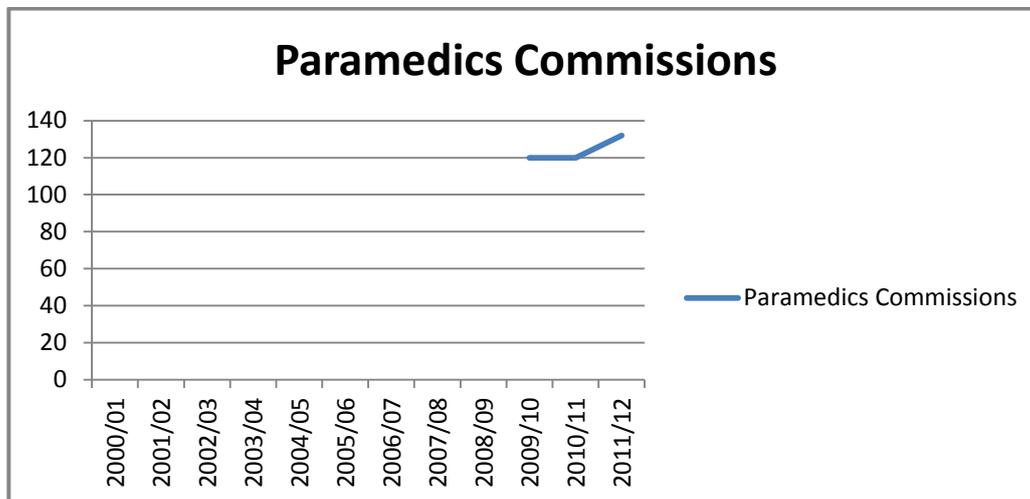
The current pre-registration programme is supported by a local bursary scheme for standard entrants as Paramedics are not currently eligible for the NHS Bursary Scheme. The work on the NHS Bursary Scheme as detailed in the previous year's commissioning plan has progressed and the consultation outcomes on the Review of NHS Student Support Work have been announced. It is unlikely that paramedics will be eligible for the NHS Bursary Scheme in the near future. The local bursary scheme was established on the basis of a parallel scheme to the current non-means tested regime. The NHS Bursary Scheme revisions mean that this regime is no longer available as all new students will be on a single revised scheme as from the 2012-13 academic year. In view of this, the local bursary scheme has been reviewed and proposals have been made to the Paramedic Education Steering Group.

The preferred option is that students will continue to be funded by the SHA for their tuition fees and clinical placement costs, with their maintenance costs to be sought from the Student Loans Company. This will enable parity of support with other healthcare professions whilst ensuring that Paramedic students are not burdened with the full cost of their education. The proposals are with NWS and final comments are awaited.

The new Diploma programmes in Paramedic Practice commenced in 2009 with the first output of the second year conversion route in 2010 and the first output of standard entrants from the full two year programme in 2011. It has been agreed that a review of the programmes will be undertaken during Spring/Summer to evaluate progress to date and thus inform future commissioning. The review will be undertaken in partnership between NWS and NHS North West.

It is understood that the College of Paramedics is considering the means to standardise the pre-registration education for Paramedics and is continuing to consider the potential to standardise at degree level at some point in the future although the timescale for this is not currently known. NHS North West will continue to have discussions with the College of Paramedics and NWS to ensure that it is in a state of readiness should this agenda move forward.

The chart below provides a historical summary of pre-registration commissions.



Physiotherapy

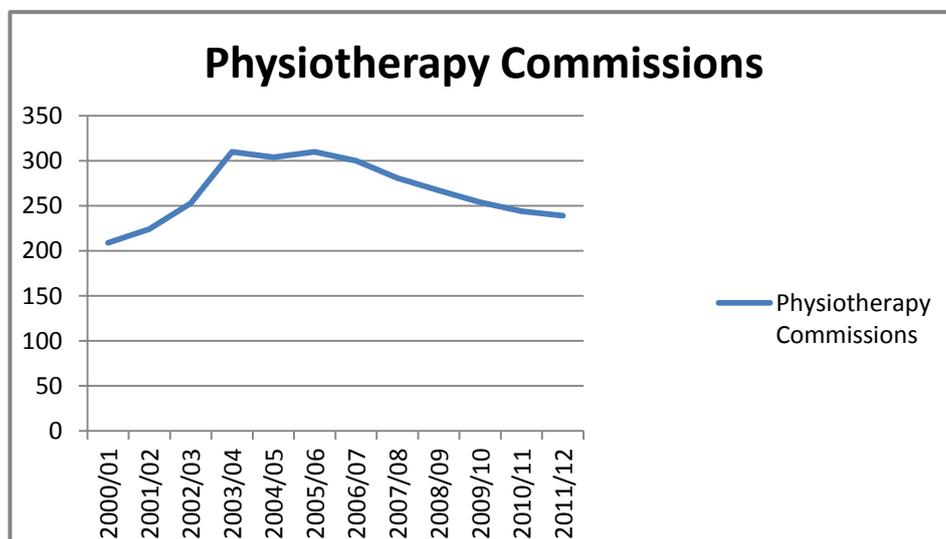
Attrition (based on average across completing cohorts between 2007-2010)	16%
Number on North West talent pool as at November 2011	67

Current attrition rates are 16% and this is a marked shift from historic trends where attrition from Physiotherapy was routinely under 6%. This suggests that there are new factors influencing attrition in the current climate. It must also be noted that there continued to be high numbers of new qualifiers registered on the talent pool suggesting that there are insufficient posts available.

However, as reported by the CfWI, there have been significant reductions in Physiotherapy commissions in recent years and continued reductions may have detrimental impact in the future. It is therefore important to ensure that there is sufficient supply of new qualifiers to meet future demand.

Following analysis of all available intelligence, it is proposed that the commissioning intentions for Physiotherapy remain the same and that commissions continue at current commissioning levels for the next three year period.

The chart below provides a historical summary of pre-registration commissions.



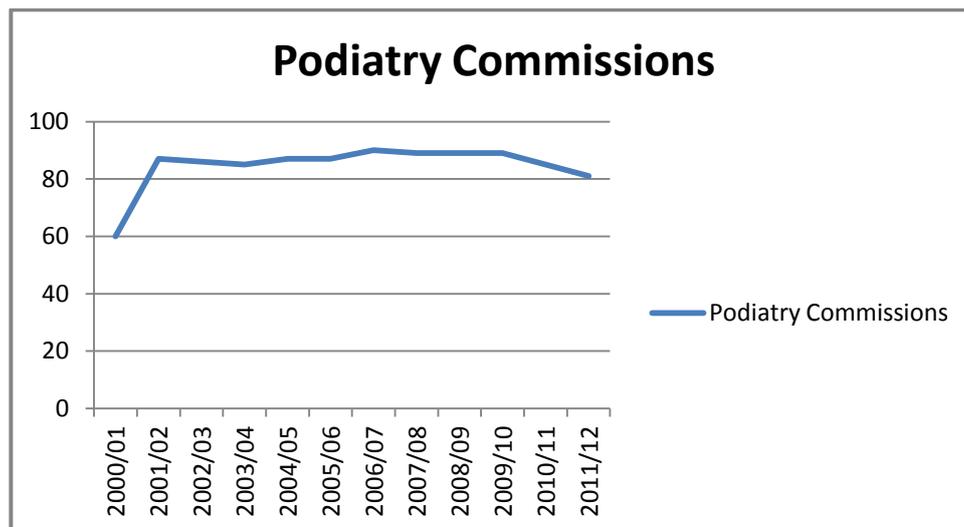
Podiatry

Attrition (based on average across completing cohorts between 2007-2010)	20%
Number on North West talent pool as at November 2011	10

Information collated by the CfWI indicates that overall supply largely meets demand. As can be seen from the above table, the attrition rate is significantly above the target of 13% or less, therefore there is opportunity to explore where considerable improvements can be achieved to reduce attrition. Also there are 10 new qualifiers registered on the talent pool suggesting that there is a slight lack of suitable posts available for new qualifiers.

Following analysis of all available intelligence, it is proposed to revise the commissioning intentions for Podiatry and make a reduction of 1.5% in 2012-13 followed by steady state in 2013-14 and 2014-15.

The chart below provides a historical summary of pre-registration commissions.



Prosthetics & Orthotics

Attrition (based on average across completing cohorts between 2007-2010)	17%
Number on North West talent pool as at November 2011	0

The above table demonstrates that average attrition rates are slightly above the 13% or less target. The information also shows that there are no new qualifiers registered on the North West talent pool. This would suggest that new qualifiers are able to find suitable first post employment opportunities.

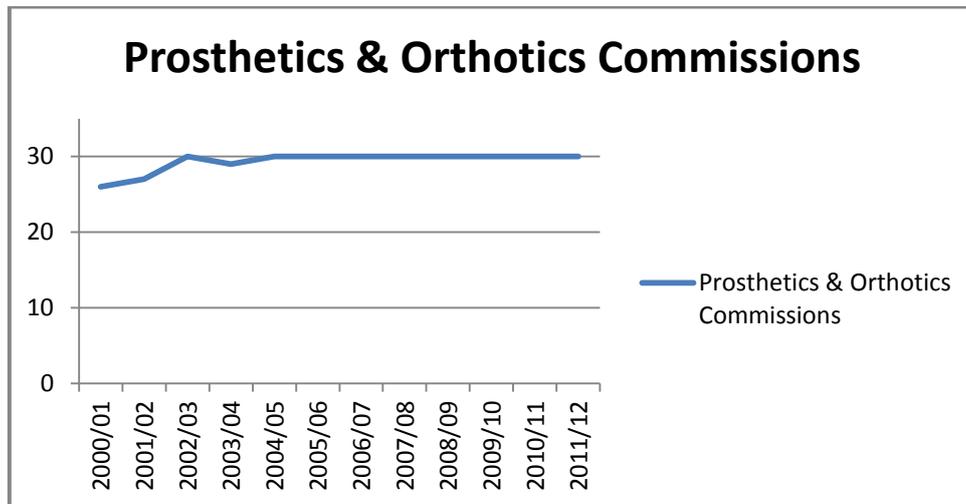
NHS North West commissions pre-registration education for Prosthetics & Orthotics (P&O) on behalf of all SHAs in England. There are two education providers, Salford University in England and Strathclyde University in Scotland, that deliver the newly qualified workforce supply for the UK. In addition, a proportion of new qualifiers take up employment outside of the UK.

In respect of service demand, it must be recognised that there is potential increased demand particularly from the armed services and in respect of the implications of the recent Murrison report and the improved service offer for military veterans.

NHS North West works in partnership with stakeholders to plan and commission pre-registration education for Prosthetics & Orthotics. In support of its role as Lead SHA, a national workshop event was held on 23rd November 2011 with a group of key stakeholders. The discussions at this event highlighted a range of issues regarding the current workforce, the shape of that workforce and the future workforce. It was also highlighted that there needs to be much stronger engagement of employers and patients in pre-registration education, from recruitment and selection, through student progression and enabling the transition from student to practitioner. This is a critical work strand that NHS North West will be taking forward during 2011-12. The full report from the event will be available on eWIN when completed.

Following analysis of all available intelligence, it is proposed that the commissioning intentions for Prosthetics & Orthotics remain the same and that commissions remain at current commissioning levels for the next three year period.

The chart below provides a historical summary of pre-registration commissions.



Speech & Language Therapy

Attrition (based on average across completing cohorts between 2007-2010)	13%
Number on North West talent pool as at November 2011	17

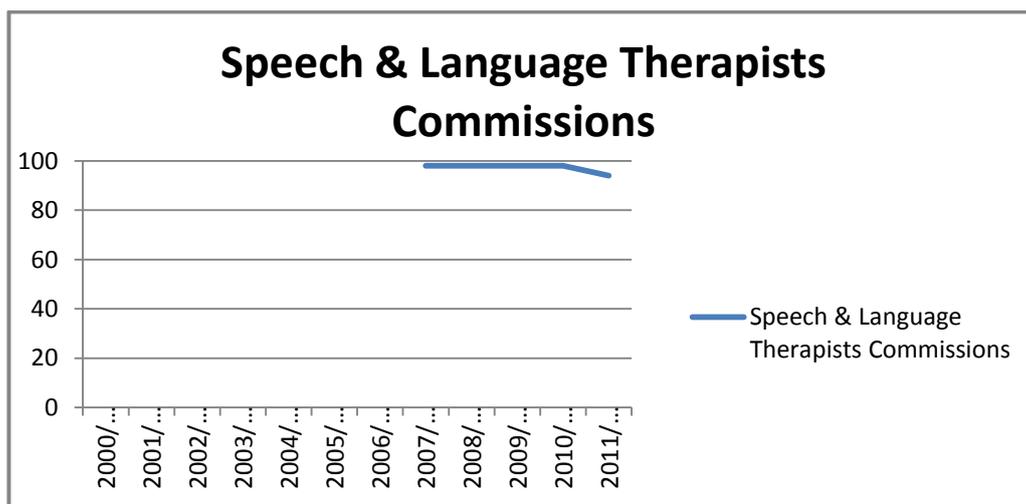
The above table indicates that attrition is within the target of 13% or less. Currently there are 17 new qualifiers registered on the talent pool suggesting that there is a lack of suitable posts available for new qualifiers.

CfWI identify a number of issues that are likely to impact on the Speech & Language Therapy workforce including the demands of an ageing population, the rise in dementia and the increasing number of children with complex speech, language and communication needs.

During 2011-12, informal discussions have been held regarding the potential move towards shorter length degree programmes, potentially three years duration. Having considered all of the factors in the current climate, the structure of the current programme, the complex context and the level of change across the healthcare system, it is concluded that such a change should not be considered in the current planning period.

Following analysis of all available intelligence, it is proposed that the commissioning intentions for Speech & Language Therapy remain the same and that commissions remain at current commissioning levels for the next three year period.

The chart below provides a historical summary of pre-registration commissions.



Therapy Radiography

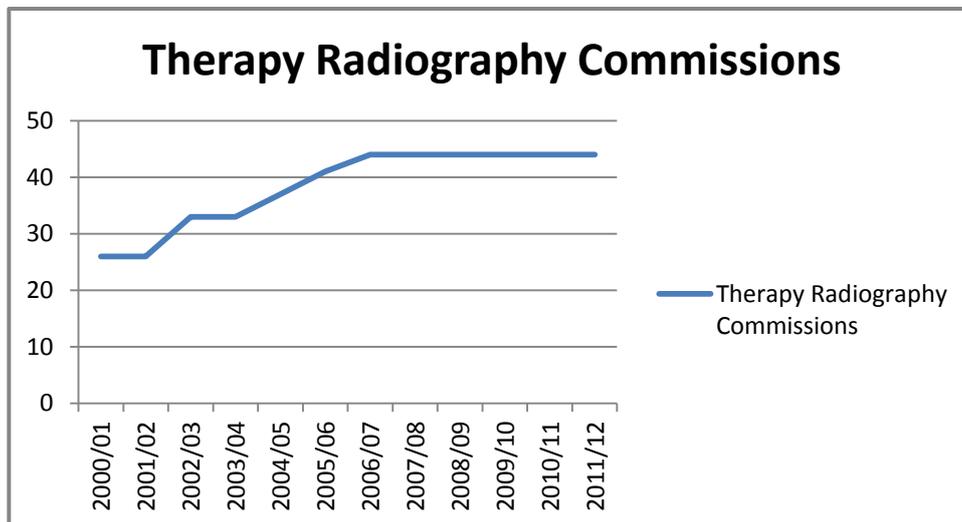
Attrition (based on average across completing cohorts between 2007-2010)	34%
Number on North West talent pool as at November 2011	0

The above table demonstrates two key factors in respect of Therapy Radiography; the attrition rate is significantly above the target of 13% or less indicating that discussions are required to discuss ways of tackling this issue, and there are no new qualifiers registered on the talent pool suggesting that there are sufficient jobs available.

CfWI evidence indicates an increasing demand for therapy radiographers due to rising rates of cancer incidences. Optimal treatment levels are not being met, and workforce shortages are cited as the primary reason. There are a number of chronic issues associated with this workforce that continue to be a barrier, however NHS North West remains committed to continuing to support employers to overcome barriers and enable appropriate workforce solutions.

Following analysis of all available intelligence, it is proposed that the commissioning intentions for Radiotherapy remain the same and that commissions continue at current commissioning levels for the next three year period.

The chart below provides a historical summary of pre-registration commissions.



Proposed Commissions for 2012/13 to 2014/15

Table 1. Proposed % changes

Programme	2010/11 (target actual)	2011/12 (target actual)	2012/13 Proposed % change	2013/14 Proposed % change	2014/15 Proposed % change
Diagnostic Radiography	176	172	0%	0%	0%
Dietetics	40	38	0%	0%	0%
Occupational Therapy	252	246	0%	0%	0%
Operating Department Practitioners	120	115	-3%	-2%	-2%
Orthoptics	40	38	0%	0%	0%
Paramedics	120	132	-4.5%	-2.4%	-18.7%
Physiotherapy	244	239	0%	0%	0%
Podiatry	85	81	-1.5%	0%	0%
Prosthetics & Orthotics	30	30	0%	0%	0%
Speech & Language Therapy	98	94	0%	0%	0%
Therapy Radiography	44	44	0%	0%	0%

Table 2. Proposed actual commissions

Programme	2010/11 (target actual)	2011/12 (target actual)	2012/13 (proposed)	2013/14 (proposed)	2014/15 (proposed)
Diagnostic Radiography	176	172	172	172	172
Dietetics	40	38	38	38	38
Occupational Therapy	252	246	246	246	246
Operating Department Practitioners	120	115	112	110	108
Orthoptics	40	38	38	38	38
Paramedics	120	132	126	123	100
Physiotherapy	244	239	239	239	239
Podiatry	85	81	80	80	80
Prosthetics & Orthotics	30	30	30	30	30
Speech & Language Therapy	98	94	94	94	94
Therapy Radiography	44	44	44	44	44
TOTAL	1249	1229	1219	1214	1189
Cumulative % change from 2010/11 baseline		-1.6%	-2.4%	-2.8%	-4.8%

NB: Assumptions for attrition are included in the proposed commissions.

3. Other Professions

Introduction

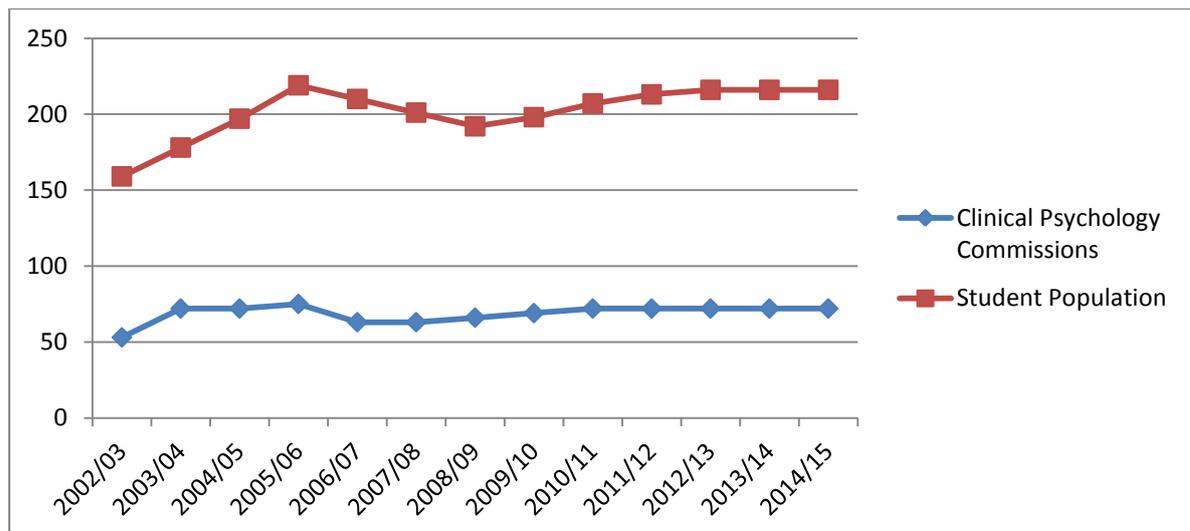
This section considers the commissioning of a range of smaller professions including Clinical Psychologists, Pharmacy Professions and Healthcare Scientists. Funding for these groups generally tends to be different from other professions as salary contributions are more widely provided and tuition costs may come from either MPET or HEFCE funding. In addition, the commissioned numbers tend to be smaller than for other professions.

Demand Assumptions

Psychological Therapies

Clinical Psychology

It is proposed that the level of commissioning for Clinical Psychology remains at 72 for the next three years. There continues to be a demand for clinical leadership and expansion in psychological therapies partly driven by the IAPT initiative. Other factors such as the age profile of the workforce, vacancies and the implementation of New Ways of Working for Clinical Psychology suggest further growth beyond that planned is not indicated at this stage. Commissions are allocated equally within the three proposed Network Leadership Group (NLG) areas with 24 commissions each. The workforce demand is based on a joint NW assessment together with reference to national demand through the CfWI assessment. The three University providers work collaboratively with a shared placement circuit which enhances the flexibility of trainees to work across the region on graduation. Trainees are employed through three NHS hosts employers, one with each NLG area.

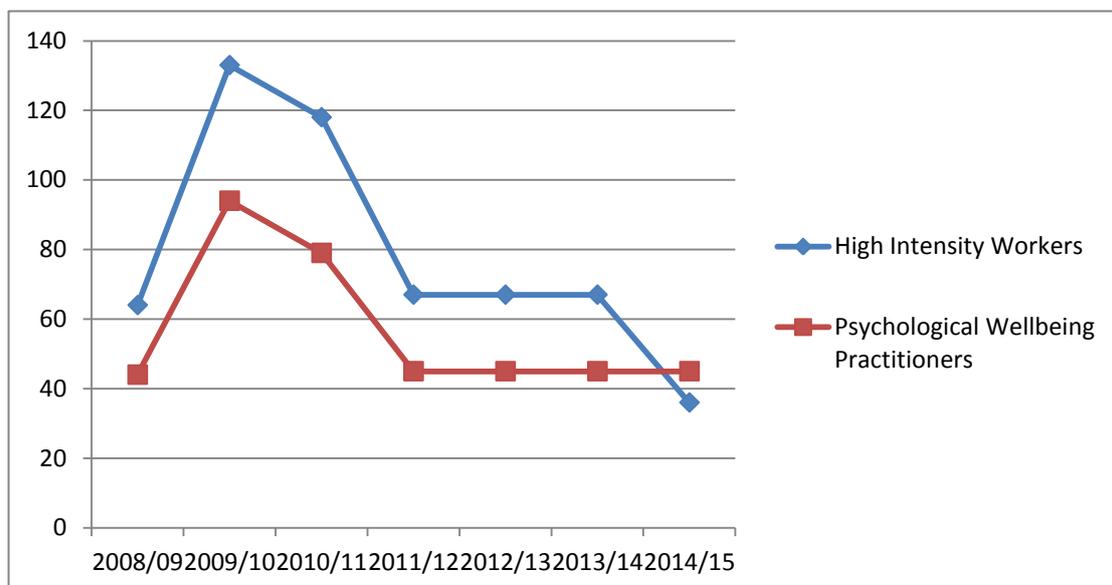


Improving Access to Psychological Therapy (IAPT)

In February 2011 The Department of Health published 'Talking therapies: A four-year plan of action'. This described how the NHS should complete the roll-out of IAPT services so that by 2014/15 every adult that requires it should have access to psychological therapies to treat anxiety disorders or depression. The Operating Framework also identifies IAPT as a priority for 2012/12. NHS North West established a Regional Programme Team hosted by NHS Blackburn with Darwen to support this second stage of IAPT rollout though money to support this was only made available until March 2012. As a consequence the programme has focused on delivering year 4 of the programme and preparing for the mainstreaming of IAPT training and service development for 2012/13 and beyond.

To this end NHS North West will work with PCTs, service providers and universities to explore options for training beyond 2012/13. Training numbers for 2011/12 to 2013/14 are determined by the Four Year Action Plan but unlike in previous years is a cost pressure on MPET which will fund tuition costs, trainee salaries and supervision along with tuition costs for non-CBT training. Training numbers for 2014/15 are based on anticipated turnover and demand for replacement workers on an overall population of around 690 High Intensity Workers and 490 Psychological Wellbeing Practitioners (PWP). Projected demand for PWPs is anticipated to be higher than for High Intensity Workers as PWPs progress to more senior roles and training in High Intensity Therapies.

Numbers of trainees per NLG area will vary year on year depending on the pace of development of IAPT services locally but education provision is available within each NLG area for both training routes. It is planned to retain training in each NLG area



Additional trainees are being trained to support specific service developments, these include:

- Deaf Access
- Military Veterans Services
- Oncology
- Collaborative Care/Long Term Conditions
- Older Peoples Services

The North West will also host one the three IAPT CAMHS Pilots which will provide training predominantly for the region but will provide access to services across the North of England and Midlands.

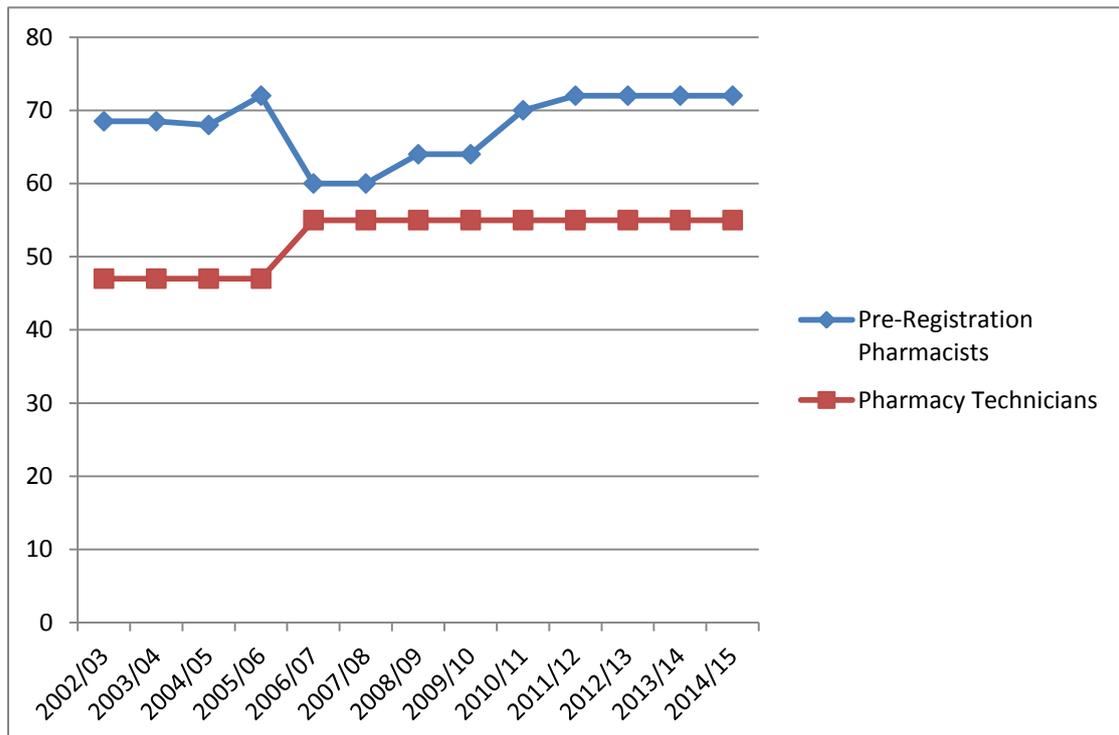
The final element to developing IAPT services is the provision of non-CBT training in line with NICE Guidance. The training is targetted through qualified High Intensity Workers and is delivered through a number of National training providers. Long term training demand will be determined on an annual basis with IAPT services depending on need.

Non - CBT trainees	2010/11	2011/12	2012/13
Couple Therapy for Depression	3	5	5
Counselling for Depression	19	20	20
DIT (Brief Dynamic Interpersonal Therapy for Depression)	2	5	5
IPT Interpersonal Psychotherapy for Depression)	16	20	20

Pharmacy Professions

There was an increase in pre-registration pharmacists in 2008/09 following reductions in 2006/07 made in response to the financial pressures caused by Agenda for Change on trainee salaries. Despite this increase there has been evidence of low levels of conversion to NHS posts from newly qualified pharmacists to the private sector on qualification, this may affect up to 50% of trainees. NW Trust Chief Pharmacists have implemented a range of initiatives that are being employed to retain registrants including flexible working arrangements, split posts, flexible arrangements for further education, pay band inflation, etc. As a result of these actions, in 2009, 72% remained in the NHS after qualifying. The SHA will need to review these plans depending on the outcome of Modernising Pharmacy Careers and its' potential impact on pre-registration training. Pre-registration Pharmacy training is delivered in partnership with The University of Manchester. The commissions for Pharmacy Technicians increased in 2006/07 and at this stage it is intended that this level will remain unchanged.

Training places are commissioned across all NLG areas but this varies each year depending on demand. The SHA funds tuition costs and salary contributions.



Since April 2011 NHS North West has hosted, on behalf of the Department of Health and English SHAs, the contract for the Centre for Professional Pharmacy Post-Graduate Education with The University of Manchester. This contract is for England wide delivery and commissioning is jointly agreed between all SHAs and the Department of Health.

Healthcare Science

Since the Chief Scientific Officer published Modernising Scientific Careers (MSC) in March 2010 together with the England Action Plan in June 2009, NHS North West responded by producing a North West Action Plan and establishing a MSC Oversight Board to oversee implementation of MSC in the Region. Implementation is primarily the responsibility of the Divisional Workforce Groups for Life Sciences, Physiological Sciences and Clinical Engineering & Physical Sciences; they are supported by the sub-regional Healthcare Science Networks

The North West Action Plan is peer reviewed and is subject to assurance by the National MSC Team. Progress against planned outcomes is being met in all areas through a number of areas are still in development or in discussions nationally, these include Higher Specialist Training, bands 1-4 and regulation. NHS North West continues to work closely with the National MSC Team on these issues and will develop local implementation plans as appropriate. To support the Healthcare Science workforce NHS North West has commissioned two leadership programme cohorts based on the national programme set up by the Chief Scientific Officer and intends to run a further cohort in 2012/13.

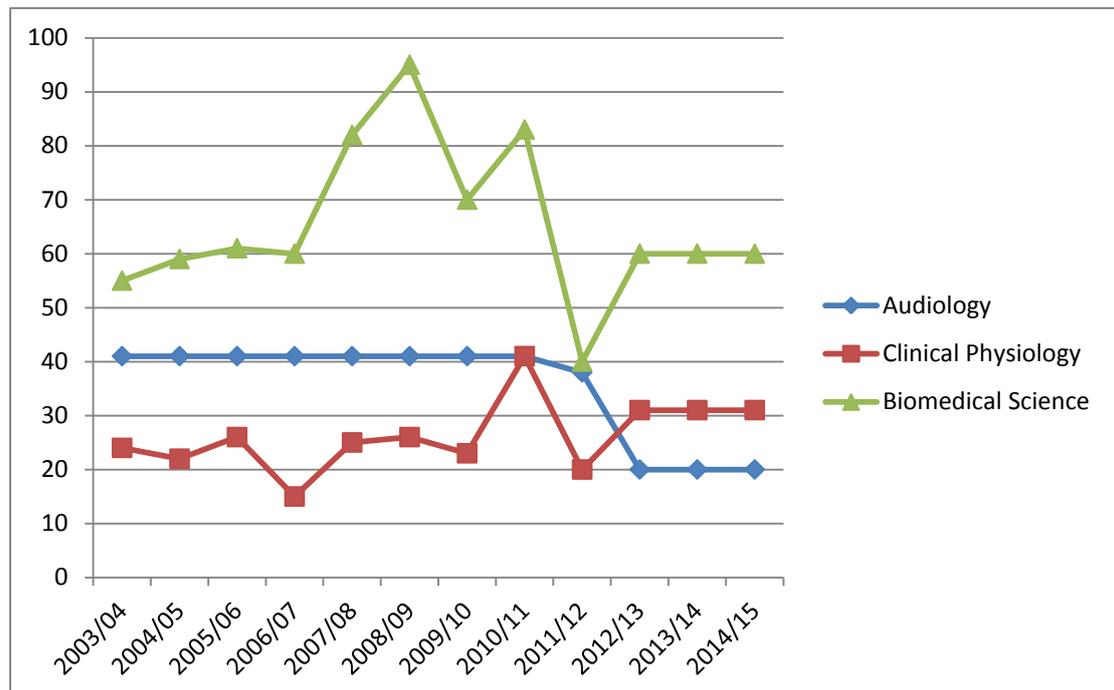
There remain a number of key areas of service development in which healthcare scientists are key enablers for the delivery of QIPP, notably Pathology. The Workforce Directorate is working with the Regional Lead Scientist and Healthcare Science Networks to ensure the workforce contribution to QIPP is recognised and taken forward.

Healthcare Science Practitioners

Practitioner Training Programmes (PTP) has replaced pre-existing undergraduate programmes for healthcare science. PTP tuition fees are not funded through MPET but the NHS supports students through access to clinical placements. NHS North West is also providing some support for support for travel together with a shadow placement tariff while discussions are held nationally on student support for this group.

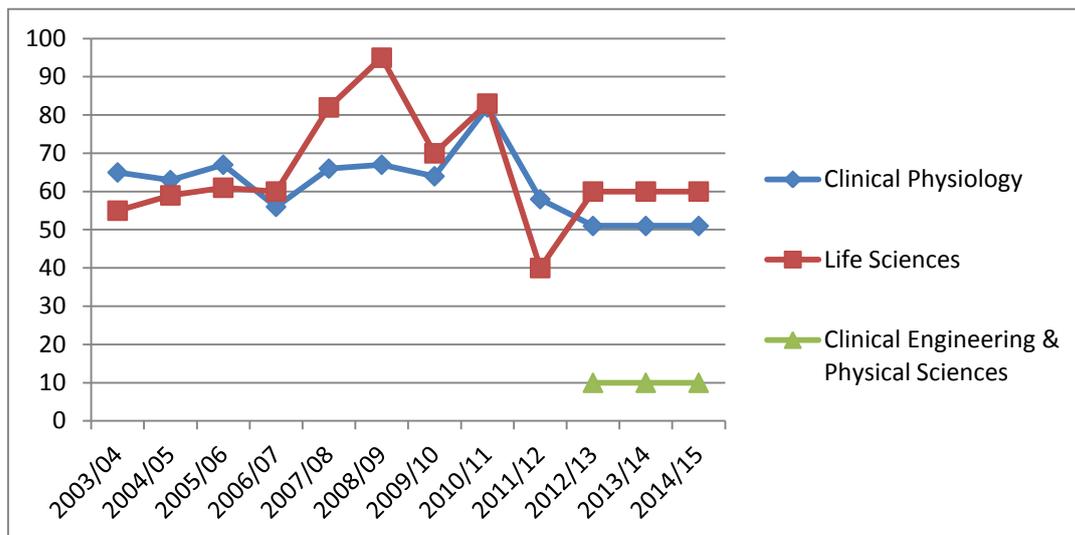
The North West had the first PTP in Cardiovascular Physiology in the country in 2010/11 and North West Universities have indicated that they will run PTP in Life Sciences and Neurosensory Physiology from 2012/13 and 2013/14. Provision for Clinical Engineering is being discussed with the Divisional Workforce Group but at this stage demand is being met through pre-existing sources and not commissioned by NHS North West. The Divisional Workforce Group will be responsible for identifying specialist supply from organisational workforce plans and placement capacity and capability.

Healthcare Science Commissions – Practitioners Training Programmes (PTP)



The graph above shows commissioning activity in previous years and projected commissions for the new PTP provision. The level of commissioning for Life Sciences rose in recent years in response to demand to increased diagnostic services but services and workforce modernisation and reconfiguration together with the introduction of new technology will lead to a lower demand for Practitioners but with an increased demand for Associate Practitioners. Demand for Neurosensory Practitioners is lower as the increased supply of Audiologist over recent years meets workforce demand. Demand for cardiovascular diagnostics indicates that workforce demand will remain at current average levels. Universities delivery PTP for Life Sciences are anticipated to be in each NLG area while, due to low numbers and local expertise it is expected that there will only be a single provider for each Physiology pathway.

Overall Commissioning Numbers and Trainee Population

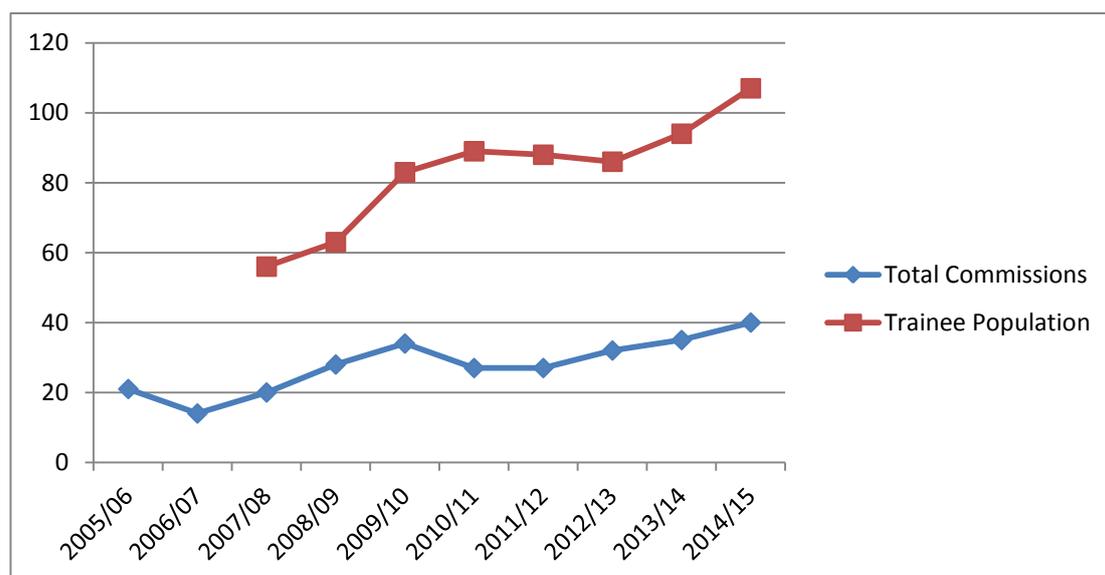


Healthcare Scientists

All new commissions for Clinical Scientists has ceased as training migrates to the new Scientist Training Programmes (STP) under MSC. Commissions for STPs are agreed within the commissioning envelop by the Lead Scientists Network. Commissions in 2011/12 reflected previous Clinical Scientist training across a range of specialities. In addition to the STPs, NHS North West also provides funding for 6 Higher Specialist Trainees all of whom are currently within Clinical Biochemistry and Immunology.

STP programmes are currently procured nationally through a lead commissioner NHS West Midlands and tuition costs are top sliced from MPET. NHS North West is responsible for identifying demand and for paying trainee salaries

Healthcare Scientists & Clinical Scientists Commissions



The overall level of commissioning will need to reflect the increased level of funding and the NHS North West's share of savings required as a response to the reduction in MPET. Under MSC there will be increased costs due to the costs of the associated MSc and the placement tariff; these will add 22% to the cost of each trainee. This will require a reduction in the overall trainee population to remain within the current budgets but will be able to increase as funding is released from the PTP programmes over the next 4 years.

The overall level of commissioning is currently higher than is financially sustainable within the current MPET funding and will need to return to the levels prior to the increases between 2008 and 2010. These increases were specifically in response to services demand especially in Medical Physics where growth was essential to meet the needs of the Cancer Strategy. For these reasons the commission numbers will revert to the levels commissioned in 2007/08 over the next three years. This will ensure that future commissioning for Healthcare Scientists will be placed on a firm financial footing for future years. The allocation of commissions between the different specialities will be the responsibility of the Healthcare Science Divisional Workforce Groups

Healthcare Scientists – Commissions by Specialism

Course	Pathway	Specialism	2011/12	2012/13
Physiological Sciences	Cardiovascular/ Resp & Sleep	Cardiac		2
		GI & Urodynamics	1	1
	Neurosensory	Audiology	2	2
Life Sciences	Blood	Clinical Biochemistry	6	4
		Immunology	2	
		Haematology & Transfusion		1
		Histocompatibility & Immunogenetics		1
	Infection	Microbiology virology, bacteriology, mycology, parasitology	1	1
	Cellular	Histopathology		1+1
		Cytopathology		1
		Reproductive Science	2	2
		Genetics		2+1
Physical Sciences & Biomedical Engineering	Medical Physics	Radiotherapy Physics	11	7
		Imaging (ionising radn)	1	1
		unspecified	1	1
	Clinical Engineering	unspecified		2
Total			27	28+4

Professions Allied to Dentistry

The level of commissioning will remain at the same level as planned for Dental Therapists at 30. NHS North West intends to carry out a review of demand for Dental Therapists who are currently trained at two centres in the Region. The aim of the review will be determine medium to long term demand, access to newly qualified Therapists across the Region and value for money. It is anticipated that this review will completed in March 2012.

Proposed Commissions for 2011/12 to 2013/14

Table 1. Proposed % changes

Programme	2010/11 (target actual)	2011/12 (target actual)	2012/13 Proposed % change	2013/14 Proposed % change	2014/15 Proposed % change
Clinical Psychology	72	0%	0%	0%	0%
IAPT High Intensity	118	67	0%	0%	-46%
IAPT Low Intensity	79	45	0%	0%	0%
Pharmacist	70	70	72	+3%	0%
Pharmacy Technicians	55	0%	0%	0%	0%
Audiology	41	-8%*	-100%		
Healthcare Science Practitioners	87	+3%*	+30%	+23%	0%
Healthcare Scientists & Clinical Scientists	27	-10%	+14%	+15%	+13%
Dental Therapists	30	0%	0%**	0%**	0%**

Table 2. Proposed Actual Commissions

Programme	2010/11 (target actual)	2011/12 (target actual)	2012/13 proposed	2013/14 proposed	2014/15 proposed
Clinical Psychology	72	72	72	72	72
IAPT High Intensity	118	67	67	67	36*
IAPT Low Intensity	79	45	45	45	45
Pharmacists	70	72	72	72	72
Pharmacy Technicians	55	55	55	55	55
Audiology	41	38**			
Healthcare Science Practitioners	87	60	85	111	111
Healthcare Scientists & Clinical Scientists	27	26	30	35	40
Dental Therapists	30	30	30***	30***	30***
TOTAL	579	465	456	487	461

*Reduction primarily due to end of IAPT Programme

**It is planned to migrate the current Audiology programme to a PTP programme in 2012/13

***Dental Therapist commissions may change subject to review to be carried out in 2012

4. Workforce Modernisation

Introduction

The North West Workforce Modernisation hub was established in June 2011 as a provider led service, giving health and social care organisations greater influence over the work programme and resources which support workforce modernisation locally. The Hub is hosted at 5 Boroughs Partnership NHS Foundation Trust and is accountable through a Management board which has been formed from representatives of local organisations.

The Hub works in partnership with organisations to:

- Develop multi-professional roles across the Career Framework
- Develop organisation Capability in relation to skill mix changes and Workforce Modernisation.
- Establish a robust evidence base for skill mix changes.

A three year business plan is in the process of being developed.

At the North West QIPP summit held in July 2009, the workforce modernisation agenda and associated skill mix focus was seen as critical to achieving the required outcomes, we envisage this continuing in the coming year.

To support the workforce modernisation agenda, the Commissioning and Professional Education (CPE) Team are working to harmonise systems and processes. The Workforce Modernisation Hub will continue to focus on stakeholder engagement, demand management and the development of strategy, whilst the CPE Team will progress activity to harmonise commissioning procedures for Assistant and Advanced Practitioners. In order to integrate such commissioning activity, a phased approach is required. Phase one focused on integrating Assistant Practitioner commissioning activity into the higher education contracts. This required a different approach to accommodate a hybrid funding model that enables a long-term approach to commissioning education for the Assistant Practitioner workforce. Phase one has been completed. Phase two involves exploring options to integrate commissioning for Advanced Practitioner education, to be completed in 2012/13.

The recent changes to funding arrangements for Higher Education has resulted in a significant increase in costs for the MSC Advanced Practice and Foundation Degree, the hub and CPE team will working in partnership to revisit the commissioning arrangements for the programmes to arrive at a sustainable and affordable way forward for the programmes and role development. This may include changes to the funding model.

The Workforce Modernisation hub will also continue to manage demand for a range of new roles across the Career Framework for Health by:

- Ensuring that robust and equitable systems are in place to access and monitor new roles, linked to the workforce planning process
- Building capacity and capability within organisations to support workforce redesign and best use of skill mix, via North West workforce modernisation networks
- Supporting a change in skill mix across the North West, based on evidence of the benefits and impact of new roles

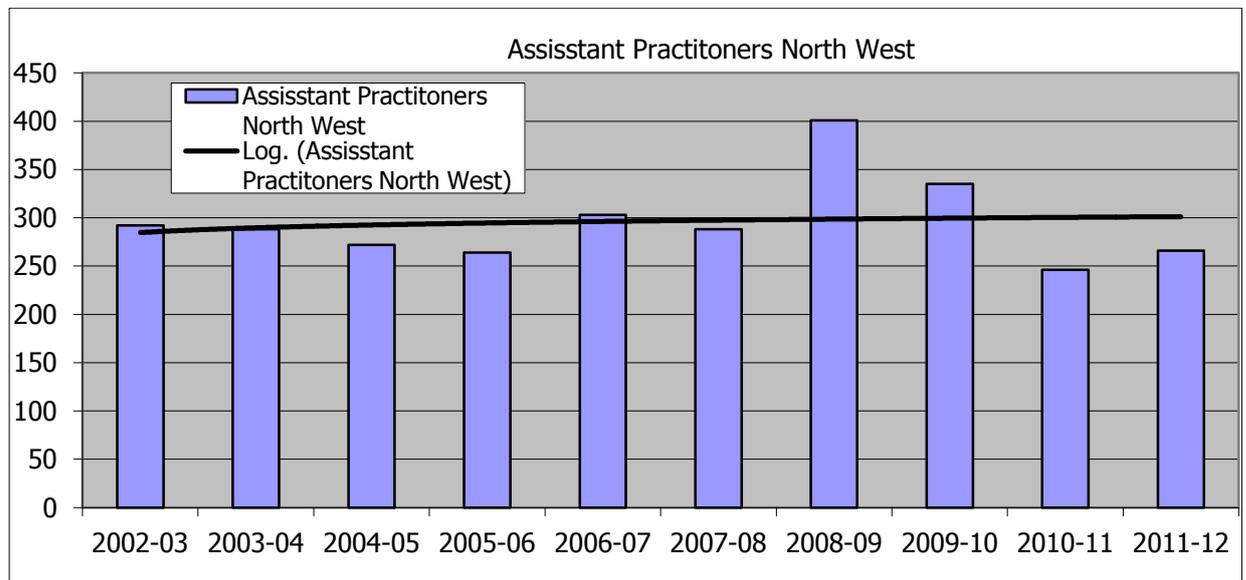
The Workforce planning process for 2011/12 incorporated fully the demand and proposal process for new roles, this has highlighted a need for better integration at a service level between workforce planning and clinical services.

Assistant Practitioners

To date, NHS North West has supported the creation of approximately 2,800 Assistant Practitioner posts, both qualified and in training, underpinned by Foundation Degrees. The Assistant Practitioner is a multi professional role, to date 92 have completed the Healthcare Science programme, 32 Radiography and 26 in Radiotherapy.

The trend of Assistant Practitioner commissions per academic year (as seen in Figure 1 below) has been fairly consistent at 300 per year, with a peak in the academic year 2008/09. Commissions in 2012/13 will be between 200-300 Trainee Assistant Practitioners based on affordability.

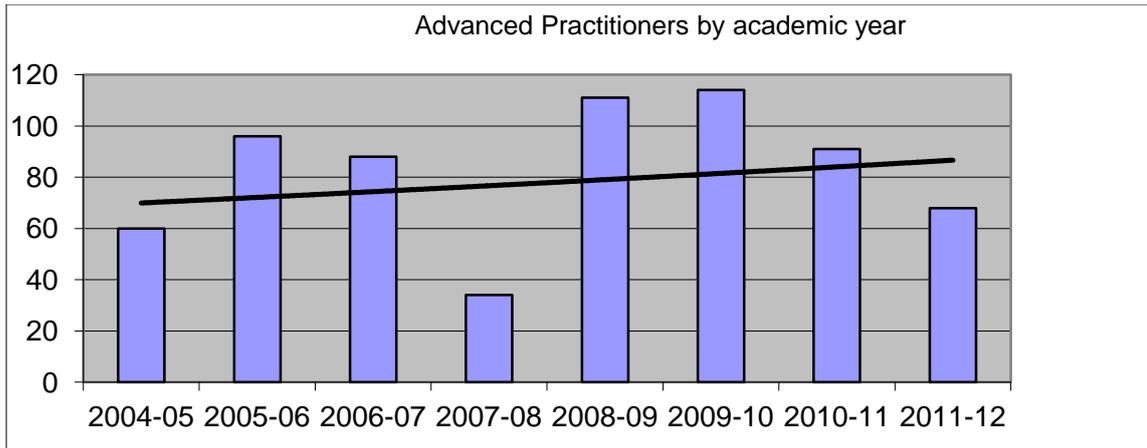
Figure 1



Advanced Practitioners

The North West has developed approximately 670 Advanced Practitioner posts, underpinned by the Advanced Practitioner concordat agreement and the MSc Advanced Practice. The numbers of Advanced Practitioner commissions (see Figure 2 below) show an average of about 80 per academic year, with a peak in 2009/10 as a result of extension of Msc funding to the whole of the NW. The Commissions for 2011/12 will be between 70-90 based on affordability.

Figure 2



Non-Medical Consultants

Since 2000 NHS organisations in the North West have introduced 142 Non-Medical Consultant (NMC) posts across a range of professions including Nursing, Midwifery and Allied Health Professions. About 76% of posts are in Nursing, along with 16% in Allied Health Professions and 8% in Midwifery. However, there is currently a lack of information relating to these posts within Health Care Sciences. Posts are established via a formal proposal process and are peer reviewed by a panel hosted by NHS North West, with a relatively small demand for about 8-10 new posts per year. The evaluation “Ten Years On - Evaluation of the Non-Medical Consultant Role in the North West” has been completed giving an invaluable insight into NMC roles in the North West. An action plan is being devised to take forward the recommendations

Other Nationally Developed Roles

To date there have been small pockets of demand for some nationally-developed advanced practice roles such as the Physician’s Assistant (Anaesthesia). NW Workforce Modernisation Hub will continue to work with organisations to monitor demand for and evaluate these roles across the North West.

In addition, NW workforce Modernisation Hub will continue to work with NW Healthcare Scientists Network, to identify and implement any role developments arising from Modernising Scientific Careers.

5. Education Management

Quality Assurance

All commissioned education is subject to performance management and quality assurance in line with the contractual arrangements with each education provider; the Standard Contract Framework for Universities and the Learning and Development Agreement for Practice Placement Providers.

The Education Commissioning for Quality (ECQ) framework provides the structure for monitoring the quality of education contracts with North West Universities. The ECQ framework also provides a structure for the review of Learning and Development Agreements and is embedded within the domains integral to the proposed NHS Educational Outcomes Framework.

The approach is based on a focused review against specific outcome measures; action plans are agreed and reviewed through Contract Liaison meetings and formally signed off via an Annual Review Meeting. This provides an opportunity to review partnership arrangements and levels of engagement across localities. *Student feedback is collated through focus groups to triangulate submitted evidence.*

The quality framework is supplemented by other external and internal monitoring processes, notably those by the professional and regulatory bodies; the outcome of these monitoring processes is shared between Universities, Placement Providers and NHS North West to drive quality improvement in education and training by addressing variation in standards and ensure excellence and innovation in education provision.

Working towards a Single Assessment Framework across all professions, 11-12 has seen the introduction and testing of a quality assessment process for the non medical professions within Placement Providers which has been developed in line with that of Post Graduate Medicine reported to the GMC; this tool will be used to inform LDA quality monitoring moving forward. All University QA action plans for 11-12 are on track or have been achieved.

Continuing Professional Development (CPD)/ Post Qualification Learning (PQL) Strategy

NHS North West launched its' non medical, clinical CPD/PQL Strategy in December 2010, following region wide consultation on the review of existing systems and processes underpinning, funding and managing CPD/PQL activity.

Its' accompanying Implementation Plan for 2011/12 and beyond, serves to respond to the need for education and training to be reflective of service need and change, offer greater flexibility of both delivery and deployment, maximise

return on investment and fundamentally, secure a productive workforce, equipped to deliver safe care of the highest quality.

To this end, 2011/12 has seen a number of key improvement initiatives including;

- a shift in higher education contracts to reflect agreed allocations for *core provision* (most commonly accessed and of strategic priority – best value achieved through region wide commissioning), *flexible provision* (geared to meet Trust specific needs, but from within existing regional provision) and a *cash allocation* (direct to each Trust for additional, specific or bespoke commissioning)
- plans to agree a standard unit price across north west Higher Education Institutes per 5 credit unit for both core and flexible provision
- the launch in November of a new online system for processing and tracking CPD/PQL module applications and activity – CPD-Apply, supported by a range of guidance and marketing materials for learners, Service and Education Providers

and progressing plans in 2012/13 to;

- agree processes to enable suitable review of contract allocations and deployment
- facilitate Service Providers in the comprehensive assessment of learning needs at individual, team and organisational level
- determine impact assessment methodology
- directly procure the core allocations which following the NW workforce planning exercise Trusts and providers identified as being:
 - Leadership
 - Mentorship and Practice Education
 - Safe Prescribing
 - Safeguarding Vulnerable Children and Adults

The need to ensure appropriate influence of future investment and commissioning is explicit within the Implementation Plan and will be subject to consultation with both new and existing Networks through the proposed stakeholder engagement arrangements.

Vocational Learning (Bands 1 to 4)

The growth of vocational learning activity continues to escalate in the North West, attracting acclaim from partners and regulators, both nationally and regionally.

Partnership working with the National Apprenticeship Service (NAS) and the Skills for Health Academy, resulted in over 1,500 additional new apprentices in the North West in 2010/11, (a growth of 70% since 2009/10), across just short of 90% of Service Providers and an increasing range of frameworks (both clinical and non).

With the vast majority (79%) of NW apprentices aged over 25 and reducing budgets forcing the prioritisation of investment towards those aged 16-24, activity in 11/12 has focused on both maximising the use of 25+ funding whilst available, as well as developing initiatives to support greater 16-24 engagement across NHS North West. Specifically, this has included;

- Introducing an Apprenticeship Training Agency through Skills for Health Academy North West, facilitating the transition of the successful cadet model to apprenticeships
- Developing in partnership with NAS an 'Apprenticeships in the NHS' school resource pack, to raise the profile of NHS careers across NW secondary schools
- Increasing notice of NHS vacancies to those aged 16-24, through appropriate advertising e.g. Connexions, FE colleges, JCP
- Incentivising Service Providers with additional funding subsidies for those aged 16-18.

Activity plans project a total commitment against budget in 11/12 and a building of evidence in support of personal achievement, organisational benefit and social responsibility at a regional level.

Broader sustainability plans for 2012/13 will need to be mindful of balancing the consequences of on-going budget reductions (FE loans from 2013, likely escalation in employer contributions) with the need to meet the skills needs of the workforce, grow flexibility and support continued employability.

Practice Learning Environment

NHS North West's Strategic Clinical Placement Strategy is now in its' third year of delivery against agreed plans to correct, improve and manage placement capacity, quality and growth.

The sheer volume of students on placement continues to present system challenges, despite the overall reduction in those commissioned. Pressures in primary care for both medicine and health visiting in particular are on the increase, whilst policy developments (often in other sectors), modernisation agendas and new initiatives/technologies all ensure constant impact on placement capacity.

Overall growth between April and November 2011 is 226, but is almost halved in impact against a loss in capacity of 103 – largely due to service closures and reconfigurations.

Growth however continues to meet demand and an increasing emphasis on breadth, enhances the student experience, affords greater opportunities for interprofessional learning and improves both the quality and flexibility of learning.

There remain a number of likely and immediate priorities for 12/13, reflecting the need for partnership and creativity at both a national and local level. Key examples include the national commitment required to place those professions commissioned largely in the NW (e.g. podiatry, orthoptics), as well as working locally to agree creative practices in health visiting mentorship and assessment.

Learning and Development Agreements

Developments to Learning and Development Agreements in 2011/12 have had to keep pace with both the significant workforce movement incurred by Transforming Community Services and clustering of PCTs, as well as the shadow allocations anticipated in response to the likely implementation of the SiFT and NMET elements of the MPET Review from April 2012.

In preparation for the novation of contracts from April 2013, indicative allocations are being mapped to each sub-regional footprint and will ensure the necessary transparency and scrutiny is given to the key areas of deployment, issues of management and any potential further re-distribution required, as new service arrangements consolidate.

NW Health Care Libraries Unit

The North West Health Care Libraries Unit is responsible for the strategic development, co-ordination and monitoring of all NHS library information services in the North West.

Activity in 2011/12:

- Provide advice to NW NHS organisations on the development of local library information services - particularly in the light of service reconfigurations and financial pressures
- Provide continuing professional development opportunities for all NHS library staff
- Provide value for money via NHS North West for purchasing of electronic information resources
- Complete roll-out of the second year of the Library Quality Assurance Framework (LQAF) and begin a series of development-focused visits to all Trusts
- Develop operational plans from the library strategy published in 2009/10

- Contribute to the development of the national costing framework for NHS library information services
- Contribute to DH consultations on the NHS White papers (in particular on information and workforce)
- Refresh the Unit's strategy for NW NHS library information services in the light of the NHS White papers

Priorities for 2012/13:

- Provide advice to NW NHS organisations on the development of local library information services - particularly in the light of service reconfigurations and financial pressures
- Assess library information services quality via the Library Quality Assessment Framework third round
- Publish the refresh of the Unit's strategy for NW NHS library information services
- Launch the Unit's consumer health information portal: Healthwise northwest
- Provide continuing professional development opportunities for all NHS library staff
- Provide value for money via NHS North West for purchasing of electronic information resources
- Contribute to national developments including key performance indicators, costing framework and the refresh of the LQAF guidance
- Survey partnership activities across NW NHS library information services

Technology Enhanced Learning

The Department of Health has recently published its framework for Technology Enhanced Learning. This framework, which relates to the use of e-learning, simulation education and other modalities such as the use of mobile learning, encourages the health sector to advance and accelerate further the appropriate use of technology enhanced learning developments. Given the experience of use, the use of TEL is being encouraged within the context of six key principles which are that they

- are patient centred and service driven
- educationally coherent
- are innovative and evidence based
- deliver high quality educational outcomes
- deliver value for money

- Ensure equity of access and quality of provision.

To support adoption of the framework a set of key recommendations are made which include

- Increasing the use of simulation for learners to practice skills before undertaking them in the clinical environment,
- Ensure that there is strategic leadership to drive the use of TEL as part of education curriculums and to meet service and workforce needs.
- Local networks of healthcare, social care and education partners should identify a strategic lead for technology enhanced learning with responsibility for ensuring appropriate use, value for money, equity of access and demonstrable benefits to patients and service.
- Healthcare, social care and education providers should ensure that educators and trainers are competent to use the required simulation facilities or equipment, e-learning and any other technological tools.

Within the North West there is already good use of TEL developments being guided through the use of local Elearning and Simulation Education strategies and network management arrangements. The North West Simulation Education network has been successful in 2011 by

- Developing and delivering a high quality education simulation skills programme which has seen over 400 participants participate and complete.
- The launch of a Virtual Learning Centre to support simulation education activities
- Commenced the development of a process to support the quality assurance of simulation education.

Within the context of e-learning progress has been evident in the

- Greater use of e-learning content through the National Learning Management system, with the North West having one of the largest implementation states, and the largest number of trusts in the top 20 users at national levels.
- Increased capacity and ability for trusts to develop, share and deploy local e-learning content
- Collaborations which have seen shared developments including conversion of the regional Equality and Diversity programme being adapted for national use.

Going forward in 2012 the priorities will be to

- Ensure that the local e-learning and simulation strategies will be reviewed to ensure alignment with the DH Framework and encourage adoption across all stakeholders

- Further innovate and prioritise developments to ensure that any TEL developments support more directly interprofessional learning.
- Increase collaboration with education providers to encourage the potential and use of TEL is further integrated into all education and training curriculums.
- Through partnerships, use leverage and prioritise investments which will enable the extended health sector workforce to access available TEL delivery infrastructure and resources.
- Ensure that the Core Skills Framework, which seeks to support healthcare organisations and education providers standardise, recognise and bring efficiencies in undertaking statutory mandatory training, is implemented.

Appendix 1

Indicative Commissions by NLG area

Figures Based on HEI Activity

Cheshire & Mersey

Programme	
Nursing & Midwifery	
Adult Nursing	750
Child Nursing	129
Mental Health Nursing	189
Learning Disability Nursing	54
Midwifery	68
Allied Health Professions	
Diagnostic Radiography	49
Dietetics	38
Occupational Therapy	52
Operating Department Practitioners	92
Orthoptics	38
Paramedics	84
Physiotherapy	39
Therapy Radiography	44
Other Professions	
Clinical Psychology	24
IAPT High Intensity	16
IAPT Low Intensity	15
Healthcare Science Practitioners	20

Notes:

1. Dietetics, Orthoptics and Therapy Radiography and only provided by Universities in Cheshire & Mersey
2. The Orthoptic programme is one of only two in England and supports the national supply of therapists
3. Includes two of the three regional providers of Paramedic training

Cumbria & Lancashire

Programme	
Nursing & Midwifery	
Adult Nursing	531
Child Nursing	57
Mental Health Nursing	201
Learning Disability Nursing	35
Midwifery	56
Allied Health Professions	
Diagnostic Radiography	68
Occupational Therapy	120
Operating Department Practitioners	20
Paramedics	42
Physiotherapy	44
Other Professions	
Clinical Psychology	24
IAPT High Intensity	16
IAPT Low Intensity	15
Healthcare Science Practitioners	20

Notes:

1. Includes Nursing commissions for Wrightington, Wigan and Leigh
2. 27 commissions for Occupational Therapy are provided through York St John University
3. Includes one of the three regional providers of Paramedic training

Greater Manchester

Programme	
Nursing & Midwifery	
Adult Nursing	743
Child Nursing	149
Mental Health Nursing	213
Learning Disability Nursing	28
Midwifery	129
Allied Health Professions	
Diagnostic Radiography	55
Occupational Therapy	74
Physiotherapy	142
Podiatry	80
Prosthetics & Orthotics	30
Speech & Language Therapy	80
Other Professions	
Clinical Psychology	24
IAPT High Intensity	19
IAPT Low Intensity	15
Healthcare Science Practitioners	70

Notes:

1. Speech and Language Therapy and Podiatry is only provided by Universities in Greater Manchester
2. The Prosthetics and Orthotics programme is the only one in England and supplies the national workforce demand

Appendix 2

Sources of Evidence

In determining the level of commissions for 2009-10 the NHS NORTH WEST has used, amongst others, the following evidence:

- Equity and Excellence; Liberating the NHS
- Liberating the NHS: Developing the Healthcare Workforce
- Securing a Sustainable Future for Higher Education - Browne Review
- NHS Operating Framework 2011-2012 and 2012-13
- NHS North West Workforce Planning Report
- Centre for Workforce Intelligence Risk Assessments
- NHS North West Commissioning Plan 2010-13 and refresh 2011-12
- North West Workforce Education Commissioning and Learning Strategy (September 2008)
- Education Commissioning Annual Report 2011-12
- Modernising Scientific Careers
- Modernising Nursing Careers
- 'Health visitor implementation plan 2011-15: a call to action'
- Health and Social Care Regulations 2010
- 'Talking Therapies: a four year plan of action' and 'IAPT: Realising the Benefits'
- Murrison Report – 'A better deal for military amputees'
- For those who served: Meeting the healthcare needs of veterans in England
- Modernising Allied Health Professional Careers Programme
- Migration Advisory Committee Shortage Reports
- Historical commissioning information

Appendix 3

Stakeholder engagement

Regional Groups

- Human Resource Directors
- Finance Directors
- Directors of Nursing
- Allied Health Professions Network
- Healthcare Science Networks and Divisional Workforce Groups
- Pharmacy Workforce Group
- Clinical Psychology Network and IAPT Boards
- Skills for Health
- Skills for Care
- HEFCE
- NW Universities Association
- NW Council of Health Deans
- Pathology Networks and Regional Pathology Modernisation Board

National Groups

Where NHS North West has specific Involvement this is highlighted in brackets

- WAPPIG
- National Education Commissioners Network (Chair)
- National Workforce Finance Network (Chair)
- National SHA Workforce Planners Network (member)
- Nursing & Midwifery Professional Advisory Board (National Education Commissioners Network representative)
- AHP Professional Advisory Board (National Education Commissioners Network representative)
- Improving Access Psychological Therapies Leads Group (Member)
- National Healthcare Science School of Genetics Board (National Education Commissioners Network representative)
- National Audiology Practice Learning Group (Chair)
- NHS Bursary Unit (National Contract Lead)
- Centre for Professional Pharmacy Education Contract Board (National Contract Lead)