BMA

NHS People Plan 2020/21

BMA member briefing

British Medical Association
bma.org.uk

This document summarises the commitments made in the NHS People Plan (for England) with a focus on those most relevant to BMA members. It also provides BMA commentary and analysis on each section.

Summary

The NHS People Plan (England) published on 30th July sets out expectations and commitments for national and local action for the remainder of 2020/21. The plan includes priorities for change which are to be reflected in local people plans to be developed by systems – namely ICSs and STPs – and provider organisations. It seeks to build on the positive learning and innovation that has happened in the NHS as a result of the COVID-19 crisis.

The long-awaited plan[1] comes at a time when the NHS is in the most precarious state it has ever been. We are in the midst of a pandemic, facing a potential second wave of COVID-19 and are heading into perhaps the most challenging winter the NHS has ever seen. In addition, recently released guidance to NHS organisations outlines an ambitious plan to resume non-COVID services in the coming months which will put significant additional strain on the workforce if not managed correctly. These times have served as a stark reminder of just how much we rely on the workforce for the NHS to survive.

BMA view

- The plan reflects many of the BMA's key workforce priorities set out in our Caring, Supportive, Collaborative project, but detailed plans for how these ambitions will result in real, meaningful change for staff are urgently needed.
- The plan does not provide a strategy for how the government will address long-term workforce supply or make education and training fit for the future. We expect both to be covered in a further iteration of the People Plan following the government's spending review later this year. It is vital that there will be a transparent long-term funding plan that delivers long overdue changes and takes meaningful action to address chronic understaffing in the NHS.
- The plan highlights several areas for improvement that the BMA has long been calling for – a focus on wellbeing, research and education, and flexible working – and this is encouraging to see.

1 Publication of the 'full plan' was initially delayed due to the December 2019 general election and following the COVID-19 pandemic.

- The plan calls on employers to focus on health and safety, and this must be a top priority, especially now. The BMA has called for urgent action to protect our most vulnerable staff including those from BAME backgrounds and those who have been shielding. We have called for every doctor to have a risk assessment and to be supported to work safely, including remote working if they are high risk. We must also do more to protect the psychological health of our workforce. 45%[2] of doctors are suffering from depression, anxiety, stress, burnout or other mental health conditions related to, or made worse by, the COVID-19 crisis. We have also called for occupational health services to be accessible to everyone.

- Initiatives such as the appointment of wellbeing guardians, boosting the mental health workforce, tackling violence against staff and improving occupational health standards will make an important difference to lives of staff and the development of a more open and inclusive culture.

- The plan's focus on equality and diversity is especially welcome. Diverse and compassionate leadership is essential to an inclusive, person-centred culture. It is encouraging that the plan emphasises this and sets out ambitions to increase placements for clinical leaders and enhance training and skills for leaders across the NHS.

- The plan highlights several measures to help address workforce shortages including expanding training places for some staff groups and specialties, supporting international recruitment, and encouraging efforts to retain clinicians who returned to help with COVID-19. There are also some helpful suggestions for retaining staff who are approaching retirement. There must be a serious focus on recruitment and retention of staff both in the short and long-term, including improvements in pay. The plan does not address long-term medical workforce supply, nor is it clear how international recruitment will be impacted by Brexit and the current pandemic.

- The BMA has concerns about the move to train doctors as generalists as highlighted in the plan. This could cause significant disruption to progression through training and the future supply of consultants. It is also not clear how this links with the career framework for Medical Associate Professions (MAPs) which appears to be pushing generalist physician associates towards specialisation.

- We welcome the prioritisation of improving workforce data quality to enable effective workforce planning – something the BMA has long called for – and we stress the importance of clinical engagement in the process, particularly as responsibility for planning shifts to local systems.

- The plan recognises the acceleration in digital transformation that has happened as a result of the pandemic and the need to shift to providing more remote consultations. However, many doctors in both primary and secondary care are still without adequate IT hardware and software to facilitate this. There also must be an evaluation of the clinical effectiveness of remote consultation in a range of populations and a focus on inequalities. We strongly emphasise the need for substantial investment in digital transformation in both primary and secondary care to enable more efficient and new ways of working, e.g. remote/online consultations, interoperability and enhanced data sharing, better training and better patient care.

1 Responding to new challenges and opportunities

One of the key stated objectives highlighted in the People Plan is retaining the good practice and innovation that resulted from the pandemic including:

- A greater focus on health and wellbeing
- Streamlining governance and decision making
- Opening up conversations and calls to action to tackle inequalities
- Flexible and remote working
- Remote consultations
- Bolstering the workforce with clinicians returning from academia, retirement and other industries
- Supporting staff to take on new roles by upskilling or redeployment
- Support for care homes
- Volunteering
- Clinical research

More detail is available here.

BMA view

Remote consultations

The people plan rightly recognises the benefits that greater use of remote consultations can bring to patients and staff alike, offering more flexibility to engage with the system at a time and place that is more convenient and less at risk from COVID-19 transmission.

The expansion of remote consultations necessitated by the ongoing pandemic has demonstrated what is possible, with primary care providers receiving rapid central resourcing to work remotely. However, problems still persist in both primary and secondary care. Doctors across the NHS have told us they still face problems with broadband speed, IT hardware and software and insufficient training and support)[3]. These issues must be addressed as soon as possible if the NHS expects to maintain the levels of remote consultation reached during spring and summer 2020.

Finally, there must be an evaluation of remote consultations and evidence of their clinical effectiveness in a range of populations. There should also be significant caution taken not to exacerbate inequalities – for example, high speed internet access is not available to large portions of the population.

3 BMA COVID tracker survey 2020.

2 Looking after our people

To protect health and safety the plan says that employers should:

- Ensure access to appropriate PPE
- Complete risk assessments for vulnerable staff, including BAME staff
- Support people to work from home safely
- Ensure staff have sufficient rest breaks and encourage them to take their annual leave allowance in a managed way
- Ensure access to psychological support and treatment
- Identify and proactively support staff when they go off sick and support their return to work
- Ensure physically healthy work environments and encourage physical activity
- Prevent and tackle bullying, harassment and abuse of staff
- Prevent and control violence in the workplace – NHS England and NHS Improvement have developed a joint agreement with government to ensure action in response to violence against staff. **By December 2020**, an NHS violence reduction standard will be launched to establish a systematic approach to protecting staff
- Appoint a wellbeing guardian
- Provide free car parking for at least the duration of the pandemic and support staff to use other modes of transport.

The plan also commits to:

- Piloting the establishment of resilience hubs to improve staff mental health. Working in partnership with occupational health programmes, the hubs will undertake proactive outreach and assessment, and coordinate referrals to appropriate treatment and support for a range of needs.
- Piloting improved occupational health support in line with the SEQOHS (Safe Effective Quality Occupational Health Services) standard.

The plan aspires to making flexible working a reality for all NHS staff:

- NHS organisations should consider it good practice to offer flexible working from day one.
- Requesting flexibility should not require a justification and as far as possible should be offered regardless of role, team organisation and grade
- **From January 2021**, all job roles across NHS England and NHS Improvement and HEE will be advertised as being available for flexible working patterns
- There will be accelerated roll-out of e-rostering where it has yet to be implemented
- Guidance and training on flexible working will be produced **by December 2020**
- There will be a full roll-out of flexibility for junior doctors **by 2022/23**
- These flexible working principles will be applied in primary care. GP practices and primary care networks will be encouraged to offer more flexible roles to salaried GPs and support the establishment of banks of GPs working flexibly in local systems".

View the complete list of commitments and expectations.

BMA view

The BMA has long called for improvements to the way in which employers approach health and wellbeing in the workplace. Many elements our Mental Wellbeing Charter, Fatigue and Facilities Charter and our recent briefing *`The mental health and wellbeing of the medical workforce – now and beyond COVID-19`* are reflected in the People Plan. It is encouraging to see that so many of our recommendations have been adopted and we encourage all employers to implement them as quickly as possible.

Risk assessments and occupational health support

It is good to see the commitment to risk assessments for vulnerable people (including BAME staff) and the announcements of OH (occupational health) pilots. Risk assessments need to be provided as soon as possible to at-risk staff, including staff from BAME backgrounds who are disproportionately impacted by COVID-19 and those who have been shielding. We are concerned that not all doctors have received these and the process and tools used vary across organisations. In addition, access to occupational health services is variable and should be provided consistently, especially in primary care where access to OH services is not available to all staff. For more information about risk assessments, read the BMA's guidance here.

Personal protective equipment

Restoring confidence and improving accountability in the PPE (Personal protective equipment) supply should be a top priority for the government. As well as ensuring there is adequate supply of PPE to protect all frontline healthcare workers, it is vital that the PPE available takes account of diverse needs, including the needs of different biological sexes, staff who wear hijabs or beards for religious reasons and the needs of disabled workers. As we move to restart non-COVID services it is vital this is not done at the expense of staff safety – it is crucial that staff have access to PPE that is appropriate for the environment in which they are working. Any changes to PPE requirements should be based on nationally agreed standards developed in consultation with staff representatives.

Resilience hubs

We welcome the piloting of resilience hubs to help boost local capacity and improve access to mental health support and treatment. It may take some time for staff to realise the impact of the COVID-19 crisis on their mental wellbeing and therefore it is essential that the support put in place for staff is sustainable and adequately resourced.

Wellbeing guardians

There is a need for board-level leadership when it comes to mental wellbeing of staff and we welcome the introduction of wellbeing guardians. However, a common framework or role profile would be helpful to ensure the role is standardised across organisations.

Car parking and transportation

The provision of free car parking and assistance with travel costs were well received by doctors during the pandemic. We have called for these to be funded for the long-term so that workers are not financially penalised with expensive charges as they provide essential services to patients.

Bullying, harassment and abuse

We welcome the commitment to prevent and tackle bullying and harassment in the workplace. The BMA has been calling for organisations to take a comprehensive approach to tackling bullying behaviour and develop a compassionate and respectful workplace culture.

Violence against doctors and staff

We welcome the development of the violence reduction framework to ensure there is a systemic approach to tackling this issue and will feed into these proposals. According to a January 2020 BMA survey, 43% of doctors were concerned about physical violence and verbal abuse in the workplace or had witnessed physical violence or verbal abuse directed at colleagues and other staff groups. We have also called for tougher penalties for assaults on emergency workers by increasing the maximum penalty from 12 months to two years).[4]

Flexible working

The opportunity for all doctors to apply for flexible working without having to provide justification is welcome and the BMA has long advocated for more flexible working. Access to flexible working across all specialties and roles is an essential step towards narrowing the gender pay gap and will support those in the workforce with caring responsibilities. Enabling doctors and staff to work flexibly will improve work-life balance and should help with staff retention.

While flexible opportunities for all are welcome, putting this into practice will be challenging and the plan does not make it clear how this will be reconciled with the pressing need to increase staffing levels across the NHS.

4 BMA response to August 2020 Ministry of Justice consultation on increasing the penalty for assaults on emergency workers.

3 Belonging in the NHS

Equality, diversity & inclusion

- Initiatives and developments already under way are highlighted: the Workforce Race Equality Standard (WRES), the NHS Race and Health Observatory, and the Workforce Disability Equality Standard (WDES)
- **By October 2020**, employers, in partnership with staff representatives, should overhaul recruitment and promotion practices to make sure that their staffing reflects the diversity of their community, and regional and national labour markets
- **From September 2020**, equality, diversity and inclusion are to be part of health and wellbeing conversations with staff
- **Leadership diversity:**
  - Every NHS trust, foundation trust and CCG must publish progress against the Model Employer goals to ensure that at every level, the workforce is representative of the overall BAME workforce
  - **From September 2020**, a refreshed evidence base for action will aim to ensure the senior leadership represents the diversity of the NHS, spanning all protected characteristics
- **By the end of 2020**, 51% of organisations are expected to have eliminated the ethnicity gap in relative likelihood of entry into formal disciplinary processes
- **By December 2021**, all NHS organisations should have reviewed their governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes
- **From October 2020**, resources, guides and tools to help leaders and individuals have productive conversations about race, equality, diversity and inclusion will be published. The NHS equality, diversity and inclusion training will also be refreshed
- **By March 2021**, competency frameworks for every board-level position in NHS providers and commissioners will be published, reinforcing the explicit responsibility of the chief executive to lead on equality, diversity and inclusion
- **Over 2020/21**, the CQC will be looking at how organisations have made measurable progress on equality, diversity and inclusion
- **By March 2021**, a joint training programme for Freedom to Speak Up Guardians and WRES Experts will be launched
- More BAME staff to be recruited to Freedom to Speak Up Guardian roles.

Ensuring staff have a voice

- **Over 2020**, the Staff Survey will be adapted to reflect the COVID-19 context and options will be explored to implement this survey in primary care
- **In the first quarter of 2021/22** a new quarterly survey to track staff morale will be launched
- Work will be done with leaders, managers and employers to foster a "listening, speaking up culture".

Leadership

- **From September 2020**, refreshed support will be provided for leaders in response to the current operating environment. Including expert-led seminars on health inequalities and racial injustice, and action learning sets for senior leaders across health and social care
- **By March 2021** the number of placements for clinical leaders each year will be increased, with roles working on "improvement projects across clinical pathways"
- **By December 2020**, processes will be updated to ensure greater prioritisation and consistency of diversity in candidates being considered for director, executive senior manager, chair and board roles
- **By January 2021**, updated and expanded free online training material for NHS line managers to be launched. A management apprenticeship pathway will also be launched
- **By April 2021**, all central NHS leadership programmes will be available in digital form with updated curricula
- **In October 2020**, a consultation on the competency frameworks for board positions in NHS provider and commissioning organisations will be published

– **By March 2021**, a new NHS leadership observatory will be launched. This will highlight areas of best practice globally, commission research, and translate learning into practical advice and support for NHS leaders. The observatory will build on the results of the forthcoming national leadership development survey.

View the full list of commitments and expectations.

BMA view

Medical Workforce Race Equality Standard

The MWRES was due to be published in February this year and was delayed by NHSEI. The BMA would like to see the MWRES published as soon as possible. We would also like to see a similar, medical-specific standard developed as part of the next phase of work on the WDES.

Workforce Disability Equality Standard

The plan makes passing reference to the WDES but gives no detail on what action will be taken, either on the findings from the first annual WDES reporting round or on wider issues faced by disabled healthcare workers. We would like to see more evidence of what tangible action will be taken on the issues identified. The BMA has surveyed over 700 disabled doctors and medical students to identify their key priorities for action and would be happy to work with NHS England to develop action plans, particularly with regards to improving access to workplace adjustments, strengthening occupational health support, and raising awareness within the NHS on supporting workers with hidden/invisible and fluctuating disabilities and long term health conditions.

Speaking up at work

We welcome the plan to recruit more BAME staff to Freedom to Speak Up Guardian roles. The BMA's bullying and harassment project also recommended improving the awareness and reach of Guardians. We welcome plans to develop a "listening up, speaking up" culture. This is important for all staff, but in particular for BAME staff. BMA COVID-19 tracker survey data consistently highlighted issues with BAME staff feeling pressured to work without adequate PPE and a BMA all-member survey in 2018 found that BAME doctors were twice as likely as white doctors to say they would not feel confident about raising safety concerns, as well as highlighting other differences around bullying, fear and lack of respect for diversity and inclusion.

Diversity and inclusion

We would also like to see diversity and inclusion work consider how to best support staff with religious beliefs. The BMA was very pleased to see the NHS Uniforms and workwear guidance published earlier this year, which provides much needed guidance on inclusive dress codes, and we would like to see NHS England do more to promote this guidance to employers.

We welcome the expectation that the ethnicity gap in likelihood of entry to formal disciplinary processes will be eliminated. The BMA has been exploring how a 'just culture' approach could reduce formal disciplinary processes.

This section also briefly mentions the ongoing challenges faced by LGBTQ+ healthcare workers but does not specify any action to be taken. Again, we would be happy to work with NHS England and NHS Improvement to develop tangible action points to address these challenges.

Leadership

The BMA welcomes enhanced training for leaders and a focus on improving diversity in leadership and this is essential to an inclusive, person-centred culture. We also welcome an increase in placements for clinical leaders which could also have positive impacts on morale, wellbeing and retention.

4 New ways of working and delivering care

Making the most of the skills in our teams

- Employers will be expected to use NHSE/I guidance on safely redeploying existing staff and deploying returning staff, developed in response to COVID-19 and with key partners, alongside the existing tool to support a structured approach to ongoing workforce transformation
- HEE will develop a nationally recognised critical care qualification. It will be open to different professions
- HEE is working to ensure that competencies gained by medical trainees while working in other roles during COVID-19 can be recognised and count towards training
- **During 2020/21**, HEE will develop the educational offer for generalist training for doctors and work with local systems to develop the leadership and infrastructure required to deliver it. This follows the Future Doctor report (July 2020) which sets out the reforms needed in education and training to equip doctors with the skills that the future NHS needs
- **By the end of 2021**, primary care training hubs to be fully rolled out
- **In 2020/21**, further e-learning materials will be developed, including simulation, building on what has been provided in response to COVID-19.
  View the full list of commitments and expectations here.

BMA view

Redeploying existing staff

Many staff were recently redeployed to other services or organisations to support the pandemic response. We expect that the need to move staff to high-need areas of the NHS will continue and potentially accelerate in the coming months as we approach winter and non-COVID services resume. The BMA has been clear that this should only be done on a voluntary basis with the expressed consent of the doctor or staff member and in agreement with their employer and the temporary host organisation. BMA guidance provides additional information for staff who have been asked to redeploy.

Generalist training

To reconfigure the UK's system of postgraduate training towards generalism will require significant changes in the approaches taken by HEE, trusts and Royal Colleges, impacting trainees that are currently progressing, as well as as future trainees. There is a risk of significant disruption which could negatively affect progression through training, hampering the future supply of consultants. Training a generalist will very likely take longer than the current training of specialists. This risk, and others associated with moves towards increased generalism, have not been adequately considered.

It is also not clear how this proposal links to HEE's proposed career framework for MAPs (Medical Associate Professionals). PAs (Physician Associates) fall under the MAPs programme and are trained generalists, but the proposed career framework encourages PAs towards increased specialisation. It makes little sense to push trained generalists towards specialisation while announcing plans for doctors (the profession providing the NHS's specialists) towards generalism. A consistent approach is urgently required.

5 Growing for the future

Workforce shortages

The plan outlines the ways in which HEE will address workforce shortages in "those service areas with the highest demand and those professions that require urgent focus". This includes expanding training places for clinicians in mental health, clinical psychology, child and adolescent psychotherapy, and cancer treatment. It also notes an increase of 250 FY2 places **in 2020** alongside an increase of 5000 undergraduate places **in 2020** for nursing, midwifery, allied health professions, and dental therapy and hygienist courses.

Recruitment

- Employers are instructed to increase recruitment of clinical support workers and to offer more apprenticeships, while the recruitment role of Primary Care Networks is also noted
- Trusts are to be incentivised to develop local international recruitment hubs for nurses
- International recruitment will be increased with government assistance to 'remove barriers to recruitment'. There will also be a new international marketing campaign through 2020/21
- There is reference to the new Health & Care Visa, which has been introduced to boost international recruitment
- Employers and systems are instructed to make efforts to retain clinicians who returned to help with COVID-19, while NHS England and NHS Improvement will support returners registration, revalidation and finding placements
- A return to practice scheme could be developed for all doctors, building on existing schemes for GPs, nurses and pharmacists

Retention

This section includes a selection of goals for employers to focus on to improve retention including:

- Providing more varied roles
- Career conversations with those approaching retirement to look at potential adjustments that may help to retain them.

Alignment and collaboration across health and care systems

- Systems "must strengthen their approach to workforce planning to use the skills of our people and teams more effectively and efficiently"
- Systems to have a role in further development of competency-based workforce modelling and planning for the remainder of 2020/21
- During 2020/21, HEE will develop an online package to train systems in using the HEE Star model for workforce transformation
- In 2020/21, urgent work to improve workforce data collection at employer, system and national level will begin
- Systems are instructed to prioritise bank staff over expensive agency staff and to develop workforce sharing agreements locally, to allow staff to be deployed across different organisations within the system
- Systems are also expected to continue their support for a trial of a COVID-19 digital staff passport throughout Winter 2020, which is intended to allow faster and simpler movement of staff between different organisations.

BMA view

Medical staffing in the NHS

As the NHS looks to accelerate the return to non-COVID services and tackle a growing backlog of millions of non-COVID patients who have not received care during the pandemic, doctors and staff are exhausted from working in an already pressured environment made worse by the ongoing crisis.

While the plan focusses on expanding workforce numbers in some staff groups and specialties, which we welcome as an important step, it does not provide a comprehensive strategy for addressing widespread current and future medical workforce supply gaps. The next iteration of the People Plan must detail effective steps to address chronic understaffing in the NHS.

- We are significantly short of doctors. There were at least 8,338 FTE (full-time equivalent) secondary care medical vacancies in England at the end of March 2020 – 6.3% of all the reported NHS staff vacancies
- The number of qualified FTE GPs has also dropped by 1,418 since September 2015 (when the baseline was set). Just between January to March 2020, FTE qualified GPs reduced by 334 despite the Government commitment to increase the GP workforce by 6000 by 2024/25
- We welcome the call to increase recruitment of clinical support workers and apprenticeships.

The BMA has called for legislation enshrining Government accountability for safe staffing levels in law (similar to that published in Scotland in 2019). Such a legislative mechanism will ensure ongoing public and political scrutiny so that any challenges and risks that arise relating to workforce supply are quickly mitigated through spending reviews, new national policy commitments and honest public debate.

Recruitment and retention

The route to improved recruitment and retention is complex, with direct recruitment and retention schemes and plans forming only part of the picture. Introducing menopause policies and considering adjustments for doctors experiencing menopause at work, for example, could help retain senior doctors. The plan therefore provides some sensible suggestions, including initiating discussions about future plans well ahead of staff retirement and the development of a return to practice scheme – and the BMA has called for these to help improve retention of doctors later in their career.

It is less clear that international recruitment will play a significant role any time soon given the impact COVID-19, Brexit and in light of the recent decision to halt the International GP Recruitment Scheme. However, should the NHS continue to see a focus on international recruitment, it is crucial that there is an increase in the number of training posts to allow both domestic and internationally trained graduates to enter postgraduate training in the NHS. Finally, there must be a focus on significantly improving pay if NHS roles are to remain competitive.

International workforce

Around 29% of doctors working in NHS hospitals, and 12% of the overall healthcare workers in the UK, are from overseas. They deliver key public services, conduct vital medical research, and contribute to the overall economy[5]. Any changes to the UK immigration system, which could deter those who may want to work in the UK, risk having significant implications for the staffing of health and social care services, quality of care and patient safety in the future.

5 ONS, International migration and the healthcare workforce, August 2019

We welcome the introduction of the Health and Care visa, which opened for applicants from 4th August 2020, and forms a part of the Skilled Worker route of the new points-based immigration system. Intended only for doctors, nurses and allied health professionals, the new visa is designed to attract the best and brightest from around the world. It will provide a fast track entry route, with dedicated support for individuals with a confirmed job offer, and with reduced application fees. Concerns have, however, been raised about the exclusion of the care sector from the scheme.

The BMA believes that all health and social care workers provide invaluable services in an overstretched system, and that the Health and Care visa should apply to all equally. It will otherwise risk exacerbating current social care workforce shortages and putting some of the most vulnerable members of our society at risk.

The COVID-19 pandemic has highlighted how much we depend on our international healthcare workforce. To truly reflect their value and contribution to our communities, the BMA is calling on the Government to grant all international doctors and their dependents currently in the UK and on the route to settlement automatic indefinite leave to remain. This would send a clear signal to our international workforce that they are a valued and integral part of our healthcare system and encourage more of the brightest and best medical professionals to practice in the UK.

Workforce data and planning

We welcome the decision to make improving workforce data a priority. The BMA has long called for a single, transparent, publicly available national healthcare workforce dataset, which includes regional staffing levels and consistent vacancy data. Comprehensive data enables effective logistical planning, improved workforce flexibility and fluidity and best use of staff resources.

The paucity and piecemeal nature of workforce data has historically hidden the true extent of workforce shortages in England. The lack of high quality workforce data will have hampered logistical efforts during the pandemic response (45,141 doctor and nurse vacancies existed across NHS secondary care at that point in time) and poses questions for how the NHS will plan to address the backlog of non-COVID patient demand.

We share the desire to invest resources wisely and not spend unnecessarily on agency staffing. However, giving providers the resources and facilities they need to ensure terms and working conditions are attractive, regardless of whether they are substantive or locum posts, will entice staff into them. Ensuring we have sufficient workforce numbers overall will also reduce overreliance on agency health and care staff.

System-wide workforce planning is a reasonable goal but ICSs and STPs must actively and meaningfully engage with local organisations, including primary care networks and training hubs, and staff of all levels throughout the process. The plan places the onus on the role of local health and care systems in workforce planning, recruitment, and retention and this indicates a shift in responsibility from national to regional bodies.

However, the 42 ICSs and STPs across England, while often providing important leadership at a system level, are at widely varying stages of development and maturity and remain informal, non-statutory umbrella groups. They may therefore be ill-equipped currently to do this effectively. Equally, for many frontline clinicians these bodies often appear to be remote, opaque and disengaged from their daily experiences.

Finally, it is also important that more local planning does not lead to fragmentation of workforce planning. Neighbouring STPs and ICSs need to work closely together as medical labour markets can span wider regional areas – and there is a need for national oversight to ensure supply responds to demand.

6 Evaluating the People Plan

- Metrics to accompany and track the impact of the actions in the plan will be developed in partnership with systems and stakeholders by the end of September 2020
- Accountability for delivering outcomes will be at all levels of the system and NHS England and NHS Improvement will continue to track progress on people and workforce issues using the NHS Oversight Framework, providing support and challenge to systems and organisations.

BMA view

Implementing the actions in the People Plan consistently across organisations presents an enormous challenge for NHS leaders. We therefore welcome the commitment to measure and evaluate implementation of the plan and its effectiveness and we are eager to work with stakeholders to develop the metrics. The metrics and evaluation should be published on a regular basis to ensure transparency.

Conclusion

The NHS People Plan 2020/21 includes many encouraging commitments and makes great strides in setting expectations for how NHS staff should be supported both in the short and long term. There are many positive initiatives for addressing workforce shortages, but we still lack a coherent national workforce strategy that is based on reliable data and backed by substantial new investment.

The plan represents a positive first step in improving working conditions and will hopefully start to transform the NHS into the employer of choice for those wishing to pursue careers in healthcare. We cannot afford to lose any more doctors, nurses and staff to burnout or because they feel that they are not supported by their employers or the system to provide care for their patients.

COVID-19 has highlighted how the NHS can innovate to work more efficiently, yet it has also exposed significant gaps in workforce supply. In the months and years ahead, we need a renewed focus on growing the workforce, both through new recruitment and retention and by making the NHS the best place to work.

What the BMA will do:

- We will continue to listen to our members to inform our work so that we can ensure the voice of the medical profession is heard at all levels
- We will work with Government, arms-length bodies, employers, trade unions and other key stakeholders to progress the aspirations of the People Plan in a way that is real and meaningful for doctors and staff
- We will continue to fight for better resourcing of health and social care in the UK, including substantial new investment in growing and supporting the workforce alongside improvements in pay
- We will hold Government accountable for delivering on the commitments made in the NHS People Plan.

British Medical Association
BMA House, Tavistock Square,
London WC1H 9JP
bma.org.uk

BMA 20200299