NATIONAL CENTRE FOR RURAL HEALTH AND CARE

Rural Workforce Issues in Health and Care

Executive summary

Securing Staff in Rural Areas

Securing the supply of staff that the health and care system needs to deliver high quality care in rural areas now and in the future is crucial.

The NHS and social care system in England face key workforce challenges but the geographical component of these is often overlooked. This research applies a rural lens to current and future workforce issues.

Key findings

- **A rural component is lacking in workforce planning in health and care.** This poses challenges both for staff development and for access to health services in rural areas. It means that rural disadvantage is not acknowledged.
- Sparser and smaller populations, higher employment rates, lower unemployment rates, an older population and relatively fewer younger people pose **challenges for recruitment, retention and workforce development** in rural areas.
- Despite having common features **rural areas are diverse**. There is increasing awareness and recognition amongst policy makers and the general public that 'place matters' in terms of healthy life expectancy. The importance of **sensitivity to local circumstances** needs to be taken into account in workforce planning in rural areas.
- Establishing a consensus on what **health and care service delivery should look like in rural (and urban) areas** and what staffing models are most appropriate to achieve this lies at the heart of workforce supply and development issues.
- **Urban bias** is apparent in the application of the universal service and standards approach of the NHS. This tends to disadvantage rural areas which can face greater challenges relative to urban areas in meeting nationally imposed minimum threshold standards associated with delivery of services.
- There are examples of **good practice** and there has been **innovation in rural areas**, yet there has been no detailed mapping of programmes and funding streams, or an analysis of the extent they have supported innovation in rural areas - including in workforce development.

Background

The general framework for the research is workforce challenges and opportunities facing the NHS and social care in rural areas.

The specific context for the study was the draft NHS Workforce Strategy to 2027 Consultation Facing the Facts, Shaping the Future published in December 2017 to coincide with the 70th birthday of the NHS in 2018. The draft Strategy set out six principles.

Six Principles

1. Securing the supply of staff: this is about achieving an optimal balance between recruitment and retention, with specific emphasis on maximising 'self-supply' from the UK
2. Enabling a flexible and adaptable workforce through investment in education and training new and current staff: this concerns the scope to blend clinical responsibilities in an environment which is rewarding to staff and provides the NHS with more choices about how it delivers services
3. Providing broad pathways for careers in the NHS: so enabling staff to contribute more and earn more by developing their experience through structured progression opportunities
4. Widening participation in NHS jobs so that people from all backgrounds have the opportunity to contribute and benefit from public investment in healthcare: this is about equal opportunities and increasing the pool of potential recruits
5. Ensuring the NHS and other employers in the system are inclusive modern model employers: through recognising the changings expectations of workers and providing working patterns, career structure and rewards that support staff
6. Ensuring that service, financial and workforce planning are intertwined so that every significant policy change has implications thought through and tested: so that through alignment of services and workforce planning the impact of resources is maximised

The research was stimulated by the priorities outlined above, but does not directly respond to, the draft Strategy.

Challenges, Opportunities and Trade-Offs

Nine challenges facing rural areas and nine opportunities for securing workforce supply and maximising impact are identified.

Inherent in these challenges and opportunities and the resource constraints that mean it is not possible to provide fully-staffed high quality local accessible health and care services in all locations are trade-offs concerning:

- Providing the flexibility that health and care workers increasingly desire while achieving required safety standards in health and care delivery.
- Attaining an appropriate mix of specialist and expert generalist staff in situ in rural areas to provide high quality health and care services for residents.
- Appropriate use of technology and face-to-face provision of health and care services.
- Achieving an optimal balance from staff and service user perspectives on centralisation versus localisation of services.

Challenges facing rural areas

1. Rural areas are characterised by disproportionate out-migration of young adults and in-migration of families and older adults.
2. This means that the population is older than average in rural areas - this has implications for demand for health and care services and for labour supply
3. Relatively high employment rates and low rates of unemployment and economic inactivity mean that the labour market in rural areas is relatively tight
4. There are fewer NHS staff per head in rural areas than in urban areas.
5. A rural component in workforce planning is lacking.
6. The universalism at the heart of the NHS can have negative implications for provision of adequate, but different, services in rural areas and also means that rural residents can be reluctant to accept that some services cannot be provided locally.
7. The conventional service delivery model is one of a pyramid of services with fully-staffed specialist services in central (generally major urban) locations – which are particularly attractive to workers who wish to specialise and advance their careers
8. Rural residents need access to general services locally and to specialist services in central locations to provide best health and care outcomes
9. Examples of innovation/ good practice are not routinely mapped and analysed, so hindering sharing and learning across areas

Opportunities for securing workforce supply and maximising impact:

1. Realising the status/ attraction of the NHS as a large employer in rural areas (especially in areas where there are few other large employers)
2. This means highlighting the varied job roles and opportunities for career development available and that rural areas are attractive locations for clinical staff with generalist skills.
3. This means developing ‘centres of excellence’ in particular specialities or ways of working in rural areas that are attractive to workers.
4. This requires developing innovative solutions to service delivery and recruitment, retention and workforce development challenges.
5. This may provide opportunities for people who need or want a ‘second chance’ – perhaps because the educational system has failed them, or because they want to change direction; their ‘life experiences’ should be seen as an asset.
6. Finding new ways to inspire young people about possible job roles/ careers in health and care.
7. Drawing on the voluntary and community sector, including local groups, to play a role in the design and delivery of services, as well as achieving good health outcomes for rural residents.
8. Promoting local solutions foster prevention/ early intervention and enhance service delivery.
9. Using technology so face-to-face staff resources are concentrated where they are most effective.

Recommendations

Based on this research the following recommendations

- Investing in disseminating good practice and this could include developing centres of excellence in specific aspects of rural health and care delivery.
- Adopting a more segmented approach to workforce recruitment, retention and development based on a better understanding of the demographics of rural areas (e.g. age cohorts and sub-groups of the current and future workforce).
- A detailed mapping of programmes and initiatives that have funded innovative approaches to workforce development in the past 15 years and identify projects located in rural areas.
- Introducing 'rural proofing' into health service planning and delivery in rural areas. A recommended way of doing this would be to introduce an additional 'spatial' component to Health Education England's (HEE) workforce planning STAR tool.

In partnership with:

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Next Steps

The National Centre for Rural Health and Care (NCRHC) would like Health Education England to consider the findings of the research, and the development of an additional spatial dimension for the Star tool.

The NCRHC will seek to develop an evidence base on innovation and good practice in rural workforce planning. The NCRHC will act as a coordination point and provide a dissemination facility to share findings and practice.

A foresight study on rural demographic trends could inform long-term thinking, tools and techniques on the supply and demand of a rural health and care workforce.

About the study

The study was undertaken between March and August 2018 and involved:

1. Developing a spatial framework setting out the Rural-Urban definition and the different categories or units the health and care system is organised into.*
2. An analysis of 10 Sustainability and Transformation Plans (STPs) covering the most rural areas.
3. An analysis of NHS Digital workforce statistics (e.g. national headcounts, number of trainees).
4. An analysis of socio-demographic, economic and labour market data.*
5. An evidence review collating studies on workforce issues in rural areas.
6. A series of interviews and workshops with stakeholders to gain insights into workforce planning and delivery in rural areas.

*In partnership with:

1. CITY REDI
4. RoseRegeneration

The authors of the research

This Summary and the detailed report on which it is based was prepared by Anne Green and George Bramley from City-REDI (Regional Economic Development Institute), University of Birmingham, and Ivan Annibal and Jessica Sellick from Rose Regeneration. The authors would like to thank all of the individuals who participated in consultations as part of the research. This research was funded with support from Health Education England and commissioned and managed by United Lincolnshire Hospitals NHS Trust. The views expressed are those of the authors and necessarily those of the funder.

The full report is available on the NCRHC website www.ncrhc.org

NATIONAL CENTRE FOR RURAL HEALTH AND CARE

Tel: 01522 987654
Email: info@ncrhc.co.uk

ncrhc.co.uk
@national_crhx

National Centre for Rural Health and Care
Lincoln | Lincolnshire LN2 4NH