EQUITY, POVERTY AND ACCESS: AN ENGLISH NHS PERSPECTIVE

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Background

• NHS workforce planner for 19 years
• Partnership with education providers
  — Supported training for 2,500 people
• Yorkshire has poor educational attainment
• Ageing population
  — Ratio of working age to retirement age
• Smaller geography than other countries
  — Less “rural”
Poverty issues

• Health inequalities beyond health
  – Not a North south divide
  – Not an urban rural divide

• Risk of high level sweeping assumptions
  – PCTs are critical
  – Policy of shift to Primary Care
  – Provider incentives

• Issues not always logical
  – West Midlands

• Workforce not aligned with need
Where are we now?

• UK Health system does not existing
  – International data UK wide – appropriate?

• England in policy flux
  – High level
  – Need operational detail

• Workforce planning needs to improve
  – International comparison –King’s Fund
  – Centre of Excellence – analysis, capability
Priorities

• Using information
  – Public health data – Public Health Observatories
• Link commissioning, service, financial and workforce planning
• Workforce planners
  – Capacity and capabilities
• Provide quality training opportunities where they are needed
ODS Population Centric Model

Stage 06: Gap, Analysis, Reality Check, Planning for Implementation
Stage 05: Defining Roles and Future Workforce
Stage 04: Defining Skills, Knowledge and Competence Levels
Stage 03: Design and Commissioning of Services
Stage 02: Population Definition / Strategic Environment
Stage 01: Establishing the Change Management Approach