**Written submission to Health Education England’s** [**call for evidence**](https://healtheducationyh.onlinesurveys.ac.uk/strategic-framework-call-for-evidence-2021-factor-specif) **on updating the strategic framework for workforce planning**

**About this submission**

This is a joint submission on behalf of a Steering Group representing NHSEI, Health Education England and the British Pharmacological Society (BPS). It has been endorsed by the Clinical Pharmacology Skills Alliance (CPSA). We have submitted **a vision for a medicines service network embedded in every Integrated Care System** to address priorities of complex polypharmacy, implementation of pharmacogenomics and precision medicine and increasing NHS research capacity and capability. Please see the enclosed proposal and associated appendices attached.

We have included sections below to outline how our proposal cut across the drivers for change outlined in the strategic framework, and to answer additional consultation questions.

We thank the team for allowing us to submit our response by email.

**Our invitation**

In our proposal we have outlined plans for a 12-month task-and-finish group to develop the vision. We would like to invite a member of the Strategic Framework team to join this task and finish group, so we can ensure we move forward in a way that is integrated with the framework review.

Please contact Angela Douglas (Deputy CSO, NHSEI) via [angela.douglas8@nhs.net](mailto:angela.douglas8@nhs.net) and Dr Anna Zecharia (Director Policy & Public Affairs, BPS) via [anna.zecharia@bps.ac.uk](mailto:anna.zecharia@bps.ac.uk) to discuss this, and any aspect of our submission, further.

**About us**

**NHSEI** and **Health Education England** (HEE) have been working in partnership over the last 2 years in many workforce areas including the Diagnostic Workforce Board, Co-chaired by Prof Dame Sue Hill (CSO, NHS E and I) and Laura Roberts (HEE), and the HCS Partnership Board Co-Chaired by Prof Dame Sue Hill and Prof Berne Ferry (National Dean for Healthcare Science), we envisage this initiative following the same principles of partnership working with Joint chairing of the Task and Finish Group we have proposed. This Task and Finish group will report to the Diagnostic Workforce Board and will feed into other wider Workforce Board meetings of NHSEI and HEE for accountability.

The **British Pharmacological Society** (BPS) is the primary UK learned society concerned with supporting safe and effective use of medicines through research into drugs and the way they work. The Society has around 4,000 members working in academia, industry, regulatory agencies and the health services, and many are medically qualified. The Society covers the whole spectrum of pharmacology, including clinical, laboratory and toxicological aspects. The science of pharmacology is essential for the development and testing of medicines, and for their adoption in clinical practice. Teaching and research in pharmacology and clinical pharmacology are crucial to a thriving healthcare workforce, and to the pharmaceutical and biotechnology industry in the UK. Members of the Society identify therapeutic areas of clinical need, develop novel treatments that target these areas and ensure these new treatments are incorporated into healthcare practice bringing benefit to patients and saving the NHS money. The Society publishes three scientific journals: the British Journal of Pharmacology, the British Journal of Clinical Pharmacology, and, in collaboration with the American Society for Pharmacology and Experimental Therapeutics, Pharmacology Research and Perspectives.

This submission is also endorsed by the [**Clinical Pharmacology Skills Alliance**](https://www.bps.ac.uk/about/our-campaigns/clinical-pharmacology-skills-alliance-launched-to) (CPSA), a partnership formed to develop and support a long-term, cross-sector action plan for clinical pharmacology. CPSA partner organisations include BPS, HEE, the **Association of the British Pharmaceutical Industry** (ABPI) and the **Faculty of Pharmaceutical Medicine** (FPM).

**Medicines service network proposal: analysis against the drivers for change outlined in the strategic framework**

The [NHS Long-Term Plan](https://www.longtermplan.nhs.uk/online-version/) promises a joined-up and personalised approach to patient care. As part of this holistic, whole-person centred vision the plan recognises that the NHS must reduce health inequalities and maximise prevention. It recognises that elderly people have complex needs that will peak in the next decade. It sees the potential of genomic medicine, and the opportunity of a thriving clinical science and innovation base that can deliver transformative treatments.

The development and use of medicines in the NHS is a common thread linking the Long Term Plan with other significant government and sector strategies, including the [Vision for Clinical Research Delivery](https://www.gov.uk/government/news/uk-government-sets-out-bold-vision-for-the-future-of-clinical-research-delivery) and [Life Sciences Vision](https://www.gov.uk/government/news/bold-new-life-sciences-vision-sets-path-for-uk-to-build-on-pandemic-response-and-deliver-life-changing-innovations-to-patients). Medicines are a core part of clinical pathways with very few pathways having no role in medicines at all. They represent the highest area of spend (after workforce) across the NHS, [estimated at](https://www.england.nhs.uk/medicines-2/value-programme/) [£20.9 billion per year](https://digital.nhs.uk/data-and-information/publications/statistical/prescribing-costs-in-hospitals-and-the-community/2019-2020) and growing more than the current annual increase in funding. Reducing the overprescribing of medicines and ensuring the best outcomes and value from them is a [strategic priority for the NHS](https://www.england.nhs.uk/medicines-2/). We have proposed embedding a medicines service network in every Integrated Care System, and across devolved nations to help the wider NHS workforce to be skilled in the use of medicines (particularly in complex care settings, including complex polypharmacy and pharmacogenomics), and to be ‘research-ready’, meaning healthcare professionals are familiar with and confident to engage in clinical research.

Our proposal recognises that the establishment of Integrated Care Systems is an opportunity to reimagine the traditional, siloed research and care paradigm (which focuses on one target, one disease and one treatment) in favour of a multi-professional, collaborative systems-approach to the development and use of medicines in the NHS.

Therefore, it cuts across all categories of drivers for change outlined in the strategic framework:

* **Demographics and Disease**
  + Population size and makeup (including ethnicity)
  + Age Structure
  + Long Term Conditions and multiple-morbidities (one person living with multiple illnesses or disease)
* **Public, People who need care and support, Patient and Carer Expectations**
  + Expectations of the health and social care system as a whole
  + People who need care and support, patient and carer experience
  + People who need care and support/patient involvement, empowerment and shared decision making
  + Quality and safety of care
* **Socio-economic and Environmental Factors**
  + Health inequalities
* **Staff and Student/Trainee Expectations**
  + Expectations of working life and careers e.g. flexible working, work related stress and burnout, tackling bullying and harassment, time to care, wellbeing, reward, progression and career development, retirement plans, carer and dependent responsibilities
  + Culture
* **Science, Digital, Data and Technology (Including Genomics**
  + Genomics
  + Big data
* **Service Models and Pandemic Recovery**
  + Current and future service models
  + Integration
  + Working across boundaries
  + Health promotion and prevention
  + Personalised care

It is a vision for a multi-professional, collaborative way of working to address priority healthcare challenges and opportunities related to the development and use of medicines. In addition to improving patient outcomes and efficiency, we also anticipate a positive impact on the NHS workforce – feeling supported (and therefore confident) in complex decision making, and increased opportunity to work in collaboration and with research will have a positive impact on morale and wellbeing in line with the aims of the NHS People Plan.

**Our response to additional questions in the consultation form**

1. *What do you believe will be the impact of this factor(s) on workforce demand (numbers, need for new roles, need for new skills and need for new ways of working) and workforce supply? How and when may it impact? Where possible please be precise with regards to workforce groups/professions, services/pathways and place (geographic area). Please also note where you believe the greatest deal of uncertainty exists.*

Our proposal for a task and finish group is intended to answer these questions in detail, by performing a skills and gap analysis, and considering how existing workforce may meet these needs.

We have identified workforce needs for Clinical Pharmacology & Therapeutics posts (see ten-year workforce strategy in appendix 2) and pharmacogenomic scientists (see main paper, section 5), which have been captured in NHSEI and HEE spending review bids up to 2025.

1. *In 15 years' time, what one key thing do you hope to be able to say the social care and health system has achieved for people who need care and support, patients and the population served?*

We want the health and social care system to provide whole person centred, joined up and integrated care - with a focus on reducing health inequalities in under-served communities - through involvement with research, better use of existing medicines and access to transformative treatments.

1. *In 15 years' time, what one key thing do you hope to be able to say the health and social care system has achieved for its workforce, including students and trainees?*

We want the whole workforce to have the education, training and support they need to make decisions in complex care settings, and to carry out research as part of their day-to-day roles. We want the workforce to be inspired and engaged by working in collaborative, multidisciplinary teams in a positive culture that encourages knowledge sharing and learning.