NAPC | National Association of Primary Care

Understanding and tackling workforce recruitment and retention issues in health & social care

A virtual discussion hosted by the National Association of Primary Care

27 April 2022

Introduction and context

Recruiting and retaining staff is a major challenge for the health and care sectors, with demand from an ageing population increasingly outstripping supply, and existing pressures exacerbated by the Covid-19 pandemic.

According to NHS Providers there are around 100,000 advertised vacancies and an NHS-wide nursing vacancy rate of around 11 per cent. The pressure to cover the gaps has placed the existing workforce under increasing strain, with more than half of respondents to staff surveys saying they have gone to work while feeling too unwell to perform their duties and more than two thirds believing they are too understaffed to do their job properly *(this information was taken from NHS Providers website)*.

According to a recent article in Third Sector *(published September 2021)*, more than 110,000 vacancies in the care sector have left it facing the most acute recruitment and retention crisis in its history, with staff turnover at around 30 per cent and rising. The National Care Forum, whose survey found that half of workers are leaving due to stress and 44 per cent finding better pay elsewhere, has warned that the situation could leave tens of thousands of older people without access to the care they need.

Against this backdrop, the National Association of Primary Care (NAPC) brought together a group of experts from across health and social care to discuss the current problems and made recommendations to address them.

This paper is a report of that meeting, which will form the basis of a further discussion at the NAPC Spring Conference to be held in London on 12th May, in which workforce recruitment and retention is a key theme.

Participants

Dr Caroline Taylor, *Chair of NAPC and meeting host.* Caroline is a GP, Clinical Vice Chair of Calderdale Clinical Commissioning Group (CCG) and clinical lead for mental health and children and young people. She also leads the unique Calderdale Cares 4 Us voluntary sector initiative set up to support the wellbeing of public sector workers and volunteers during the pandemic.

Caroline Rollings *is a faculty member of NAPC, where she leads on wellbeing.* A registered nurse, Caroline spent 11 years as managing partner developing an innovative practice encompassing GMS/Provider services and a second wave Primary Care Home.

Maeve Hull, *is Director of Volunteering at Helpforce,* which works with health and care organisations to transform how they deliver volunteer service, increase volunteering opportunities and accelerate their impact.

Dr Nav Chana *a GP based in South West London, is Clinical Director of NAPC and former Chair.* In his work with NAPC, Dr Chana has been integral to the development and roll out of more than 200 Primary Care Home sites across England. In 2018, he featured in Pulse's Power 50 list of the most influential GPs.

Professor Joe Harrison *is Chief Executive at Milton Keynes University Hospital NHS Foundation Trust,* where he has championed workplace wellbeing along with digital innovation. He is Vice Chair of the NHS Confederation Employers Policy Board and works nationally with NHSX to transform health information across health and social care.

Gerard Crofton-Martin *is Head of Research, Practice Improvement and Co-production at the Social Care Institute for Excellence (SCIE),* where he has worked on improvement and transformation programmes for more than 10 years.

Professor Simon Gregory *a GP, is Deputy Medical Director for Primary and Integrated Care at Health Education England (HEE),* where he has responsibility Primary Care Education including GP training, dental education and is HEE staff Freedom to Speak Up Guardian. In the 2022 New Year Honours List he was awarded an MBE for services to general practice.

Current challenges

The discussion ranged freely around a range of topics relevant to the problems of workforce recruitment and retention.

Retention is the priority

Participants agreed that the priority was to find ways to improve retention in both health and care sectors, since poor retention negatively impacts the ability of organisations to recruit staff, while successful retention has a positive impact on recruitment.

"Recruitment and retention are linked", said Dr Taylor. *"If you don't look after your team, word will spread, and no one will want to work for you. It is no good recruiting and recruiting and recruiting if you can't keep the staff you have got.*

"We have just lost a new recruit in a key role because the job she had been given was not what she had been interviewed for. We go into health and care roles with an altruistic attitude, but if that is not translated into fulfilment, satisfaction and joy in the role there is no point in any of it."

Professor Harrison said his organisation receives 6-7 applications per medical school placement. *"But once we get them, we lose them very quickly. So, we need to focus on improving retention by valuing our people and thinking about offering them flexible working rather than 12-hour shifts."*

He is less concerned about people leaving the NHS to work globally than by those deserting the professions altogether. *"When I work with doctors who have gone to JPMG or McKinsey, I think 'why have we got it so wrong?' We need to properly invest in retention, training and education so that we don't lose that value."*

Financial pressures on staff

Gerard Crofton-Martin said that pay was a major factor in failure to retain care staff. *"There aren't many professions where after five years you are earning just 6p per hour more than when you started."*

Professor Harrison pointed out that the looming cost of living crisis will see many NHS and care staff struggling to afford to drive to work, heat their homes and eat, despite being fully employed. *"We need a wake-up call about how we value staff in a competitive environment."*

Professor Gregory said that many doctors recruited into postgraduate training are international graduates and some of these have had to expand use of non-clinical workforce to help them manage the stress caused by the additional costs they have to incur.

Poor working conditions and lack of support

Professor Gregory was Vice Chair of a Commission set up by HEE to look into the mental wellbeing of NHS staff and learners. Its report, published in February 2019, found, among other things, that:

- The rate of depression among doctors in training grades is about 30 per cent;
- One in three of the NHS workforce have felt unwell due to work-related stress and one in two have attended work despite feeling unwell because of pressure from managers, colleagues or themselves;
- While deaths by suicide are declining among doctors, they are rising among female nurses;
- Nearly three out of four doctors would choose to disclose mental ill health to family or friends rather than a healthcare professional;
- The cost of poor mental health in the NHS workforce equates to £1,794 - £2,174 per employee per year.

"We are at best a variable employer", he commented. "When I was on the Commission I heard terrible stories about poor employment practices across sectors – about junior doctors who are given emergency tax codes every time they change jobs and about nurses who can't get a parking space and have to walk back to their cars with their keys in one hand and a rape alarm in the other."

Other examples of poor practice given at the meeting included:

- Inadequate food and drink for people on night shifts
- Lunch breaks too short for staff to sit down and eat
- People refused leave to attend their own weddings
- Staff jettisoned because of persisting Long Covid.

Maeve Hully's story about her daughter's experience as a junior doctor resonated powerfully with the participants. Although she enjoyed her training, the transition to being a junior doctor in a busy hospital came as a complete shock, of which the biggest components were lack of senior support on site and worries about when and whether it was appropriate to ask for support. After two years she left the NHS and went to work in Australia.

"It's soul-destroying to think that we have got rid of one-in-three shifts, but things still don't feel any better," commented Dr Taylor. *"In the past people had a real feeling of being part of a team and were able to support each other in a way they can't these days. That fear of asking for help – it's not reasonable."*

Caroline Rollings commented *"the issues were very much about people, not about positions."*

There was a sense that conditions – and consequently morale - improved for a while in the worst days of Covid, but soon reverted to an unacceptable norm.

"During Covid every single recommendation from our Commission was actioned," said Professor Gregory. "Providers started doing good things, but many stopped as soon as wave one was over, and that made things even worse because people were aware that their employers knew what to do but weren't doing it."

Maeve Hully and Dr Taylor both talked about the morale-boosting effect of volunteers dropping off food and drink for hard-pressed hospital staff during the pandemic. Dr Taylor said this kind of support needs to be sustainable, not just part of 'the Dunkirk spirit'.

"If we are trying to build a legacy out of what was catastrophic, there were some really good examples", said Maeve Hully. *"Sometimes little things add together and make big things."*

"In Covid our staff ran towards the fire," said Professor Gregory, *"and we need to give them due credit. Student nurse, paramedics, junior doctors – all of them stepped up. We owe them something for this and I worry about how many we will lose."*

Summing up, Dr Taylor said: *"Connect, compliment and be curious; if we all do this consciously every day, we will make colleagues feel valued and they will make us feel valued."*

Discrimination

Professor Gregory drew attention to high levels of discrimination in health and social care, with both gender and race pay gaps. There are also geographical disparities, with people from ethnic minority backgrounds taking up just six per cent of GP trainee posts in London but approximately 70 per cent in the North West, while staff in care homes are very rarely UK born.

"If you look at doctors who died from Covid they are almost universally from ethnic minority backgrounds. We have to address discrimination and diversity as part of this work."

Gerard Crofton-Martin pointed to large variations by region for social care, with London having the most diverse workforce (67 per cent from black, Asian and minority ethnic groups) and the North East the least diverse workforce (four per cent).

Discrimination is also a factor in promotion, he said, with proportionately more males and more white people in senior roles than in front line roles.

Proposed solutions

Participants agreed on the following recommendations:

Encourage the development of staff wellbeing charters and toolkits

Professor Gregory drew attention to a model in the form of a charter for doctors in training developed for the Midlands and published in 2020. In the charter, providers committed to a raft of measures designed to ensure adequate experience, provide educational support and create a supportive training environment.

His own research has shown that the four things most valued by staff are:

- a supportive working environment
- access to supervision when needed clinically to support care
- a J-curve to workload, with neither too little nor too much
- feedback from other members of the team.

It was agreed that charters should apply across systems rather than being focused on health alone, and owned locally rather than imposed from above.

Identify a return on investment derived from retaining staff

This would involve making a financial case for action to improve retention by conducting research to establish how much money is wasted by letting people disappear outside the system and then having to replace them.

"There are some people who are only persuaded when there is a return on investment", said Dr Taylor, "so a financial case as well as an ethical one would help."

Make use of social prescribing link workers

Maeve Hully drew attention to a new volunteer scheme launched by Helpforce in three West London GP surgeries, which connects patients with volunteers who can provide extra care and companionship to improve their health and wellbeing.

The model involves GPs referring patients to a Social Prescribing Link Worker, who can identify patients most likely to benefit from practical assistance from a Helpforce Companion volunteer. The aim is to enable GPs to extend the care they provide to patients, helping to improve patient health and wellbeing while offering rewarding roles for volunteers keen to support the NHS in their local communities.

Recruit additional workforce from other sectors, including the voluntary sector

Gerard Crofton-Martin suggested that there might be aspects of health care that could be delivered by social care staff to make their work more interesting and valued. He also thought there could be a significant impact from local councils and hospital trusts coming together to take advantage of the apprenticeship levy, on which most councils are underspent.

Helpforce has been working with a number of trusts to bring in volunteers in a variety of roles – including catering, IT and back office work as well as caring roles – with the aim not just of propping up overstretched services but boosting recruitment by showcasing the potential of healthcare careers and supporting volunteers in working out how to find and apply for paid posts.

Be more proactive and open minded in terms of recruitment

This would involve thinking about how people could progress from being volunteers or recipients of care to staff roles, and also about whether jobs could be done differently using additional roles and recruiting locally.

Dr Taylor pointed out that in Calderdale they are focusing on recruiting people with learning disabilities and autism, and those who have lost their jobs – and their confidence – during the pandemic.

Convene an NAPC forum

NAPC should host an informal forum for people from all sectors of health and care in order to come to a common understanding of concerns and pressures with a view to creating momentum for real change.

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