



# Experiences and reflections from United Kingdom on developing workforce and innovation ecosystem for care in rural areas

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# Origins of our research

- Asked to apply a rural lens to the workforce challenges facing the NHS and social care in England and provide a response to draft *NHS Workforce Strategy to 2027 Consultation Facing the Facts, Shaping the Future* published in December 2017 based around 6 principles.
- Provide the basis for the National Centre for Rural and Health Care and a parliamentary committee focusing on current practice and what needs to change to meet the specific challenges facing healthcare in rural areas.
- The work extended to include case studies and literature review.
- Lead to development of evidence base and value proposition for one rural sub-region (Marches) local industrial strategy for innovative health and social care.

# Key findings of putting rural lens on workforce issues

- Rural component is lacking in workforce planning in health and care.
- Sparser and smaller populations, high employment, older population all pose challenges for recruitment, retention and workforce development
- Diversity of rural areas underline importance of sensitivity to local circumstances in workforce planning in rural areas.
- Require consensus on what health and care service delivery should look like and most appropriate staffing models .
- Urban bias in the application of the universal service model
- Mapping of good practice and innovation in rural areas required

# 9 challenges

1. High outward migration of young adults and inward migration of families and older people
2. Older population increases demand for services and reduces labour supply
3. High employment and economic inactivity tightens labour market
4. Fewer available health and care workers for patient population
5. Lack of rural component in workforce planning
6. Universalism of NHS can mean rural residents find it difficult that some services cannot be delivered locally
7. Health care is structured around a pyramid of services with specialist care provided in central urban locations
8. Rural residents need access to general services locally and specialist services in central location for best outcomes
9. Examples of good practice and innovation in care in rural care not systematically captured and shared

# 9 opportunities

1. The status/ attraction of the hospitals as a large employer in rural areas
2. Publicise the varied job roles and opportunities for career development available and that rural areas are attractive locations for clinical staff with generalist skills.
3. Developing 'centres of excellence' in particular specialities or ways of working attractive to workers.
4. Developing innovative solutions to service delivery and recruitment, retention and workforce development challenges.
5. Providing opportunities for people who need or want a 'second chance' in starting a career
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

# Literature review

- Few studies focusing on workforce issues mention rural areas
- Increasing age segregation between rural and inner urban
- Travel distance affects entry into care work and extends working day and opportunities for professional development
- Harder to engage patient groups in rural areas affecting relationships with NHS managers
- High level of legal accountability discourages people becoming care managers
- Difficult to recruit and retain general practitioners
- Can learn from sparsely populated areas in North America and Australia
- Rural placements during training can make a difference

# Airedale Digital Hub

Why this case study is of interest?

- Retaining skills of experienced staff who might have been lost to the care system
- The use of technology to support staff in their work
- Supporting and mentoring of health care assistants working in residential care setting
- Creating new job roles attractive to older workers for whom working in the care sector is a second career
- Multidisciplinary team based approach to providing care
- Pragmatic approach to flexible working including self-organising rotas
- Changing organisational culture and structures to support new ways of working
- How providing staff with high level of autonomy and the opportunity to demonstrate mastery of new skills along with compassionate leadership and being acknowledged centre of excellence contribute to staff development and retention.



# Wye Valley NHS Trust

Why this case study is of interest?

- Alternative model for the professional development of experienced middle grade doctors in district hospitals to become consultants and specialists for whom usual Regional Deanery route is incompatible with their other commitments.
- Innovative adaptation of a route developed for oversea doctors who had not trained in the UK that results in a certificate of eligibility for Specialist register (CESR) with funding and support from Health Education England.
- Adaptable to the needs, resources and opportunities available in different specialist departments and only requires the buy in of the specialist clinical lead.
- Uses an existing HR policy that allow staff to take one year secondment and return to their existing post.
- How pulling together relevant information and making it accessible in excel based database can help busy healthcare professionals take the necessary steps to obtain specialist qualifications and skills.
- Creates opportunity for existing consultants and specialists to provide mentorship to doctors following this route. Making the Trust a more attractive place to work as they can requirement for revalidation.

# Marches Local Industrial Strategy

- Marches is a rural sub-region in England
- Commissioned to research innovative Marches health and care sector to inform local industrial strategy
- Maximise economic and social opportunities from the introduction and evolution of 'innovative health and social care' and the role of digital technology across the Marches economy.
- Identification of region's strengths and barriers in terms of people, place, ideas, infrastructure, investment, business ideas.
- Development of value proposition for providing support for innovative and social care sector.
- Assessment of Marches against Oxford Institute of Population Ageing (2019) recommendations for developing technology enabled ecosystem for health aging.

# Potential take aways for Rural Care project

- **Recruitment**

- Use plain language and simplifying applications
- Provide 'second chance' recruitment
- Celebrate range of opportunities available in health and care

- **Retention**

- Flexibility
- (many) alternative routes for progression
- Use of technology for remote working to retain experienced staff

- **Skills development**

- Creating rural centres of expertise – not all in large cities
- Shared apprentices
- Challenge of keeping up-to-date with technology

# Discussion

- What could be done to ensure recruitment, retention, and skills development for rural care services in Valladolid?
- What steps do you suggest for incorporating each of the three elements: recruitment, retention, and skills development into the project?