

# NHS Informatics Workforce Survey

ASSIST

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## Executive summary

This document reports on the findings of a survey of the Health Informatics workforce in the NHS in England, commissioned by ASSIST. The survey is designed as an interim basis for formal workforce planning for this key group of NHS staff – a group that is central to delivering a wide range of national and local service priorities, including the National Programme for Information Technology being run by the NHS Connecting for Health Agency. The survey was supported by NHS Connecting for Health and the Information Centre for Health and Social Care.

Key findings from the survey include:

- The NHS informatics workforce in England is estimated at 25,000 whole time equivalents.
- The distribution of the workforce between informatics groups is:
  - Senior Managers 7%
  - Health Records staff 26%
  - Knowledge Management staff 9%
  - ICT staff 37%
  - Information Management staff 18%
  - Clinical Informatics staff 3%
- There are significant problems with recruitment in ICT Services and Information Management. Uncompetitive rates of pay are the main reason for this.
- Vacancy rates range from 12% for Information Managers to 4% for Senior Managers and Clinical Informatics staff. Staff retention is being affected by low morale: informatics staff feel embattled, overworked and under-valued.
- Agenda for Change (AfC) has been contentious in many areas. Significant numbers of appeals are being lodged in all categories but particularly in ICT Services, Health Records staff and Senior Managers.
- Future skills shortages are anticipated in Project/Programme Management; Information Analysis and ICT and System Trainers.
- There is strong support for establishing a formal informatics profession.

The recommendations are based around six main areas:

### 1. Total numbers and make-up of the workforce

- Workforce planning measures will need to ensure that sufficient skilled staff are available to meet current and future demands.
- Frontline care and the delivery of key national policy objectives depend increasingly on ICT and other informatics professionals. These staff – whether or not employed directly by the NHS - will need to meet explicit technical and ethical professional standards.
- The status and regulation of the emerging informatics profession will need to reflect its increasing importance to the NHS.

## 2. Challenges to recruitment and retention

- As different aspects of the total package are important in the recruitment of different types of staff, recruitment campaigns should tailor their marketing and promotional material to emphasise different aspects of the total package depending upon the category of staff being recruited.
- As pay is seen as the biggest challenge to the recruitment of all types of informatics staff in the NHS, a strategy to address this challenge needs to be identified and implemented. This might include the following:
  - Establishment of national recruitment premia under Agenda for Change
  - Improved marketing of the benefits of the whole package of working in the NHS
  - Improvements in other aspects of the employment package.
- The development of Health Informatics as a formal and recognised profession would go a considerable way to addressing perceived lack of status and might lead to improved working conditions and improvements in the culture.

## 3. Future skill shortages

- Future skill shortages are predicted in key areas, such as:
  - Project/Programme Management
  - Information Analysis and
  - ICT and System Trainers.
- Action should be taken as part of a robust workforce planning strategy to address these predicted shortages. Mechanisms are also needed to better anticipate the impact of policy developments on workforce capacity and capability.

## 4. Views of the workforce towards greater professionalism

- Faster progress is needed towards the widely-supported establishment of a formal profession of Health Informatics. Practitioners will need a clear understanding of the responsibilities and expectations of members of a professional body, including a formal registration process with transparent and objective entry criteria. For registration to be meaningful there will need to be proper regulation of fitness to practice, behaviour and conduct.
- As only a minority of survey respondents is in favour of mandatory registration and regulation, those charged with establishing the profession must also develop a clear marketing strategy to indicate the reasons for establishing the profession and for its compulsory regulation. This will need to include comprehensive details of expected membership criteria and transitional arrangements.

## 5. Impact of Agenda for Change

- Agenda for Change (AfC) has had an adverse impact on the informatics workforce in the NHS demonstrated by the number of appeals being lodged in all categories of the workforce and the comments received about the implementation process.
- The adverse impact could be mitigated now by a drive for greater consistency in the Job Evaluation process, by publicising the depth of feeling and by the ongoing review of the Knowledge and Skills Framework in support of AfC. The use of recruitment and



retention premia will also alleviate the feeling of being under-valued – a feeling that is clear in some of the comments received.

## 6. Overall self-perception of staff working in Health Informatics

- The responses to the survey create the impression of an embattled group of staff within the NHS, a group with low morale who feel under-valued and unable to control their own destiny in the face of the fundamental changes taking place in the NHS.
- The following three measures would go a considerable way towards addressing these issues:
  - The establishment of a formal professional body for Health Informatics staff is essential. This would immediately improve the perceived status and self-esteem. It would also accelerate the adoption of professional standards of conduct and the use of industry best practice standards with the associated benefits to the NHS.
  - The creation of a meaningful strategic workforce plan is essential in order to shape and develop this important staff group within the NHS. This would also provide some evidence that the NHS valued this group of staff and was planning constructively for its future development.
  - It is too late now to address the unsuitability of the Agenda for Change methodology for informatics and other staff groups with specialised skills and limited patient contact, e.g. finance, and HR. It is possible, however, to:
    - Implement national informatics recruitment and retention premia
    - Review the basis of the implementation of AfC, particularly the Job Evaluation process, but also including the National Occupational Standards and the Knowledge and Skills Framework
    - Ensure a better understanding of informatics roles amongst those charged with local implementation.



# 1 Conclusions and Recommendations

## 1.1 The State of Health Informatics in the NHS

1.1.1 The overall objective of this survey on which this report is based was to provide comprehensive and accurate information on the Health Informatics workforce in the NHS in a number of areas:

- To support future workforce planning, including capacity, capabilities and skills gaps
- Measuring the impact of Agenda for Change and progress with implementation
- Informing the progress towards the establishment of a formal profession of Health Informatics.

1.1.2 The survey looked at:

- The size of the informatics workforce in the NHS
- Staff turnover and vacancy rates
- Managers' views on future demand, by specialist category, and the prospects for recruitment.
- The outcomes of the Agenda for Change matching process

1.1.3 The survey was conducted via a web-based questionnaire throughout the first three weeks of April 2006. Over 460 user accounts were established with the findings based upon 111 usable responses.

1.1.4 The results of the survey provide a clearer picture on the informatics workforce in the NHS but there is still some uncertainty around total numbers. There is, however, greater clarity around the:

- Make-up of the workforce
- Challenges to recruitment and retention
- Future skill shortages
- Views of the workforce towards greater professionalism
- Impact of Agenda for Change
- Overall self-perception of staff working in Health Informatics

1.1.5 The full explanation of the conclusions of the findings in these specific areas is provided in the body of the report. The overall conclusions to be drawn from the findings of the survey are summarised here.

### ***Make-up of the workforce***

1.1.6 **Conclusion** - ICT staff form the largest cohort of staff working in informatics in the NHS. With the increased usage of computer-based systems at the bedside and at all clinical interfaces, there will be increased dependency on software, hardware and network connections for the core business of the NHS – providing healthcare.

1.1.7 **Recommendation** - Workforce planning measures will need to ensure that ICT staff in particular and informatics staff in general work to clear professional standards both technically and ethically. These measures will also need to ensure that morale is appropriately supported and that the status of this emerging profession is in accordance with its importance to the NHS.

1.1.8 **Conclusion** - With the increased involvement of the private sector in the implementation of the National Programme for ICT, it is highly likely that there will continue to be a mixed economy of informatics provision in the NHS and this would seem to be a higher probability in ICT than in other areas. The reason for this, it is argued, is that ICT skills are mainly generic and not specific to the NHS.

1.1.9 **Recommendation** - Workforce planning measures and other policies will need to ensure that within this mixed economy of both in-house and out-sourced service provision, the same technical and professional standards are followed and regulated accordingly.

#### **Challenges to recruitment and retention**

1.1.10 **Conclusion** - There are some considerable challenges and difficulties in the recruitment of informatics staff.

1.1.11 **Recommendation** - As different aspects of the total package are important in the recruitment of different types of staff, recruitment campaigns should tailor their marketing and promotional material to emphasise different aspects of the total package depending upon the category of staff being recruited.

1.1.12 **Recommendation** - As pay is seen as the biggest challenge to the recruitment of all types of informatics staff in the NHS, a strategy to address this challenge needs to be identified and implemented. This might include the following:

- Review of recruitment premia under Agenda for Change
- Improved marketing of the benefits of the whole package of working in the NHS
- Improvements in other aspects of the employment package.

1.1.13 **Conclusion** - There are some considerable challenges and difficulties in the retention of informatics staff. Morale is a critical factor in the retention of staff.

1.1.14 **Recommendation** - The development of Health Informatics as a formal and recognised profession would go a considerable way to addressing perceived lack of status and might lead to improved working conditions and improvements in the culture.

#### **Future skill shortages**

1.1.15 **Conclusion** - Future skill shortages are predicted in key areas, such as:

- Project/Programme Management
- Information Analysis and
- ICT and System Trainers.

1.1.16 There is a clear rationale behind these predictions which is based upon recent policy developments within the NHS – see sections 4.5.5 and 4.5.6 above.

1.1.17 **Recommendation** - Action should be taken as part of a workforce planning strategy to address these predicted shortages and longer term action should be taken to better anticipate the impact of policy developments on workforce capacity and capabilities.

#### ***Views of the workforce towards greater professionalism***

1.1.18 **Conclusion** - There is a desire on behalf of the majority of respondents to move towards greater professionalisation of Health Informatics. The development of the profession of Health Informatics has been supported by national bodies (formerly the NHS Information Authority and now the Professional Development and Support division of the NHS Connecting for Health Agency) for some time.

1.1.19 The commissioning of this survey is in itself an excellent example of the sort of collaborative working that will be required to progress more quickly towards the formal establishment of the profession.

1.1.20 **Recommendation** - This collaborative working will need to continue and to be explicitly supported at the highest levels.

1.1.21 **Recommendation** - In addition, the body of staff that have so clearly expressed a desire to establish the formal profession of Health Informatics will need to be as involved as possible with these developments. This same cohort of staff will need a clear understanding of the responsibilities and expectations of members of a professional body. There will be little strength behind professional development unless there is an explicit registration process with transparent and objective membership criteria. For registration to be meaningful, there will need to be some sort of regulation of the standards of behaviour and conduct of members.

1.1.22 **Conclusion** - The survey responses also show that mandatory registration and regulation is not supported by the majority of respondents at this time. Looking ahead to the time when the profession of Health Informatics is formally established, it is untenable to believe that regulation could be optional.

1.1.23 **Recommendation** - There will have to be some control over the standards of conduct of members of a profession in order to ensure that members continue to be fit to practice in their chosen profession. As respondents have indicated that only a minority is in favour of mandatory registration and regulation, those charged with the responsibility of establishing the profession must also develop a clear marketing strategy to indicate the reasons for establishing the profession and for its compulsory regulation. This will need to include comprehensive details of expected membership criteria and transitional arrangements.

#### ***Impact of Agenda for Change***

1.1.24 **Conclusion** - AfC has had an adverse impact on the informatics workforce in the NHS demonstrated by the number of appeals being lodged in all categories of the workforce and the comments received about the implementation process.

1.1.25 There is a view from many respondents that those responsible for local implementation of AfC did not understand the roles of many informatics staff. There is also a view from

some respondents that informatics staff themselves did not understand the importance of the wording of job descriptions and did not know to whom they should turn in search of advice and support.

- 1.1.26 **Recommendation** - The adverse impact cannot be overcome at this stage; however, it could be managed now by a drive for greater consistency in the Job Evaluation process, by publicising the depth of feeling and by the ongoing review of the Knowledge and Skills Framework in support of AfC. The use of recruitment and retention premia will also alleviate the feeling of being under-valued – a feeling that is clear in some of the comments received.
- 1.1.27 **Conclusion** - In retrospect it is possible that part of the reason for the poor management of the implementation of AfC for informatics staff is the lack of a well-established, highly credible professional body capable of representing informatics staff. ASSIST and other bodies would argue that this is only an excuse for an unwillingness to effectively consult and negotiate on behalf of the NHS Pay Modernisation Unit. These groups would further argue that, in fact, implementation of AfC would have been even more disastrous for informatics staff were it not for the considerable work carried out by ASSIST.
- 1.1.28 Whatever the reasons for the adverse impact of AfC for informatics staff, it would probably have been handled more effectively if a formal professional body for informatics staff had already existed.
- 1.1.29 **Recommendation** – Progress towards the establishment of a formal and professional body for informatics staff should be accelerated in order, amongst other things, to support the future development of informatics staff in the NHS and to ensure the consistent application of professional standards to both NHS and non-NHS health informatics staff working in the NHS.

#### ***Overall self-perception of staff working in Health Informatics***

- 1.1.30 **Conclusions** - The responses to Q10 of the survey create the impression of an embattled group of staff within the NHS, a group with low morale who feel under-valued and unable to control their own destiny in the face of the fundamental changes taking place in the NHS.
- 1.1.31 It is not possible to accurately assess whether the perceptions of informatics staff are significantly different from other staff groups at this time of considerable publicity around financial deficits and redundancy of some clinical staff. It is possible to propose some actions that should help to address some aspects of the low morale and low self-esteem of this group of staff.
- 1.1.32 Informatics covers a wide range of job roles, responsibilities and skills. The group of staff working in informatics in the NHS will vary considerably in their work experience, vocational and academic qualifications. This heterogeneity is both a strength and also a weakness. There is strength in the cross-fertilisation and sharing of experiences that takes place in informal and more formal networking; there is a weakness in that there will continue to be tensions within such a diverse group.
- 1.1.33 **Recommendations** - The following three measures would go a considerable way towards addressing these issues:

- The establishment of a formal professional body for Health Informatics staff is essential. This would immediately improve the perceived status and self-esteem. It would also accelerate the adoption of professional standards of conduct and the use of industry best practice standards with the associated benefits to the NHS.
- The creation of a meaningful strategic workforce plan is essential in order to shape and develop this important staff group within the NHS. This would also provide some evidence that the NHS valued this group of staff and was planning constructively for its future development.
- It is inconceivable that the suitability of Agenda for Change for informatics staff can be questioned at this late stage. It is possible, however, to review the basis of the implementation of AfC, including the National Occupational Standards and the Knowledge and Skills Framework, and to ensure a better understanding of informatics roles amongst those charged with local implementation.

## 2 Introduction

### 2.1 Overview

2.1.1 This document reports on the findings of a survey of the Health Informatics workforce in the NHS in England. The ASSIST informatics professional association, with the support of the NHS Connecting for Health agency and the Information Centre for Health and Social Care, commissioned Tribal to construct and carry out the survey, analyse the findings and produce this report.

2.1.2 Despite the increasing importance of Health Informatics to the modern NHS, there has been an absence of any workforce planning for this group of staff. There is frequent anecdotal evidence of recruitment and retention problems for staff working in this area, exacerbated by Agenda for Change.

2.1.3 With informatics now core to front line service delivery and the National Programme for Information Technology running until 2010 and beyond, there is an increasing need to ensure the right informatics skills, in the right quantities are in the right places. The survey is an attempt to help establish a foundation for formal workforce planning for informatics staff working in the NHS in England.

### 2.2 Requirement

2.2.1 The requirements from the survey were:

- Provide an estimate of the size of the informatics workforce in the NHS
- Provide an estimate of staff turnover and vacancy rates
- Obtain managers' views on future demand, by specialist category, and the prospects for recruitment.
- Assess the outcomes of the Agenda for Change<sup>1</sup> matching process

### 2.3 Methodology and Approach

2.3.1 The survey was conducted through a web-based questionnaire. The questionnaire was developed throughout February 2006 when an early decision was taken to categorise respondents according to the categories of staff originally used in Making Information Count with separate identification of Clinical Coding staff. A pilot was run during early March which was extremely useful and led to a number of improvements and to some delays in planned timescales. The questionnaire and covering letters were finalised and the launch message issued on 30 March 2006.

2.3.2 All Chief Information Officers (CIOs) and Regional Implementation Directors (RIDs) were advised of the purpose of the survey, the support of NHS Connecting for Health and the Information Centre for Health and Social care, and asked pass the information on to all Trust, PCT and other informatics leads in their areas. The process – which worked better in some areas than others - was designed to overcome the absence of any central register of NHS informatics leads.

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<sup>1</sup> Agenda for Change, Department of Health, 2004; The new NHS Pay System

- 2.3.3 As the messages were sent out and then forwarded, the Tribal Project Team set up user accounts, managed the issuing of passwords and resolved any user problems that occurred. The first user accounts were established on 31 March 2006. The data collection period ran initially from the end of March until 21 April 2006. This period was subsequently extended in order to increase the response rate and to validate the initial findings.
- 2.3.4 Routing communications through the offices of the Chief Information Officers (CIOs) of each of the Strategic Health Authorities was on the assumption that these key individuals would be best placed to know the main Informatics Leads in their geographical patch. The Informatics Leads would then be asked to collate the data about their organisation/s.
- 2.3.5 The approach was the most effective available at this time, however, it does have a number of weaknesses:
- CIOs not being in post and either seconded elsewhere or absent for other reasons; this caused some considerable delays in the dissemination of the survey information and, in at least one case, prevented it being distributed at all
  - The imminent re-organisation of SHAs meant that it was likely that some CIO posts would not be occupied or would have deputies or interim arrangements in place. This survey was likely to be considered a low priority by many of these individuals who might be facing re-location or even redundancy
  - The mixed economy of Health Informatics provision – 100% in-house provision, partial in-house provision, Multi-organisational Health Informatics Services (HIS), partial or complete out-sourcing to private sector third parties – will always make it difficult to capture a complete picture, particularly at a time of re-organisation for SHAs and Primary Care Trusts (PCTs).

## 2.4 The Purpose of this Document

- 2.4.1 The purpose of this document is to report on the findings of a survey described above. The survey was conducted during April and May 2006 and the main section of this report will document the findings from that survey.
- 2.4.2 The document also draws out emerging themes and broad conclusions from the findings. This will serve to support a growing amount of data and information that is being collated around the body of informatics staff working in the NHS.
- 2.4.3 The remainder of this report is structured as follows:
- Section 3 gives the background and the wider context for the work
  - Section 4 describes the main findings of the completed questionnaires and detailed conclusions



## 3 Background

### 3.1 Relevant Initiatives

3.1.1 Since 1998 and the publication of “Information for Health”<sup>2</sup>, there have been a number of initiatives and policy developments that have had an impact upon the developing informatics workforce within the NHS. This section of the report summarises the main initiatives in order to provide some background to the current survey. The next section of the report provides a broader context for the development of informatics in the NHS.

#### *1999/2000 Workforce Survey*

3.1.2 During March 2000, all NHS Heads of IM&T in England were invited to participate in the ‘NHS IM&T Recruitment and Retention Survey’. Some 105 survey returns were completed and returned to the research organisation; this represented approximately 20% of NHS Trusts and Health Authorities (HAs) that existed at the time.

3.1.3 The survey found that there was an average of 26 Whole Time Equivalent (WTE) posts in Trusts and an average of 15 WTEs in Health Authorities. This equates to a total IM & T workforce in Trusts and HAs at the time of between 12,000 and 12,500 WTEs.

3.1.4 The survey also found that the majority of organisations had recruitment problems to IM & T vacancies and 40% of Trusts had retention problems. There were also issues concerning the need for both technical skills and NHS experience, which was summarised as a deficit of hybrid managers. In addition, there were problems in communications skills for more junior posts and particularly in technical vacancies.

3.1.5 The survey has not been repeated since 2000.

#### *The Loughborough Survey*

3.1.6 The report by the Loughborough University Business School<sup>3</sup> on working in health informatics in the NHS produced a number of interesting findings. These suggested that:

- Information Communication and Technology staff are the most likely informatics staff group to leave the NHS
- Working in health informatics is characterised by working under a lot of pressure, understaffing and being overworked
- Having challenging and interesting work was also common
- Senior managers were the most committed of informatics staff groups

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<sup>2</sup> Information for Health, An Information Strategy for the Modern NHS 1998 – 2005, Frank Burns, Head of IM & T for the NHS Executive, Department of Health publications

<sup>3</sup> ICT Looking Good? Working for the NHS in Health Informatics, Summary Report, July 2005, Dr. Crispin Coombs, <http://www-staff.lboro.ac.uk/~bsrcr/Health%20Informatics%20Project/index.html>

- Survey respondents did not feel that they were working for low pay and considered low pay to be less important than career development and training opportunities.

3.1.7 The findings were based upon 207 responses to a targeted questionnaire sent to 1144 named IM & T Managers and Computer Network Managers in each Trust, Primary Care Trust, Care Trust and Strategic Health Authority in England and Wales.

3.1.8 It is possible that the way in which this survey was targeted meant that only a relatively small cross section of health informatics staff were able to respond. Possibly many information and knowledge managers will not have had the opportunity of completing the survey.

#### ***Public Sector ICT staff survey***

3.1.9 One of the most recent surveys was reported on the ZDNet web site (<http://news.zdnet.co.uk/business/management/>). This survey of ICT workers in local authorities showed that this group was getting better salary increases than their counterparts in the private sector. However, the survey also indicated increasing problems in recruitment and that retention problems were less severe than in the private sector – resignation rates of 2.2% compared with 6.2% in the private sector.

3.1.10 Possibly of most relevance to NHS Informatics staff was the emphasis that the report said needed to be given to the total employment package. This would include such things as flexible ways of working, benefits packages and the reward of supporting patient care.

#### ***Making Information Count***

3.1.11 The publication of Information for Health in 1998 introduced the term “informatics” into the NHS lexicon. “Making Information Count”<sup>4</sup> (MIC) was published in October 2002, as a “human resources strategy for health informatics professionals”. At that time, there was uncertainty as to the meaning of “health informatics” and what functions were included under that umbrella; there was also little recognition of this emerging discipline as a “profession”.

3.1.12 Making Information Count helpfully defined health informatics as “the knowledge, skills and tools which enable information to be collected, managed, used and shared to support the delivery of healthcare and to promote health.” It also listed the following staff groups as belonging to this area of work:

- Information and Communication Technology (ICT) staff
- Health records staff
- Knowledge management staff
- Information management staff
- Health informatics senior managers and directors of services

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<sup>4</sup> Making Information Count, A Human Resources Strategy for Health Informatics Professionals, October 2002, Department of Health publications

- Clinical informatics staff

- 3.1.13 MIC also estimated that there was in excess of 20,000 staff working in health informatics at the time. It recognised that the 1999/2000 survey had under-estimated the number of staff precisely because of a lack of clarity over the definition of health informatics and because of difficulties in reaching all health informatics staff who might work in different directorates.
- 3.1.14 MIC perceptively noted that “No systematic workforce planning has been done by the NHS to establish the number of staff required to manage the information technology infrastructure and to provide the services required in order to collect, organise, retrieve and analyse the data and information about the business of healthcare delivery.” MIC proposed a review of occupational standards and a functional map in order to develop more coherent workforce planning.
- 3.1.15 The work with occupational standards has proceeded and a substantial amount of extremely useful documentation has now been produced. Unfortunately, however, there is still no evidence of systematic workforce planning for people working in health informatics. This is now being addressed, including by the commissioning of this survey and the work programme of CFH’s Health Informatics Professional Development and Support team.

#### *Other initiatives*

- 3.1.16 There are many specific national initiatives with significant impacts on informatics demand and supply, including:
- The Gershon Review of public sector efficiency
  - The National Programme for ICT
  - Agenda for Change
  - Commissioning a patient-led NHS
  - The new GMS contract
  - The new Consultant Contract
  - Payment by Results
  - The new 18 weeks waiting times guarantee
  - Choose and Book
- 3.1.17 Further details are in Appendix A. Overarching these specific initiatives are informatics-hungry developments such as:
- Controls assurance models of risk management e.g. the Healthcare Commission’s “Standards for Better Healthcare” and associated Trust and PCT assessment processes.
  - The continued growth in central audit and information demands
  - Foundation-Trust approval and regulation processes.
  - Freedom of Information
- 3.1.18 The next section of this report provides the main findings and analyses from the survey.

## 4 Findings and Analyses

4.1.1 This section of the report documents the findings from the questionnaire providing tabulated and graphical displays where appropriate. Results are collated by Strategic Health Authority (SHA) area and a full list of SHA codes and names is provided in Appendix A. Each section also includes a summary of the findings. The method of presenting the findings for each question is chosen with the aim of achieving as clear a picture of the results as possible. The findings are mainly presented through tables, histograms and narrative.

4.1.2 The response rate details are as follows:

- 465 user accounts were established for use on the questionnaire web site
- 135 respondents (29% of those notified of their user account) started to complete the questionnaire
- 106 responses (78% of those starting the questionnaire and 23% of all accounts) were submitted.

4.1.3 However, only 104 of these had been completed past question 1. For this reason 2 were not included in the analysis. There were also additional responses that were largely completed but not submitted; of these 7 were used in the analysis.<sup>5</sup> Hence the total number of responses that have been analysed is 111, which gives a response rate of just under 24%.

### *Type and Size of Organisation*

## 4.2 Questions 1 and 2

Q1. *What is your employing organisation?*

Q2. *Approximate number of employees and WTE in your employing organisation.*

4.2.1 Table 1 below shows respondents by organisation type and indicates that the majority of respondents (30%) are from Primary Care Trusts (PCTs) with respondents from Acute Trusts as the next largest category at 26%.

**Table 1 - Organisation types of respondents**

Organisation type	Number of respondents	Percentage of respondents
Primary Care Trust	33	30%
Acute Trust	29	26%

<sup>5</sup> The partially completed and not submitted responses were checked as to whether they had answers to either questions 3, 5 and 8, these 6 did.

Organisation type	Number of respondents	Percentage of respondents
Strategic Health Authority	12	11%
Health Informatics Service / Shared Service	13	12%
Mental Health Trust	13	12%
Care Trust	3	3%
Other	6	5%
Ambulance Trust	1	1%
Blank	1	1%
<b>Grand Total</b>	<b>111</b>	<b>100%</b>

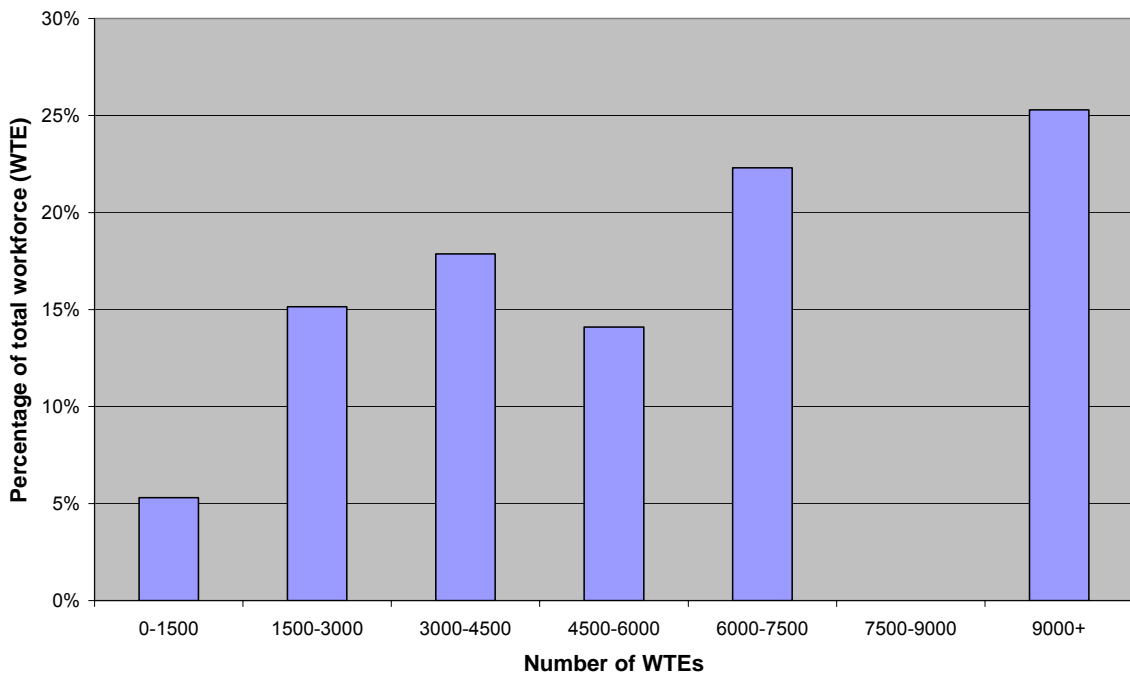
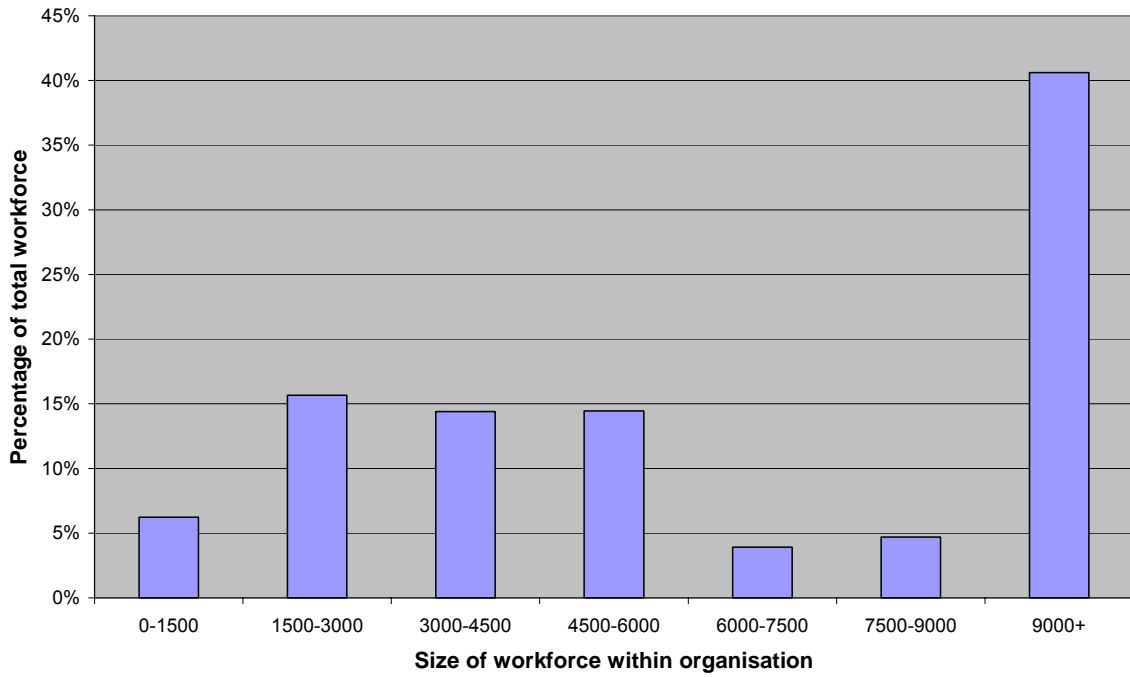
4.2.2 Figure 1 below shows both employees (Q2a) and Whole Time Equivalent (WTE, Q2b) posts in the organisations of the respondents. 12 respondents did not complete the number of employees and 24 did not complete the WTE for question 2. The horizontal axes in these graphs classify the respondents' organisations by size of total number of employees. Thus, for example, there are 15 respondents from organisations with between 0 and 500 employees

4.2.3 The total number of employees within the organisations represented by these responses is over 270,000. Given the response rate of 23.87%, this would suggest a total number of staff working in the NHS of approximately 1.13 million. The Government Statistical Service estimated that there was 1.3 million staff working in the NHS in 2004.<sup>6</sup> However, this included almost 100,000 GP Practice staff.

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<sup>6</sup> Staff in the NHS 2004, Department of Health

**Figure 1 – Number of employees and WTE in organisation**



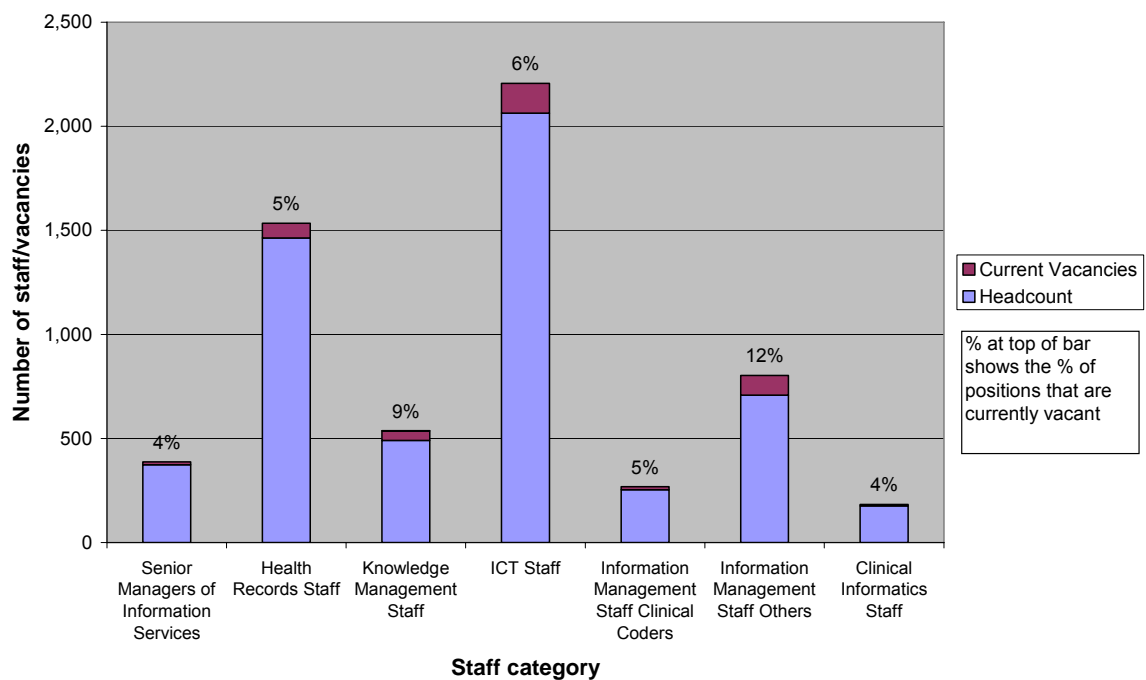
### 4.3 Question 3

Q3. This question is looking at current numbers and types of staff and changing capacity requirements over the next 3 years. Please provide a head count of staff using the Making Information Count example job titles provided here. Please also note current vacancies and views on future recruitment.

4.3.1 The total number of informatics staff represented by these responses is over 5,900 posts, see Table 2 below. Of these, over a third is classified as ICT staff and more than a quarter classified as Health Records staff.

4.3.2 The highest vacancy rate (positions currently vacant as a percentage of total posts in this category) existed in the category of Information Management Staff Others (excluding Clinical Coders) at 12%. The next highest vacancy rate of 9% was in Knowledge Management, who represented just 9% of all staff. The full analysis is given in Figure 2 below.

**Figure 2 – Workforce profile by staff category: Staff and Vacancies**





**Table 2 – Staff and Vacancies by SHA**

SHA	Senior Managers of Information Services		Health Records Staff		Knowledge Management Staff		ICT Staff		Clinical Coders		Information Management Others		Clinical Informatics Staff		OVERALL	
	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies
Norfolk, Suffolk and Cambridgeshire	100%	0%	0%	0%	100%	0%	0%	0%	0%	0%	67%	33%	0%	0%	80%	20%
Bedfordshire and Hertfordshire	94%	6%	100%	0%	100%	0%	94%	6%	100%	0%	80%	20%	0%	100%	95%	5%
North West London	100%	0%	89%	11%	90%	10%	86%	14%	100%	0%	87%	13%	100%	0%	88%	12%
North Central London	91%	9%	100%	0%	100%	0%	94%	6%	100%	0%	83%	17%	100%	0%	95%	5%
North East London	100%	0%	100%	0%	100%	0%	91%	9%	100%	0%	80%	20%	100%	0%	90%	10%
South East London	100%	0%	100%	0%	88%	13%	96%	4%	89%	11%	100%	0%	88%	12%	96%	4%
South West London	86%	14%	86%	14%	80%	20%	96%	4%	90%	10%	88%	12%	100%	0%	90%	10%
County Durham and Tees Valley	96%	4%	96%	4%	95%	5%	93%	7%	95%	5%	92%	8%	100%	0%	95%	5%
N. & E Yorkshire N. Lincolnshire	83%	17%	0%	0%	80%	20%	98%	2%	100%	0%	100%	0%	97%	3%	97%	3%
West Yorkshire	93%	7%	100%	0%	100%	0%	94%	6%	79%	21%	94%	6%	95%	5%	93%	7%
Greater Manchester	100%	0%	94%	6%	100%	0%	96%	4%	100%	0%	95%	5%	0%	0%	96%	4%
Cheshire & Merseyside	100%	0%	75%	25%	94%	6%	95%	5%	0%	0%	0%	0%	0%	0%	95%	5%

SHA	Senior Managers of Information Services		Health Records Staff		Knowledge Management Staff		ICT Staff		Clinical Coders		Information Management Others		Clinical Informatics Staff		OVERALL	
	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies
Thames Valley	100%	0%	100%	0%	92%	8%	90%	10%	100%	0%	92%	8%	67%	33%	96%	4%
Avon, Gloucestershire and Wiltshire	93%	7%	100%	0%	92%	8%	94%	6%	100%	0%	94%	6%	100%	0%	94%	6%
South West Peninsula	100%	0%	100%	0%	96%	4%	92%	8%	100%	0%	96%	4%	100%	0%	97%	3%
Dorset And Somerset	100%	0%	100%	0%	0%	0%	96%	4%	100%	0%	0%	0%	0%	0%	96%	4%
South Yorkshire	97%	3%	96%	4%	59%	41%	94%	6%	100%	0%	97%	3%	100%	0%	94%	6%
Trent And Leicestershire, Northamptonshire & Rutland	100%	0%	93%	7%	97%	3%	95%	5%	92%	8%	77%	23%	100%	0%	93%	7%
Shropshire and Staffordshire	100%	0%	98%	2%	100%	0%	95%	5%	83%	17%	88%	12%	100%	0%	94%	6%
Birmingham and The Black Country	96%	4%	92%	8%	80%	20%	97%	3%	88%	13%	78%	22%	100%	0%	93%	7%
West Midlands	100%	0%	0%	0%	91%	9%	86%	14%	0%	0%	100%	0%	0%	0%	91%	9%
Not Known	95%	5%	100%	0%	100%	0%	88%	12%	100%	0%	72%	28%	100%	0%	85%	15%
<b>Total</b>	<b>96%</b>	<b>4%</b>	<b>95%</b>	<b>5%</b>	<b>91%</b>	<b>9%</b>	<b>94%</b>	<b>6%</b>	<b>95%</b>	<b>5%</b>	<b>88%</b>	<b>12%</b>	<b>96%</b>	<b>4%</b>	<b>93%</b>	<b>7%</b>

**Table 3 – Staff and Vacancies by organisation type**

Organisation	Senior Managers of Information Services		Health Records Staff		Knowledge Management Staff		ICT Staff		Clinical Coders		Information Management Others		Clinical Informatics Staff		OVERALL	
	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies	Staff	Vacancies
Primary Care Trust	95%	5%	97%	3%	91%	9%	92%	8%	93%	7%	88%	12%	98%	2%	92%	8%
Acute Trust	97%	3%	95%	5%	93%	7%	96%	4%	94%	6%	95%	5%	97%	3%	95%	5%
Strategic Health Authority	100%	0%	0%	0%	92%	8%	95%	5%	0%	0%	89%	11%	80%	20%	92%	8%
Health Informatics Service / Shared Service	100%	0%	100%	0%	88%	12%	94%	6%	100%	0%	90%	10%	93%	8%	93%	7%
Mental Health Trust	94%	6%	96%	4%	97%	3%	94%	6%	100%	0%	89%	11%	100%	0%	93%	7%
Care Trust	100%	0%	100%	0%	100%	0%	94%	6%	100%	0%	89%	11%	0%	0%	95%	5%
Ambulance Trust	50%	50%	0%	0%	100%	0%	100%	0%	0%	0%	100%	0%	0%	0%	92%	8%
Other / Not known	93%	7%	100%	0%	100%	0%	89%	11%	100%	0%	73%	27%	100%	0%	86%	14%
<b>Average</b>	<b>97%</b>	<b>3%</b>	<b>95%</b>	<b>5%</b>	<b>91%</b>	<b>9%</b>	<b>94%</b>	<b>6%</b>	<b>95%</b>	<b>5%</b>	<b>88%</b>	<b>12%</b>	<b>96%</b>	<b>4%</b>	<b>93%</b>	<b>7%</b>

4.3.3 Table 4 below shows the percentage of respondents who had problems filling vacancies in 2005 due to a lack of suitable applicants. Of the 65 that tried to recruit Information Management Staff (excluding Clinical Coders) 37% experienced this problem. Similarly, of the 81 that tried to recruit ICT staff, 33% experienced the same problem. This problem was also experienced by 21% of those trying to recruit Clinical Informatics staff although this is based upon smaller numbers (42) of respondents trying to recruit.

4.3.4 Information Management Staff (excluding Clinical Coders) also reported the highest percentage (12%) of vacancies as shown in Table 2 above.

**Table 4 – Proportion of respondents who had problems in 2005 filling vacancies due to lack of suitable applicants**

Problem filling vacancies	Senior Managers of Information Services	Health Records Staff	Knowledge Management Staff	ICT Staff	Information Management Staff Clinical Coders	Information Management Staff Others	Clinical Informatics Staff
Yes	16%	15%	14%	33%	17%	37%	21%
No	76%	62%	60%	62%	60%	55%	55%
Don't know	8%	23%	26%	5%	23%	8%	24%
<b>Total responses</b>	<b>74</b>	<b>53</b>	<b>58</b>	<b>81</b>	<b>48</b>	<b>65</b>	<b>42</b>

4.3.5 Table 5 below shows what respondents felt would be the categories of staff most in demand over the next three years. The results indicate that in all categories, respondents felt that either more or the same number of staff would be needed.

4.3.6 Those categories with most respondents and the highest percentages expecting most growth were ICT staff and Information Management Staff (excluding Clinical Coders).

**Table 5 – Future Staffing Needs**

Future Staffing needs	Senior Managers of Information Services	Health Records Staff	Knowledge Management Staff	ICT Staff	Information Management Staff Clinical Coders	Information Management Staff Others	Clinical Informatics Staff
Fewer	14%	14%	5%	14%	4%	14%	8%
More	17%	44%	38%	62%	42%	53%	41%
Same	69%	42%	57%	24%	54%	33%	51%
<b>Total responses</b>	<b>81</b>	<b>57</b>	<b>58</b>	<b>87</b>	<b>50</b>	<b>66</b>	<b>49</b>

4.3.7 When respondents were asked how confident they felt about future recruitment and retention of different types of staff, most respondents held “medium” levels of confidence when given the options of low, medium or high. However, the majority of respondents (48%) had a low level of confidence in the future recruitment and retention of Clinical Informatics staff.

4.3.8 The full analysis is provided in Table 6 below.

**Table 6 – Level of confidence about recruit/retain staff for future needs**

Confidence in Future Staffing needs	Senior Managers of Information Services	Health Records Staff	Knowledge Management Staff	ICT Staff	Information Management Staff Clinical Coders	Information Management Staff Others	Clinical Informatics Staff
Low	25%	17%	13%	22%	35%	27%	48%
Medium	48%	48%	67%	54%	57%	56%	36%
High	27%	35%	20%	24%	9%	17%	17%
<b>Total responses</b>	<b>81</b>	<b>54</b>	<b>54</b>	<b>85</b>	<b>46</b>	<b>64</b>	<b>42</b>

**Conclusions from responses to Q3**

4.3.9 Table 6 above indicates that 5919 posts are covered by the 111 responses received to Question 3. Section 4.2.3 demonstrated the validity of the survey as a proxy for total NHS staff numbers. By the same measure, using the response rate of just under 24% provides a total of just under 25,000 informatics staff in the NHS in England.

4.3.10 The above estimate is above the levels of the 1999/2000 survey which was subsequently viewed as an under-estimate of the total informatics workforce. A number of different conclusions may be drawn:

4.3.11 The largest categories of informatics staff are:

- ICT staff – 37%
- Health Records staff – 26% and
- Information Management staff (excluding Clinical Coders) – 13%

4.3.12 Because of their size, these categories also have the highest proportions of vacancies at the time of the survey. However, the highest vacancy rate was found in Information Management (excluding Clinical Coders) at 12%. As this group is also one which most respondents felt would need to increase in number over the next three years, this is a significant finding and would suggest that specific action is required.

4.3.13 ICT staff have a similar profile – the largest group of staff, high proportion of overall vacancies, high vacancy rate of 6% and thought to be in greater demand in the future. These factors, combined with the later findings with regard to the perception of the impact of Agenda for Change, all suggest that recruitment and retention of ICT staff will be a major challenge for the NHS over the next 3 years.

4.3.14 It is also significant that all respondents in all categories of staff only had medium to low levels of confidence about future recruitment and retention of staff. All of these findings indicate that targeted and focused workforce planning is needed in key areas of informatics staff provision.

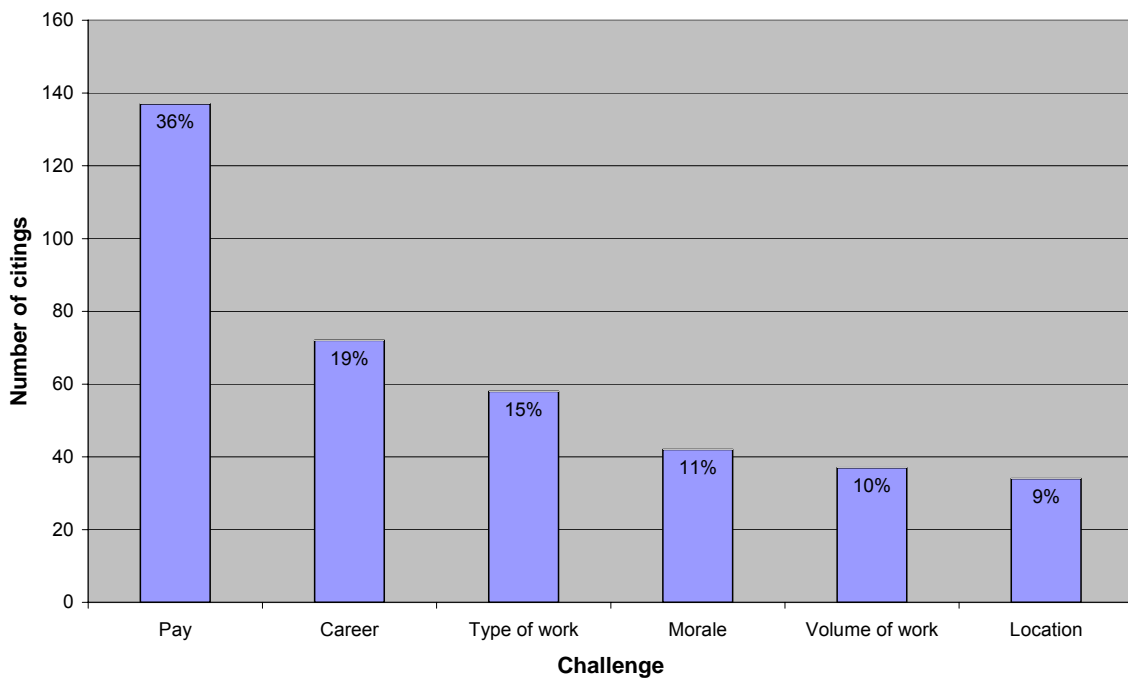
**4.4 Question 4**

Q4. Indicate in the table below any significant challenges for your organisation in recruiting or retaining informatics staff.

4.4.1 Looking firstly at recruitment, 36% of respondents indicated clearly that “pay” was the biggest challenge to recruiting staff. This category was listed as “pay – uncompetitive compared with alternative local public or private sector employers.”

4.4.2 19% of respondents indicated that “Lack of career progression or development opportunities“ was the second biggest challenge. All responses are shown in Figure 3 below.

**Figure 3 - Recruitment significant challenges**



4.4.3 Pay remains the most significant challenge to recruitment in all seven categories of staff. Career also generally remains as the second most significant challenge and is over 20% for Knowledge Managers, Information Managers (excluding Clinical Coders) and Health Records staff. However, the type of work ranks equal with pay for Clinical Coders and is the second most significant challenge for Clinical Informatics staff. The full range of responses is shown in Table 7 below.

**Table 7 – Significant Challenges to Recruitment by Each Staff Type - Percentage by Staff type**

Recruitment challenge	Senior Managers of Inform. Services	Health Records Staff	Knowledge Management Staff	ICT Staff	Information Management Staff Clinical Coders	Information Management Staff Others	Clinical Informatics Staff	Average
Pay	40%	27%	32%	48%	23%	41%	33%	36%
Career	18%	20%	26%	17%	18%	23%	14%	19%
Work Type	12%	19%	13%	9%	23%	11%	25%	15%
Morale	12%	12%	13%	8%	12%	9%	14%	11%
Work Volume	12%	12%	3%	7%	14%	9%	8%	10%
Location	6%	10%	13%	10%	11%	7%	6%	9%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

4.4.4 When analysing the results by the type of challenge, responses indicated that pay was regarded as the most significant challenge to recruitment of ICT staff, whereas the type and volume of work was most significant for the recruitment of Clinical Coders. Morale was seen as most significant for Senior Managers and was also significant for other staff groups. The volume of work category indicated that this was also a significant factor in the recruitment of Clinical Coders and Senior Managers and ranked highly for Health Records staff. The full results are shown in Table 8 below.

**Table 8 - Significant Challenges to Recruitment by Each Staff Type - Percentage by Recruitment Challenge**

Recruitment challenge	Senior Managers of Inform. Services	Health Records Staff	Knowledge Management Staff	ICT Staff	Information Management Staff Clinical Coders	Information Management Staff Others	Clinical Informatics Staff	Total
Pay	20%	12%	7%	30%	9%	13%	9%	<b>100%</b>
Career	17%	17%	11%	21%	14%	14%	7%	<b>100%</b>
Work Type	14%	19%	7%	14%	22%	9%	16%	<b>100%</b>
Morale	19%	17%	10%	17%	17%	10%	12%	<b>100%</b>
Work Volume	22%	19%	3%	16%	22%	11%	8%	<b>100%</b>
Location	12%	18%	12%	26%	18%	9%	6%	<b>100%</b>
<b>Average</b>	<b>18%</b>	<b>16%</b>	<b>8%</b>	<b>23%</b>	<b>15%</b>	<b>12%</b>	<b>9%</b>	<b>100%</b>

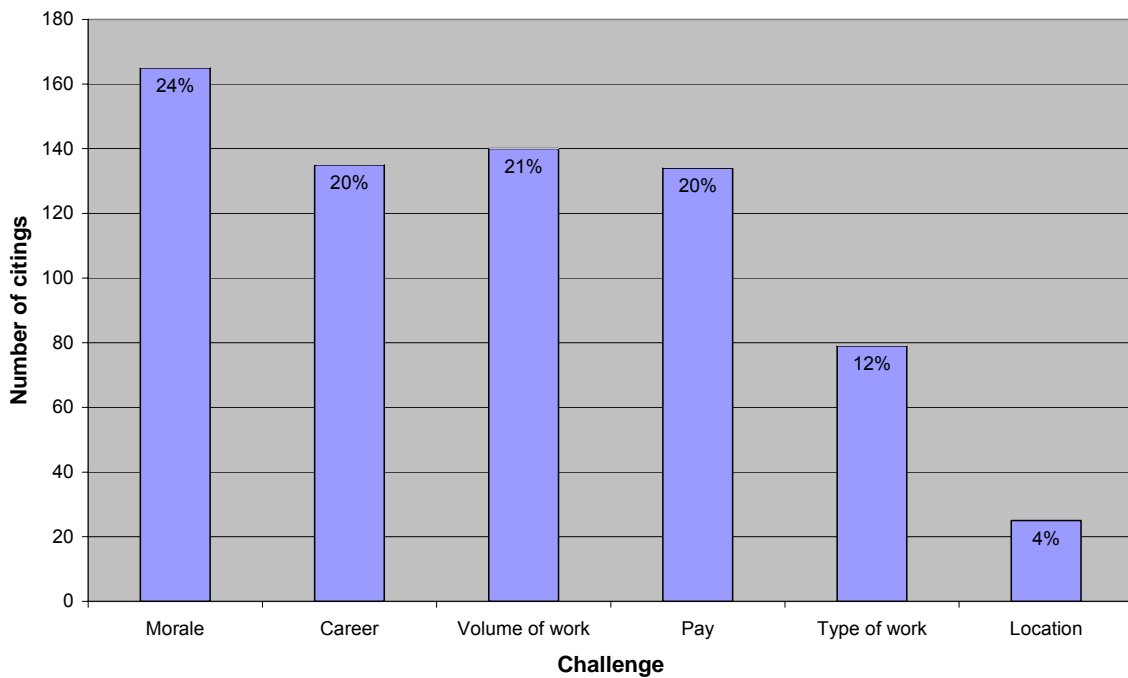


4.4.5 When turning to significant challenges for the retention of staff, the responses pointed towards a different conclusion. It is also worth noting that there were a total of 380 responses to challenges to recruitment, as shown in Table 7 above, whereas there were 678 total responses to retention issues.

4.4.6 There was a reasonably even distribution of responses across the four categories of morale, career, volume of work and pay, with morale presenting the most significant challenge at 24% of all responses. This suggests that morale is more of a factor in retaining existing staff than it is in recruiting new staff.

4.4.7 The full distribution is shown in Figure 4 below.

**Figure 4 – Retention significant challenges**



4.4.8 When the responses are analysed across the different categories of staff, the four labels of morale, career, volume of work and pay remain the four most significant challenges to retention for most categories of staff. However, the type of work also ranks equal first for health records staff and pay is still the most significant challenge for ICT staff. The full results are shown in Table 9 below.

**Table 9 – Significant Challenges to Retention by Each Staff Type - Percentage by Staff type**

Retention challenge	Senior Managers of Inform. Services	Health Records Staff	Knowledge Management Staff	ICT Staff	Information Management Staff Clinical Coders	Information Management Staff Others	Clinical Informatics Staff	Average
Morale	25%	21%	27%	23%	28%	27%	22%	24%
Career	18%	17%	31%	21%	20%	16%	25%	20%
Work Volume	24%	21%	13%	20%	18%	24%	16%	21%
Pay	18%	13%	18%	25%	17%	22%	22%	20%
Work Type	12%	22%	9%	8%	11%	9%	12%	12%
Location	2%	7%	2%	3%	6%	3%	4%	4%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

4.4.9 When the results are analysed by the type of recruitment challenge, the same four types are predominant but with type of work again being significant for Health Records staff and Senior Managers and, surprisingly, respondents felt that location is the most significant factor for the retention of Health Records staff and Clinical Coding staff compared with other categories of staff.

4.4.10 The full distribution of responses is given in Table 10 below.

**Table 10 - Significant Challenges to Retention by Each Staff Type - Percentage by recruitment challenge**

Retention challenge	Senior Managers of Inform. Services	Health Records Staff	Knowledge Management Staff	ICT Staff	Information Management Staff Clinical Coders	Information Management Staff Others	Clinical Informatics Staff	Total
Morale	22%	12%	7%	25%	11%	16%	7%	<b>100%</b>
Career	19%	12%	10%	27%	10%	12%	10%	<b>100%</b>
Work Volume	25%	14%	4%	25%	9%	17%	6%	<b>100%</b>
Pay	19%	9%	6%	33%	8%	16%	8%	<b>100%</b>
Type of work	22%	27%	5%	19%	9%	11%	8%	<b>100%</b>
Location	12%	28%	4%	20%	16%	12%	8%	<b>100%</b>
<b>Average</b>	<b>21%</b>	<b>14%</b>	<b>7%</b>	<b>26%</b>	<b>10%</b>	<b>15%</b>	<b>8%</b>	<b>100%</b>

### ***Conclusions from responses to Q4***

- 4.4.11 Pay is perceived as being most significant for ICT staff and Senior Managers. Career progression and development is the second most significant challenge in all categories and almost equal with pay for Knowledge Managers. The type of work is significant to Clinical Coders and Clinical Informatics staff.
- 4.4.12 In terms of retention of staff, there was an even distribution across four factors:
- Morale
  - Career
  - Pay and
  - Type of work
- 4.4.13 However, morale was perceived as the most significant challenge. This is significantly different from the findings for the recruitment of staff. This suggests that for new staff being recruited, who are not experienced at working in informatics in the NHS, morale is not an issue but pay and career development are. However, once the experience of working in informatics in the NHS is gained, those staff perceive morale as a major factor in the retention of staff.
- 4.4.14 Morale is influenced by many other factors, such as:
- Volume of work
  - Perceived status
  - Pressure of work
  - Culture
  - Working conditions
  - Lack of control over work environment and conditions
- 4.4.15 As morale is perceived as a significant factor in the retention of staff, this suggests that those factors that have an adverse affect on morale need to be addressed in the development of any staff retention strategy. As volume of work appeared to be significant only for Senior Managers, this also suggests that some of the factors affecting morale are capable of being changed from within.

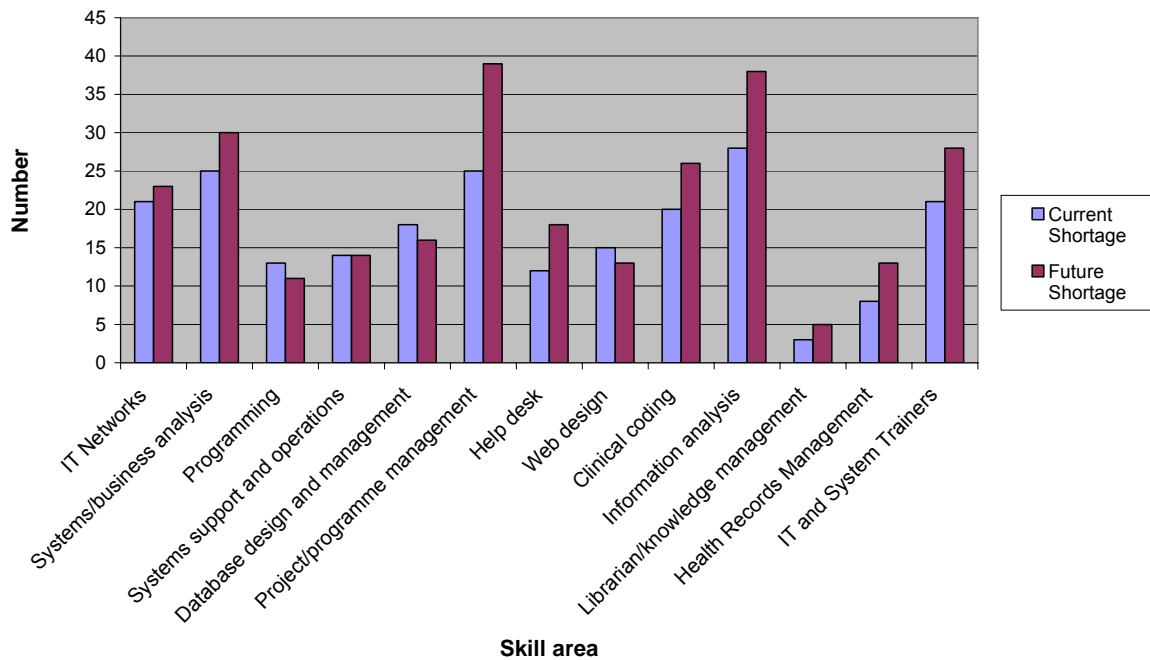
## **4.5 Question 5**

*Q5. Please indicate any particular areas of skills shortage.*

- 4.5.1 Finally in this section of the questionnaire, the survey explored any areas of particular skill shortage. Respondents were asked to indicate any current shortages and expected skill shortages over the next three years.
- 4.5.2 Figure 5 below shows that in terms of current shortages, five staff categories rank quite closely and account for the majority of shortages. These are:
- ICT Networks – 19%
  - Systems/Business Analysis – 23%
  - Project/Programme Management – 23%

- Information Analysis – 25%
- ICT and System Trainers – 19%

**Figure 5 – Skills shortage**



4.5.3 When looking at future shortages, most respondents expected a greater number of skills shortages in all categories except three and the highest increases were in Project/Programme Management, Information Analysis and ICT and System Trainers.

**Conclusions from responses to Q5**

4.5.4 The most significant conclusion that can be drawn from responses to Question 5 is that future shortages are expected in the following key areas:

- Project/Programme Management
- Information Analysis
- ICT and System Trainers
- Systems/Business Analysis

4.5.5 There appears to be a relationship between NHS policies and their impact upon informatics staff. The following connections are suggested:

- Future shortages of Project/Programme Management reflects growing demands from NHS Connecting for Health’s National Programme for ICT (NPfIT)
- Future shortages of Information Analysts reflects increased demands, notably for Practice Based Commissioning (PBC), Payment by Results

(PbR), performance assessment, access targets and Choose and Book, and supporting marketing.

- Future shortages of ICT and Systems Trainers corresponds to the implementation of new systems under NPfIT
- Future shortages of Systems/Business Analysts reflect the expected impact of PbR, PBC and Foundation Trust developments.

4.5.6 In a *National Health Service* it should be assumed that the Human Resource implications of major policy initiatives is well developed in advance and appropriate action plans put in motion. This may have been the case in the past with clinical staff but these findings indicate that this is not happening at the moment and needs to be addressed for non-clinical and particularly informatics staff as a growing area of importance in the future NHS.

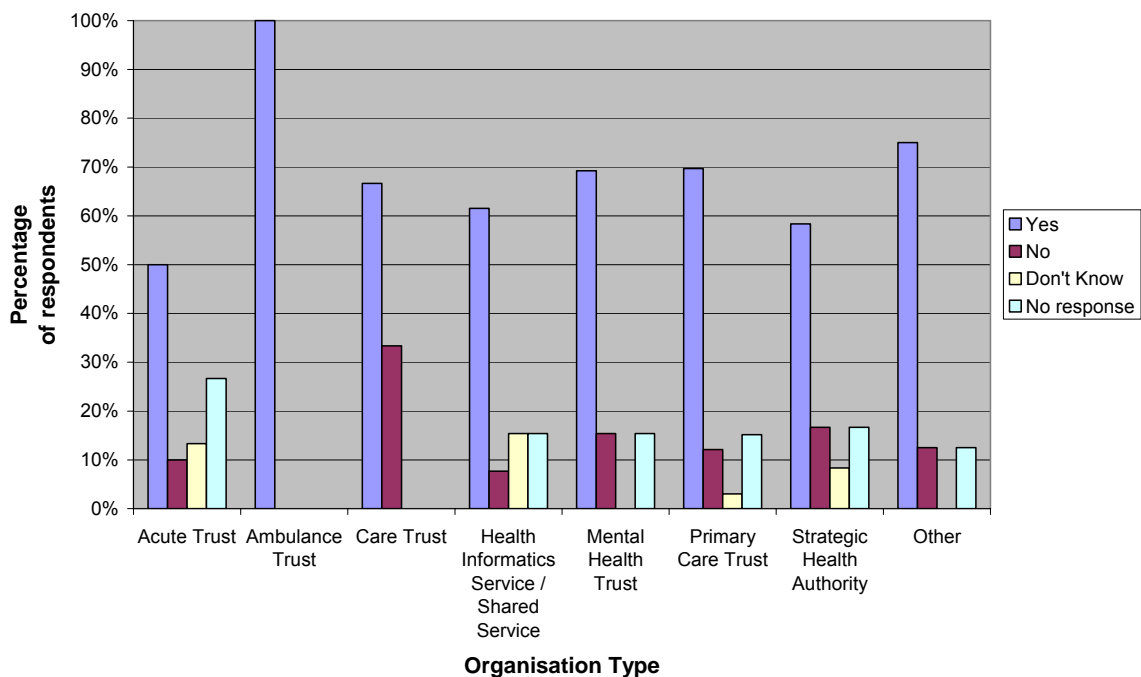
#### 4.6 Questions 6 and 7.

Q6. Do you support the establishment of a formal profession of Health Informatics, including registration, regulation and specified Continuing Professional Development (CPD) requirements?

Q7. Would you support 100% mandatory registration and regulation for informatics specialists working in the NHS?

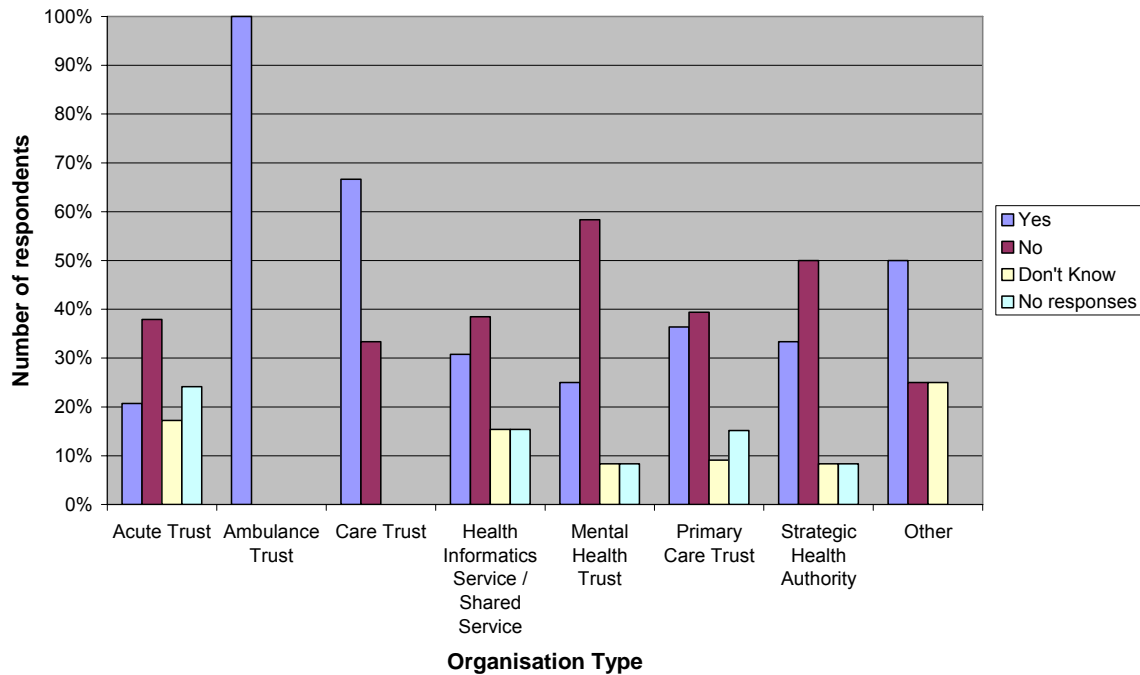
4.6.1 Questions 6 and 7 were aimed at identifying the levels of support for the establishment of more formal arrangements for a profession of Health Informatics. Of the 111 respondents, 18 did not respond to this question. Of the remaining 93, 71 (76%) supported this proposal. 15% said that they would not support this and less than 9% did not know. The full detail of responses shown in Figure 6 below include non-respondents.

**Figure 6 – Support of formal profession of Health Informatics**



4.6.2 Respondents were then asked if they supported the mandatory registration and regulation of the new profession. For this question, 95 out of the 111 respondents provided an answer. The analysis indicates that almost 38% would support mandatory registration and regulation and that just over 47% would not. The results shown in Figure 7 below include non-respondents.

**Figure 7 – Support of 100% mandatory registration and regulation**



**Conclusions from responses to Q6 and Q7**

4.6.3 The responses to this section of the survey strongly indicate that the work of such organisations as ASSIST and the UK Council for Health Informatics Professions is successful and well-supported. Over three quarters of respondents support the establishment of a formal profession of Health Informatics with only 15% opposed.

4.6.4 However, support drops to 38% when it is proposed to make registration and regulation of members of the profession compulsory.

4.6.5 This suggests that respondents may feel that their livelihood could be threatened if registration and regulation was compulsory and they did not fulfil the necessary criteria. This might also suggest that some respondents may think this is the introduction of all the worst aspects of “professionalism” in trying to develop some form of protection, creating an elite and deliberately restricting access.

4.6.6 It appears that better marketing and promotion of the characteristics and benefits of a professional body need to be achieved. The purpose in seeking mandatory registration and regulation is to achieve the minimum criteria of a professional body. Without entrance criteria and regulation of standards of practice and behaviour, ensuring continued fitness to practice, then anyone could join the professional body, assuming that they described their occupation in a certain way. They could then

remain a member with no regard for their expertise, experience or continuing development. This would render any professional body meaningless and with no reasons for recognition from other groups. Potential members need to understand that clear responsibilities are attached to professional status not only for their own benefits but most especially for health care users for whom information technology and information are increasingly important.

- 4.6.7 In addition, any proposed time table for moving towards this goal must be clear about the type and duration of transitional arrangements and must establish objective criteria for assessing fitness to practice. This would allay some apparent concerns around the migration from voluntary to compulsory regulation.

## 4.7 Question 8 and 9

*Q8. This section aims to assess progress with AfC and any issues. Please complete the matrix below.*

*Q9. Please give details of:*

- Any areas where AfC has been contentious.
- Any other issues with Agenda for Change, e.g. national profiles, local matching process, affordability, inconsistencies in matching between organisations?

**Questions 8 and 9 focused on a key area of the survey - that of progress with the implementation of Agenda for Change. The questions tried to establish some facts around progress and about how smoothly the process has been for health informatics staff.**

- 4.7.1 Table 11 below captures the responses from the survey. The analysis looked at the total head count of staff and then three categories which are not mutually exclusive, for example, some of those who were “matched” may also be “assimilated”. The categories are:

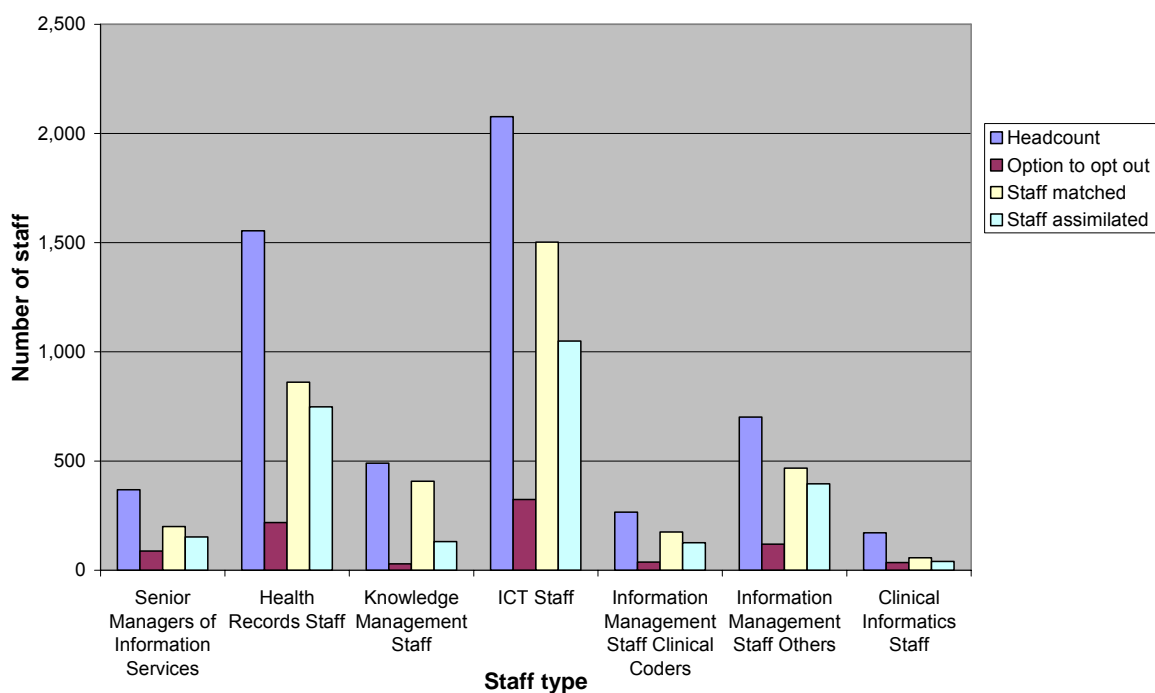
- Option to opt out – Agenda for Change applies to all NHS staff except doctors, dentists and the most senior managers who can opt out of the scheme
- Matched – staff who have been through the AfC matching panel and assigned to a pay scale
- Assimilated – staff who have been matched and are now being paid on that assigned scale (but who could also still be going through an appeal).

**Table 11 – Progress with Agenda for Change by staff category**

Staff	Senior Managers of Information Services	Health Records Staff	Knowledge Management Staff	ICT Staff	Inform. Mgt. Staff Clinical Coders	Inform. Mgt. Staff Others	Clinical Informatics Staff	Total
Head Count	369	1,554	490	2,077	266	701	172	<b>5,629</b>
Opt out Option	88	218	29	324	38	119	35	<b>851</b>
Matched	200	861	407	1,503	175	468	57	<b>3,671</b>
Assimilated	152	748	131	1,049	126	396	40	<b>2,642</b>

4.7.2 These data are shown graphically in Figure 8 below.

**Figure 8 – Staff status following AfC**



4.7.3 The responses indicate that around 15% have opted out of the process. This appears to be a high proportion given the constraints around opting out. The data also indicate that the process is far from complete with 65% of staff matched and almost 47% assimilated, representing almost 72% of those matched.

4.7.4 Question 8 also asked respondents to indicate the categories of staff where AfC had been contentious. These data are given in Table 12 below. It should be noted that a considerable number who did not respond to this question - just over 35%. Of those responses received, Information Management (excluding Clinical Coders), ICT staff and Senior Managers appear to be the areas of most contention.

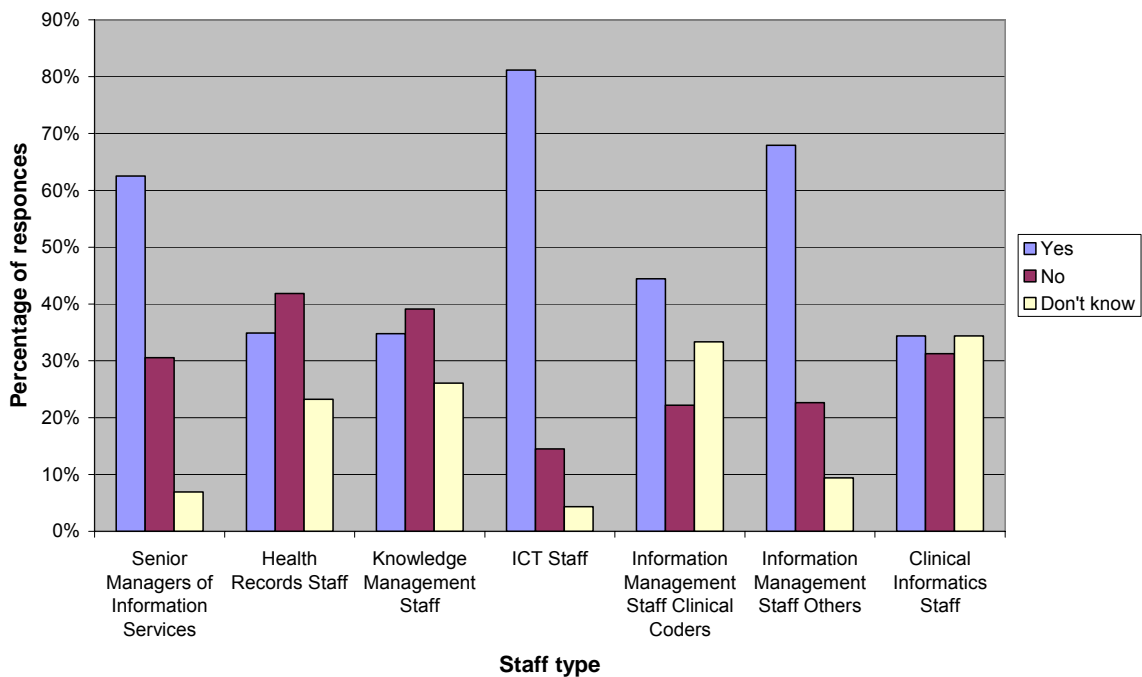


**Table 12 – Contentious Areas of Agenda for Change**

AfC Contentious	Senior Managers of Information Services	Health Records Staff	Knowledge Management Staff	ICT Staff	In. Mgt. Staff Clinical Coders	Inform. Mgt. Staff Others	Clinical Informatics Staff	Total
Yes	45	15	16	56	16	36	11	195
No	22	18	18	10	8	12	10	98
Don't know	5	10	12	3	12	5	11	58
No response	39	68	65	42	75	58	79	426
Yes as a % of respondents	63%	35%	35%	81%	44%	68%	34%	56%

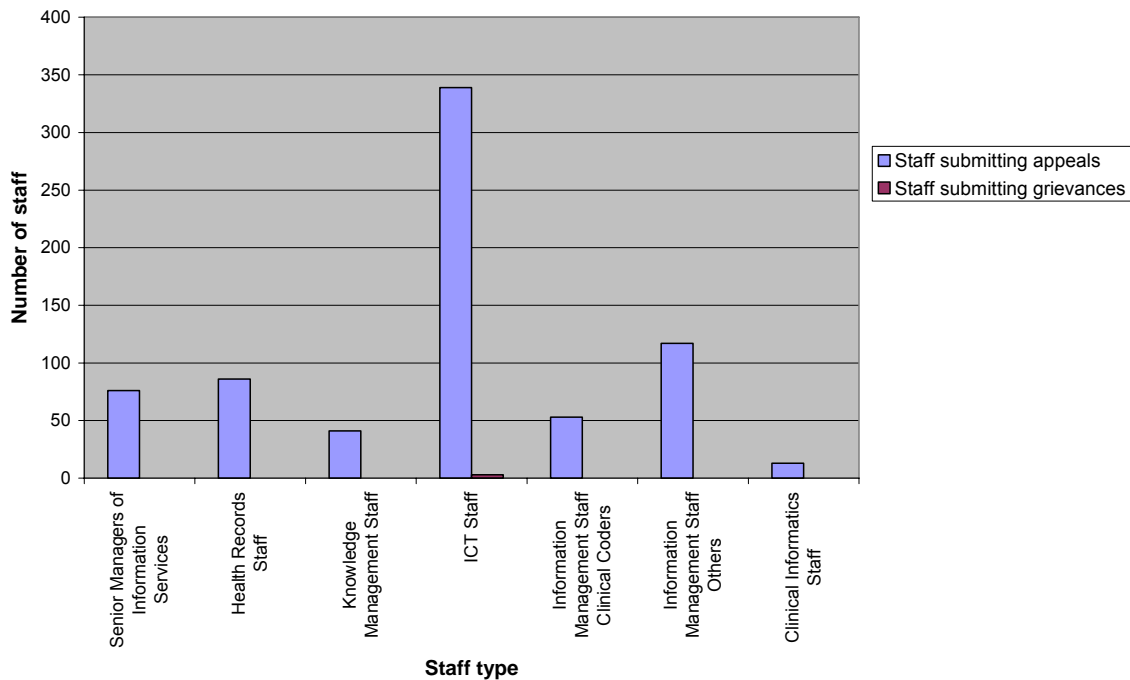
4.7.5 The graphic below in Figure 9 clearly shows the main areas of contention.

**Figure 9 – Contentious areas for AfC**



4.7.6 Question 8 also asked respondents to indicate the numbers of staff submitting appeals and grievances against the results of the matching process. The data show that 725 appeals have been submitted with ICT staff accounting for almost 47% of these and for all three of the grievances that have been submitted.

**Figure 10 – Staff submitting appeals and grievances**



4.7.7 Question 9 asked respondents to provide details of any areas of contention or other comments relating to Agenda for Change. These comments supplemented the numerical analysis and provide further insight into the way in which AfC is being viewed and received by informatics staff. A selection is reproduced below including a unique identity number to facilitate further follow-up if needed and if the respondent has agreed to this.

**Table 13 – Comments on Agenda for Change**

*ID No. 11 I don't believe that the ICT department was properly informed or engaged enough in the whole AfC process. As a result we did not understand the importance of the JDs and additional information documents which meant we appear to have lost out. There is also a concern that the matching panels did not understand the jobs that we do and the competitive recruitment market that we work in.*

*ID No. 98 Forced to submit early in process - profiles were released months afterward. Panel members had little grasp of the relative complexities or responsibilities ICT staff take on, nor how vulnerable they are since they often work outside clear protocols or guidance.*

*ID No. 140 AfC has been a complete joke. If you want an example of a laudable idea turned into a completely shambolically implemented programme then AfC is your man!!*

*ID No. 166 All posts individual, given nature of SHA NPFICT team, but evaluation panels seemed to have no conception of complexity and responsibility of work involved. Dreadful process!!*

*ID No. 199 We were an early implementer and found job evaluation worked well, however other Trusts that used matching seemed to have more problems with IM&T staff. Non IM&T people on panels don't understand IM&T jobs. AfC has given me a cost pressure of over £100K.*

I.D. No.	Comment
43	<i>Lack of recognition of R&amp;D as an element of some ICT roles. Lack of national agreement on Recruitment and Retention Premia for IM&amp;T roles. Lack of consistency between trusts. Lack of understanding of panels about the role and contribution of IM&amp;T.</i>
48	<i>Local matching panels do not understand ICT roles and the national ICT profiles, and, inconsistencies in matching within the organisation and compared to other organisations.</i>
50	<i>A4C has been contentious in the ICT, IM and Medical records areas. It is believed that matching panels have not had an understanding of the posts and have had the time allocated to the process to allow them to question staff. Job descriptions did not indicate to a non IM&amp;T professional what the responsibilities and requirements of the posts were. e.g. in an IM&amp;T post keyboard use would be taken for granted by any IM&amp;T professional however this has not been assumed by the panels. There is a perception that IM&amp;T staff in other local organisations have fared better than DaSH staff however this is not based on specific evidence. It is hoped that the review process will be carried out without the pressure of deadlines and therefore in a more thorough fashion with staff being given the opportunity to explain their role to panels</i>
70	<i>Poorly managed local process. Little or no consistency checking. Known inconsistencies with other organisations. National profiles showed naivety in their design.</i>
101	<i>It's very clinically biased and our matching panels were quite challenged at first to understand what they were looking at. If the Head of Informatics had not fought for what was right and proper there would have been huge latent problems with retention. Some vacant posts were downgraded making it effectively impossible to recruit replacements.</i>
102	<i>No issues.</i>
132	<i>Posts often being matched by panels with insufficient understanding of the posts, so leading to IM&amp;T work being undervalued and banded too low. Local matching process being inconsistent between panels, so very similar posts are banded differently. Local organisations coming out with different results for very similar posts due to inconsistencies in the process and AfC matching being an unscientific process. Staffing budgets predicted to be overspent/need to increase by 4% in 2006/7 solely due to AfC.</i>
139	<i>Not matched to national profiles; matching panels did not understand jobs and did not ask; job descriptions written for recruitment, not matching; job</i>

	<i>descriptions deemed to be too close to profiles were returned for rewriting.</i>
148	<i>AfC appeals still going through - grievance procedures anticipated. Issues with local matching for IM&amp;T Programme Manager, Projects Office Manager, Performance Manager. All posts downgraded. No profiles exist. Lack of consistency with other organisations.</i>
156	<i>The matching panels have been unable to understand ICT job descriptions. Matching has clearly taken place against what staff are assumed to do rather than what they actually do and is documented in the job description. No ICT staff were on any matching panel.</i>
157	<i>Inconsistency of matching same job within 2 different PCTs in same geographical area banding differently. Review in process but very little guidance on review, resulted in 2 separate review submissions. Banding of ICT Manager has resulted in a pay cut.</i>
190	<i>Poor empathy by panels and appeals process with what Health Informatics is all about has led to tensions between colleagues. Not good for collaborative environments.</i>
199	<i>We were an early implementer and found job evaluation worked well, however other Trusts that used matching seemed to have more problems with IM&amp;T staff. Non IM&amp;T people on panels don't understand IM&amp;T jobs. AfC has given me a cost pressure of over £100K.</i>

### **Conclusions from responses to Q8 and Q9**

- 4.7.8 It is overwhelmingly clear that the implementation of Agenda for Change (AfC) has been contentious for informatics staff. However, any new system for paying people is likely to be contentious, particularly something on the scale of AfC. One of the aims of the survey was to find out whether AfC had been particularly difficult for informatics compared with other NHS professions.
- 4.7.9 Q8 responses clearly show that AfC has been contentious in all categories of informatics staff. The categories where most difficulties have occurred are:
- ICT staff – 81% of respondents in this category stating that it had been contentious
  - Information Management (excluding Clinical Coders) – 68%
  - Senior Managers – 63%
- 4.7.10 The difficulties for ICT staff is emphasised even more when respondents indicate that a total of 650 appeals have been submitted, 47% of which are on behalf of ICT staff.
- 4.7.11 Q9 asked respondents to provide more detail on contentious areas or simply to comment further on the AfC processes. From the comments received, it is very obvious that AfC is not perceived as a fair or consistent process for informatics staff and particularly for the more technical posts.
- 4.7.12 This suggests that AfC may have been more difficult to implement in the area of informatics than in other areas as a result of the complex and varied roles within informatics. These factors combined with the fact that informatics is still a relatively new discipline, unlike Finance and Human Resources for example, and less well understood by those involved with the practicalities of implementation.
- 4.7.13 It does appear that AfC has been particularly poorly received and implemented in informatics in the NHS. However, at a crucial time for the implementation of the National Programme for ICT in the NHS, it could be argued that what is important is

the impact AfC has had upon this profession and the perception of informatics staff as to that impact. From the responses and comments received, this impact is undoubtedly adverse and damaging to a profession that is in its infancy and trying to increasingly adopt professional standards. It is likely that the implementation of AfC will make it more difficult to recruit and retain informatics staff in the NHS.

## 4.8 Question 10

Q10. Do you have any other comments on Health Informatics workforce issues or this survey?

4.8.1 33 respondents took the opportunity of contributing additional comments. The comments ranged from complaints about technical issues in completion of the survey (one respondent lost an almost fully completed form), to very specific organisational issues and to more strategic comments. A selection of these is included below in Table 14.

**Table 14 – General Comments**

I.D. No.	Comment
36	<i>Organisational change and financial position means no development&amp; no recruitment. Resources are being stretched too far already. External companies entry into NHS through Connecting for Health and Dr. Foster arrangements shows that there is still a case for home grown talent that know the business backwards. Just need to be in there pitching, but anyone seen the door?</i>
48	<i>The AfC process has failed ICT staff.</i>
59	<i>Not enough staff to support demands of national roll outs and implementations, and no revenue funding for more. less funding now PbR has come into place and no informatics funding available from SHA/CFH.</i>
76	<i>AfC potentially a problem. Not sure I see how the KSF framework will work well for Informatics staff nor be applicable consistently with other staff groups.</i>
101	<i>Every Director in the NHS should be made to spend a month working in their local Informatics Department - only then will they fully understand how to face the challenges and how to best support and manage an Informatics Service.</i>
102	<i>As Trusts go to Foundation Status the pressure on the Informatics Team increases, this may change the results of this survey.</i>
108	<i>I feel the whole A4C would have been better if it had included generic job profiles relating to work in the NHS ICT world and standardised across London. You can't compare ICT jobs in London in the NHS with other cities as salaries in the city are so much higher. It would be beneficial to create a database of all bandings across London and then to join forces to demand recruitment and retention premia across all London NHS sites.</i>
132	<i>As this is a time of huge change for PCTs the figures and information in this survey will change during the next 6 months. The next 6 months will see a lot of upheaval in PCTs and the key issue for us will be in terms of retaining highly skilled staff, some of whom are already demoralised as a result of poor AfC results, and who are now becoming uncertain about their future in the NHS. Staff</i>

	<i>are starting to leave the NHS in the hope of more security and better paid jobs elsewhere.</i>
139	<i>Agenda for Change has been demoralising and demotivating but, so far, staff are waiting for outcome of reviews. Feedback from meetings has been positive but no results known yet.</i>
148	<i>Still poorly understood and appreciated as a profession. Made worse by AfC - even Clinical Informatics role is devalued because the clinician is no longer actively working with patients. Specialist skills not widely available – e.g. Coders: low paid positions</i>
156	<i>ICT is not taken seriously by the NHS. No private sector company would be able to operate in this fashion.</i>
174	<i>I will be interested to find out how this survey will provide an insight and predicted needs and short falls in the Health Informatics workforce in the coming three years.</i>
175	<i>Yes - what is this nonsense about mandatory professional qualifications - it smacks of protectionism and self-interest. Not good at this volatile time within the NHS.</i>
181	<i>Shortages are ever present (not seen as an essential requirement as they do not provide patient care) and with the CFH issues, the Foundation Trust agenda and PbR, particularly in Mental Health, I fear I will go into work one day and suddenly the NHS will wake up to be 'we can't afford not to have more specialist staff' and they will all be lost from the system!</i>
187	<i>The national professional profiling from ASSIST and others has so far been inadequate for the diversity which PCT works within and for the new NPfIT demands.</i>

### **Conclusions from responses to Q10**

- 4.8.2 The comment above - “Still poorly understood and appreciated as a profession” – encapsulates many of the views received in this section where general comments were invited. Interpretation and reflection on the views received in this section are commented upon in Section 1 of this report, summarising the main conclusions.

# Appendix A

## Appendix A – Other National Initiatives

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### The Gershon Review

In his review of public sector efficiency,<sup>7</sup> Sir Peter Gershon set out his conclusions into the review of public sector efficiency. The report identified the scope for efficiencies within the public sector back office, procurement, transaction service and policy-making functions, as well as identifying opportunities for increasing the productive time of professionals working in schools, hospitals and other frontline public services.

The Gershon review into public sector efficiency concluded that greater productivity could be achieved through the use of ICT. The NHS has responded through the work of the Productive Time Delivery Board and NHS organisations must be able to demonstrate the cost effectiveness and efficiency of their ICT support arrangements.

The Gershon review made it clear that greater investment in ICT would be required to achieve improved effectiveness and efficiency in back office processes and transactions. This in turn would then deliver more resources and facilitate greater productivity of front line services such as the provision of patient care.

The Department of Health set out its response to the recommendations of the Gershon Review within the 2004 Spending Review. The Department of Health committed to realise total annual efficiency gains of around £6.5 billion by 2007/08. Its implementation plan included, amongst other things:

- A reduction of just over 720 civil service posts, including 5,000 posts in arms-length bodies
- Make better use of staff time through the implementation of a modern ICT infrastructure for the NHS
- The implementation of electronic patient records, appointment booking and prescription transfers to reduce wasted time spent checking patient information, fewer letters to type and send and lost prescriptions
- Make better use of NHS buying power at a national level to get better value for money in the procurement of healthcare, facilities management and medical supplies
- Ensure NHS organisations, particularly in primary care, can share and rationalize back office services, such as finance, ICT and human resources
- Improve commissioning of social care to generate around 10 per cent of the efficiencies.

The clear implication of the Gershon Review for NHS organisations is to ensure the efficient delivery of informatics services. For many if not all NHS organisations, this will entail:

- Reviewing optimum configuration arrangements for informatics services – in-house, out-sourced, NHS provision across multiple organisations etc
- Reviewing management and deployment arrangements
- Ensuring compliance with standards and the adoption of industry best practices

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<sup>7</sup> Releasing Resources to the Front Line: Independent Review of Public Sector Efficiency, Sir Peter Gershon CBE, HM Treasury, July 2004



- Putting robust performance management arrangements in place to demonstrate value for money

The consequences of the Gershon Review and the Productive Time Initiative add further weight to the increasing drive towards more formal arrangements for the provision of informatics services and the need for the professionalisation of informatics staff working in the public sector.

### **National Programme for IT**

The National Programme for IT is being run by the NHS CFH Agency. The new IT infrastructure being delivered by the Programme will support the following services:

- The NHS Care Records Service
- Choose and Book electronic booking service
- An Electronic Prescription Service (EPS)
- A broadband ICT network (N3)
- A Picture Archiving and Communications System (PACS)
- Support for payments to be made to GPs
- A central e-mail and directory service

The Programme is being delivered through five Clusters of Strategic Health Authorities across England. A private sector contractor has been appointed to lead the delivery of the Programme in each Cluster; these contractors are the Local Service Providers (LSPs). The LSPs are working in close partnership with existing NHS informatics staff to implement the National Programme locally.

NPfIT is committed to spending £6.2 billion over the 10 years of the programme. This is supplemented by the local baseline spend of around £1billion. NHS Trusts are expected to increase their spend on ICT in line with the recommendations of the 2002 Wanless Report<sup>8</sup> which recommended an increased up to 4% on ICT by 2008.

### **Agenda for Change**

Agenda for Change (AfC) is the new NHS pay system. It applies to all directly employed staff, except very senior managers and those covered by the Doctors' and Dentists' Pay Review Body. The system creates three pay spines in which there are nine main pay bands, with Band 8 being further sub-divided into four ranges. There are a number of pay points within each pay band.

Existing posts for non-clinical staff are placed in pay bands using the NHS Job Evaluation Scheme. This scheme will either match a post to a national profile or put a post through a local job evaluation process.

The NHS Knowledge and Skills Framework (KSF) is a tool which provides the means of recognising the skills and knowledge that a person needs to be effective in a particular post. The KSF is supported by the development of the National Occupational Standards referred to in section 3.1.15 above.

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<sup>8</sup> Securing Our Future Health: Taking a Long-Term View, Derek Wanless, April 2002, Treasury Department

The national occupational standards for health informatics were developed in partnership by Skills for Health and the Health and Social Care Information Centre (prior to April 2005 with the NHS Information Authority), through extensive consultation with practitioners and key stakeholders across the UK.

### **Commissioning a Patient-led NHS**

At the end of July 2005, building upon the NHS Improvement Plan and Creating a Patient-Led NHS, Nigel Crisp wrote to all NHS chief executives setting out a programme to support Commissioning a Patient-Led NHS. The proposals are considered to be complementary to the policies of choice of provider, payment by results, and the NHS Foundation Trusts programme.

The key elements of the Commissioning a Patient-Led NHS programme are:

- Changes to some functions of PCTs and SHAs, notably that they should concentrate on: promoting health improvement and reducing inequalities, securing safe and high quality services for their population and emergency planning
- The creation of a step-change in the way services are commissioned by front-line staff, to reflect patient choices.
- The commitment to make £250 million of savings in overhead costs, require NHS organisations to change and develop.

The programme suggests that the NHS should reconsider the optimal configuration of PCTs and SHAs and their fitness for purpose. Indeed, the Department's plan is that arrangements for the universal coverage of Practice Based Commissioning, where GP practices will take on responsibility from their PCTs for commissioning services that meet the health needs of their local population, will be in place by December 2006, that any PCT changes will be in place by October 2006 and changes to PCT service provision will be complete by December 2008.

For many informatics staff these changes will generate major challenges and uncertainties. The rationalisation of PCTs will probably lead to the rationalisation of informatics services in some areas. This could lead to improved career development opportunities for informatics staff without the need to move out of one organisation into another.

Another impact of Commissioning a Patient-Led NHS may be that the larger PCTs will have access to information analysis and interpretive skills that they previously could not afford. For commissioners to develop in their role, improvements in the analysis and use of information will be required to support Practice Based Commissioning (PBC) and enhanced performance management of provider Trusts if this is part of the role of enlarged PCTs.

### **The New GMS Contract**

The "New GMS Contract 2003: Investing in General Practice" was published in February 2003. The document sets out the details of the new contract for the provision of General Medical Services (GMS). The main impact for informatics staff will be the transfer of ownership and responsibility for support from practices to the PCT.

The new contract is aimed at the integration of information systems at a community level and the provision of an ICT service to practices rather than the relatively simple provision of hardware and software. It is expected that PCTs will reach agreements with each of their practices for the provision of support services.

The agreements with practices will be contractual arrangements and it is likely that this will lead to more formal and standardised arrangements for ICT support services in General Practices. Services to be provided will need to be documented and a range of performance measures such as service availability, response times and resolution times, will need to be agreed.

The contracts for support may be let to existing NHS informatics services or to private sector third parties including LSPs. These changing support arrangements are likely to further blur the distinction between in-house and out-sourced ICT support to NHS organisations.

### **The new Consultant Contract**

The 2003 consultant contract is very different from its predecessor in terms of its structure content and need for regular review. Since the contract was introduced for consultants and dental consultant in England in 2003, a large amount of advice and guidance has been issued by the Department of Health (DH) and the Modernisation Agency's Consultant Contract Implementation Team (CCICT), working in partnership with the British Medical Association (BMA) and other key stakeholders.

Under the agreement reached with the BMA and the NHS Confederation, this is the sole contract for future consultant appointments. From 31 October 2003, NHS employing organisations must advertise all new posts based on the new contract.

Where a consultant gives formal commitment between 1 November 2003 and 31 March 2004, pay increases are backdated by three months from the date of commitment. Backdating also depends upon a job plan being agreed within three months of the formal commitment (except where the deadline is not met for reasons beyond the consultant's control).

### **Payment by Results**

In 2002, underpinning the NHS Plan reforms, the Department of Health signalled its intention to establish a new financial regime across the NHS where hospitals (and other providers) will be paid based upon the activity that they undertake in place of being paid for services through block agreements.

The changes were designed to reward efficiency, support patient choice and diversity and encourage activity for sustainable waiting time reductions and provide a fair and consistent basis for hospital funding rather than being reliant principally on historic budgets.

Under the reforms to NHS Financial Flows, PCT will commission:

- The volume of activity required to deliver service priorities, adjusted for casemix (i.e. the mix of types of patients and/or treatment episodes)
- From a plurality of providers
- On the basis of a standard national price tariff, adjusted for regional variation in wages and other costs of service delivery

Whilst the early stages of implementation are focussed on the commissioning of elective care between PCTs and NHS Trusts, over the five year implementation period all commissioning arrangements within the NHS will be included.

Effective implementation of Payment by Results (PbR) depends heavily upon effective delivery of informatics services. This includes timely, comprehensive and accurate information being produced. This in turn depends upon:

- Efficient data capture
- Accurate and reliable clinical coding
- Robust data storage and retrieval
- Effective information analysis and manipulation.

Local variations in clinical coding will need to disappear and greater consistency and standardisation will be required. Recruitment and retention of good clinical coding staff will be very important as will the associated training and development of these coders.

### **The new 18 weeks waiting times guarantee**

The NHS Improvement Plan of June 2004 set out a new aim that no one would wait longer than 18 weeks from GP referral to hospital treatment. This aim is different from other waiting list targets in that it does not look at a single stage of treatment but on the whole patient pathway from referral to hospital treatment. This will therefore include waiting for test results and out patient follow-up appointments. PCTs will be held directly accountable for achieving this aim by December 2008.

The typical pathway includes a GP visit resulting in a decision to refer to a hospital consultant. This first out-patient appointment may result in:

- A follow-up appointment
- A range of diagnostic tests
- A decision to treat
- Or all three of the above.

This aim will prove a real challenge for the majority of NHS Trusts as information systems that deal with aspects of the patient journey from GP referral to hospital treatment are not integrated, will not share information and are managed by different organisations. The first steps have included the implementation of a minimum data set to capture the waiting times for diagnostic tests.

Eight "pioneer" health economies in England are working on ways in which the necessary information can be captured from existing systems. In the longer term, a complete "measuring system" is being agreed with the Connecting for Health Agency responsible for the National Programme for ICT.

### **Choose and Book**

Choose and Book was not originally within the scope of the National Programme for ICT but has now become a high profile component of the programme. The vision of this policy initiative is that patients who need a referral to hospital for elective care will:

- Be offered a choice of 4 – 5 hospitals or alternative providers
- Be able to book their appointment with the preferred provider

- Have information available locally to support their choice

Choose and Book has been introduced slowly since the summer of 2004 and an increasing number of new clinical systems being implemented as part of the National Programme are becoming Choose and Book compliant.

# Appendix B

## Appendix B - SHA Names and Organisation Codes

Org. Code	SHA Name
Q01	NORFOLK, SUFFOLK AND CAMBRIDGESHIRE
Q02	BEDFORDSHIRE AND HERTFORDSHIRE
Q03	ESSEX
Q04	NORTH WEST LONDON
Q05	NORTH CENTRAL LONDON
Q06	NORTH EAST LONDON
Q07	SOUTH EAST LONDON
Q08	SOUTH WEST LONDON
Q09	NORTHUMBERLAND, TYNE & WEAR
Q10	COUNTY DURHAM AND TEES VALLEY
Q11	NORTH AND EAST YORKSHIRE AND NORTHERN LINCOLNSHIRE
Q12	WEST YORKSHIRE
Q13	CUMBRIA AND LANCASHIRE
Q14	GREATER MANCHESTER
Q15	CHESHIRE & MERSEYSIDE
Q16	THAMES VALLEY
Q17	HAMPSHIRE AND ISLE OF WIGHT
Q18	KENT AND MEDWAY
Q19	SURREY AND SUSSEX
Q20	AVON, GLOUCESTERSHIRE AND WILTSHIRE
Q21	SOUTH WEST PENINSULA
Q22	DORSET AND SOMERSET
Q23	SOUTH YORKSHIRE
Q24	TRENT

Q25	LEICESTERSHIRE, NORTHAMPTONSHIRE AND RUTLAND
Q26	SHROPSHIRE AND STAFFORDSHIRE
Q27	BIRMINGHAM AND THE BLACK COUNTRY
Q28	WEST MIDLANDS SOUTH