

Staffing crisis in the NHS

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Introduction

There is a general shortage of staff in the NHS, and it exists in all departments. The NHS is bordering on very limited number of nurses, midwives, general practitioners, hospital doctors, and mental health workers. Due to low job satisfaction, employees are leaving the service, while hiring and retention continue to grow. (NHS funding, n.d.)

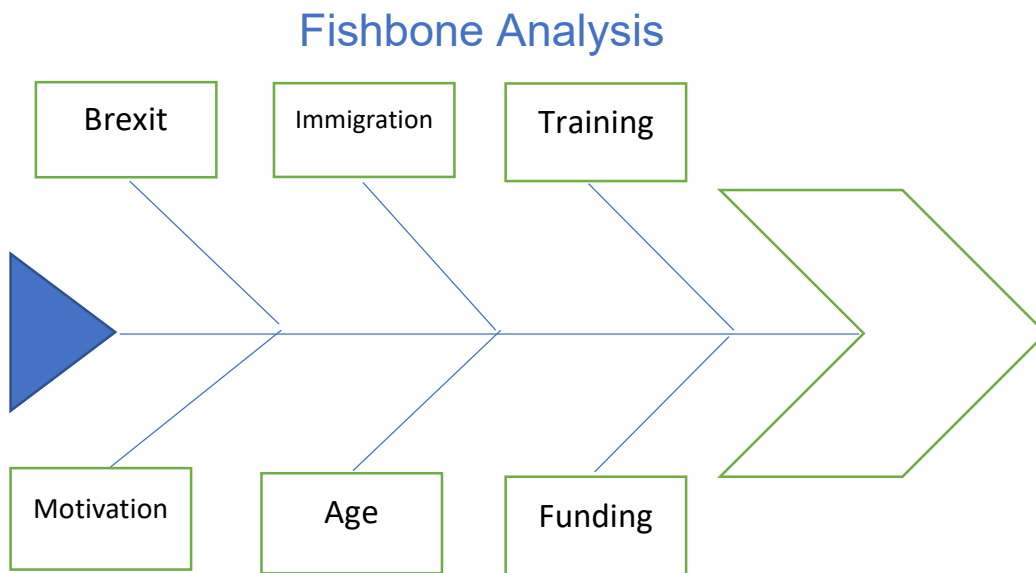
Medical professionals are the most important asset of the NHS, and they are the key to delivering high quality medical care. They have demonstrated this in this Covid-19 pandemic with remarkable resilience and commitment. This pandemic has exposed the enormous strain health workers are facing because of staff shortage. During this pandemic, patients are waiting longer to get an appointment for various other diseases such as Cancer, heart problems, mental health and so on.

Shortage of medical professionals in the NHS is very serious issue which needs urgent and comprehensive action plan. According to Kingsfund.org, the NHS needs to recruit around five thousand nurses a year from abroad, but travel restrictions due the Covid-19 pandemic and Brexit are amongst other factors that has hampered the recruitment process for the NHS. ((King fund, 2021).

There are so many factors responsible for the shortage of medical staff in the NHS. I will be writing detailed reasons for the shortage of medical professionals and solutions I considered useful for resolving or improving this serious health crisis.

The fishbone diagram is a visualization tool used to classify possible causes of problems. The tool is used to determine the root cause of the problem. Usually used for root cause analysis, fishbone diagrams combine brainstorming practice with mind map template. As a test case technique to determine causation, it should be effective. Fishbone diagrams are very helpful during product development and problem solving and are often used for problem conversations. Dr Kaoru Ishikawa was praised for inventing the fishbone diagram, which helps employees avoid solution that only address the symptoms of larger problem. The fishbone diagram is considered as one of the seven basic tools of quality. Fishbone diagram is also called cause and effect diagram or Ishikawa diagram (Lewis, 2020)

My Fishbone diagram below illustrates some of the main reasons why Brexit has created a gap in the NHS. I will be analysing these factors clockwise.



(Created by me)

Brexit: Has greatly impacted the work force of the NHS. Since the referendum, there have been a massive drop in the number of health professionals coming to the UK from the European Union. One of the biggest challenges after Brexit is the ability to retain qualified healthcare personnel. After Brexit, the NHS has lost large number of healthcare workers, or at least it may encounter difficulties in recruiting staff in the future. Before Brexit in 2016, the NHS had already encountered difficulties in retaining healthcare staff. The NHS relies heavily on foreign staff to make up for shortages. (Louise, 2019)

Official NHS data shows that in the year after the EU referendum, the level of retention of NHS employees has decreased among EU citizens and other non-EU citizens. Between 2016 and 2017, It is estimated that 9,854 which is 83.2% EU citizens chose to leave the NHS temporary or permanently.

I have also done personal research on why Europeans working in NHS are leaving. There are so many reasons but let me just write about the most common ones.

Discrimination – figures show that after Brexit, so many EU citizen were faced with harassment and discrimination in their places of work. Some encountered both verbal and physical abuse. Paul is my Polish friend, he told me a particular colleague always asked him “when are you going back home”. A small portion of the population are using Brexit as an

opportunity to discriminate against EU citizens. Because of those reasons, there are so many healthcare staff who feel threatened and as a result decided to either go back home or cancel their intentions to come here and work in the health sector.

Immigration: Politicians always give new promises for the NHS: More cash, more doctors and nurses, better hospitals, and equipment. At the same time, in the real world, the performance of NHS continues to deteriorate. Data shows, performance is bad, and 4.6 million people are on waiting lists. There is public perception that international migration will put pressure on public services. But there is no evidence to support that immigration has a negative impact on the NHS.

Immigration is an important part of the health workforce. Immigrants are doctors, nurses, porters, cleaners, and others who take care of the country. It was estimated in 2019 that 13.3% of NHS staff in hospitals and community services in England are immigrants. It is very clear that immigration has huge benefit for the NHS. European migrants contribute more to the healthcare service than they consume.

Migrant workers are not just medical personnel, they are taxpayers too. This means that immigrants, like everyone else, contribute to public services, including the NHS.

However, it is very clear that one of the reasons for the shortage of staff in the NHS, is immigration. Immigration policies for overseas health workers is not smooth enough for health professionals to come here and work in the NHS. The NHS needs more staff from overseas, not less. There are over 100,000 staff shortages in NHS according to recent estimates and could increase to 250,000 by 2030. International recruitment is needed now than ever before to fill in the gap. Visa requirements and restrictive immigration policies risk making this harder for medical staff to come to the UK to fill in the gap that already exist in the NHS. (Hugh and Lucinda, 2019)

Training: there is a serious concern that an initiative to replace registered nurses with less qualified and lower cost healthcare support personnel, such as physician assistants. Study of 137 acute NHS trusts from February 2016 shows that there is a link between HCWs per patient and higher mortality.

There are serious concerns that there is a move to replace qualified nurses with less skilled and cheaper healthcare support workers (HCWs), a survey of healthcare assistants in 2018 proved that two thirds of HCAs are performing duties usually carried out by nurses, for example, dressing wounds or giving patients drugs. It was also revealed that 63% of HCAs were providing patient care with little help from doctors or nurses. These factors have raised serious concern that patients may be receiving sub-standard care that could potentially be unsafe. According to UNISON in 2018 around 40,000 HCAs were filling rota gaps of nurses and they were being overworked without adequate training and supervision. In other areas of the NHS, there are concerns of the use of untrained and undertrained staff. The 2020 Covid-19 pandemic provide the latest and worrying example. In July 2020, an audit revealed that many medical professionals recruited to work in the clinical division of the 111 service, said they did not feel properly trained or competent to fulfil critical role. A survey found that 60% fail the proof of call security standard.

In May 2016, the Nuffield Trust released report entitled "Reshaping the Workforce" commissioned by NHS employers. It details the potential of training of nurses and other support staff to reduce the pressure on doctors as a way to solve the hospital staffing crisis. Additional training will include granting nurses and others senior practice role or assistant

physician status as a relatively quick solution to current shortage of physicians. Katherine Murphy, Executive Director of the Patient Association, said the proposed new role and additional responsibilities of existing employees should not be used as quick solution to the complex staffing issues within the NHS nor should it be seen as a cheaper alternative solution to shortage of physicians. (nhsfunding n.d)

Finally, even though there are staffing crisis in the NHS, there should be proper training for healthcare professionals to fill in the gap. Various reports have revealed that most death in hospitals are caused by lack of trained or qualified staff. Undertrained or untrained staff should not be allowed to perform the role of a nurse or doctor in hospitals.

Funding: Although there have been many new financial commitments in recent years and there have been welcome changes compared to years of austerity policies, people still think that the new funds are not enough. After nearly a decade of underfunding, the NHS continued to struggle, and the funds promised did not allow it to prepare for the future. The unprecedented coronavirus pandemic in 2020 will only cause more problems, requiring a comprehensive financial plan.

The Prime Minister announced in the Autumn of 2018 promising an extra of £20 billion for the NHS over the next 5 years. People sees this as a welcome change after the NHS has endured over 7 years of underfunding, this is unlikely enough because of the rising demand and increased standard of the health sector.

Due to demographic changes and the increase number of patients suffering from chronic and multiple diseases, the demand for NHS is increasing, which has been predicted for many years. Coupled with the impact of sharp cuts in welfare budgets and lack of workforce strategies, there is evidence that the NHS crisis is largely caused by ourselves.

Despite the increase in cash in 2018 and 2019, the NHS has experienced a decade of underfunding since 2010. From 2009 to 2019, the NHS budget grew by an average of only 1.4% per year, while the average growth rate has been 3.7% since the establishment of the NHS. The entire NHS budget has not been protected, and the has been cut in frontline services, especially in public health. Almost half of NHS employees said that lack of funds prevented them from doing their job properly, and many said this was the worst situation they had ever seen. The NHS staffing is in crisis, including few doctors, midwives, paramedics, and nurses. On a per capita basis, government spending on the NHS is lower than in many other comparable countries.

Large funding cuts to social care and mental health have added huge pressure the NHS and there not enough staff to cope with the increase in demand. (NHS funding n.d.)

Funding is critical for any sector of society to function well and deliver on the required duties they set up for. The NHS has been regarded as one of the best health systems in the world. Due to the increase of life expectancy in the UK, there is huge demand for healthcare professionals, but the question is how to cope with this huge increase in demand? By estimation, the NHS need to recruit approximately five thousand health personnel every year to be able to cope with this increase, and it is almost unachievable if the required funding is not made available to the NHS to hire more doctors, nurses, midwives, paramedics, and support workers.

Funding can be directed to education, training, wages, and incentive to attract those who may want to choose working in the NHS as career path. By my estimation, funding issue is one of biggest causes of staffing crisis in the NHS.

Age: The workforce can be divided in to two main ways, the current team and how to retain them, and the worrisome daily gap in the number of medical and non-medical personnel.

Employee retention is a relatively unknown issue that is difficult to quantify. From the 2018 Royal College of physicians, census of consultants and training physicians, it is estimated that 33% of current consultants will reach retirement age in the next 10 years and are in their current age group over 60 years old, nearly 50%. In the past years, their working hours have decrease significantly. Changing consultants is not quick or easy. Today, due to lack of suitable candidates, 45% advertising consultant positions are vacant, and it takes an average of 4 years from entering medical school becoming a consultant. (Nick, 2019)

One may ask why age is an issue when it comes to the staffing crisis in the NHS. Majority of doctors, nurses, General Practitioners, and paramedics are aged 45 years and over and the same time, the number of elderly people has increased significantly over the years, thanks to break through in scientific developments. Because people now live longer than before, there is a huge burden on the NHS. Age is connected to health issues, and aged people are more likely to fall ill than young people. As a result of this, there is pressure on healthcare services, with limited number of medical personnel to meet the increasing demand of the already understaffed NHS.

Motivation: According to report released by the NHS union, increased workload, low wages, constant restructuring, and job stress are the reasons why so many NHS staff have either resigned or want to quit. A survey of nearly 30,000 union members, including nurses, radiographers, cleaners, and managers working in the NHS revealed that more than a third of those surveyed felt pressured when they work overtime without pay. In in-debt interviews, four-fifth of managers supported this. About half of managers believe that unpaid overtime will lead to problem with morale, motivation, fatigue, and burnout.

The above factors should ring alarm bells because we are at risk losing experienced, strong, dedicated employees of the NHS. The NHS will be meaningless without staff. The NHS staff are sacrificing everything including their money to care for us.

Some believe, working in the NHS is not an attractive career. Therefore, the government must face its own responsibilities and urgently address the potential problems of the NHS by making sure staff are well paid.

Research highlights the growing recruitment and retention issues on the NHS. Morale is going down mainly due to staff shortages and related job pressures. Continual salary restrictions also make them feel undervalued and taken for granted. It is no wonder so many NHS employees are unhappy, and why so many of them are leaving. It is not in the interest of patients that so many staff members are to work overtime or take a second job in other to make ends meet. Failure to fairly pay employees or important work done by them causes employees to give bad service to their patients. This will only make the shortage of personnel worse, and ultimately may affect the quality of patient care.

The NHS are so understaffed that majority of their employees are working overtime, 71 percent working at least extra four hours per week, while managers are doing around ten ours extra a week. Like any other job, employees should be rewarded for the extra hours they are putting in, their hard work contribution should be encouraged. (unison.or.uk 2014)

PMI Analysis

PMI is a horizontal, creative, and critical brainstorming thinking strategies and attention guidance tools, tips students can consider in multiple approaches to a topic. Dr De Bono believes that one of the problems of traditional thinking is people focus on how to support the point of view. PMI also help people to see both sides of an argument and think widely about an issue. PMI encourage you to be creative and increase your thinking ability. (Hemant and Priyamvada, 2017)

Plus	Minus	Interesting
Government spending and incentives	staff are demotivated	So many people are willing to work in this field

(created by me)

Solutions:

1. There is no simple solution to the staffing crisis in the NHS. The scale of this problem is so huge that comprehensive action is needed to solve this very important issue. The challenges means that training is needed through undergraduate, post-graduate and apprenticeship. (Charlesworth, 2021)

If the Government or NHS invest in the training and development of nurses, doctors, paramedics, and healthcare assistants, the issue of staffing crisis will be gradually fixed. Therefore, incentives, scholarships, and tuition free should be given to those who may want to choose working in the health sector as a career.

2. International recruitment is another important action needed to boost the NHS workforce. Since the establishment of the NHS over 70 years ago, the UK have benefited from overseas staff working in the NHS. The UK government should ensure they adjust immigration policies of encourage foreign healthcare professionals to come here and work.

After Brexit, authorities should take immediate action or put regulations in place to make it easier for physicians and nurses to see the UK as an attractive place for them come and work. International staff have contributed massively to the NHS.

From the above two solutions, I would prefer staff to be trained domestically for the survival of the NHS, even though this takes time. Normally, it takes three years to train a nurse and 5 years to train a doctor.

What are the advantages of training home grown medical staff and the disadvantages for relying on foreign staff for the NHS?

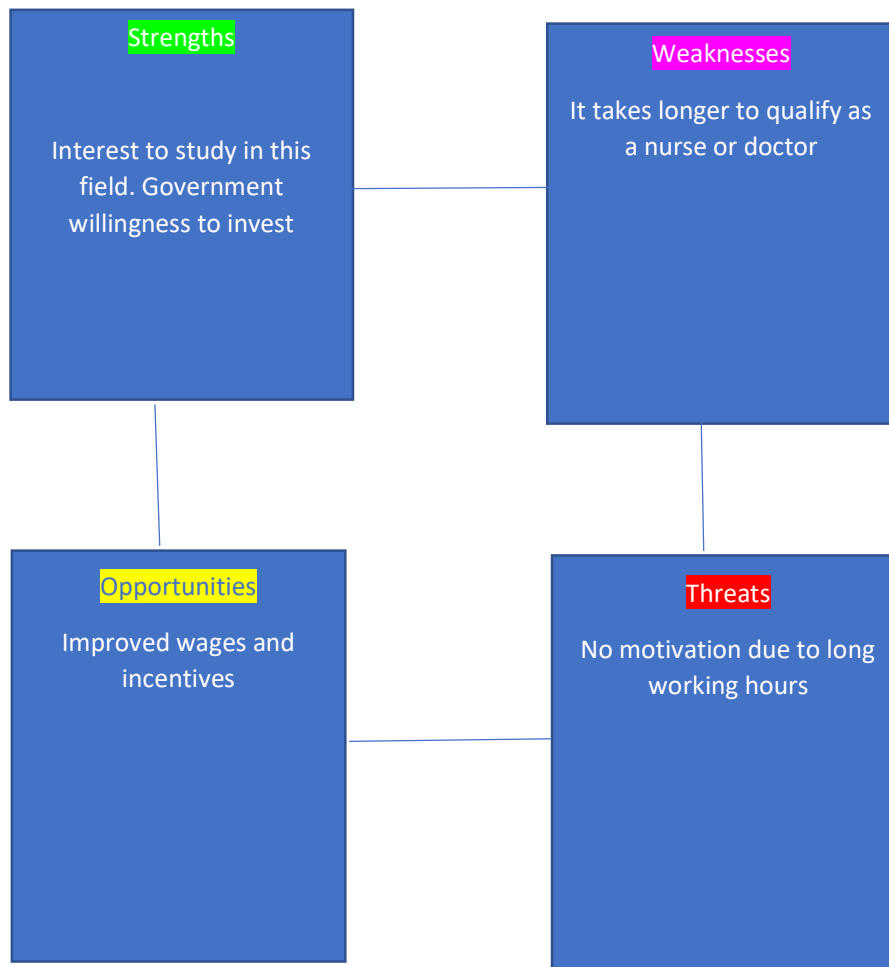
Even though it takes longer to train medical staff, it is more sustainable and reliable solution to retain them. While retention of international staff is never guaranteed, because a good number of them are here with the intention to work for few months or years and could go back to their countries of origin leaving a gap that can be difficult to filled.

There will be no language or cultural barrier between staff and patients. Most foreign staff, requires some form of training or integration before they could start job. In a sector where understaffing is a big problem, any delay or time lost can greatly impact patients who are already struggling to get an appointment.

It is cheaper to recruit domestically trained healthcare staff. While on the other hand, it is believed to be expensive to recruit some international physicians (consultants) if for example accommodation is taken into consideration.

Swot Analysis

Swot analysis is a tool used to identify strengths, weaknesses, opportunities, and threats. Swot analysis can be used for individual or company/organizations projects. It guides you how to strengthen, protect or protect your business plans. (Dan, 2021)



(Created by me)

Strength: There is a massive interest of people who want to choose being a nurse or doctor as career path. Government on the other are investing and promising huge funding to tackle the staffing crisis in the NHS.

Weakness: Even though there is huge staffing crisis and the urgent need to recruit healthcare professionals in the NHS, it takes longer to train and qualify to be a nurse or a doctor. 3 years for a nurse and 5 years for a doctor.

Opportunity: Government and stake holders are improving service conditions by increasing wages and handing out incentive to encourage people study or work for the NHS

Threats: Staff are struggling with long and unpaid extra hours. This is negatively impacting healthcare delivery.

Conclusion

In the introduction of this report, I wrote about the general staffing crisis in the NHS. However, this crisis continues to be a major problem in health care delivery in the UK. Government should step in and provide the necessary funding and regulations to tackle this problem head on. My position on this topic, is that there is the need government to heavily invest in education, training of physicians and nurses for long term strategy in tackling the staffing crisis in the NHS.

To avoid a further crisis or collapse of the NHS, government, policy makers and stakeholders should work together to finding a lasting solution to protect the NHS, which is the envy of the world.

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