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THE
NATIONAL
COUNCIL FOR
PALLIATIVE
CARE

mouchel 

NCPC Specialist Palliative Care (SPC) Workforce Survey 2013

SPC Longitudinal Survey of English Strategic Clinical Networks

September 2014

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1 Introduction

The 2012/13 workforce report builds on previous years of data to give a partial picture of the palliative care workforce in England, where a wide range of different professionals work together to provide high quality palliative care in a variety of settings.

The key finding from this report is that the proportion of nurses working in palliative care aged over 50 continues to increase, potentially paving the way for a gap in palliative care nursing provision unless further work is undertaken to understand the reasons behind the aging workforce. We will discuss ages of nurses with Health Education England and try to find a way to investigate further i.e. through Learning and Education Training Boards (LETBs). For example each organisation might want to look at the age of their workforce and the age they were when they commenced work to assess whether people are entering the palliative care workforce at a later age. Another route of exploration might be to survey the existing workforce about their motivation for entering into palliative care.

The Specialist Palliative Care (SPC) Workforce Survey was first conducted in 2005 by the National Council for Palliative Care (NCPC) supported by the NHS Information Centre (NHSIC) and the NHS Workforce Review Team (WRT). Since 2009 the survey has been conducted by NCPC, supported by The National End of Life Care Intelligence Network (NEoLCIN) and Public Health England (PHE). The data is analysed by Mouchel Management Consulting. The Centre for Workforce Intelligence (CfWI) is an independent agency working on specific health and care workforce planning projects for the Department of Health and is an operating unit within Mouchel Management Consulting Limited. However, this report was done independently of the CfWI and should not be viewed as intelligence from the CfWI in any way.

Three staff groupings of the specialist palliative care workforce are covered in the survey: medical; nursing; and other which covers physiotherapists, occupational therapists and social workers. The survey contains information on full-time equivalents (FTE) across the NHS and voluntary sector workforces, vacancy rates, headcount, numbers of members of staff over 50 years of age, and gender of medical staff. This is the only known national data collection of the specialist palliative care workforce that includes medical, nursing, social workers and allied health professional staff employed in the voluntary and NHS sectors.

Many different professions are considered in recent SPC Workforce surveys under the 'other' staff category, but the first survey in 2005 only featured occupational therapists, physiotherapists and social workers. For this reason, and because of the small numbers involved in the other professions, this report focuses on these three groups. Full figures are available at the NCPC website at <http://www.ncpc.org.uk/workforce2013>.

This report shows the shifts and developing structure of the specialist palliative care workforce to give insight as to how services or skill mixes are being implemented within particular care settings. The intention of this report is to identify and highlight these trends over the period 2008-2013 to assist commissioners and workforce planners to make informed decisions about future workforce requirements.

The National Council for Palliative Care

The NCPC is the umbrella charity for all those who are involved in providing, commissioning and using palliative care and hospice services in England, Wales & Northern Ireland. NCPC promotes the extension and improvement of palliative care services for all people with life threatening and life-limiting conditions and promotes palliative care in health and social care settings across all sectors to government, national and local policy makers. The NCPC website is www.ncpc.org.uk.

Dying Matters

Dying Matters is a broad-based and inclusive national coalition set up by the National Council for Palliative Care and is supported by the Department of Health. It aims to engage thousands of organisations across a range of sectors, generating, leading and supporting collective action to promote public awareness and debate on issues of death, dying and bereavement in England. The Dying Matters website is www.dyingmatters.org.

The National End of Life Care Intelligence Network

NEoLCIN plays a vital role in supporting the comprehensive implementation of the National End of Life Care Strategy, published in 2008. It improves the collection and analysis of national data about end of life care for adults in England, and is aimed at helping the NHS and its partners commission and deliver high quality end of life care in a way that makes the most efficient use of resources and responds to the wishes of dying people and their families.

On 1st April 2013 NEoLCIN became part of PHE, an executive agency of the Department of Health (DH). The NEoLCIN website is www.endoflifecare-intelligence.org.uk. Public Health England's website is www.gov.uk/phe.

Response rates and data accuracy

All data in this report is reported as recorded in the returned workforce surveys from 2008 to 2013, and the national response rate is measured over the 12 Strategic Clinical Networks (SCNs) in England. The response rates over the past two survey years are broken down by SCN and detailed in Appendix 1.

Response rates are calculated as the total number of responding establishments divided by the total number of eligible establishments. In this case it is the number of returned surveys (less nil returns) as a proportion of the total number of surveys sent out to each SPC establishment (less nil returns). Nil return submissions are due to the provider not employing the specified staff and therefore not eligible to be counted in the response rate.

Yearly response rates are given in parentheses next to the corresponding year on the graph axes and tables where appropriate. The response rates indicated in 2008 represent the overall survey response rate that year. Response rates by profession type onwards have been calculated from 2009 onwards.

The 2013 survey response rate is 47%, the same as in 2012. These are the lowest response rates since 2008. Even though this survey is completed on a voluntary basis a response rate of this level is undesirable. Low response rates to quantitative surveys should be interpreted with caution. The data presented in this report does not reflect the entire workforce headcount and FTE figures. Furthermore, considering the low response rate and the variation in responding organisations from year to year, the data may not represent a true reflection of the trends of the three different

workforces. Any graphs, tables, figures, trends or observations relating to the workforces, including ratios/proportions and participation rates discussed in this report must be considered as 'reported figures' only.

Many factors may affect the information represented in this report such as incomplete returns, incomplete data, or data discrepancies and anomalies. Where data discrepancies or anomalies were detected every effort was made with the respondent organisation to check and verify the data. Having checked the returned surveys, identified discrepancies and amended any anomalies, this data is accepted as being an accurate reflection of the workforce in any given organisation at the point in time the survey was carried out.

Nurses who were recorded as bank staff are not included in the core analysis of this report.

2 Findings of the 2013 Workforce Survey

2.1 Key Findings

- The general recorded proportion of nursing staff aged over 50 years is higher than the 2012 survey; this proportion has been increasing since 2008.
- The proportion of medical consultants over the age of 50 has remained the same as the 2012 survey at 24%, but the proportion of all consultant and non-consultant medical staff over the age of 50 has increased from 19% in 2012 to 22% in 2013.
- The proportion of other staff over the age of 50 has remained more or less the same as the 2012 survey.
- The response rate for this survey is 47% which, along with the 2012 response rate, is the lowest recorded since 2008, although this is similar to the response rate for other workforce surveys such as those done by the Royal College of Physicians (47.6%) or Health Education England (43%).

2.2 SPC nursing workforce

The SPC Nursing response rate is 51%, slightly up from 49% in 2012. Figure 2-1 below shows the reported nursing FTE figures from 2008 to 2013. The data shows a further decrease this year to the lowest recorded levels since a peak of 6155 FTE in 2008.

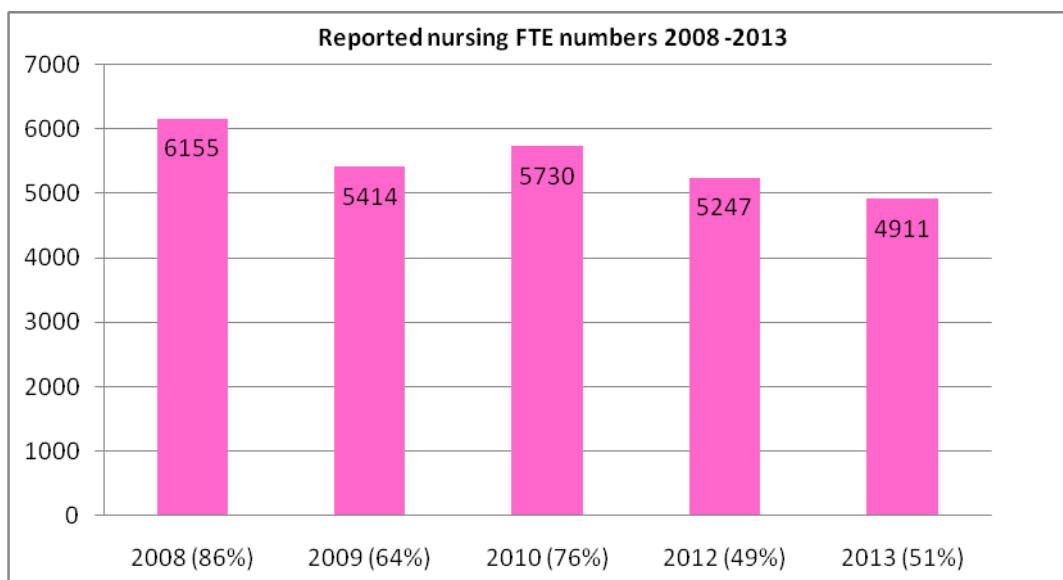


Figure 2-1: Nursing FTE numbers 2008-2013; response rate given in parentheses.
Sources: 2008-2013 SPC Workforce Surveys.

When comparing staff employed in NHS managed services with those in voluntary sector managed services, agenda for change (AfC) bands 2 to 6 provide the majority of staff FTEs based in the voluntary sector whereas bands 7 upwards show similar levels of NHS and voluntary sector staff (figure 2-2). National averages are calculated by taking the total FTE and dividing by the number of SCNs.

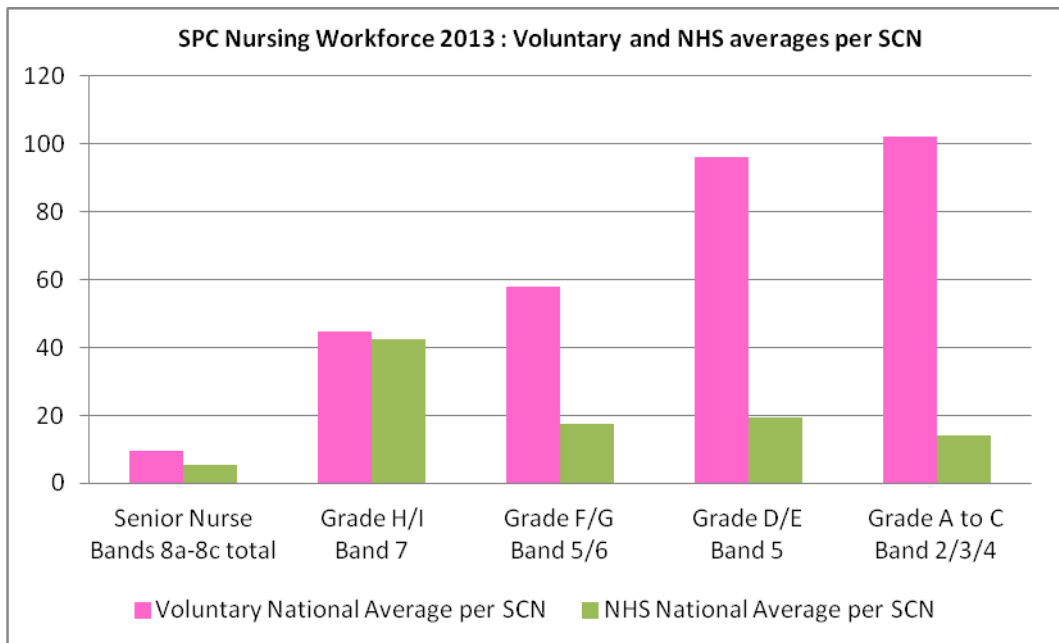


Figure 2-2: Nursing Workforce 2013: Voluntary and NHS averages per SCN.
Source: 2013 SPC Workforce Survey.

90 voluntary organisations submitted only voluntary returns to the nursing section of the survey; 106 organisations submitted NHS only returns, and 3 submitted both voluntary and NHS. Given that the voluntary sector constitutes fewer returns but accounts for 76% of nursing FTE, this suggests there is a higher ratio of nurses to patients in the voluntary sector than in the NHS.

Overall, the majority of recorded national nursing FTEs are with the voluntary SPC units within bands 2 to 6 rather than NHS managed services. Figure 2-3 shows that the largest proportion of NHS SPC nursing services are provided by band 5 staff, and that NHS hospital nursing and NHS community nursing support is in the main provided by band 7 nurses.

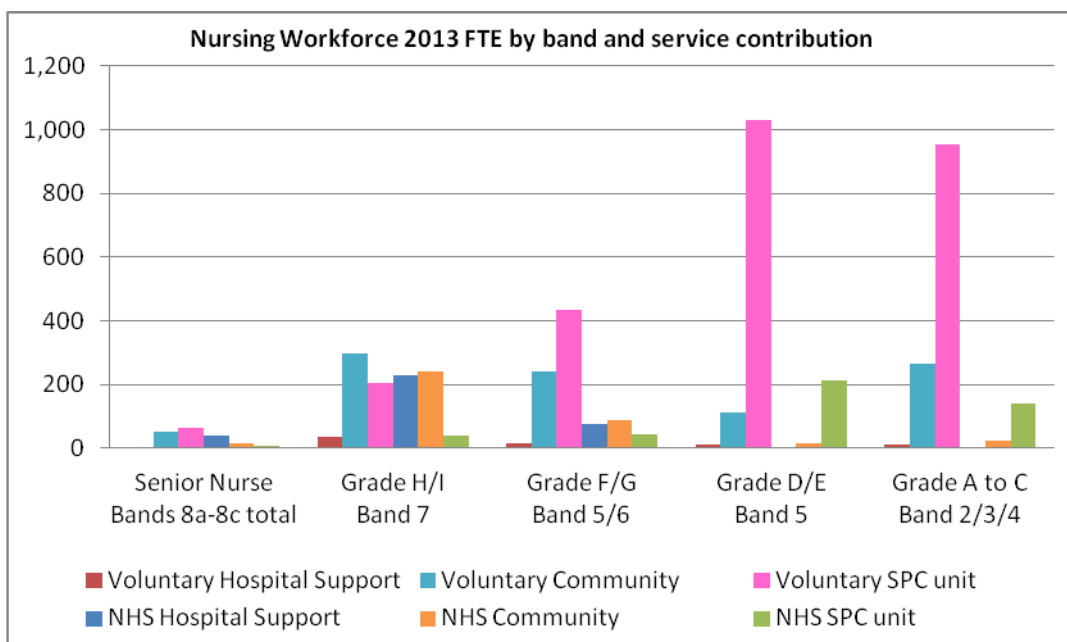


Figure 2-3: Nursing FTE by band and service contribution 2013.
Source: 2013 SPC Workforce Survey.

The reported figures in 2013 indicate that approximately 44% of the SPC nursing workforce is over the age of 50, with the proportion between each group varying between approximately 41% for bands 5/6 and 53% for band 8, as shown in Figure 2-4.

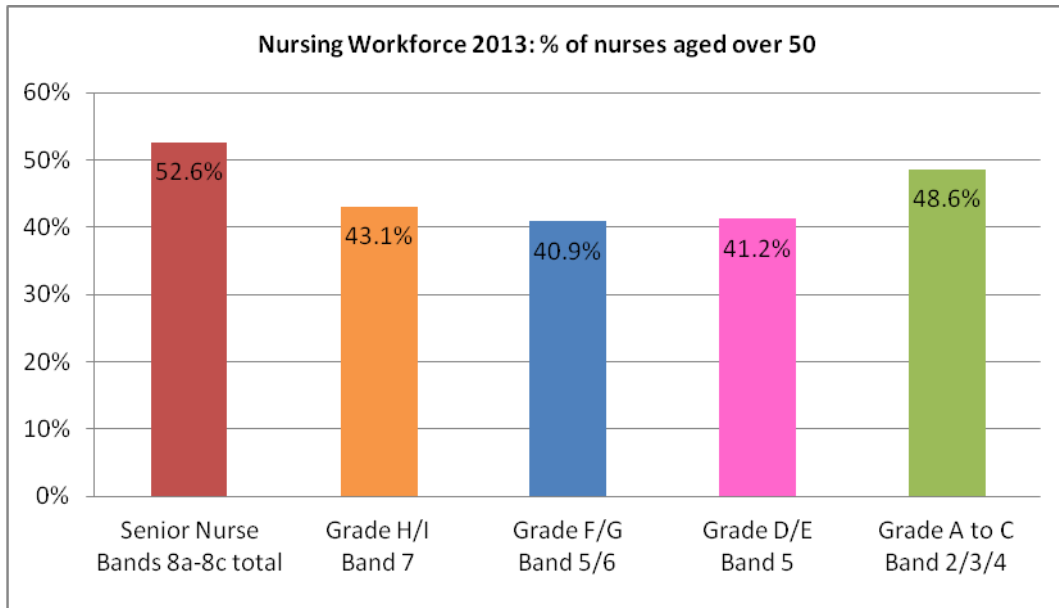


Figure 2-4: Percentage of nurses over 50, 2013.
Source: 2013 SPC Workforce Survey.

The percentage of nurses aged over 50 has been increasing across all bands since 2008. Figure 2-5 shows these increases across all nursing bands between 2008 and 2013, with the largest percentage increase over this period in band 8.

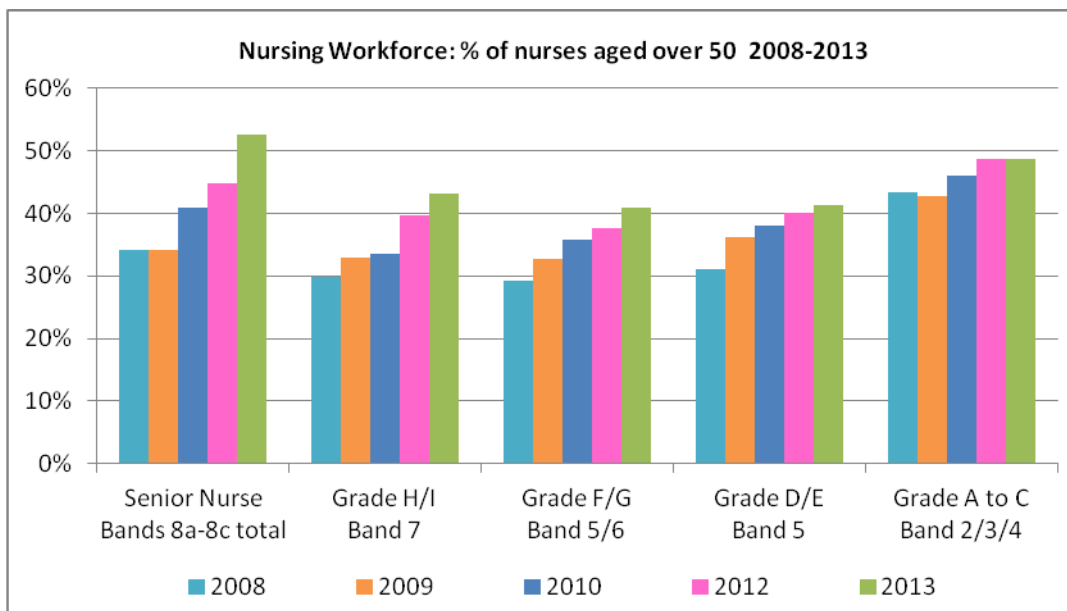


Figure 2-5: Percentage of nurses over 50, 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

Figure 2-6 shows the overall nursing vacancy rate as a percentage of FTE between 2008 and 2013. This has been fairly stable, varying between 3.5% and 5.1%. The vacancy rate recorded in 2013 was 3.8%, almost the same as recorded in 2012.

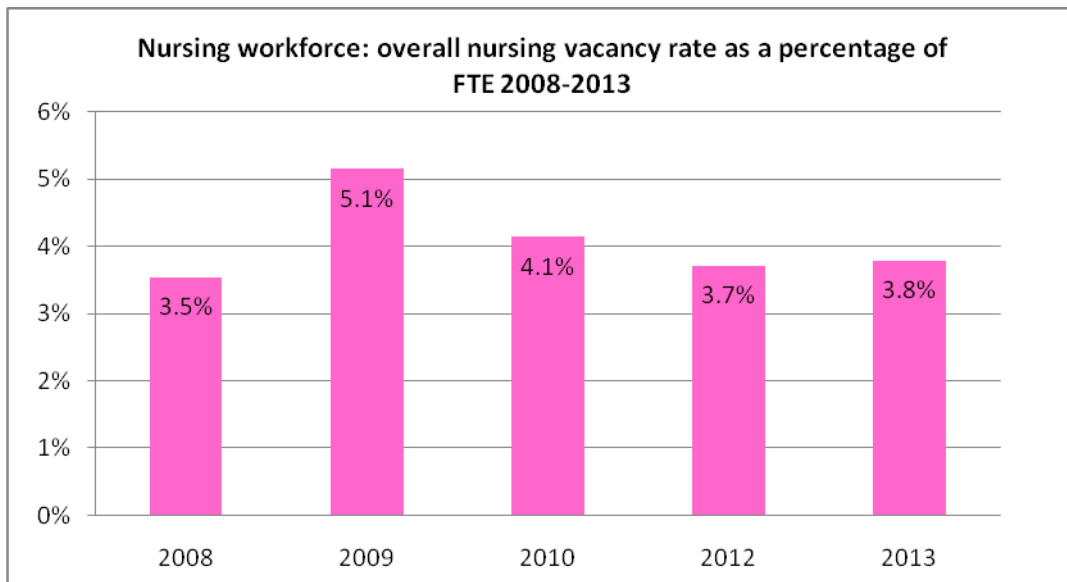


Figure 2-6: Nursing vacancies as a percentage of FTE 2008-2013.
Source: 2008-2013 SPC Workforce Surveys

Figure 2-7 shows the nursing vacancy rates per band between 2008 and 2013. Band 5/6 has seen steady decreases in vacancy rates since 2008, while Band 5 has seen a general increase over the same period. Bands 8a-8c had an unexplained spike in 2008, similarly with Band 5 in 2012.

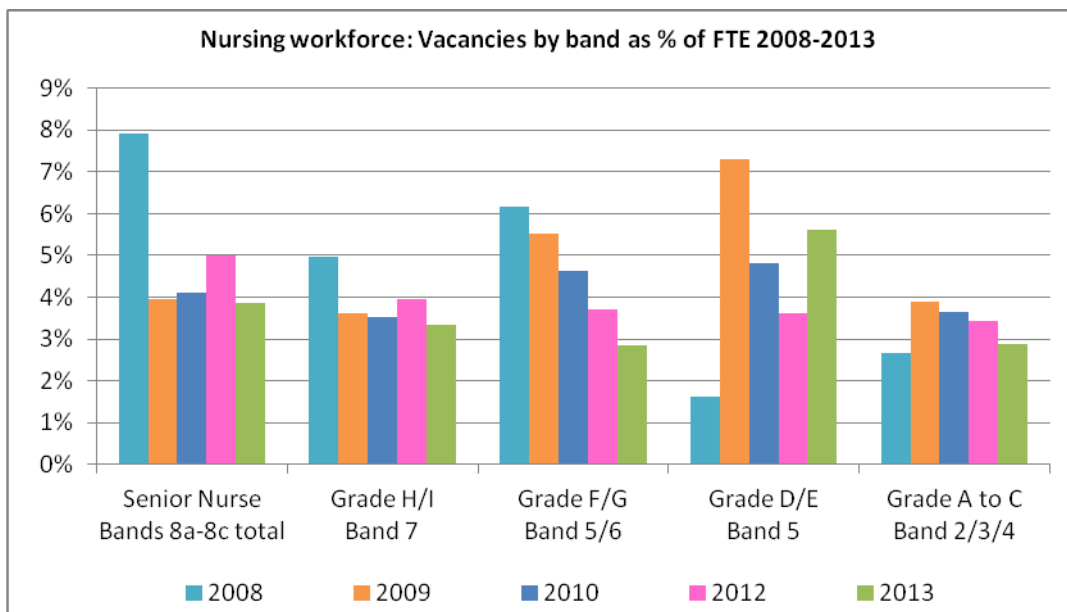


Figure 2-7: Nursing vacancies by band as a percentage of FTE 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

2.3 SPC consultant workforce

The SPC medical response rate is 47%, down from 50% in 2012. Figure 2-8 below shows the reported consultant FTE figures from 2008 to 2013. The data shows a further decrease this year to the lowest recorded levels since a peak of 289 FTE in 2010.

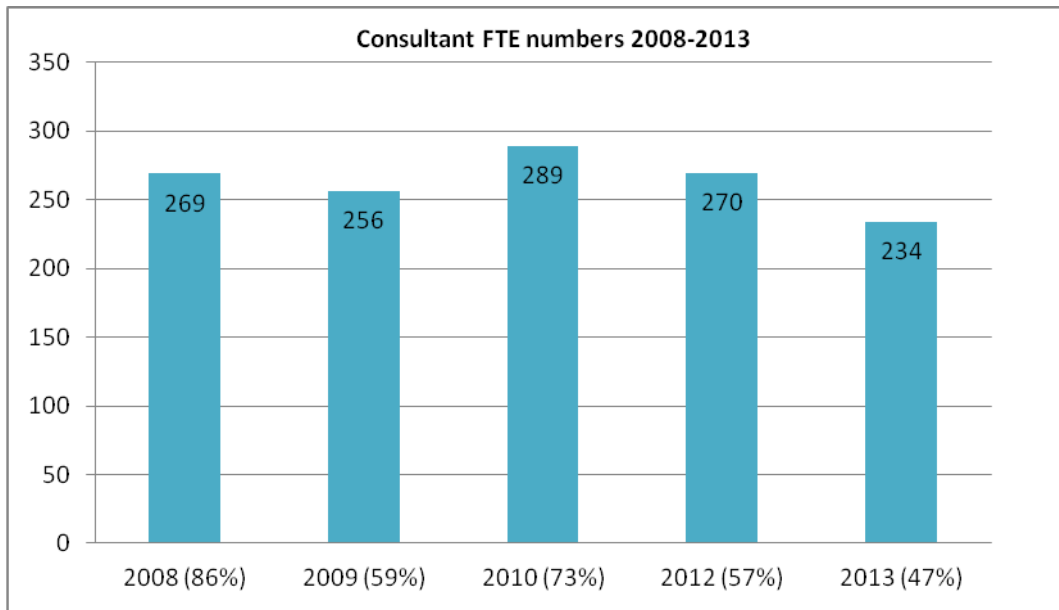


Figure 2-8: Consultant FTE numbers 2008-2013.
Sources: 2008-2013 SPC Workforce Surveys.

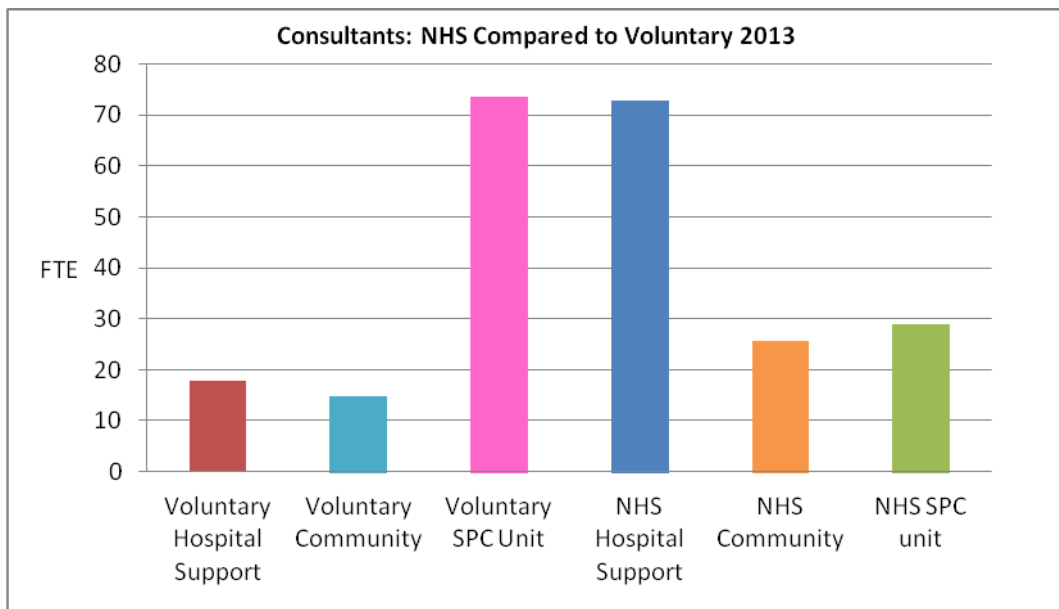


Figure 2-9: Consultants: NHS compared to voluntary sectors 2013.
Source: 2013 SPC Workforce Survey.

The data suggests that the majority of recorded SPC medical consultants work within the voluntary sector SPC and NHS Hospital Support units.

Details on gender of medical staff are asked in the survey. Figure 2-9 shows the headcount gender split across the SPC consultants who responded to the survey. This information was not provided for 14 out of the 335 SPC consultants detailed in the data. Excluding the non responses to this question, women represent 72% of the SPC consultant workforce with 28% male.

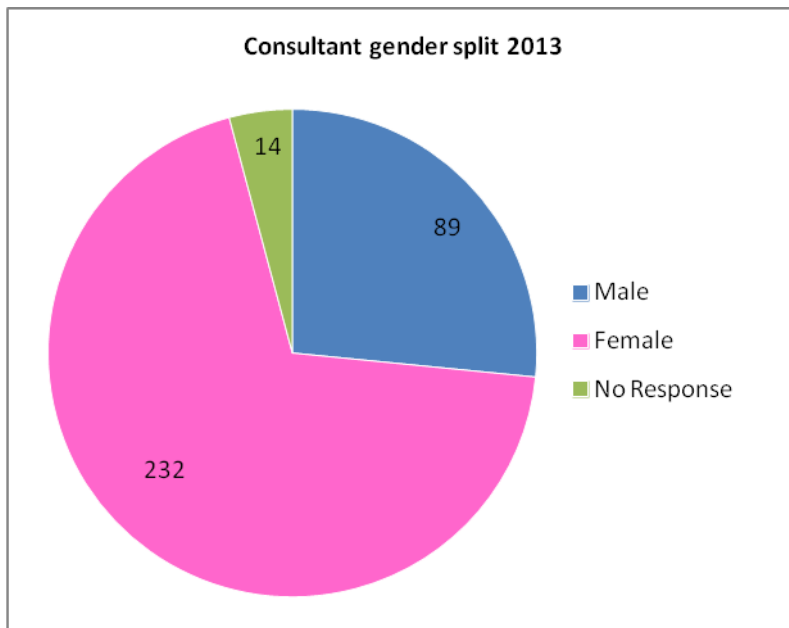


Figure 2-10: Consultant gender split 2013.
Source: 2013 SPC Workforce Survey.

Figure 2-11 shows consultant and medical staff (consultant and non-consultant) vacancies as a percentage of reported FTE between 2008 and 2013. The consultant vacancy rate in 2013 was 2.2%, the same as in 2012 (2.1%). The vacancy rate for all medical staff rose slightly from 2% in 2012 to 2.6% in 2013. It is interesting to note that the overall vacancy rates for both consultants and all medical staff (including consultants) was considerably higher between 2008 and 2010. The survey does not gather any information that would explain this sudden drop in vacancy rates, but it could be in part due to the overall reduction in proportion of consultants over the age of 50 since 2010, seen in figure 2-11 below. More information is required of this staff group in order to identify unknown working patterns.

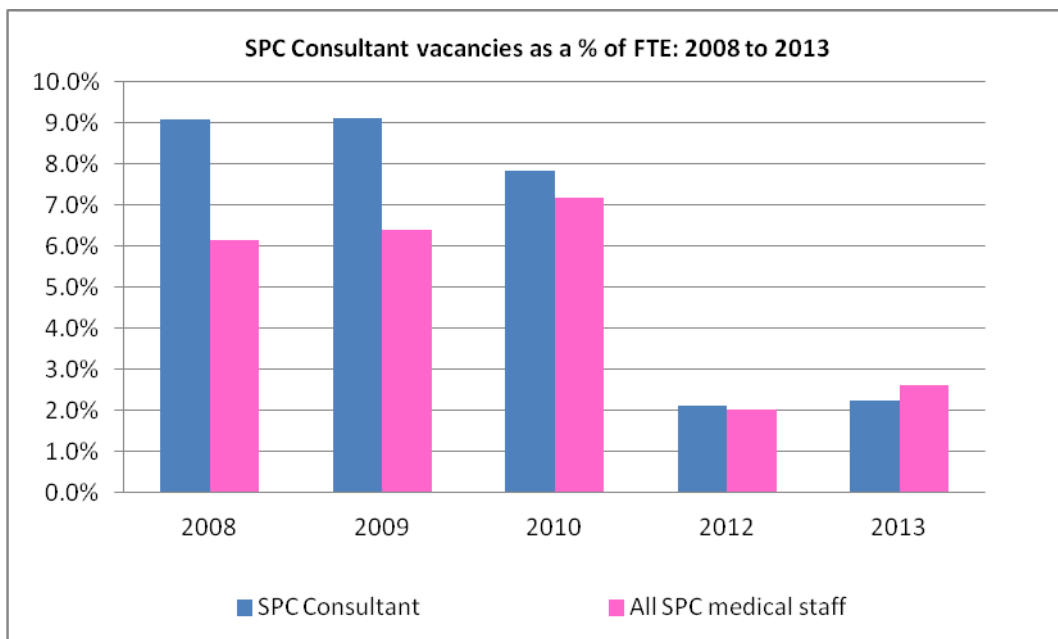


Figure 2-11: Consultant vacancies as a percentage of FTE 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

Figure 2-12 shows the percentage of consultants and all medical staff aged over 50 between 2008 and 2013. 24.2% of recorded SPC consultants are over the age of

50, similar to 2012 at 24.1%. The percentage of all medical staff over the age of 50 rose from 18.6% in 2012 to 21.5% in 2013.

Approximately 34% of male consultants and 22% of women consultants are over 50 years of age.

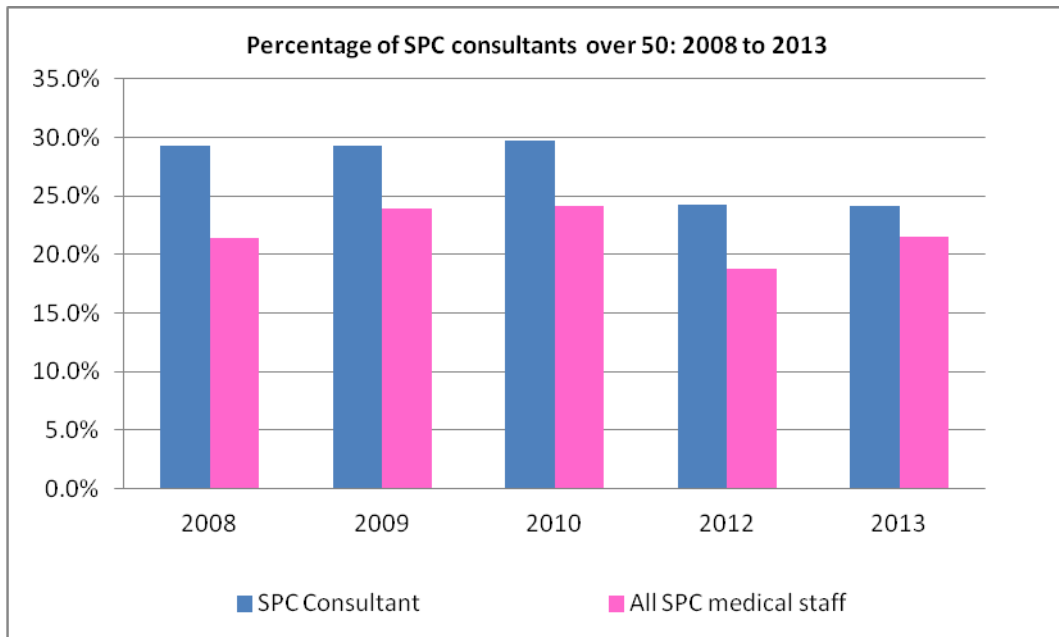


Figure 2-12: Percentage of consultants over 50, 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

2.4 SPC other workforce

There are many different careers included in the other staff group portion of the survey, all of which can be seen on the National Overview report at <http://www.ncpc.org.uk/workforce2013>.

The response rate for this staff group is 44%, down from 49% in 2012. This section considers only three of the largest professions of the other staff groups as they are the most significant in terms of numbers and therefore data robustness: Occupational Therapists, Physiotherapists and Social Workers.

Figure 2-13 shows total occupational therapist FTE numbers from 2008 to 2013. The response rate in 2013 was lower than in 2012, which may indicate an increase in actual workforce numbers. However, the data should be interpreted with caution as per the Response Rates and Data Accuracy section in the introduction

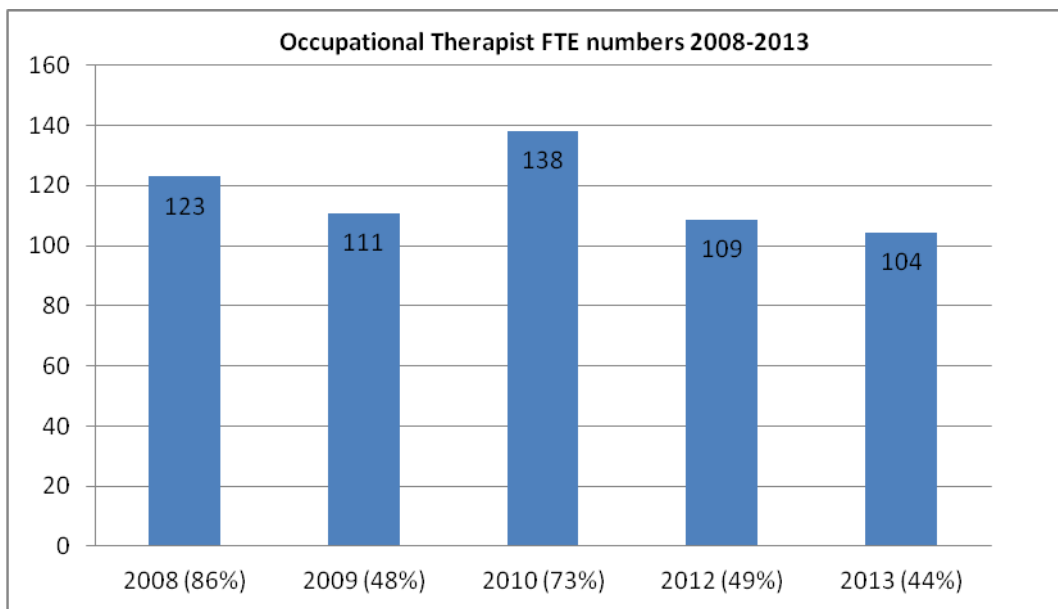


Figure 2-13: Occupational Therapist FTE numbers 2008-2013.
Sources: 2008 - 2013 SPC Workforce Surveys.

Figure 2-14 shows total physiotherapist FTE numbers from 2008 to 2013. The data shows a slight increase this year. The response rate in 2013 was lower than in 2012, which may indicate an increase in actual workforce numbers. However, the data should be interpreted with caution as per the Response Rates and Data Accuracy section in the introduction.

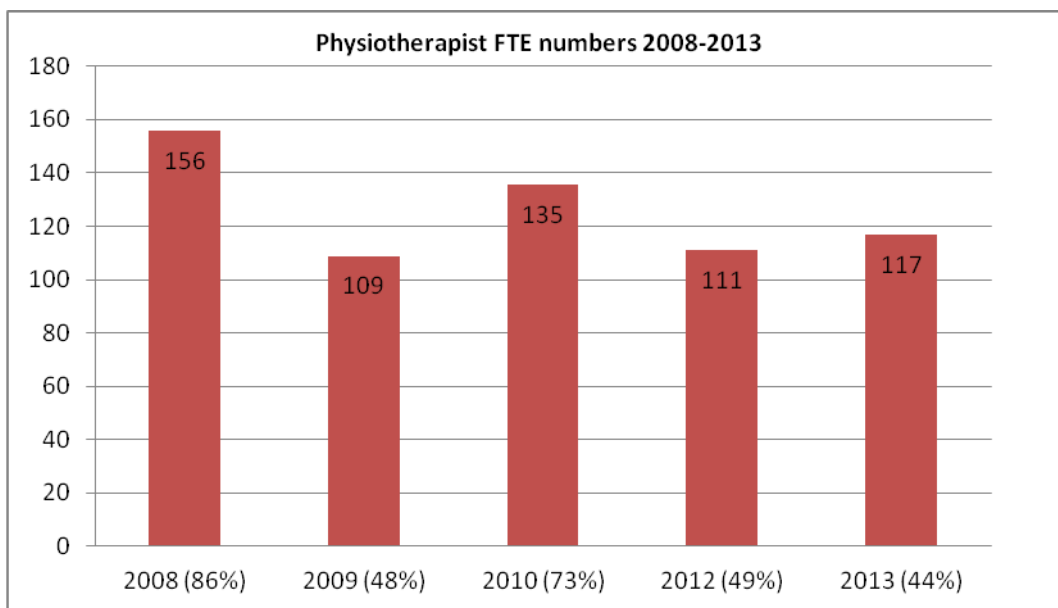


Figure 2-14: Physiotherapist FTE numbers 2008-2013.
Sources: 2008-2013 SPC Workforce Surveys.

Figure 2-15 shows total social worker FTE numbers from 2008 to 2013. The data also shows a very small decrease this year. The response rate in 2013 was lower than in 2012, which may indicate an increase in actual workforce numbers. However, the data should be interpreted with caution as per the Response Rates and Data Accuracy section in the introduction.

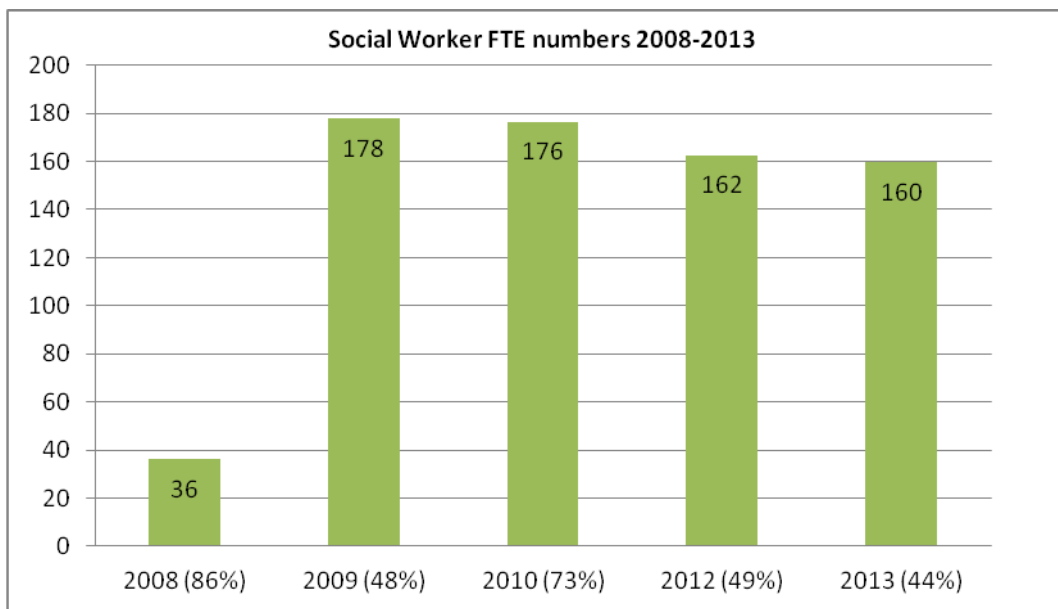


Figure 2-15: Social Worker FTE numbers 2008-2013.
Sources: 2008-2013 SPC Workforce Surveys.

Figure 2-16 shows the recorded band and service contribution for occupational therapists, physiotherapists and social workers from the 2013 survey. The vast majority of staff in these professions work within the voluntary SPC units, and make up 62% of the total workforce for these staff groups, which is the same as 2012.

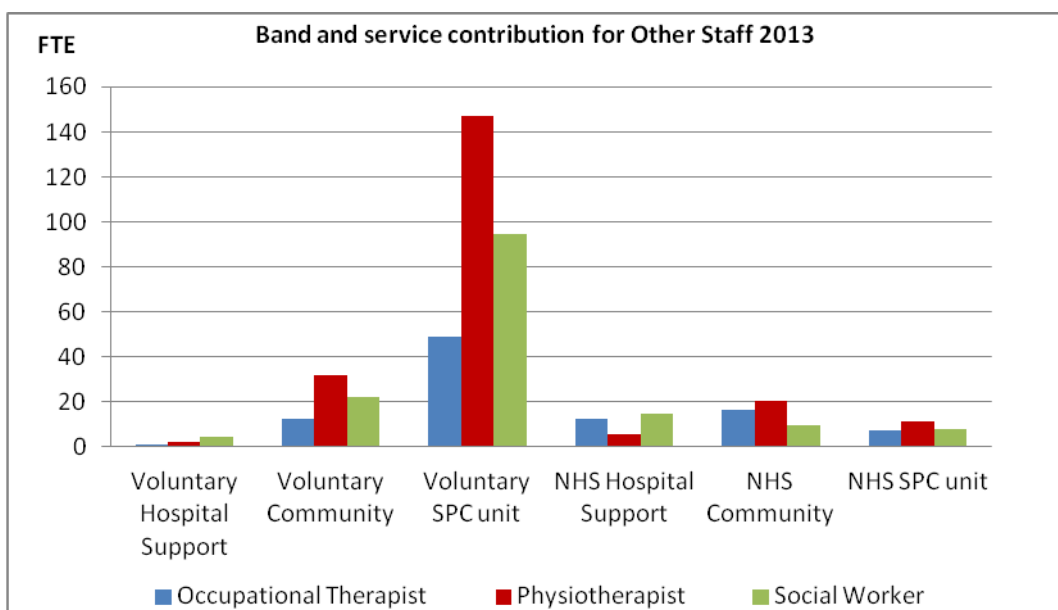


Figure 2-16: NHS and voluntary sectors for other staff 2013.
Source: 2013 SPC Workforce Surveys.

Figure 2-17 shows the percentage of staff over the age of 50 for these professions between 2008 and 2013. All three staff groups have remained steady between 2012 and 2013. Social workers have seen significant increases between 2008 and 2013 but the survey does not gather any information that would explain this. More information is required of this staff group in order to identify whether the apparent ageing workforce indicates a possible retirement bulge in the future.

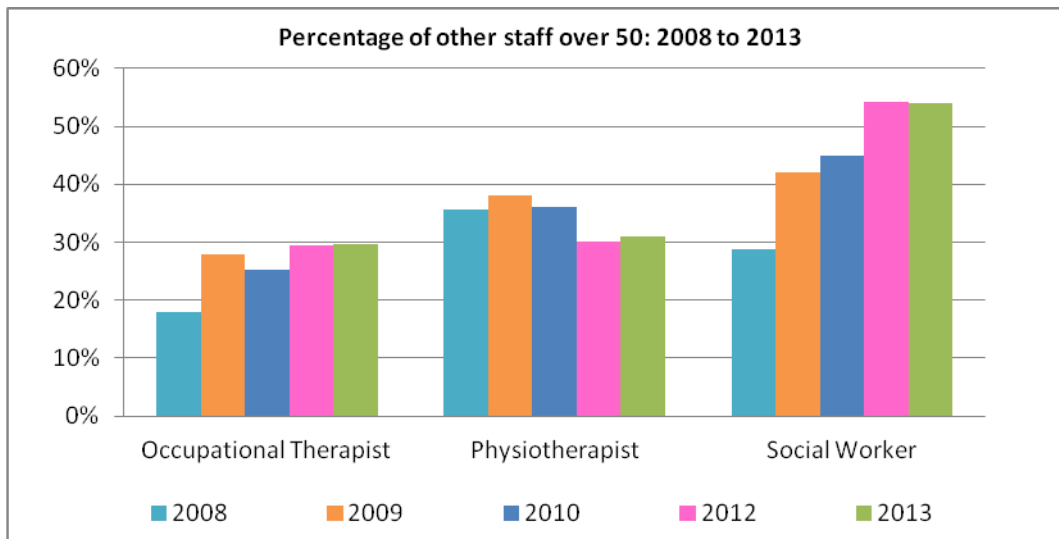


Figure 2-17: Number of other staff over 50 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

Figure 2-18 shows the recorded vacancy percentages of these occupations between 2008 and 2013. In 2013 the occupational therapists record the highest at 8%, up from 4% in 2012. Physiotherapists record a slight increase to 6%, from 4% in 2012. Social workers have a slight increase of less than 1%.

Occupational therapist vacancies were declining between 2008 and 2010 but have since been on the increase. Physiotherapy vacancies have been fairly constant except for a sudden unexplained spike in 2009. Social worker vacancies have been fairly constant over the last 3 surveys, but did have an unexplained nil rate in 2008. Neither of these anomalies have been explained but it is possible that this is due to inconsistencies in the data recording process.

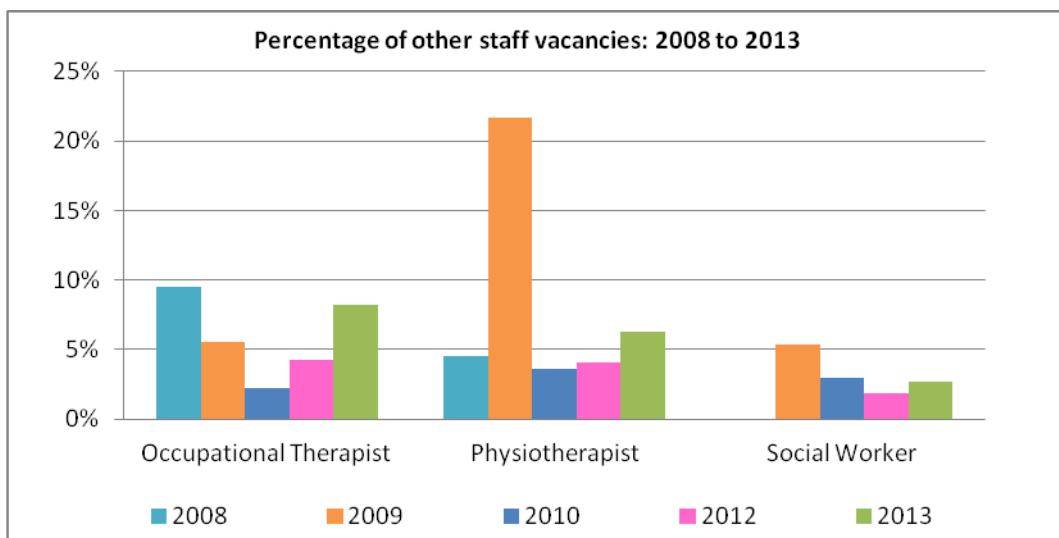


Figure 2-18: Percentage of other vacancies by staff post 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

3 Longitudinal Survey

3.1 SPC nursing workforce 2008-2013

The SPC Nursing response rate is 51%, slightly up from 49% in 2012. The comparative response rates for the 2008 to 2013 are shown below:

	2008	2009	2010	2012	2013
Nursing response rate	86%	64%	76%	49%	51%
Medical response rate	86%	59%	73%	57%	47%
Other SPC Staff response rate	86%	48%	73%	49%	44%
Overall response rate	86%	67%	74%	52%	47%

Table 3-1: SPC workforce survey response rates 2008-2013.
Source: 2008-2013 SPC Workforce Surveys

3.1.1 SPC nursing workforce: NHS support compared to voluntary support

Figure 3-1 compares SPC nursing staff levels between NHS and the voluntary sector. The highest numbers of staff work in voluntary SPC units, followed by the voluntary community settings. The voluntary hospital support units have always been comparatively smallest. The data shows an apparent decline of staff numbers in Voluntary SPC units with a corresponding gradual increase in Voluntary Community units. All other settings appear relatively stable. This matches NCPCC's Minimum Data Set evidence from 2012/13 which shows that community provision is increasing and inpatient care is staying steady¹.

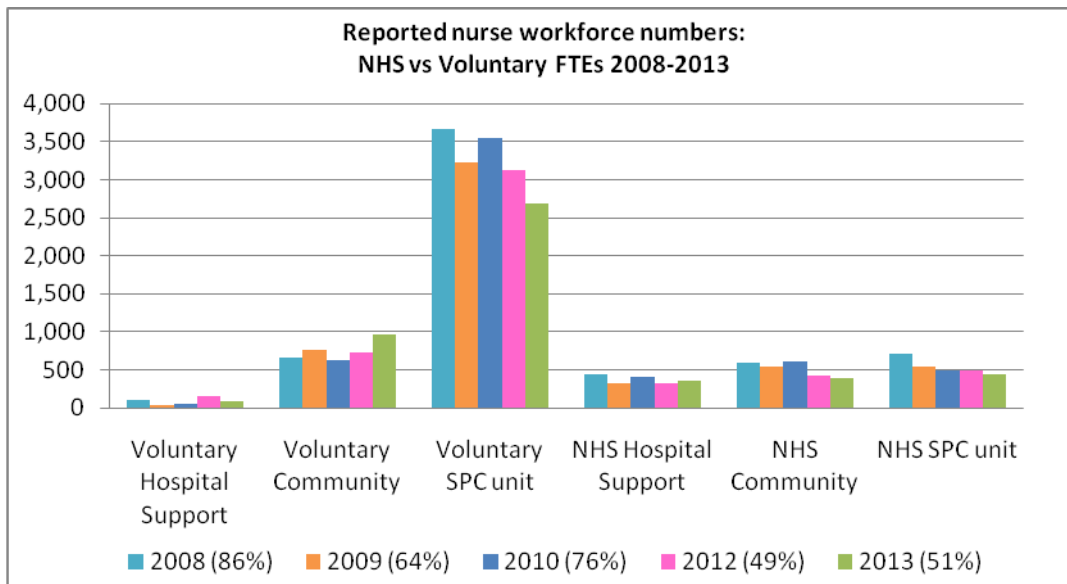


Figure 3-1: NHS compared to voluntary FTE 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

¹National Council for Palliative Care, National survey of patient activity data for specialist palliative care services: MDS full report for the year 2012/13.
http://www.ncpc.org.uk/sites/default/files/MDS%20Report%202013_0.pdf, accessed July 2014.

Figure 3-2 to 3-6 shows the recorded sector distribution for each of the different nurse bands. With the exception of Band 7 nurses the highest proportions of nursing staff work in voluntary SPC units, with varied distributions for each band.

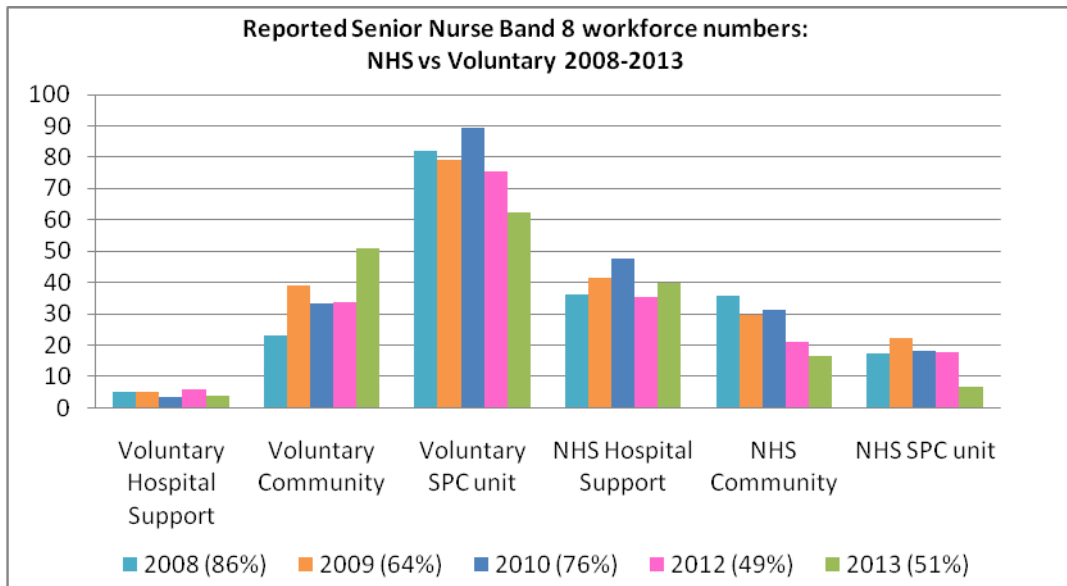


Figure 3-2: Senior nurse band 8 NHS compared to voluntary 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

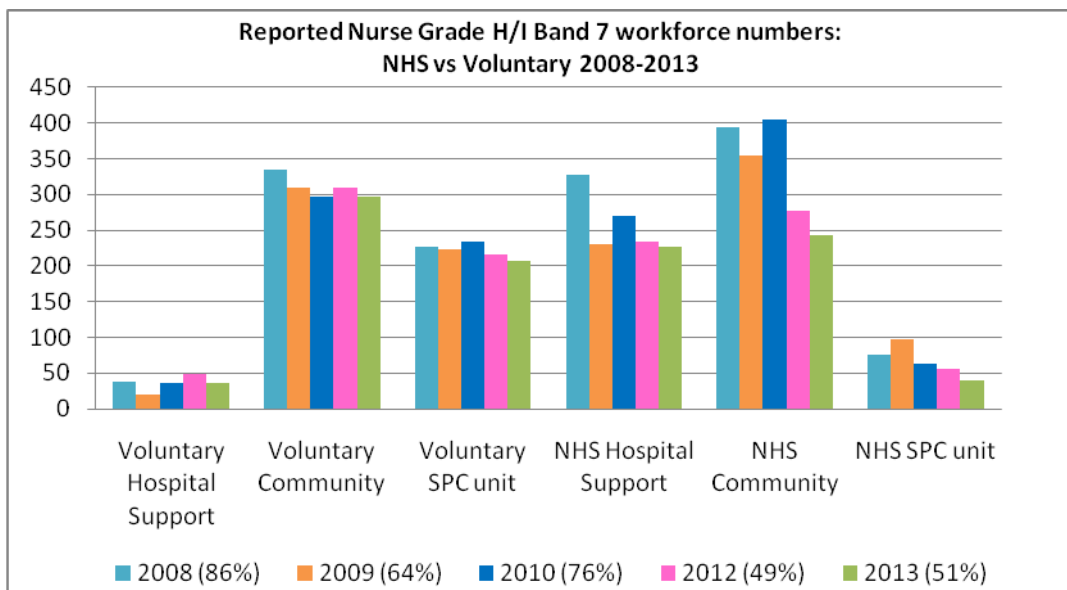


Figure 3-3: Grade H/I band 7 nursing NHS compared to voluntary 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

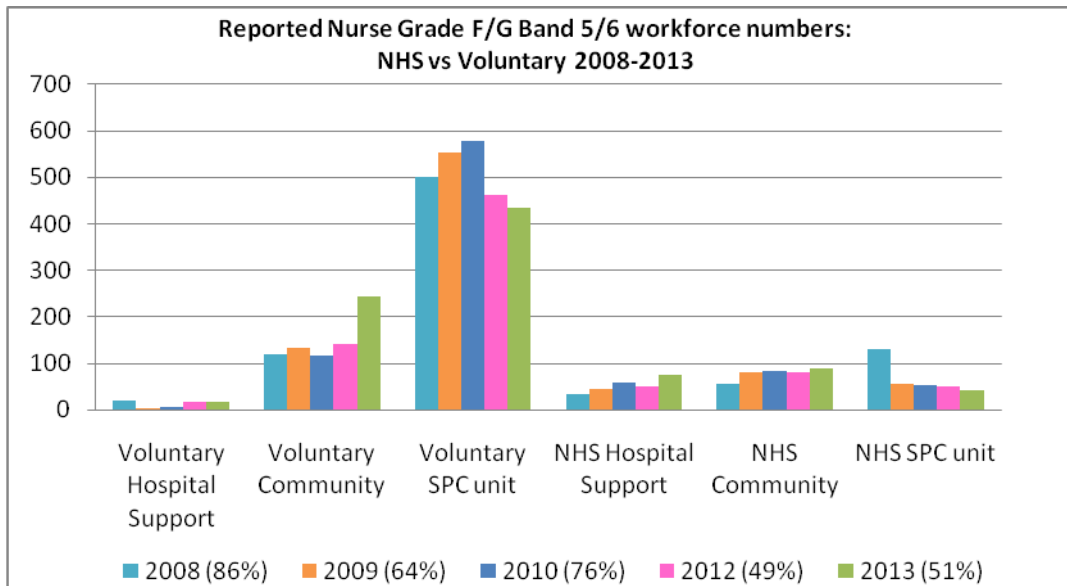


Figure 3-4: Grade F/G band 5/6 NHS compared to voluntary 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

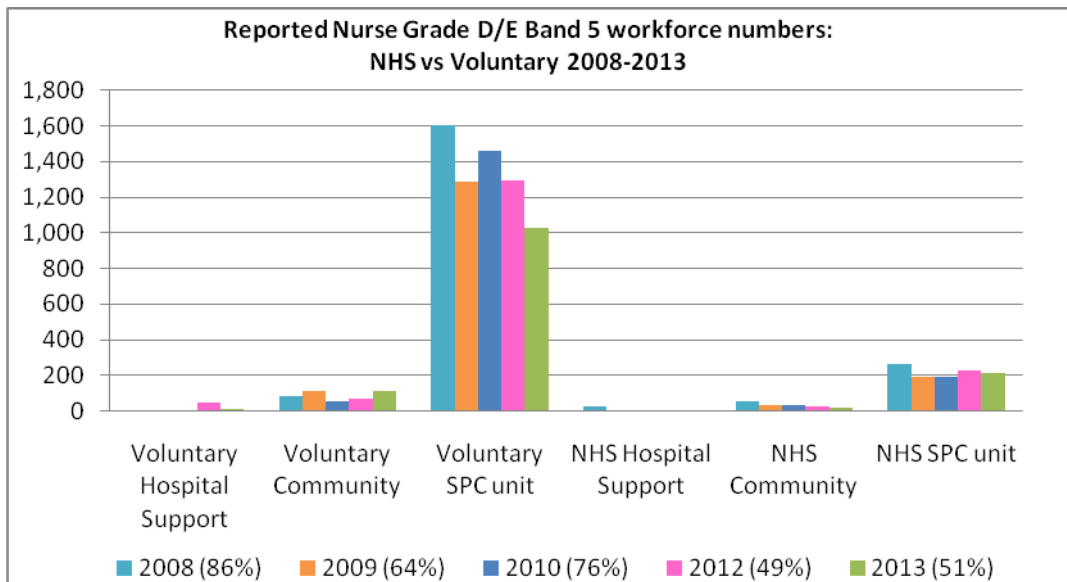


Figure 3-5: Grade D/E band 5 NHS compared to voluntary 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

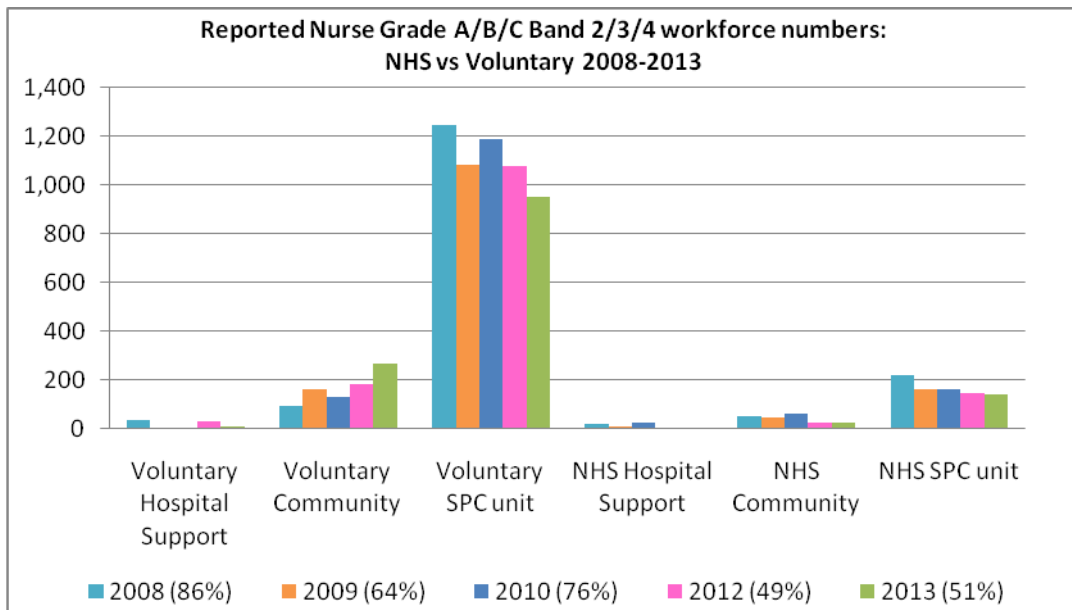


Figure 3-6: Grade A/B/C band 2/3/4 NHS compared to voluntary 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

Table 3-2 shows the breakdown of nurse distribution within voluntary SPC units by band by year from 2008 to 2013.

Analysis shows that the distribution across all areas is fairly steady across the represented years. Senior nursing has the smallest contribution to the overall total.

% of nursing staff in voluntary SPC units	2008	2009	2010	2012	2013
Senior Nurse Bands 8a-8c total	2.2%	2.4%	2.5%	2.4%	2.3%
Grade H/I Band 7	6.2%	6.9%	6.6%	6.9%	7.7%
Grade F/G Band 5/6	13.7%	17.2%	16.3%	14.8%	16.2%
Grade D/E Band 5	43.9%	39.9%	41.2%	41.3%	38.3%
Grade A to C Band 2/3/4	34.0%	33.6%	33.4%	34.5%	35.5%

Table 3-2: Percentage of nursing staff in voluntary SPC units 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

3.1.2

SPC nursing workforce: FTE

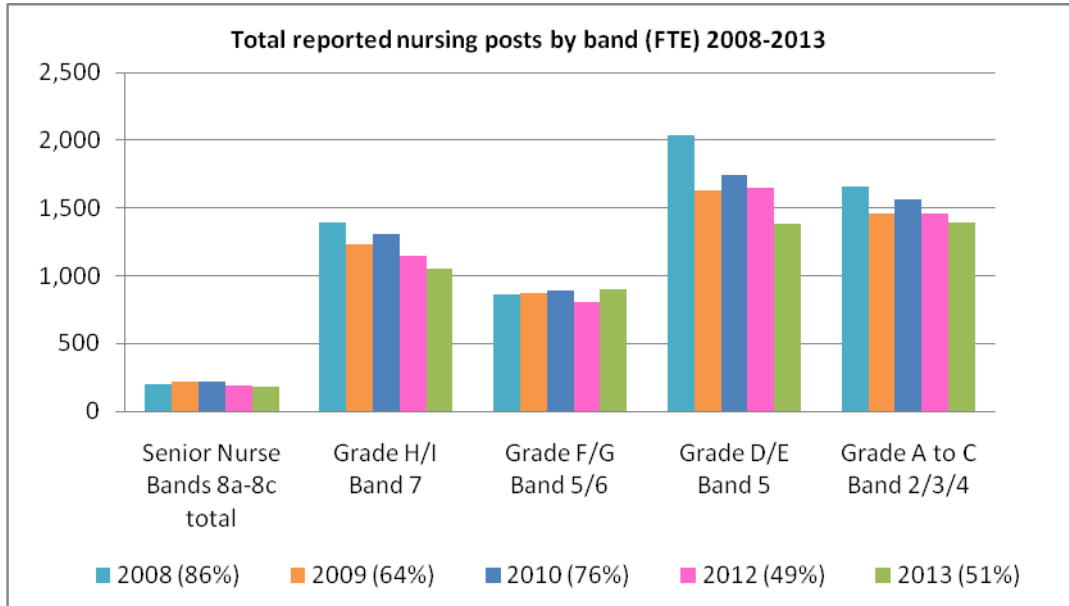


Figure 3-7: Comparison of FTE across all nursing staff 2008-2013. Source: 2008-2013 SPC Workforce Surveys.

Figure 3-7 shows the reported nursing staff FTE by band from 2008 to 2013.

3.1.3

SPC nursing workforce: vacancies and participation rate

Figure 3-8 shows vacancy rates across the nursing workforce. These have stayed fairly constant over the surveyed years, although there was a spike in 2008 for senior nurses. This was probably due to inconsistencies in the survey recording process leading to a data anomaly.

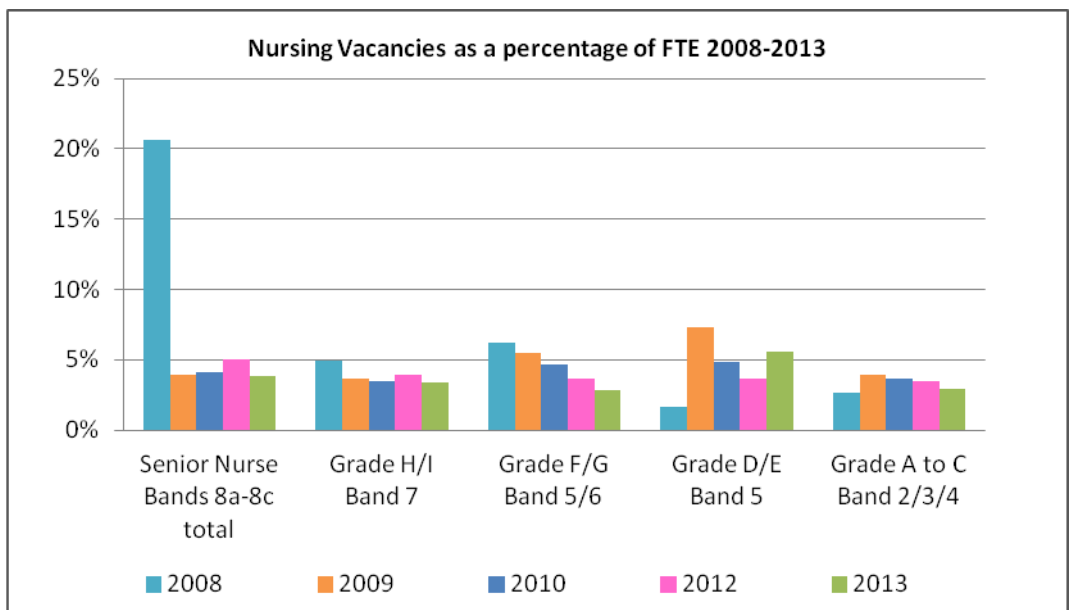


Figure 3-8: Nursing vacancies as a percentage of FTE 2008-2013. Source: 2008-2013 SPC Workforce Surveys.

Table 3-3 shows the permanent nursing participation rate (the ratio of FTE to headcount) in 2013 was 83%, up from 81% in 2012. The rate has been slowly increasing from 79% in 2008.

Temporary staff have a fairly constant participation rate, albeit much lower than the permanent staff, at an average of 39% between 2008 and 2013.

		2008	2009	2010	2012	2013
		(86%)	(64%)	(76%)	(49%)	(51%)
Permanent staff	Headcount (HC)	7490	6889	7206	6507	5945
	Full time equivalent (FTE)	6155	5414	5730	5247	4911
	Participation rate	82%	79%	80%	81%	83%
	% of total HC	86%	82%	81%	86%	85%
	% of total FTE	93%	91%	89%	93%	93%
Temporary staff	Headcount (HC)	1182	1492	1678	1077	1069
	Full time equivalent (FTE)	456	550	725	417	391
	Participation rate	39%	37%	43%	39%	37%
	% of total HC	14%	18%	19%	14%	15%
	% of total FTE	7%	9%	11%	7%	7%
All staff	Headcount (HC)	8672	8381	8884	7584	7014
	Full time equivalent (FTE)	6611	5964	6455	5664	5302
	Participation rate	76%	71%	73%	75%	76%

Table 3-3: Nursing participation rates, permanent vs. temporary staff, 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

3.2 SPC medical workforce 2008-2013

The 2013 SPC medical response rate is 47%, down from 57% in 2012. The comparative response rates for the 2008 to 2013 are shown below:

	2008	2009	2010	2012	2013
Nursing response rate	86%	64%	76%	49%	51%
Medical response rate	86%	59%	73%	57%	47%
Other SPC Staff response rate	86%	48%	73%	49%	44%
Overall response rate	86%	67%	74%	52%	47%

Table 3-4: SPC workforce survey response rates 2008-2013.
Source: 2008-2013 SPC Workforce Surveys

3.2.1 SPC medical workforce: NHS support compared to voluntary support

Figure 3-9 compares consultant levels in the NHS and voluntary sectors between 2008 and 2013. The highest proportion of consultants work in voluntary SPC and NHS hospital support settings/units.

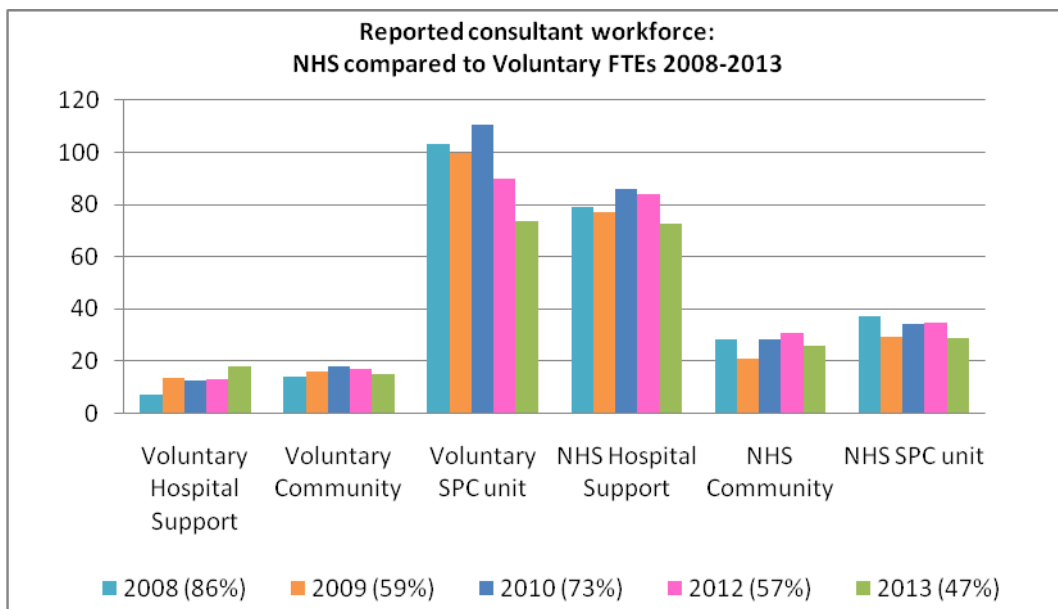


Figure 3-9: Consultants: NHS compared to voluntary FTEs 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

3.2.2 SPC consultant workforce: gender and participation rate

Figure 3-10 shows the recorded consultant gender ratio between 2008 and 2013. This data indicates that there is a proportional trend between 2008 and 2013 of more women consultants working in SPC settings, with 2013 data indicating that women represent approximately 72% of the SPC consultant workforce.



Figure 3-10: Consultant gender ratio 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

The overall participation rate for SPC consultants in 2013 is 69%, slightly down from 70% in 2012. The participation rate has varied between 62% and 70% between 2008 and 2013.

The recorded women consultant participation rate in 2013 was 66%, compared to 71% for males. However, in 2012 there was only 1% difference between the participation rate gender split. These volatile figures are to be expected as when dealing with comparatively small numbers, as in the SPC consultant workforce; any small changes in working patterns appreciably impact the participation rate year on year.

3.3 SPC other workforce 2008-2013

The response rate for this staff group is 44%, down from 49% in 2012. The comparative response rates for 2008 to 2013 are shown below:

	2008	2009	2010	2012	2013
Nursing response rate	86%	64%	76%	49%	51%
Medical response rate	86%	59%	73%	57%	47%
Other SPC Staff response rate	86%	48%	73%	49%	44%
Overall response rate	86%	67%	74%	52%	47%

Table 3-5: SPC workforce survey response rates 2008-2013.
Source: 2008-2013 SPC Workforce Surveys

3.3.1 Other SPC staff: NHS support compared to voluntary support

Figure 3-11 compares occupational therapist distribution between NHS and the voluntary sector. The highest numbers of staff work in voluntary SPC units, with moderate values in the NHS community, NHS support, and voluntary community sectors.

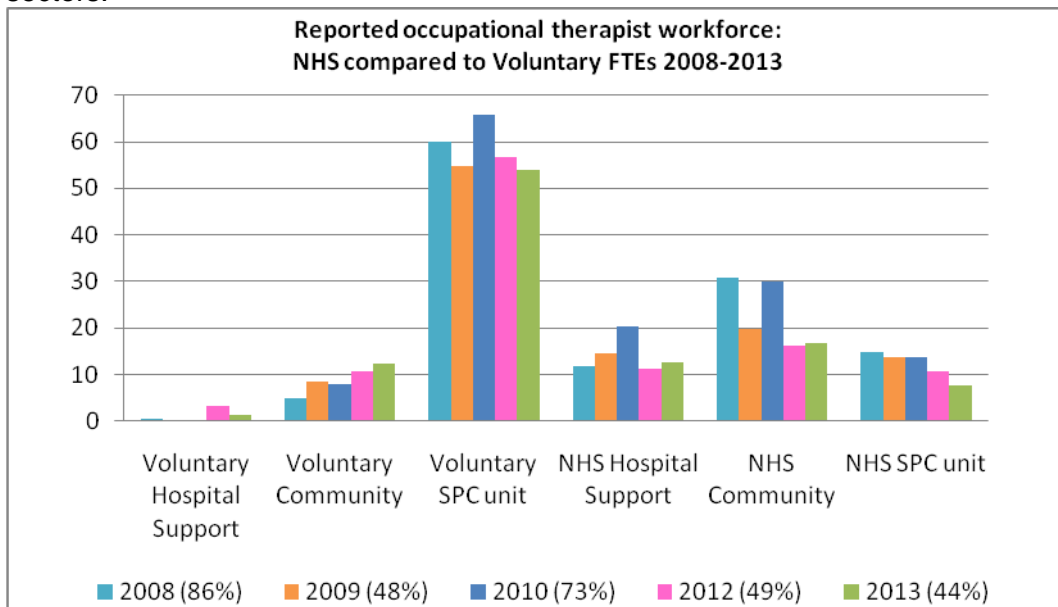


Figure 3-11: Occupational therapist: NHS compared to voluntary FTEs 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

Figure 3-12 compares physiotherapist distribution between NHS and the voluntary sector. The highest numbers of staff are reported as working in voluntary SPC units, with low values elsewhere.

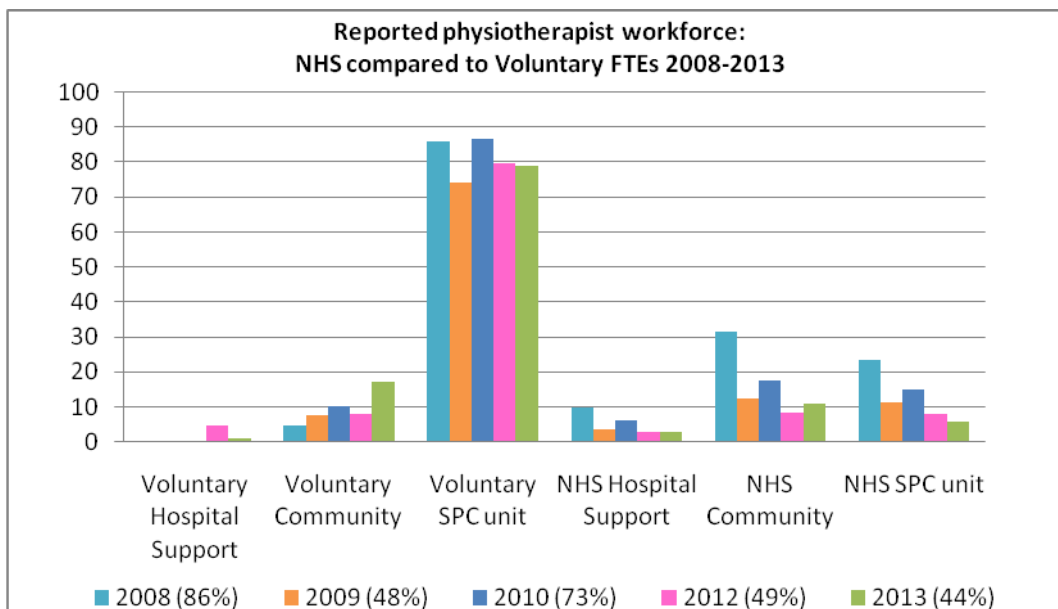


Figure 3-12: Physiotherapists: NHS compared to voluntary FTEs 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

Figure 3-13 compares social worker distribution between NHS and the voluntary sector. The highest numbers work in voluntary SPC units.

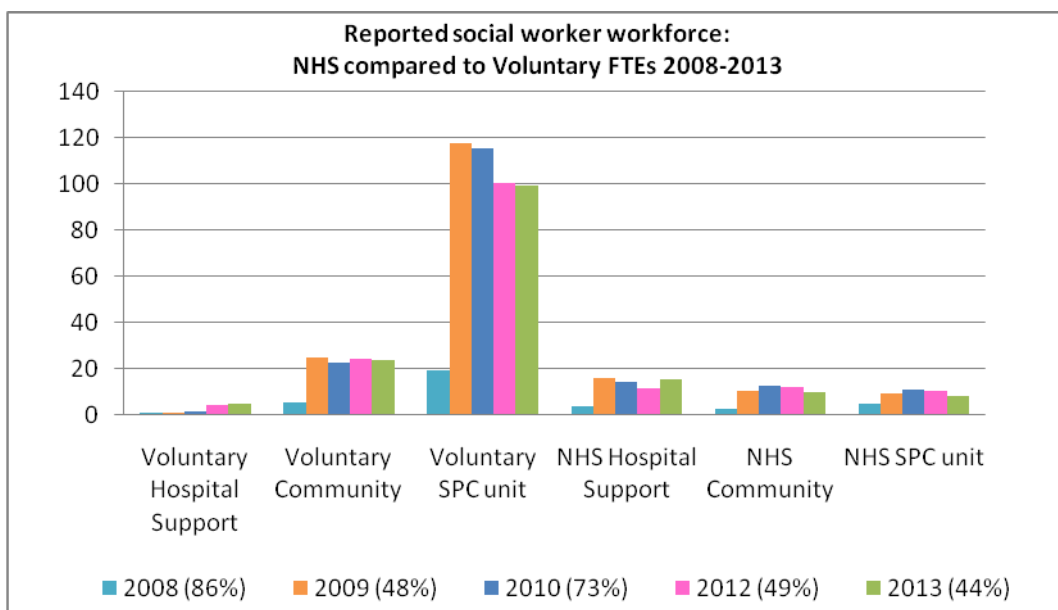


Figure 3-13: Social workers: NHS compared to voluntary FTEs 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.

3.3.2 Other SPC staff: participation rate

Table 3-6 shows the overall participation rate (ratio of FTE to headcount) for occupational therapists, physiotherapists, and social workers was 71% in 2013, and has improved overall since a low of 67% in 2009. The recorded proportion of temporary staff has been slowly increasing from 1% in 2009 to 5% in 2013. The figures are too slight to determine a definite trend but this would seem to be different to the nursing data which shows an increasing participation rate with an increasing ratio of permanent staff.

		2008 (86%)	2009 (48%)	2010 (73%)	2012 (49%)	2013 (44%)
Permanent staff	Headcount (HC)	412	582	642	502	636
	% of total HC	97%	99%	98%	96%	95%
Temporary staff	Headcount (HC)	14	8	12	21	33
	% of total HC	3%	1%	2%	4%	5%
Total staff	Headcount (HC)	426	590	654	523	669
	Full time equivalent (FTE)	315	398	450	382	472
	Participation rate	74%	67%	69%	73%	71%

*Table 3-6: Other SPC staff participation rates 2008-2013.
Source: 2008-2013 SPC Workforce Surveys.*

4 Discussion

As in each year of the workforce survey, the results raise questions about succession planning and training. There is clear evidence that the nursing workforce is aging, even with the varying response rates each year (Figure 2-5). What is unclear is whether this is due to nurses choosing to move into palliative care at a later point in their careers, or whether this reflects a workforce that will gradually age into retirement with no replacement. Given that the need for palliative care services is projected to rise², this needs further investigation as a matter of urgency, especially in the voluntary sector where numbers of nurses are far higher than in the NHS.

There are also concerns about the impact that changes in people's place of care may have on the demand for a nursing workforce. The policy direction, at national and local level, is towards more people being cared for and dying at home and in other community settings. This is now resulting in more people dying outside hospital. With 473,532³ people dying in England in 2013, every percentage point increase in deaths will result in almost 5,000 people needing care in a different setting. If more care is to be provided in the home, then more resource will need to be put into community and district nursing services yet the evidence from this report is that fewer nurses are recorded as delivering care in the community than in SPC units (Figure 3-1).

Vacancy levels in the nursing workforce are variable, with the highest levels being at band 5. For all other bands, they remain below 4%, but what is not known is how this compares to vacancy rates in other areas of healthcare, and whether this represents another area of concern over workforce provision, or whether this is a typical level. In the last known nursing vacancy data collected by the Department of Health in 2010⁴, levels stood at 2.5% so vacancy levels of around 4% would be comparatively high.

However, more recent reports from the Royal College of Nursing⁵ and Health Education England⁶ suggest nursing vacancy rates may be somewhere between 6% and 10%, in which case a 4% vacancy rate in palliative care would be relatively healthy although still cause for concern. Clearly further investigation is needed to ascertain both whether nursing vacancy levels in palliative care are as expected given they have decreased from previous years of the report (Figure 3-8), and what difficulty healthcare employers find in filling vacancies. The Health Education England report suggests there are particular shortages in community and district nurses and elderly care, both of which are areas likely to overlap with palliative care.

² Gomes, B., & Higginson, I. J. (2008). Where people die (1974—2030): past trends, future projections and implications for care. *Palliative Medicine*, 22(1), 33-41.

³ Office of National Statistics, Death Registrations Summary Tables, England and Wales, 2013. <http://www.ons.gov.uk/ons/rel/vsob1/death-reg-sum-tables/2013/index.html>, accessed July 2014.

⁴ Health and Social Care Information Centre, NHS Vacancies Survey England, 2010. <http://www.hscic.gov.uk/catalogue/PUB01912/nhs-vaca-surv-31-mar-eng-2010-rep.pdf>, accessed August 2014.

⁵ Royal College of Nursing, Frontline First: Running the red light. November 2013 special report. http://www.rcn.org.uk/__data/assets/pdf_file/0008/548522/004529.pdf, accessed July 2014.

⁶ Health Education England, NHS qualified nurse supply and demand survey – finding, May 2014. <http://hee.nhs.uk/wp-content/uploads/sites/321/2014/05/NHS-qualified-nurse-supply-and-demand-survey-12-May1.pdf>, accessed July 2014.

When looking at the numbers of reported consultants, despite the response rate in 2013 remaining the same as in 2012, numbers have dropped. This may be an artefact of different organisations responding to the survey in each year, or may reflect a drop in the sector's levels of employment. However, while the Royal College of Physicians' consultant census⁷ reports 326 FTE palliative medicine consultants in England with a near-100% response rate, this report finds 234 FTE consultants with only a 47% response rate. There is therefore a discrepancy in the two datasets, as 47% of the 326 FTE found by the RCP census would equate to 153 FTE; substantially fewer than recorded in this report. This discrepancy may be due to consultants in the voluntary sector not responding to the RCP census, and their posts not being able to be verified through NHS trusts as NHS posts could be, but further investigation may be warranted.

24% of consultants recorded in this survey are over 50. While at first glance this may seem to be a cause for concern, the RCP census reports over 37% of consultants as aged over 50, making palliative medicine a relatively young specialism. Consequently, palliative care consultants do not seem to be in imminent danger of workforce gaps, and in fact Health Education England's workforce planning report⁸ suggests the speciality is predicted to grow until 2020. Palliative medicine also continues to be one of the most female-dominated consultant specialities, as borne out by both this survey and the RCP census. This may have ramifications for working patterns and numbers included in training programmes; the RCP census reports more women working part-time, and more women intending to retire early.

With regard to other healthcare professions, yet again the numbers of most professions recorded are too low for reliable reporting. There has been very little change in those professions that are reported on, with numbers remaining largely stable from 2012 when response rates were similar. Too little is known about models of delivering care to ascertain whether these numbers are appropriate.

There has been an increase in physiotherapists working in the voluntary community setting this year; further investigation may be required to ascertain whether this is a change in practice. Vacancy levels seem to be highest for occupational therapists at 8%. Comparative figures are difficult to come by, so there is no way to judge whether this is particularly high for palliative care, or in line with the profession as a whole.

Vacancy levels are low for social workers, both in comparison to other professions reported on here, and in comparison to national findings by Community Care⁹ who found vacancy rates of around 6.5%. However, social workers are the only one of the three professions reported on that follow a similar pattern of aging to nursing. Again, too little is known about patterns of working to ascertain whether this is due to social workers moving into palliative care later in their career or again whether there is likely to be a workforce gap in the future.

Clearly there are several areas of workforce provision that warrant further investigation, with the issue of the aging workforce seemingly most pressing. In addition, to make the data collected in this survey most useful, it is imperative that in

⁷ Royal College of Physicians, Census of consultant physicians and medical registrars in the UK 2012: Full report.
https://www.rcplondon.ac.uk/sites/default/files/2012_full_text_census_of_consultant_physicians_and_medical_registrars.pdf, accessed July 2014.

⁸ Health Education England, Workforce plan for England: proposed education and training commissions for 2014.15, <http://hee.nhs.uk/wp-content/uploads/sites/321/2014/04/Workforce-plan-UPDATE-interactive.pdf>, accessed July 2014.

⁹ Community Care, Social worker vacancy rates 2012.
<http://www.communitycare.co.uk/vacancy-rates-2012/>, accessed July 2014.

the future it is collected in a form that means it can be linked to patient activity. Numbers of healthcare professionals are useful in isolation, but become much more useful when they can be connected to other datasets in order to get a better picture of contextual information such as caseloads and quality of care. If this can be done in the future, it will be a step forward in helping to demonstrate the value of this data to organisations, as well as helping to underpin examples of best practice and grant a better understanding of varying models of care.

The workforce survey has now suffered from a low response rate of 47 to 49% for two years in a row. This is disappointing but reflects the limited resource available to carry out this piece of work as well as the difficulty in obtaining data from the sector – the Health Education England nursing survey had a 43% response rate, while the RCP consultant census received a 47.6% response rate with the remainder of the information having to be verified through other means. The low response rate may reflect a lack of buy-in from the sector, but workforce data is critical. More needs to be done to demonstrate the value of collecting and reporting on this data, such as its use in succession planning. In particular, the large regional variation in response rates needs to be examined and understood in order to address issues of disengagement in certain areas.

NCPC recommends that further work be done to understand the issues raised by this report. This may comprise of: surveying the current palliative care nursing workforce to understand the age at which they moved into the palliative care sector and their motivations for doing so; asking organisations to analyse their workforce data including the age at which employment commenced; or engaging with Health Education England's Learning and Education Training Boards (LETBs) to develop further research. In particular, LETBs will need to understand the nursing workforce for succession planning and commissioning training. They will also need to account for predicted increasing levels of deaths, shifts in the preferred place of care for people at the end of life, and the potential workforce gap if palliative care nurses age out of the profession without being replaced.

5 Conclusion

The 2013 SPC Workforce survey has highlighted important areas of the data collection process and current workforce structure.

- Due to the low response rate to the 2013 survey, and the variation of response rates from 2008, the validity of the data is debatable, and it is very likely that it does not represent a true reflection of the actual position of the three different workforces as a whole. Any graphs, tables, figures, trends or observations relating to the workforces, including ratios/proportions and participation rates, discussed in this report must be considered as 'reported figures' only.
- The response rate for the 2013 survey is, with 2012's rate, the lowest recorded since 2008. Even though this is a voluntary survey, a response rate of this level is undesirable and may be partly due to the impact of implementing the government's health reforms leading to pressures and limits on staff availability to complete the survey. Resource constraints could also lead to inconsistencies in the survey recording process, resulting in data anomalies. The response rates for the past three survey years are provided shown in Appendix 1.
- There is a requirement for more detailed and more accurate information to be gathered from the survey. However, because the survey is voluntary it may be considered by some to have a low priority, especially in units with comparatively high work pressures and limits on staff availability. It is recommended that the survey is updated to make it easier to complete but at the same time enhanced in order to capture particular aspects of the workforce that is of importance to workforce planners and service providers, and structured to limit the possibility of data omissions, inconsistencies and anomalies. This will enable more accurate and further in depth analysis of the workforce to benefit future SPC workforce planning, and inform future clinical leadership planning and training needs.
- The proportion of nurses working in specialist palliative care aged over 50 has increased overall again in 2013 and there is no overall indication that this increasing trend has begun to plateau. The largest percentage increase in 2013 was in band 8 senior nurses, from 45% in 2012 to 53% in 2013. This may suggest that nurses are joining the SPC workforce later in their careers, and may provide a steady supply in the future, but there is no data to back this up and can only be verified with detailed SPC nursing workforce age profiles. Further work is needed to source and analyse this data, but may prove to be difficult due to age profile restrictions due to data protection policy.
- The proportions of social workers, occupational therapists and physiotherapists over the age of 50 have remained pretty static between 2012 and 2013. Their rates may be considered high but there is no data to confirm or indicate whether this rate is detrimental to the future SPC workforce. Further work is needed to verify this.
- The vacancy rates for both consultants and all medical staff dropped suddenly between 2010 and 2012 and have remained static since. The survey does not gather any information that would explain this sudden drop but it could be in part due to the overall reduction in proportion of consultants over the age of 50. However, volatile figures are to be expected as when

dealing with comparatively small numbers, as in the SPC consultant workforce, as any small changes will appreciably impact any quantitative measure. More information is required of this staff group in order to identify unknown working patterns.

- Anecdotal evidence suggests that the SPC medical consultant workforce is predominantly provided by female medical consultants working on a part time basis. The 2013 SPC workforce survey underpins this, and evidences that female medical consultants make up around 72% of the SPC consultant workforce. The recorded female consultant participation rate (the ratio of FTE to headcount) in 2013 was 66%, compared to 71% for males. A lower participation rate may indicate more part time working, however in 2012 there was only 1% difference between the participation rate gender split. This means that participation rate is not an ideal measure of part time working for comparatively small numbers as any small changes will appreciably impact any quantitative measure.
- The data does not currently distinguish different types of working patterns and it is recommended that this be included in future surveys, especially numbers of clinical or other session types and consultants' preferences for part time or other forms of flexible working.

6 Appendix 1: Response rates as reported by Strategic Clinical Networks.

The following table shows the response rate from the individual SCNs for the past two survey years. The overall response rate for 2013 is 47% and is calculated as the proportion of returned surveys (less nil returns) out of the number of surveys sent out to each SPC establishment (less nil returns).

Strategic Clinical Network	2012	2013
Northern England	26.0%	28.9%
Greater Manchester, Lancashire and South Cumbria	43.6%	42.4%
South East Coast	63.6%	54.5%
East Midlands	24.0%	52.4%
South West	50.0%	46.8%
East of England	43.9%	43.5%
Wessex	54.8%	65.7%
Thames Valley	48.6%	60.0%
Yorkshire and the Humber	58.5%	61.8%
Cheshire and the Mersey	67.1%	61.5%
London	62.8%	53.7%
West Midlands	37.9%	33.3%

*Table 6-1: SCN response rates for 2012 and 2013.
Source: 2012-2013 SPC Workforce Surveys.*