

NCPC Specialist Palliative Care Workforce Survey

SPC Longitudinal Survey of English Cancer Networks

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1 Introduction

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 and the NHS Workforce Review Team (WRT). The survey has since been conducted by the same groups in 2007 and 2008. In 2009 and 2010 the survey was conducted by NCPC supported by the NHS Information Centre and the data has been analysed by Mouchel Management Consulting, part of Mouchel PLC.

This survey has been undertaken with the help of participating English Cancer Networks during a time of considerable upheaval and reform in the NHS. The development of commissioning and the national strategic approach to enable more people to be managed either at home, or closer to home in community environments, can begin to be seen with a shift in the workforce and skill mix within care settings within the survey. This is particularly noticeable within the nursing profession.

The survey is important to understand the structure of the workforce across all areas of specialist palliative care and how services are being implemented in cancer networks, SHAs and at a national level. This review focuses on the national picture.

Three staff groupings of the specialist palliative care workforce are covered in the survey; Nursing, Allied Health Professionals (AHPs) and Medical. The survey contains information on full-time equivalents (FTE) across NHS and workforce employed by the voluntary sector, vacancy rates, headcount, number of members of staff over 50 years of age, and gender of medical staff.

The intention of this report is to identify and highlight trends across the period 2005-2010.

2 Findings of the 2010 Workforce Survey

2.1 Overview

The national response rate is measured over the 28 Cancer Networks in England and is shown as 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). From the 2010 survey the response rate is 74% which is up on last year's response rate of 67.2%. This may be due to the fact that the survey was sent out earlier than in 2009. This survey is filled in voluntarily, so a response rate of this level is deemed positive. The response rates are broken down by Cancer Network and shown in detail in Appendix 1.

This is the second year of EoLCS associated funding and the proportion of staff aged over 50 years remains high. The NCPC is concerned about future staff numbers and the sharp rise in vacancy rates in band 5 nurses, and maintains that these need to be monitored, considering the comparative decrease in lower and middle bands.

2.2 Nursing SPC Workforce

The Nursing response rate is 75.5%, the highest of the three surveyed groups of staff, and is shown as the number of returned nursing surveys (less nil returns) as a proportion of the total number of nursing surveys sent out to each SPC establishment (less nil returns).

Figure 2-1 below shows nursing total FTE numbers from 2005 to 2010. There was an overall increase in nursing FTE of 12.3% between 2005 and 2010, but numbers have been in decline year on year since a peak of 6155 FTE in 2008, with a 3.4% decrease in 2009, and a further 3.6 % decrease in 2010, an overall decrease of 6.9% between 2008 and 2010.

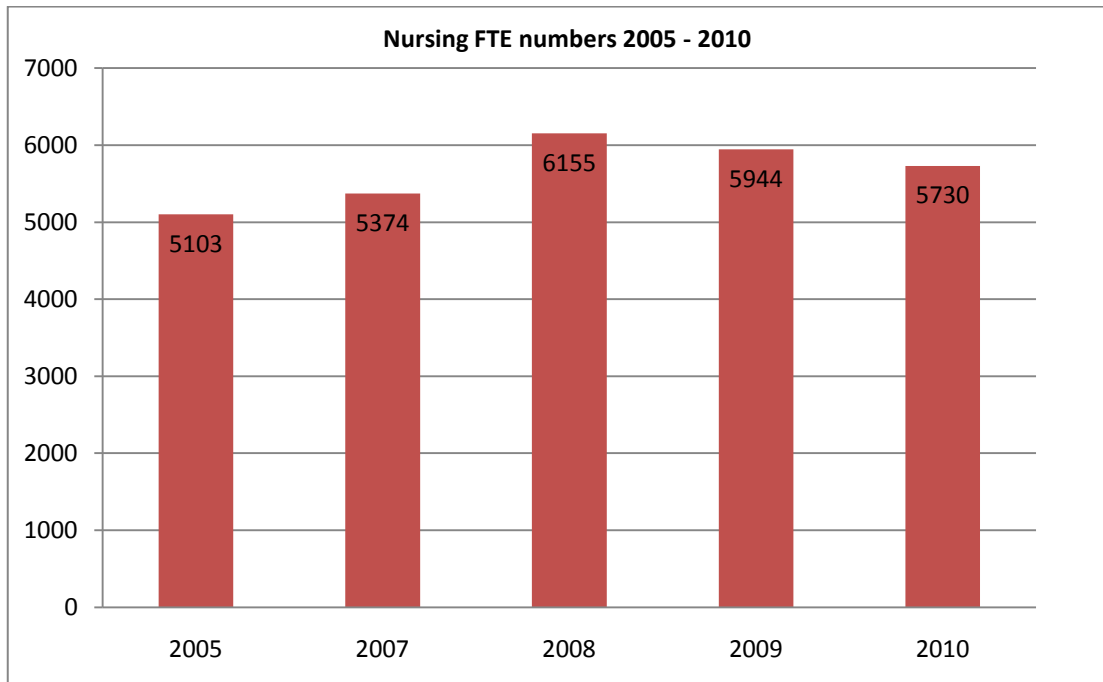


Figure 2-1: Nursing FTE numbers 2005-2010. Sources: 2005-2010 SPC Workforce Survey

Of the 7,206 nurses surveyed, 61.1% are in bands 2 to 5. When considering staff employed to work in NHS managed services with those in voluntary sector managed services, Figure 2-2 shows 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. National averages are calculated by taking the total FTE and dividing by the number of SHAs.

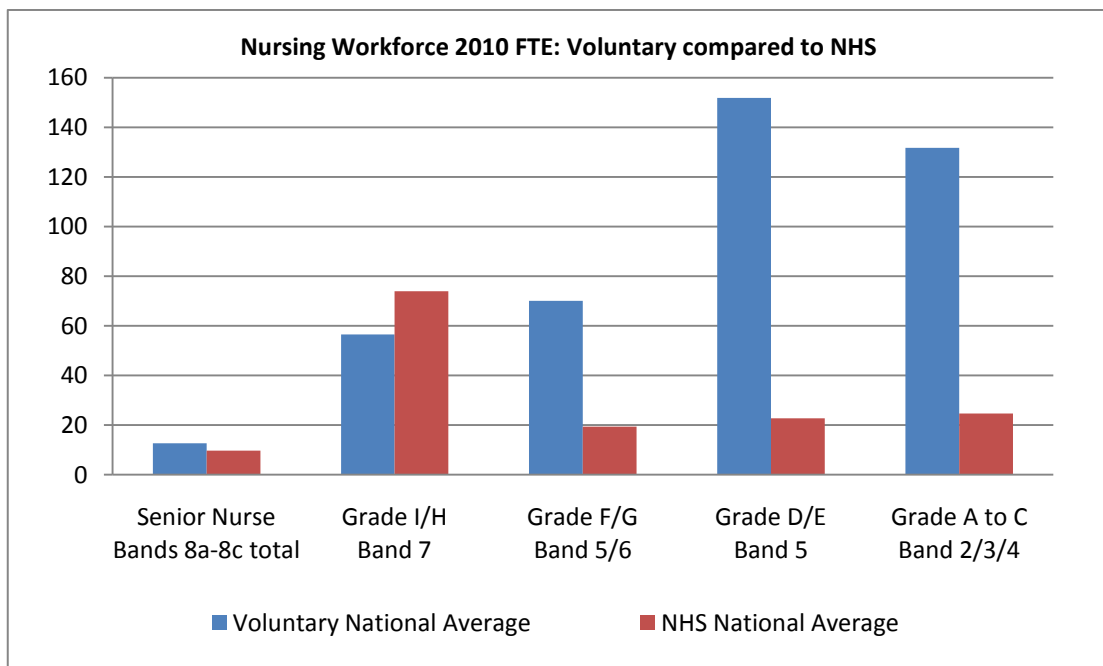


Figure 2-2: Nursing workforce FTE: voluntary compared to NHS. Source: 2010 SPC Workforce Survey

If this data is broken down further into the three sub groups within the voluntary and NHS sectors, it is possible to clearly see the differences between SPC unit staff FTEs based in the voluntary sector and the other NHS FTEs (see Figure 2-3). Overall, 56% of national nursing FTEs are with the SPC inpatient units based in the voluntary sector within bands 2 to 6 rather than NHS managed services. This also shows that the majority of hospital support is managed by band 5 upwards, this being provided by NHS staff more than those from the voluntary sector.

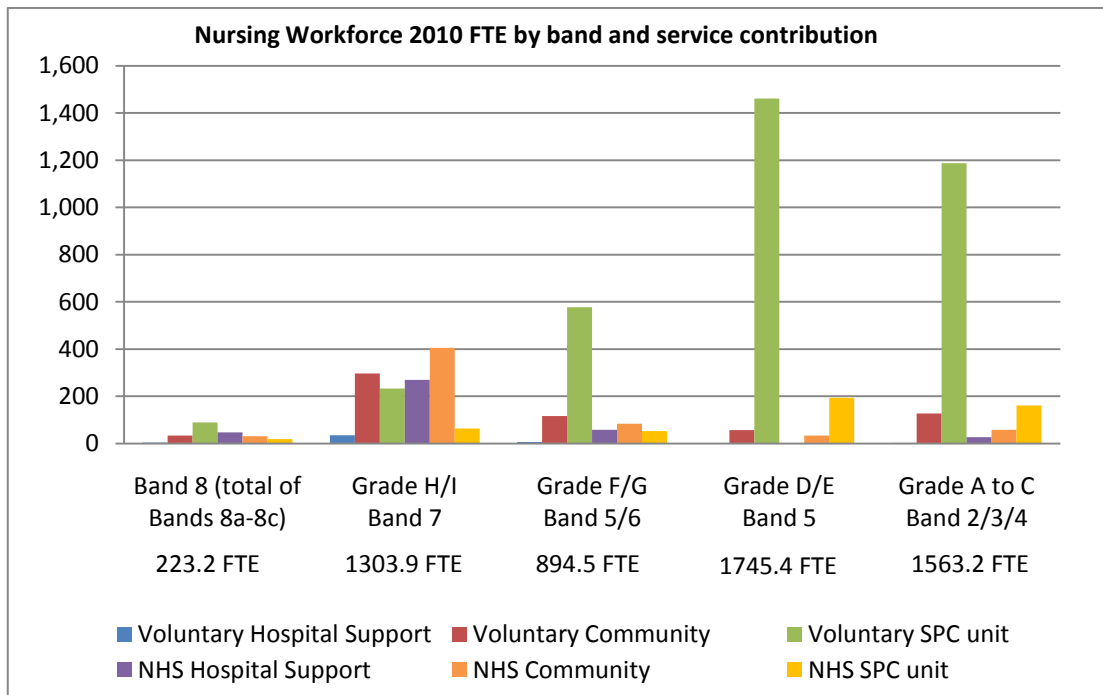


Figure 2-3: *FTE by band and service contribution. Source: 2010 SPC Workforce Survey.*

Across the national nursing workforce 39.2% are over the age of 50. Each group of nurses appears to have approximately the same proportion of over 50s, only varying by a few per cent, as is displayed in Figure 2-4.

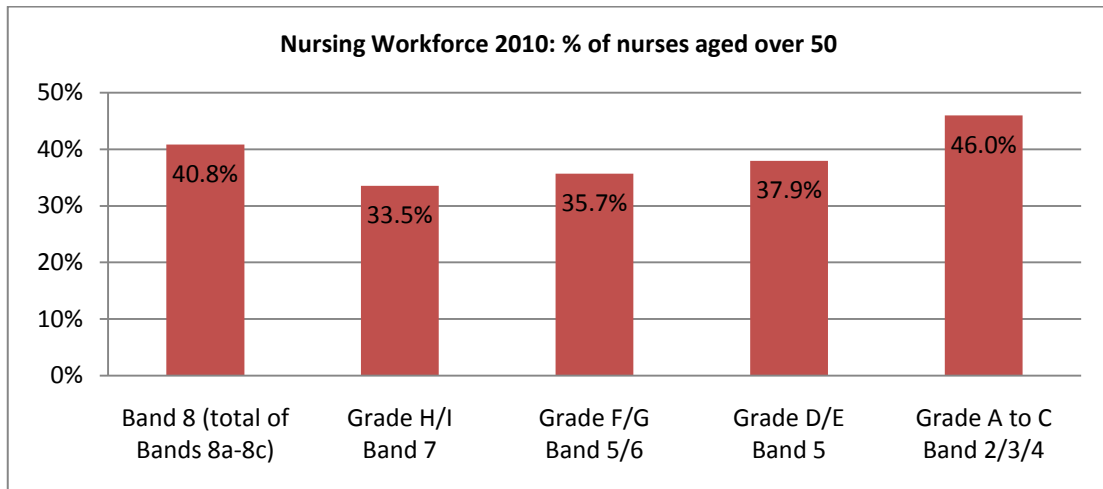


Figure 2-4: Percentage of nurses over 50. Source: 2010 SPC Workforce Survey.

Nationally there is an average vacancy rate of 8.7% of the total nursing FTE recorded. Broken down into bands, as shown in Figure 2-5, the national vacancy level is high, particularly so for band 5, when compared to the Acute, Elderly and General Care Nurses (NHS IC Quarterly Survey March 2010) at 0.5%.

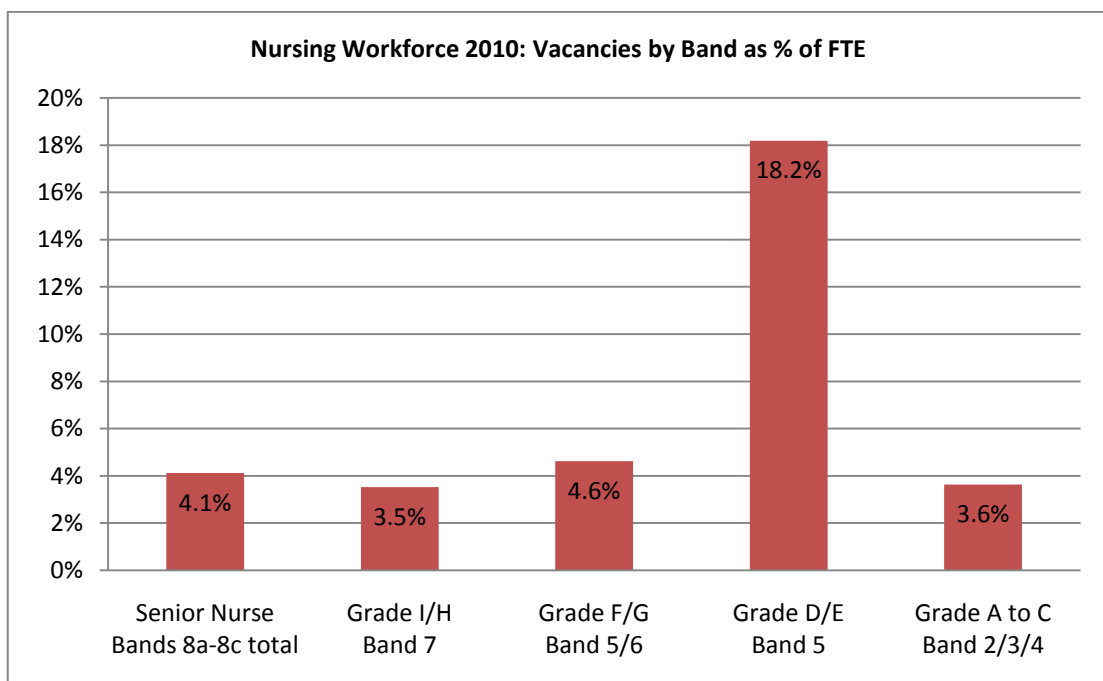


Figure 2-5: Nursing vacancies by band as a percentage of FTE. Source: 2010 SPC Workforce Survey

2.3 AHP SPC Workforce

There were many different careers included in the AHP portion of the survey, all of which can be seen on the National Overview.

The AHP response rate is 73%, the lowest of the three surveyed groups of staff, and is shown as the number of returned AHP surveys (less nil returns) as a proportion of the total number of AHP surveys sent out to each SPC establishment (less nil returns).

This section considers only three of the largest groups of AHP staff as they are the most significant in terms of numbers and therefore data robustness: Occupational Therapists, Physiotherapists and Social Workers. Figure 2-6 to 2-8 below shows the total FTE numbers from 2005 to 2010 for these groups.

Figure 2-6 shows total occupational therapist FTE numbers from 2005 to 2010. There has been an overall increase of 30.2% between 2005 and 2010, with 2010 numbers being the highest recorded since 2005 at 138 FTE.

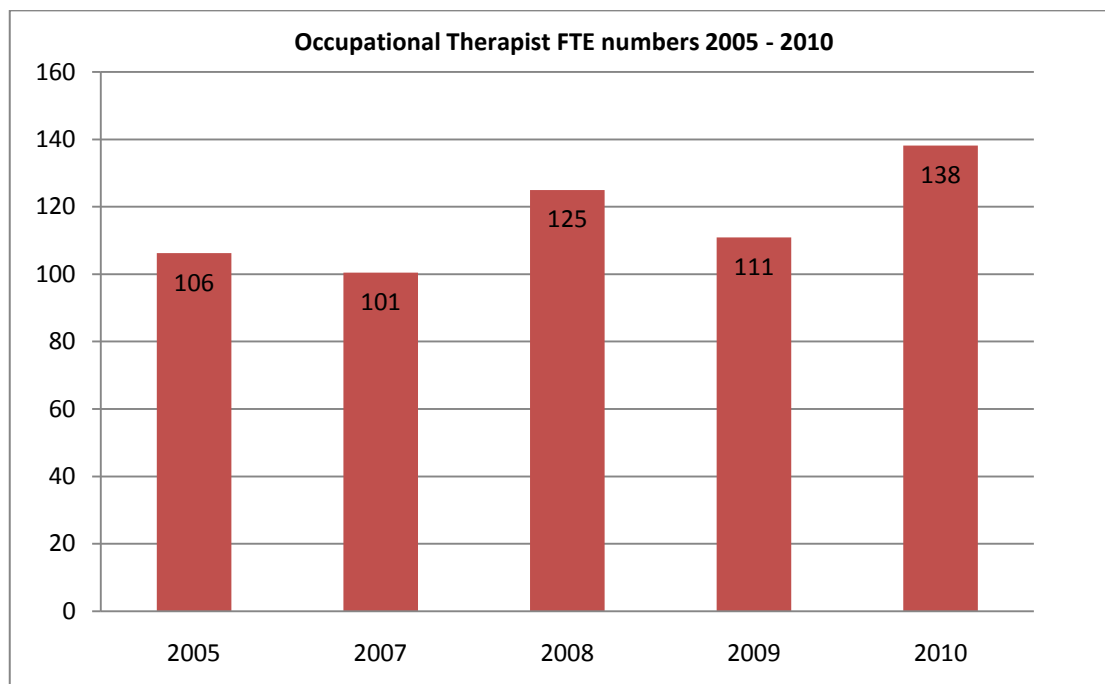


Figure 2-6: Occupational Therapist FTE numbers 2005-2010. Sources: 2005 - 2010 SPC Workforce Survey

Figure 2-7 shows total physiotherapist FTE numbers from 2005 to 2010. There has been an overall increase of 17.9% between 2005 and 2010 with the highest FTE number of 156 recorded in 2008. There was a significant drop of 30% in 2009 but 2010 figures have increased and are at the same level as they were in 2007.

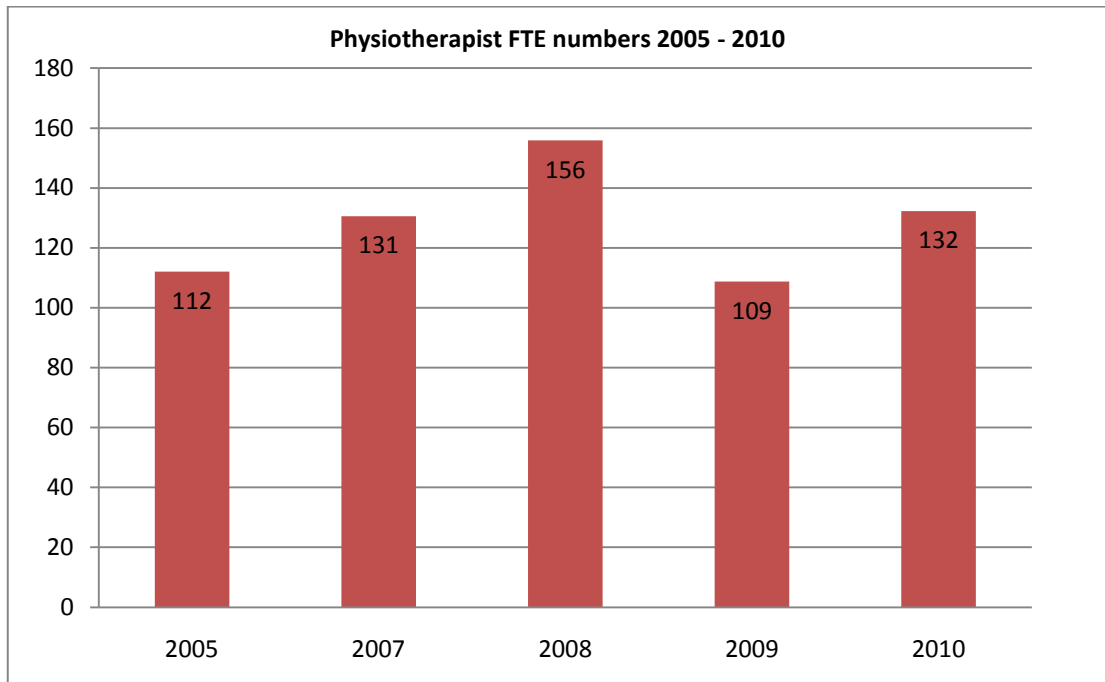


Figure 2-7: Physiotherapist FTE numbers 2005-2010. Sources: 2005-2010 SPC Workforce Survey

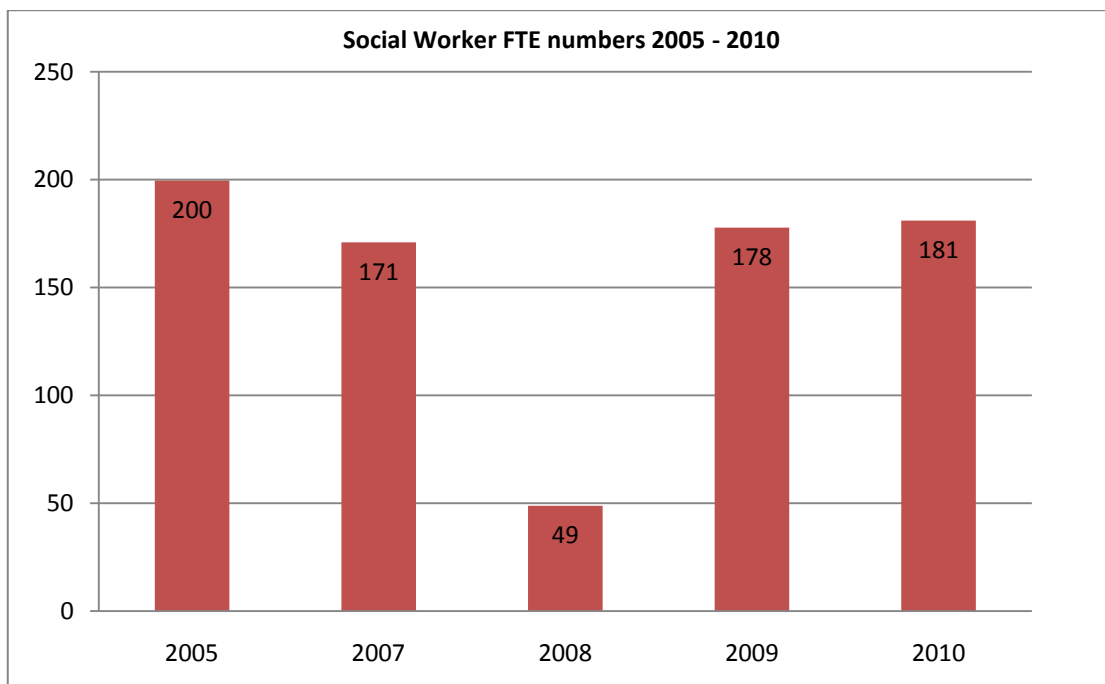


Figure 2-8: Social Worker FTE numbers 2005-2010. Sources: 2005-2010 SPC Workforce Survey

Figure 2-8 shows total social worker FTE numbers from 2005 to 2010. Social workers FTEs have remained fairly constant, with the exception of 2008 which is thought to be a data anomaly, possibly due to inconsistencies in the data recording process.

Figure 2-9 shows the FTE totals for occupational therapists, physiotherapists and social workers from the 2010 SPC Workforce Survey. These groups of staff are the most significant in terms of numbers within the AHP group and the majority of FTEs for occupational therapists are within the SPC units based in the voluntary sector with the other posts presenting fairly similar FTEs. This trend is continued across all AHP posts with 62.5% of the overall FTE within SPC units in the voluntary sector.

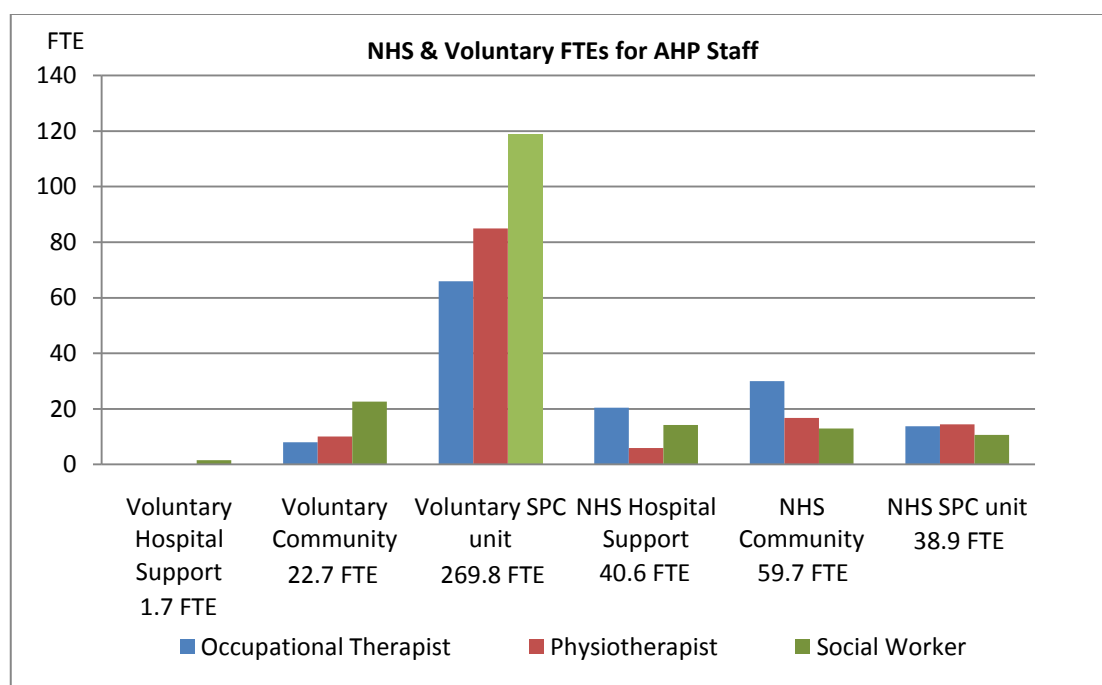


Figure 2-9: NHS and voluntary sectors for AHP staff. Source: 2010 SPC Workforce Survey.

Figure 2-10 shows the percentage of AHP staff over the age of 50. There are 25.3% of occupational therapists over 50, 36.3% of physiotherapists over 50 and 44.7% of social workers over 50. The national average of AHP staff over 50 across all posts is 42.3%.

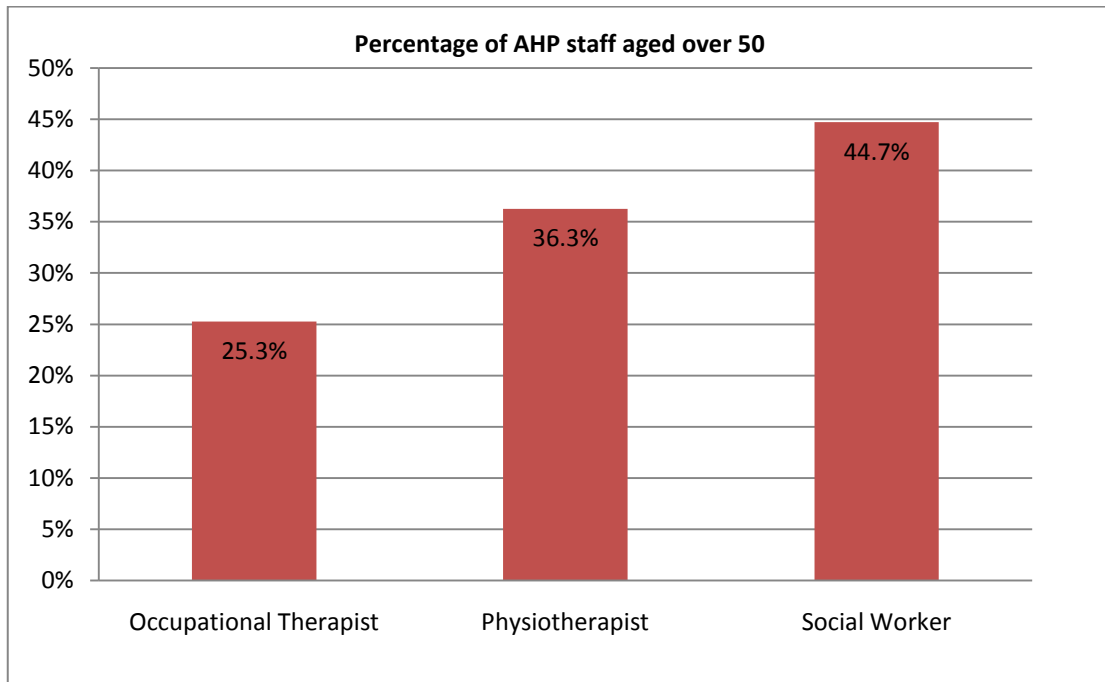


Figure 2-10: Number of AHP staff over 50. Source: 2010 SPC Workforce Survey.

The percentage of vacancies for occupational therapists and social workers is similar at 2.2% and 2.8% respectively, whereas physiotherapists have 3.7% vacancy rate (see Figure 2-11). The national average across all AHP posts is 3.6%.

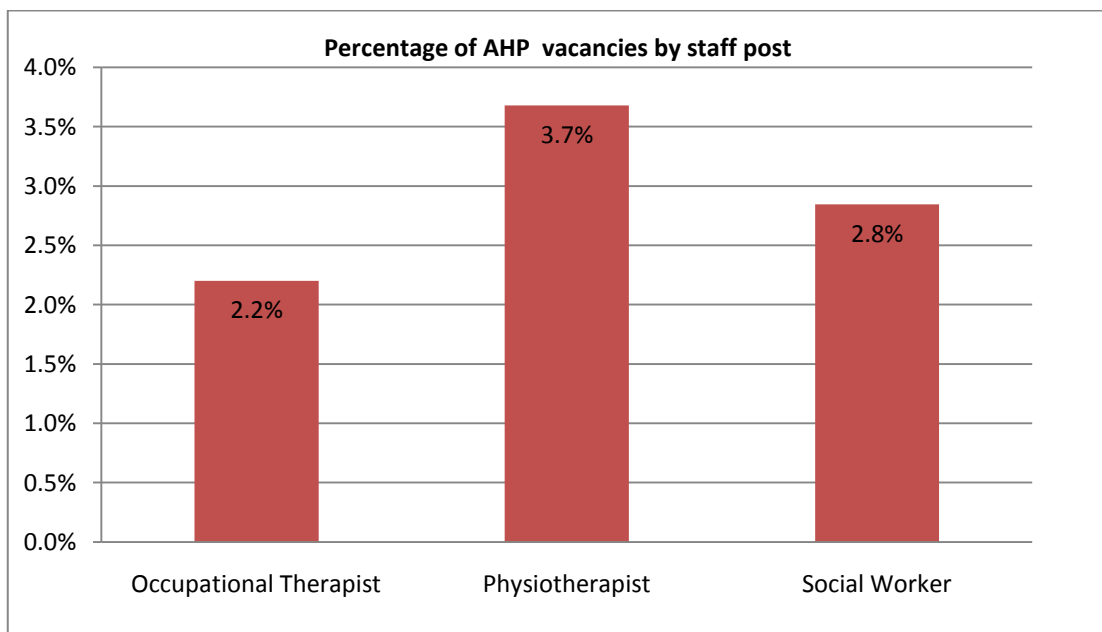


Figure 2-11: Percentage of AHP vacancies by staff post. Source: 2010 SPC Workforce Survey

2.4 Medical SPC Workforce

The medical response rate is 73.3% and is shown as the proportion of returned medical surveys (less nil returns) of the number of medical surveys sent out to each SPC establishment (less nil returns).

Figure 2-12 below shows consultant total FTE numbers from 2005 to 2010. There has been an overall increase of 20.4% between 2005 and 2010, with 2010 numbers being the highest recorded since 2005 at 289 FTE.

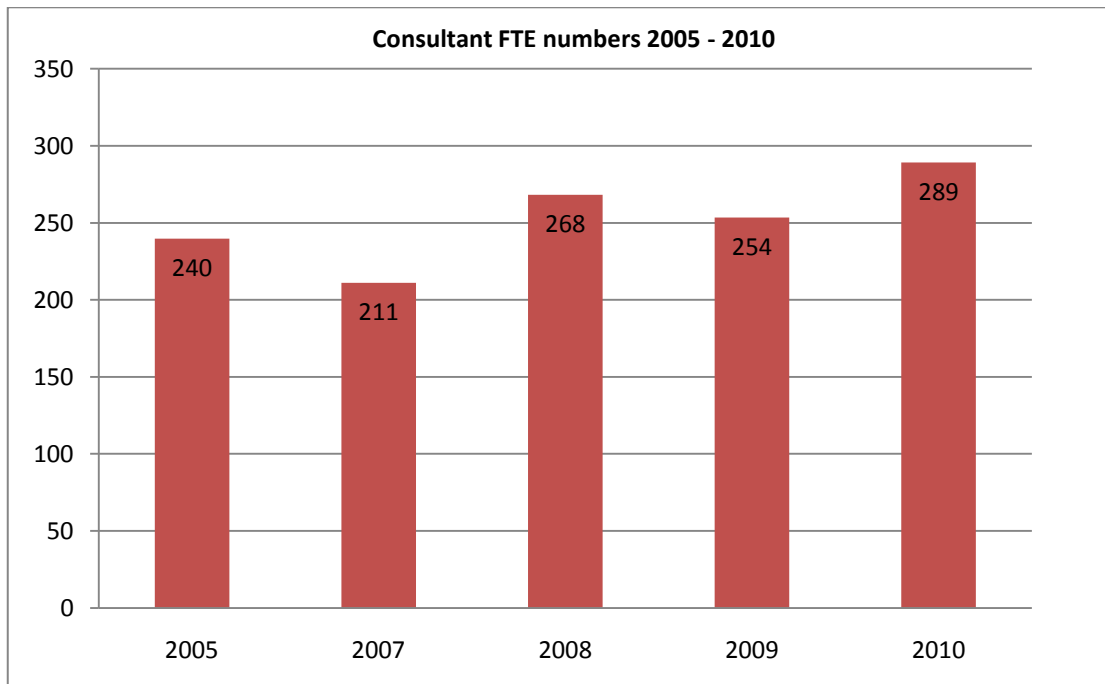


Figure 2-12: Social Worker FTE numbers 2005-2010. Sources: 2005-2010 SPC Workforce Survey

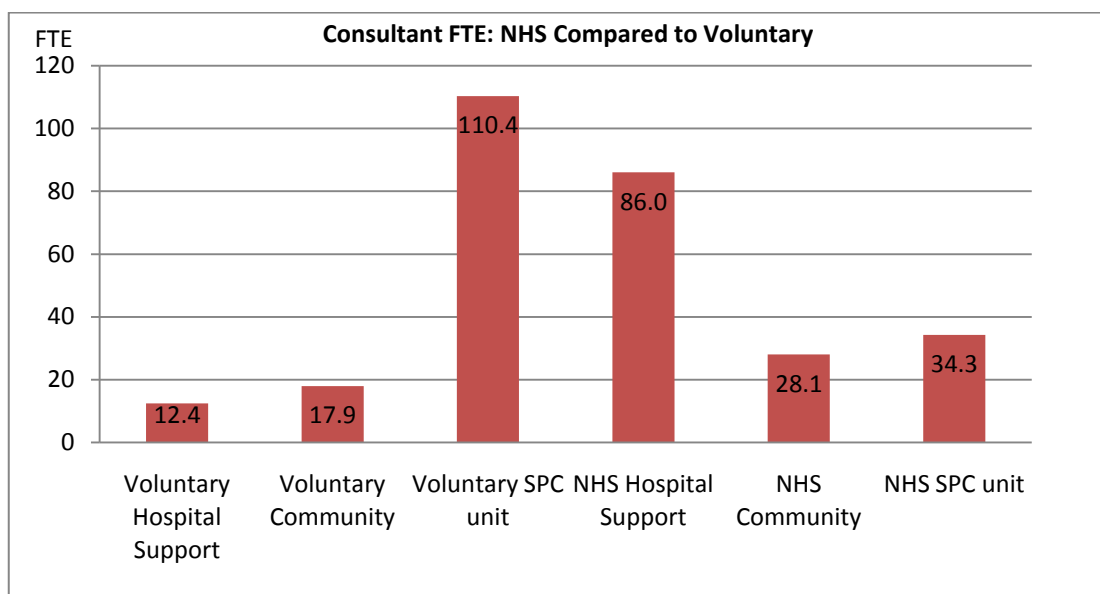


Figure 2-13: Consultants: NHS compared to voluntary sectors. Source: 2010 SPC Workforce Survey.

When comparing the service sectors (Figure 2-13) it is seen that the majority of FTEs are within the voluntary sector SPC units and Hospital support in the NHS.

Details on gender of staff are recorded in the survey for medical posts. Figure 2-14 shows the gender split across the specialist palliative consultant posts, along with 35 members of staff who did not respond to this question.

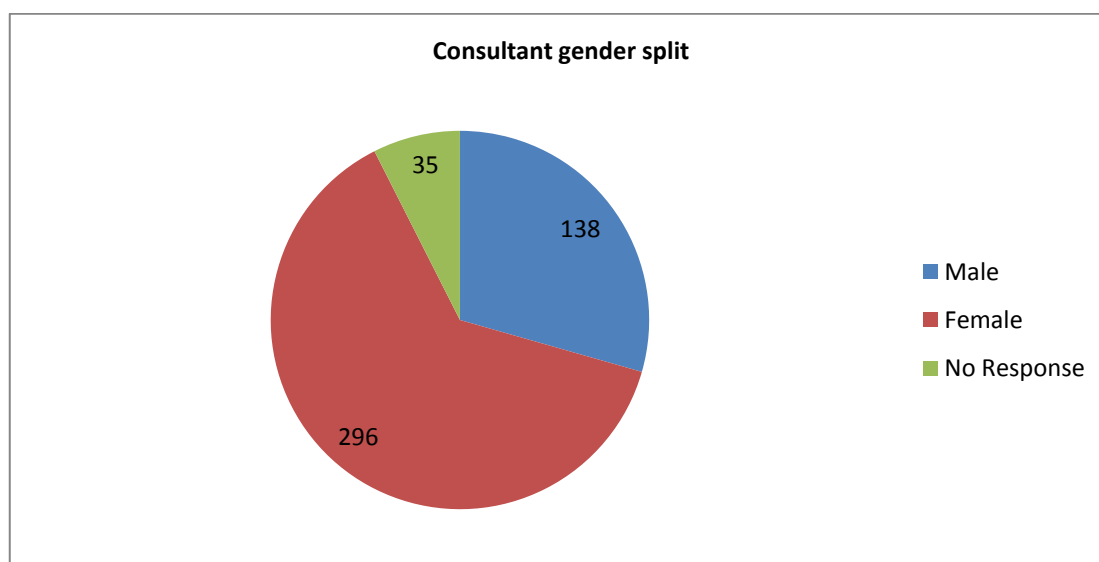


Figure 2-14: Gender split between consultants. Source: 2010 SPC Workforce Survey

Figures 2-15 and 2-16 show the percentage of specialist palliative consultant vacancies and the percentage of consultants over 50 respectively. There is a 7.8% consultant vacancy rate to FTE and 27.5% of specialist palliative consultants are over the age of 50. These are both slightly higher than the national average across

all medical careers; recorded as 7.2% vacancy rate and 22.5% of medical staff over the age of 50.

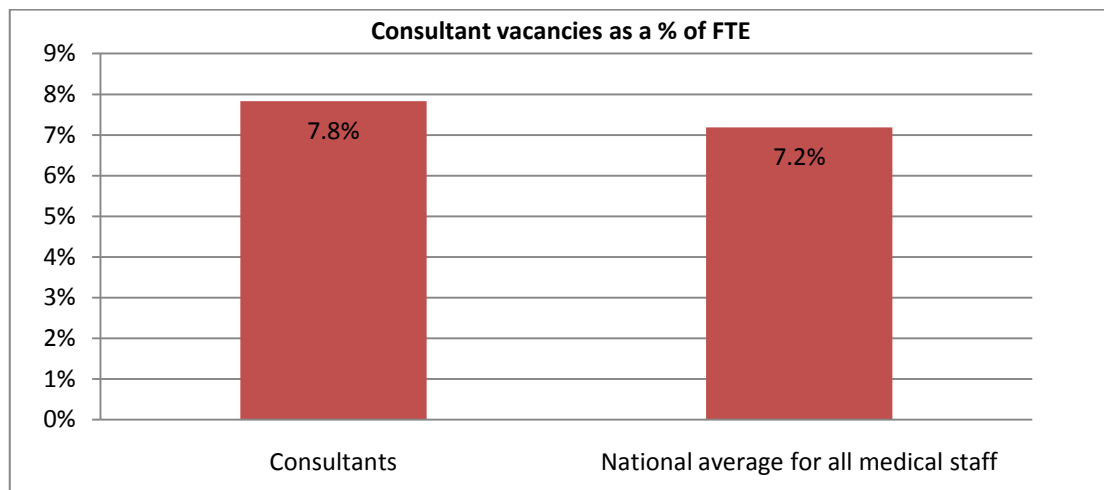


Figure 2-15: Consultant vacancies as a percentage of FTE. Source: 2010 SPC Workforce Survey 2010 National Overview Report.

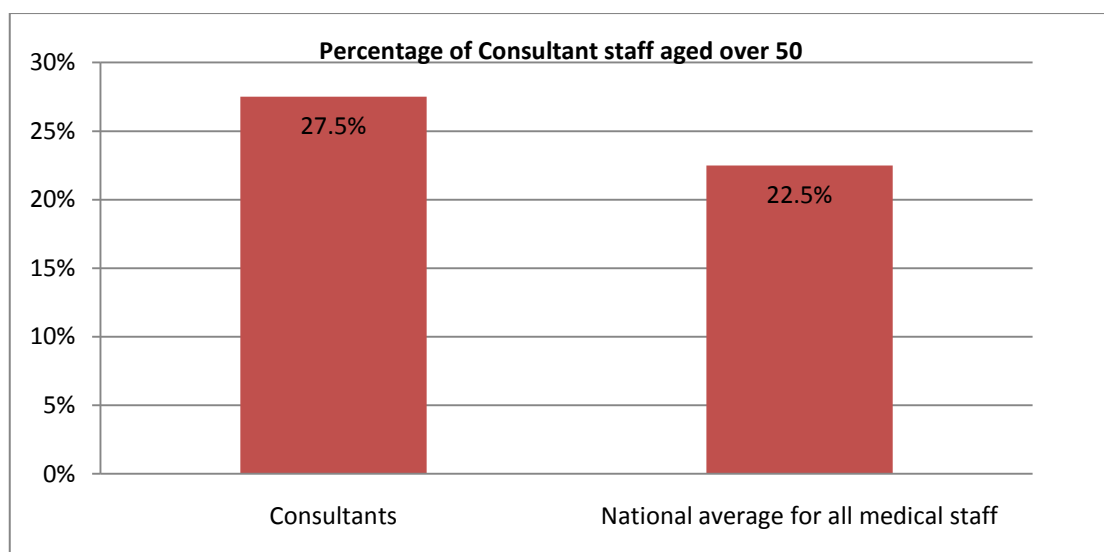


Figure 2-16: Percentage of consultants over 50. Source: 2010 SPC Workforce Survey 2010 National Overview Report.

3 Longitudinal Survey

3.1 Nursing SPC Workforce 2005-2010

Since the SPC Workforce Survey has been conducted, the data for nursing has been consistent in quality, providing the best snapshot of the workforce.

3.1.1 NHS support compared to voluntary support

When comparing figures for staff working in NHS managed settings with staff in voluntary sector managed settings, it is possible to see the highest levels of FTEs occur in SPC units in the voluntary sector. As seen in Figure 3-1, the Community group within the voluntary sector has shown steady increase from 2005 until 2009, but decreased in 2010. The NHS Community group has been slowly reducing since 2005 but increased very slightly in 2010. In addition, the numbers of nursing FTEs are falling in SPC units for both the NHS and voluntary sectors since 2008.

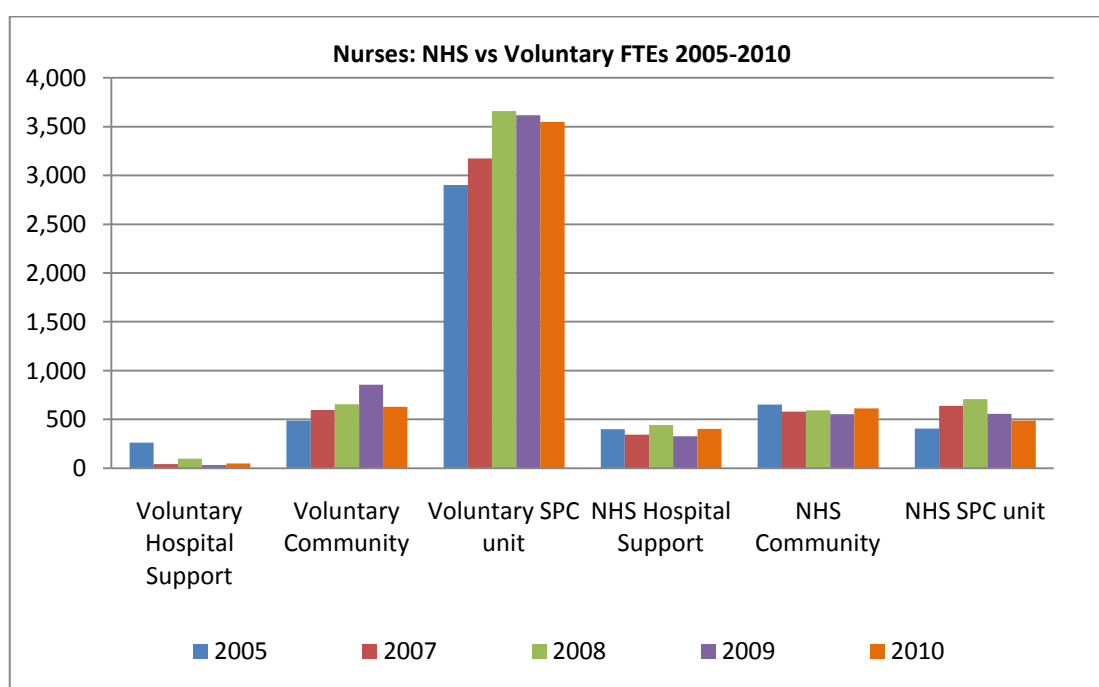


Figure 3-1: NHS compared to voluntary FTE from 2005-2010. Source: 2005-2010 SPC Workforce Surveys

When the data is examined and consideration is given to individual nurse bands, several trends can be identified.

Senior nurses' FTE for the SPC unit in the voluntary sector approximately doubled between 2007 and 2008. The FTE stayed at this level in 2009 and increased again in 2010, which is reflected in Figure 3-2, despite total numbers of nursing in voluntary sector SPC units declining.

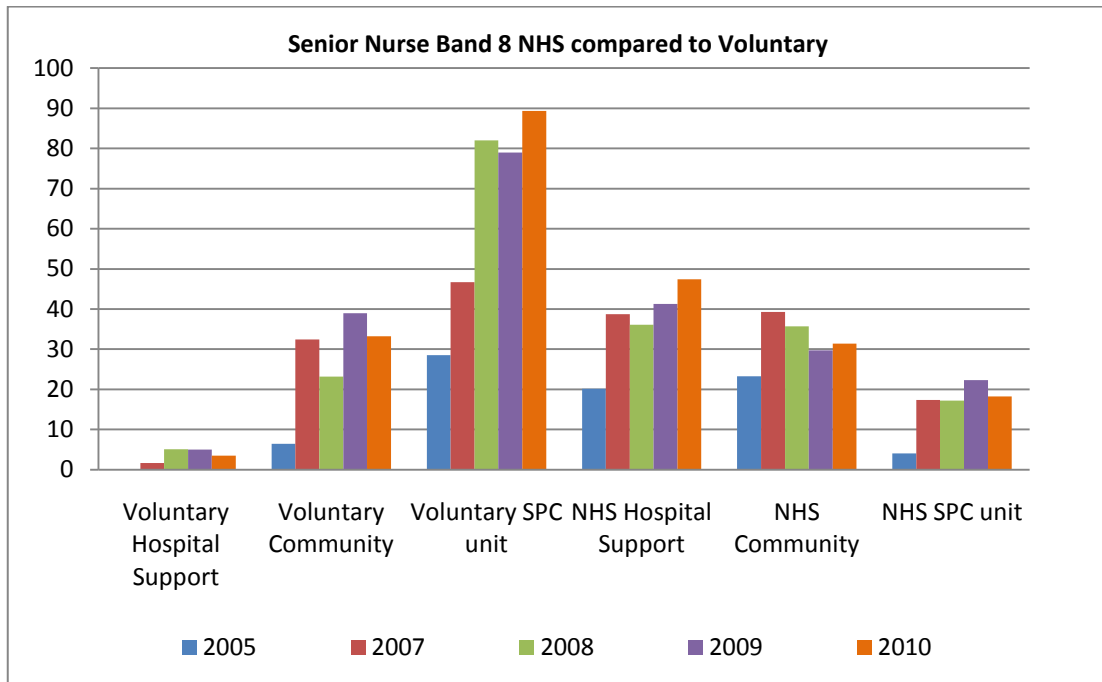


Figure 3-2: Senior nurse band 8 NHS compared to voluntary. Source: 2005-2010 SPC Workforce Surveys.

As seen in Figure 3-3, since the survey began in 2005, voluntary hospital support and NHS SPC units have had significantly lower band 7 FTEs. There is no indication that this trend is going to change.

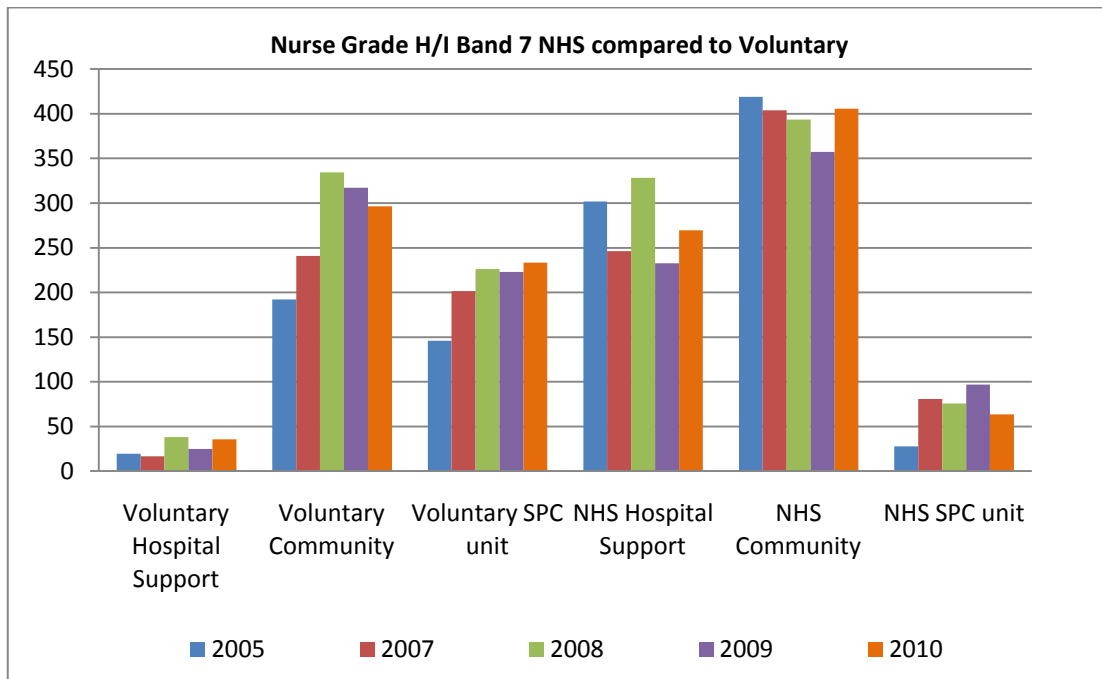


Figure 3-3: Grade H/I band 7 nursing NHS compared to voluntary. Source: 2005-2010 SPC Workforce Surveys.

Bands 2 to 6 have the highest FTE for the SPC units based in the voluntary sector as shown in Figure 3-4 to 3-6. Bands 5 and 6 have a higher proportion of FTEs present in NHS Hospital support and NHS Community sectors when compared to bands 2 to 5.

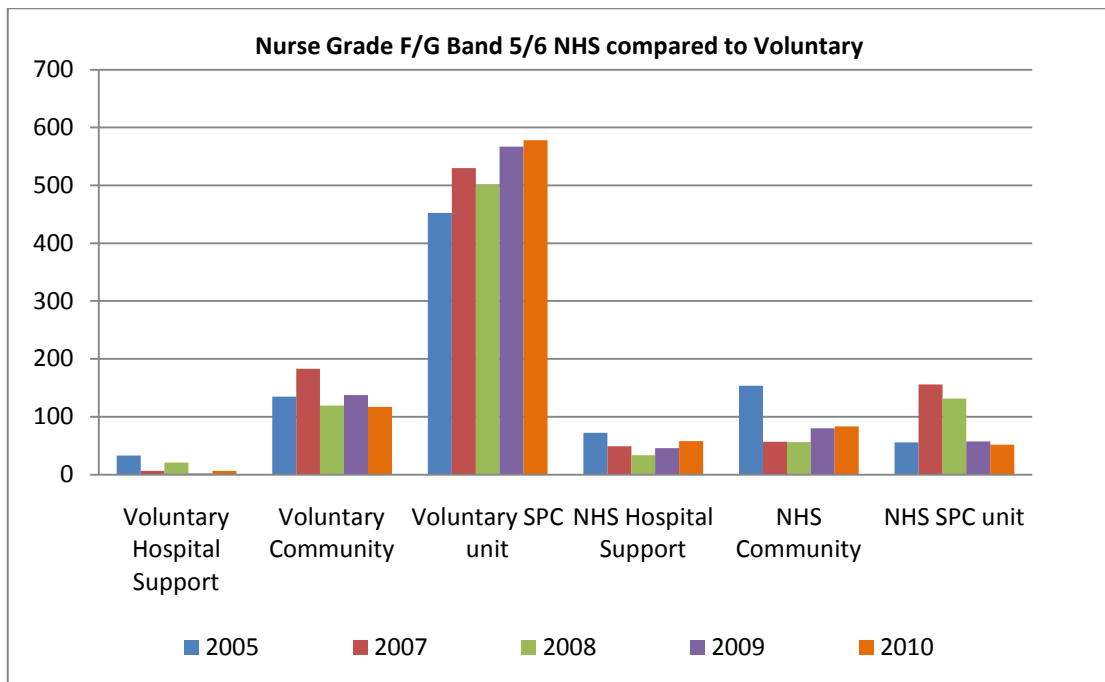


Figure 3-4: Grade F/G band 5/6 NHS compared to voluntary. Source: 2005-2010 SPC Workforce Surveys.

The remaining bands 2 to 5 have similar characteristics (Figures 3-5 and 3-6). Most FTE posts are present in the SPC unit based in the voluntary sectors with small numbers of FTE in the remaining areas of work. There has been a slight dip in FTEs in 2010 in bands 2 to 5 SPC units based in the voluntary sector.

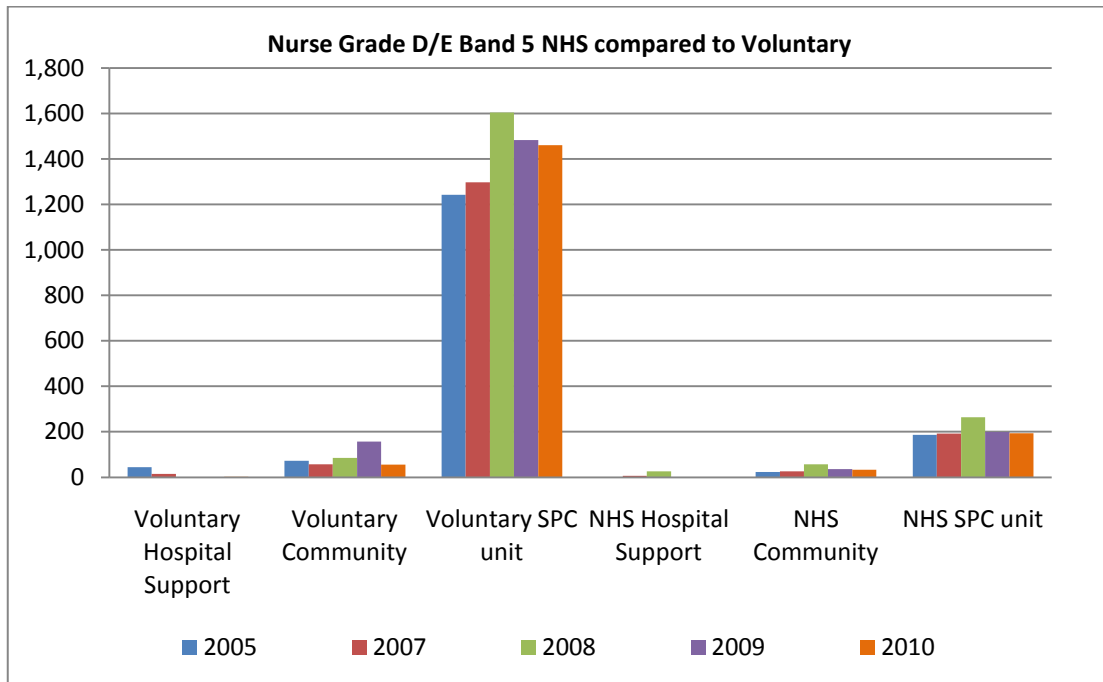


Figure 3-5: Grade D/E band 5 NHS compared to voluntary. Source: 2005-2010 SPC Workforce Surveys.

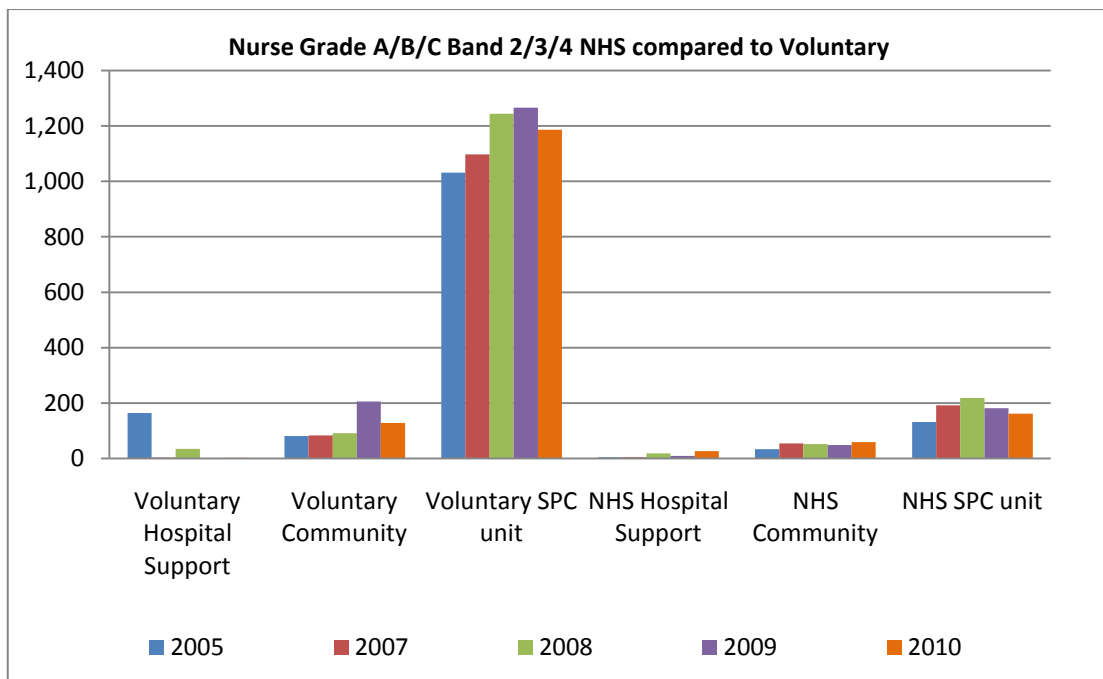


Figure 3-6: Grade A/B/C band 2/3/4 NHS compared to voluntary. Source: 2005-2010 SPC Workforce Surveys.

Bands 2 to 5 provide the majority of care in the SPC inpatient unit based in the voluntary sector across all years. The table below (Table 3-1) shows the percentage of the SPC unit FTE in the voluntary sector that is provided by all nurse bands.

Analysis shows that the number of FTEs across all bands below Senior Nurse is fairly steady. Senior nursing FTE has increased over the years that the survey has been conducted, but this band has the smallest contribution of FTE to the overall total as shown in Table 3-1.

Survey Year	2005	2007	2008	2009	2010
Percentage of bands 2 to 4 FTE of total voluntary SPC unit bands	35.6%	34.6%	34.0%	35.0%	33.4%
Percentage of band 5 FTE of total voluntary SPC unit bands.	42.8%	40.9%	43.9%	41.0%	41.2%
Percentage of band 5/6 FTE of total voluntary SPC unit bands.	15.6%	16.7%	13.7%	15.7%	16.3%
Percentage of band 7 FTE of total voluntary SPC unit bands.	5.0%	6.3%	6.2%	6.2%	6.6%
Percentage of Senior Nurse FTE of total voluntary SPC unit bands.	1.0%	1.5%	2.2%	2.2%	2.5%

Table 3-1: Percentage of all nursing grades FTE for voluntary SPC units. Source: 2005-2010 SPC Workforce Surveys.

3.1.2 Nursing Workforce FTE

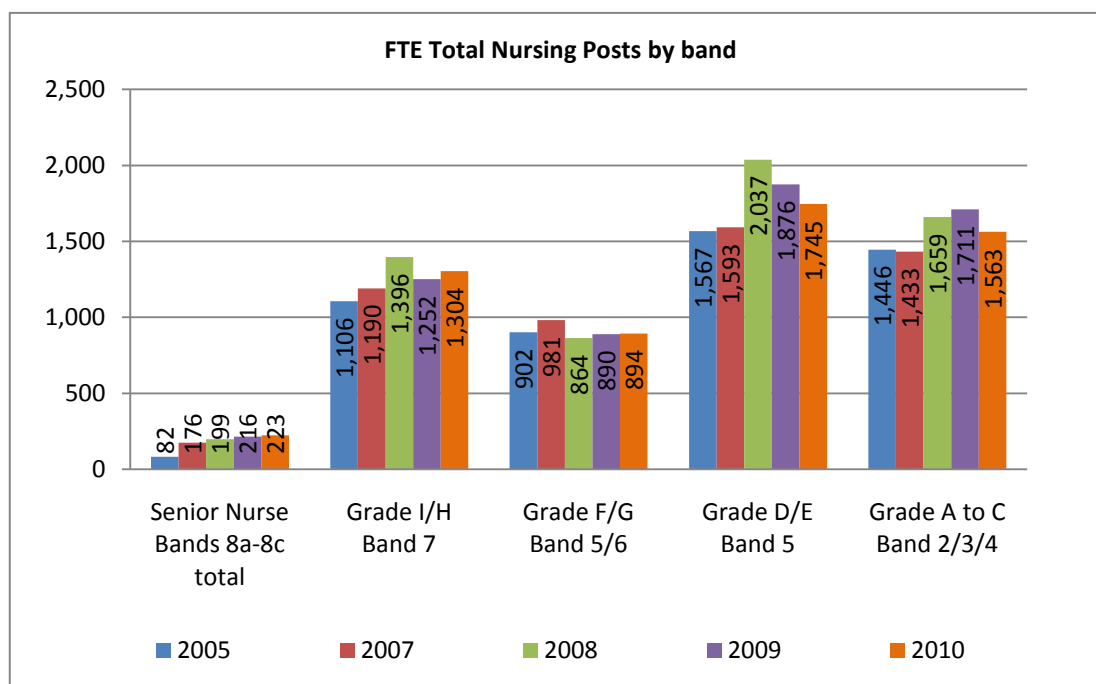


Figure 3-7: Comparison of FTE across all nursing staff. Source: 2005-2010 SPC Workforce Surveys.

When examining all nursing staff FTE by band in Figure 3-7 we can see that with the exception of band 5/6 all others have seen an overall trend upwards from 2005 to 2010, however, overall staffing numbers decreased by 16.3% from 2009 to 2010, mainly due to the FTE drop in bands 2 to 5.

3.1.3 Nursing Workforce Vacancies and Participation rate

Vacancies across the nursing workforce have stayed fairly constant over the surveyed years, but have seen spikes in the 2008 and 2010 surveys for senior and Band 5 nurses respectively (see Figure 3-8).

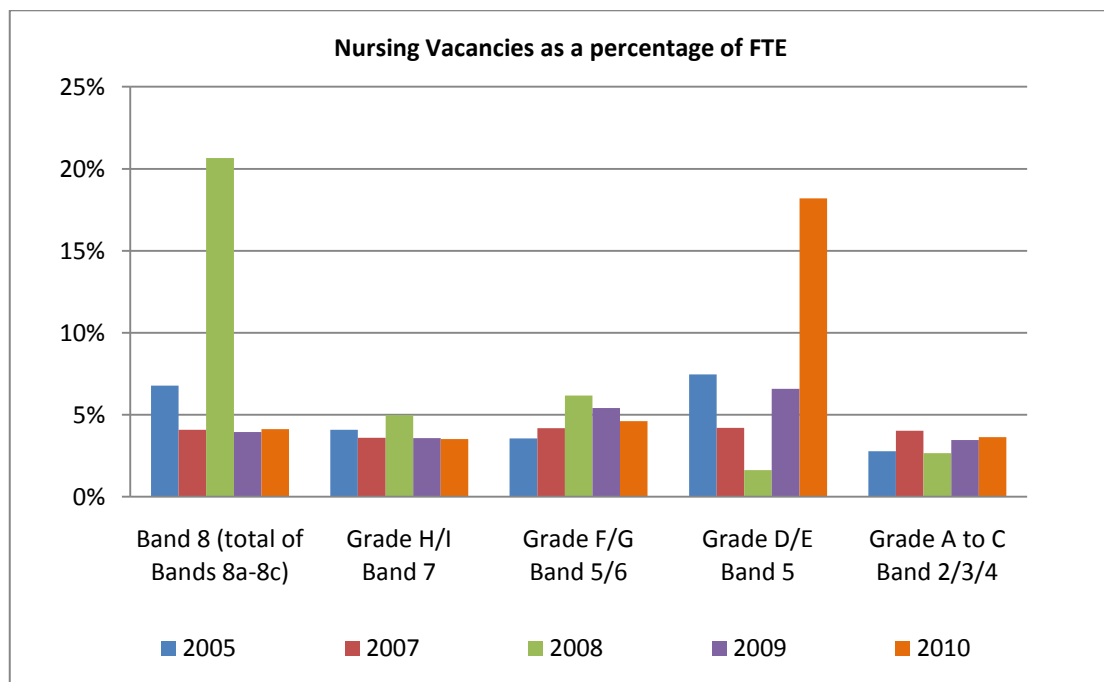


Figure 3-8: Percentage of FTE taken up by vacancies. Source: 2005-2010 SPC Workforce Surveys.

The lower the participation rate, the more staff (headcount) that are filling posts. A falling participation rate indicates an increasing number of part-time staff with consequential issues for recruitment and training. For example a member of staff working a four day week would have a participation rate of 80% compared with a participation rate of 100% for a full five day week.

Participation rates (the ratio of FTE to headcount) across the national nursing workforce have shown a steady decline over the years with 86.9% in 2005 down to 69% in 2009, but jumped up to 79.5% in 2010.

3.2 AHP Specialist Workforce 2005-2010

In the most recent SPC Workforce surveys, many different posts are considered in the AHP staff workforce category, but in the first survey in 2005 only data on occupational therapists, physiotherapists and social workers was available. For this reason and because of the small numbers involved this report focuses on these three groups within the survey. Full figures and reports are available at the NCPC website (<http://www.ncpc.org.uk>).

3.2.1 AHP NHS support compared to voluntary support.

As shown in Figure 3-9 we can see the difference between the six sub groups for occupational therapists is similar to the nursing trends seen in the previous section. Most of the FTE appears in the SPC unit based in the voluntary sector, with moderate values across NHS FTEs and low in the remaining voluntary areas. SPC units within the voluntary sector, NHS hospital support and NHS community have seen an increase in FTE in 2010, with the rest remaining fairly constant.

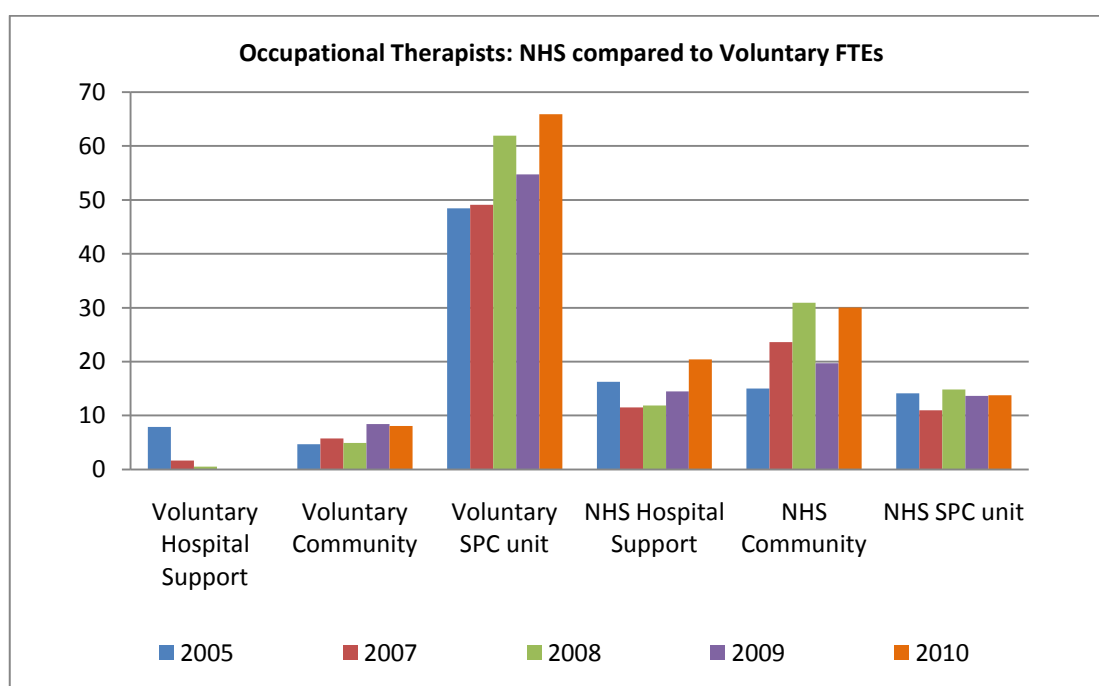


Figure 3-9: Occupational therapist: NHS compared to voluntary FTEs. Source: 2005-2010 SPC Workforce Surveys.

The data recorded for physiotherapists shows an increase in all sectors but voluntary hospital support units, as seen in Figure 3-10.

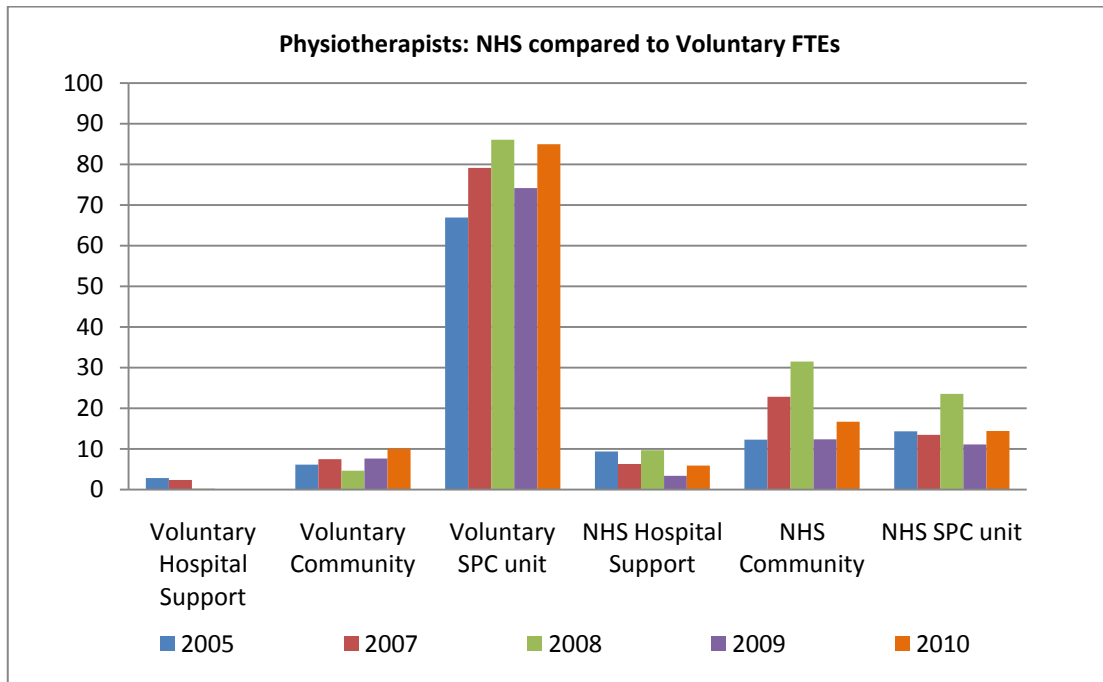


Figure 3-10: Physiotherapists: NHS compared to voluntary FTEs. Source: 2005-2010 SPC Workforce Survey.

Social workers FTEs have remained fairly constant as seen in Figure 3-11, with the exception of 2008 which is thought to be a data anomaly, possibly due to inconsistencies in the data recording process.

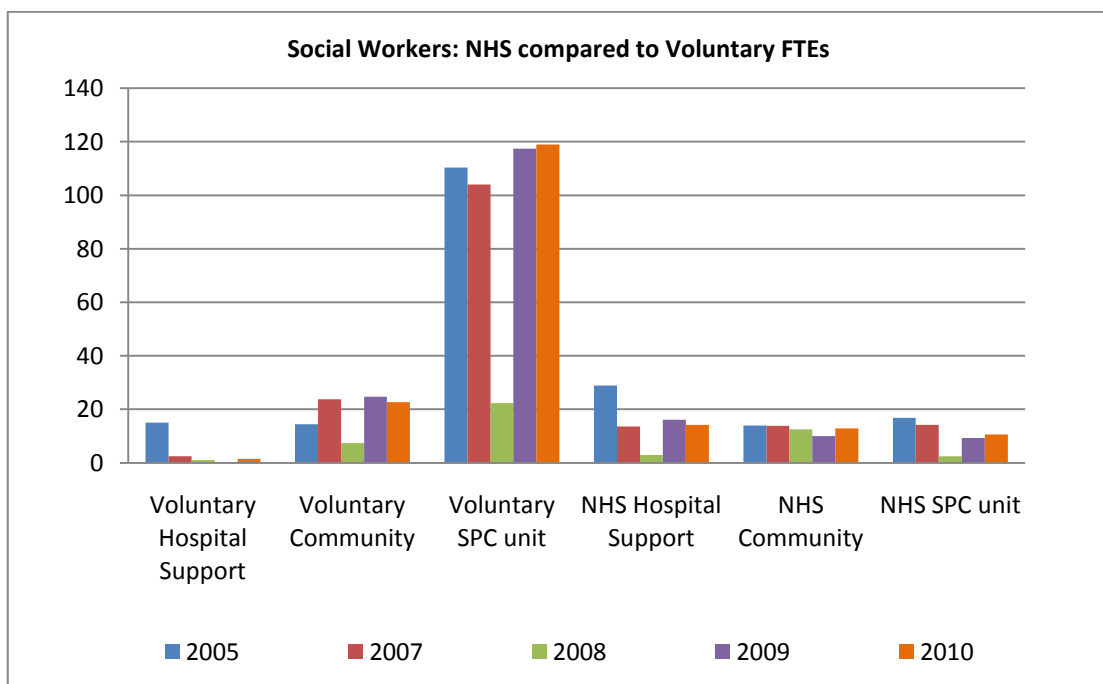


Figure 3-11: Social workers: NHS compared to voluntary FTEs. Source: 2005-2010 SPC Workforce Survey.

3.2.2 Vacancies and participation rate

When considering vacancies across the AHP staff posts, occupational therapist percentages have been declining since 2008. Physiotherapists have been fairly constant except for a sudden unexplained spike in 2009 from 4.3% to 21.7%. Social workers have also been fairly constant except for a nil rate in 2008 (see Figure 3-12). This anomaly is not explained but it is possible that this is due to inconsistencies in the data recording process.

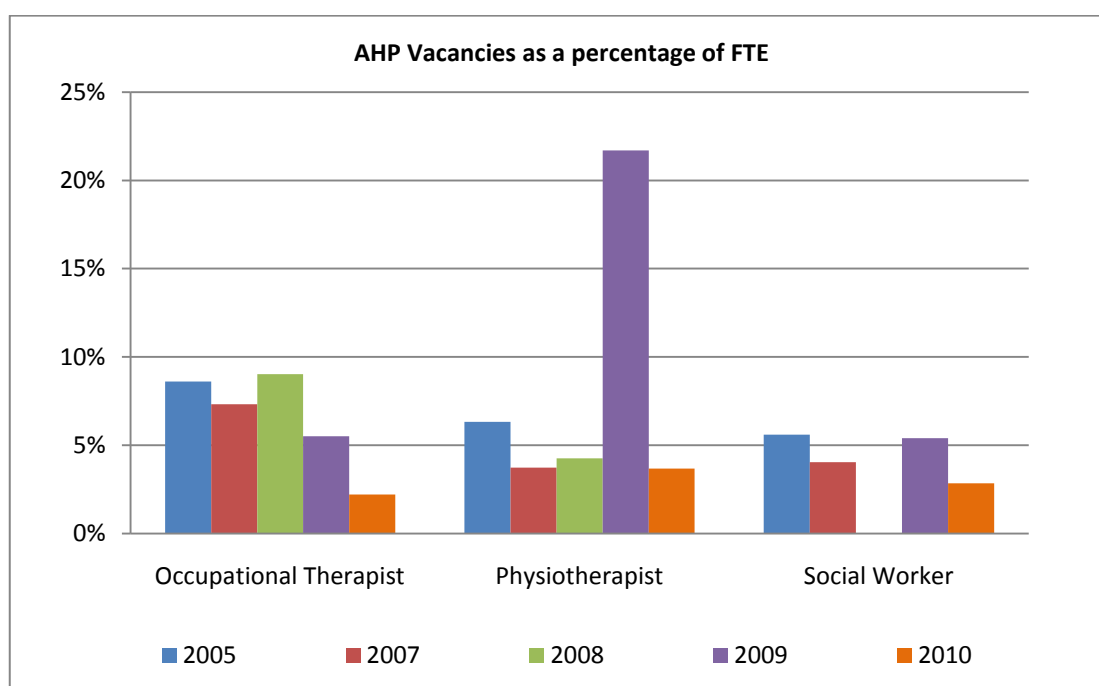


Figure 3-12: Percentage of AHP vacancies. Source: 2005-2010 SPC Workforce Survey.

Participation rates (the ratio of FTE to Headcount) for all AHP staff have shown a steady decline over the years with 75.5% in 2007 down to 66.1% in 2008 62.4% in 2009, but increased to 64.4% in 2010, showing a similar trend to nursing rates.

3.3 Medical Workforce 2005-2010

The only data that has been consistently provided over the lifetime of the survey is data concerning consultants in the SPC Workforce.

3.3.1 NHS support compared to voluntary support

Figure 3-13 shows consultant FTE over time for the voluntary and NHS sectors in specialist palliative care.

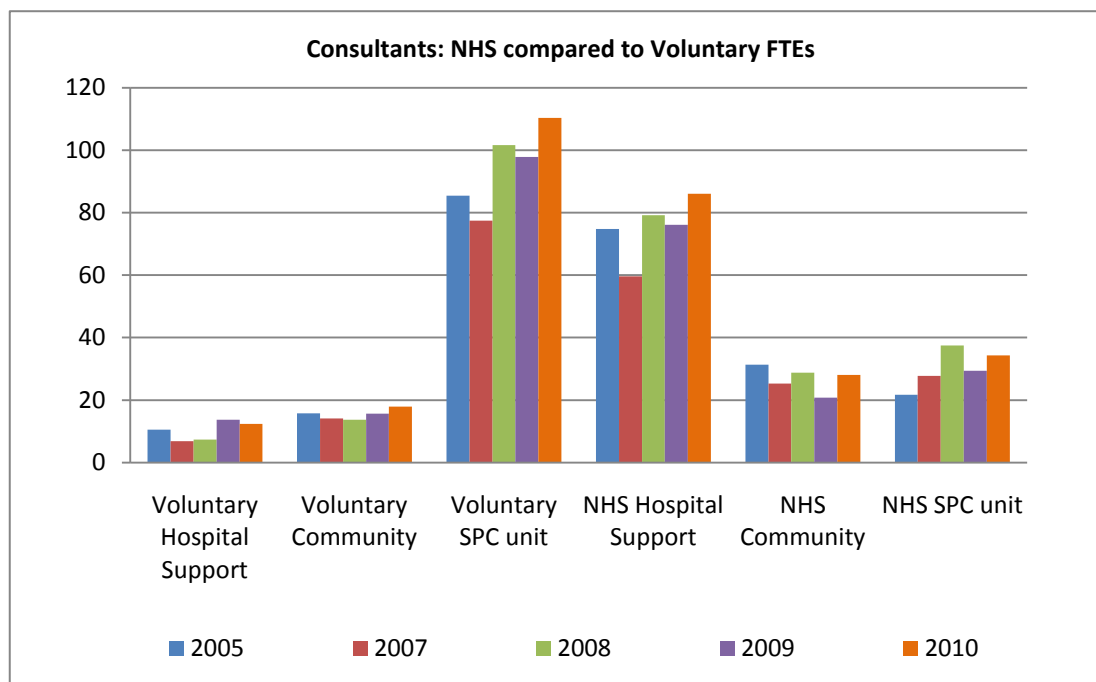


Figure 3-13: Consultants FTE NHS compared to voluntary. Source: 2005-2010 SPC Workforce Surveys.

All units except for voluntary hospital support units have seen an increase in 2010, however the numbers remain below those of 2008 in the NHS community and NHS spc units.

3.3.2 Headcount, consultant gender and participation rate

The overall headcount for consultants increased in 2010 to 469 from 408.

Figure 3-14 shows the consultant gender split from 2007 to 2010. This data is only available from the 2007 survey onwards. However, the data from 2007 was not published in the original 2007 SPC Workforce Survey.

Participation rates (the ratio of FTE to headcount) for palliative consultants have shown a steady decline over the years with 66.2% in 2007, 64.7% in 2008, and 62.1% in 2009, and continued to decrease to 58.8% in 2010.

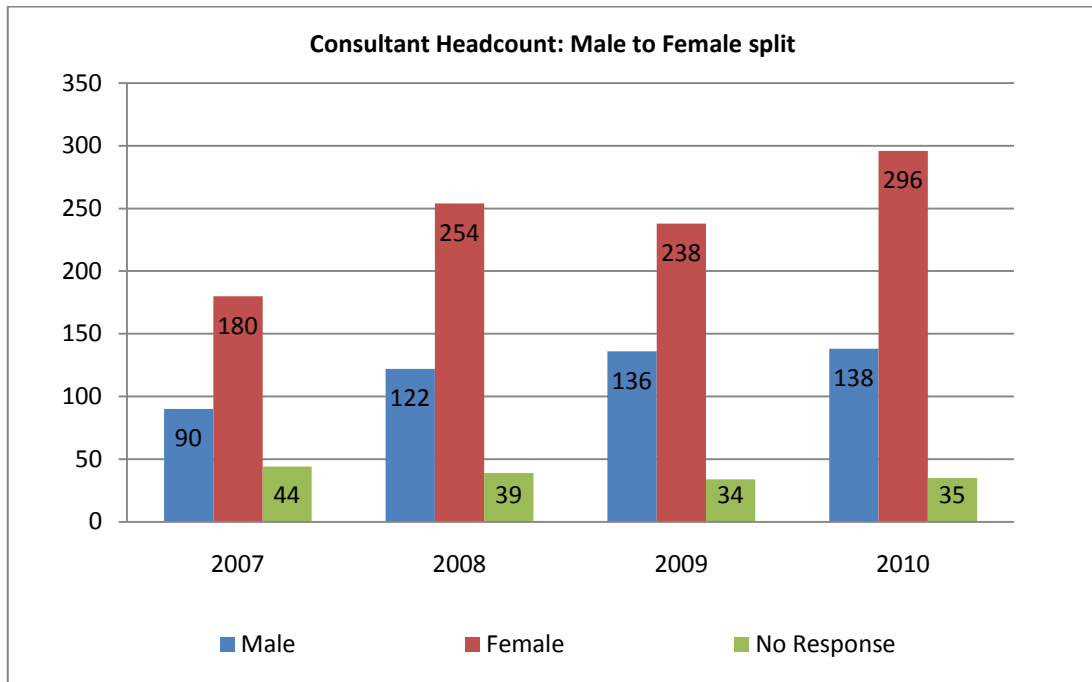


Figure 3-14: Consultant numbers and male to female split. Source: 2005-2010 SPC Workforce Surveys.

4 Conclusion

The 2010 SPC Workforce survey has highlighted many important areas of the current workforce structure.

The response rate for the survey was 74% which is up on last year's response rate of 67.2%. This may be due to the fact that the survey was sent out earlier than in 2009. This survey is filled in voluntarily, so a response rate of this level is deemed positive. The response rates are broken down by Cancer Network and shown in detail in Appendix 1.

The number of nurses aged over 50 and vacancy rates in the workforce are roughly the same across all pay bands with the exception of unexplained spikes in the 2008 and 2010 surveys for Senior and Band 5 nurses respectively (see Figure 3-8). The number of nurses over 50 is interesting as it is often expected that the lower bands would equate to less experience i.e. younger staff, but this isn't the case in the data presented here.

This is the second year of EoLCS associated funding and the proportion of staff aged over 50 years remains high. The NCPC is concerned about future staff numbers and the sharp rise in vacancy rates in band 5 nurses, and maintains that these need to be monitored, considering the comparative decrease in lower and middle bands.

There are high levels of social workers over 50 and very high levels of physiotherapist vacancies per FTE present in the 2010 survey. These levels certainly need to be addressed.

Participation rates across all areas of the workforce since 2005 has been trending downwards, but 2010 saw the nursing participation rate dramatically increase by 10%.

There has been an increase in FTEs across the medical and AHP sectors with most of these increases split between the voluntary SPC, NHS Hospital support and NHS Community units. Nursing FTEs have been trending upwards since 2005 but saw a decrease in 2010.

More than 25% of consultants are over the age of 50 and this may cause issues for recruitment and training in the future. In 2007 21% of consultants were over the age of 50 increasing greatly to 42% in 2008 and then decreasing to 37% in 2009 and 27.5% in 2010. Further analysis of consultant age groups would be beneficial.

Differences in skill mix between the NHS and Voluntary Sector are likely to change considerably over the next few years. As NHS Commissioners work with the voluntary sector to transfer existing NHS Specialist Palliative Care teams employment arrangements over to hospices and Social Enterprise models, to promote improved integration, and hospices and specialist palliative care themselves explore improvements in community teams and reduction in hospice beds, we would expect to see a change in the workforce profile. Some of this is already happening and can be seen in the skill mix within the voluntary sector settings. Particularly in the reduction in the numbers of Band 7 nurses. We can, and would expect to see a

stabilisation of senior nursing levels in community voluntary sector situations where teams are working in collaboration with other senior primary care nurses i.e District Nurses and Community Matrons. We can, and are seeing within the survey changes within the lower bands of nursing and we would expect to see this as the community voluntary sector re-jigs their workforce to respond to the increasing closer to home end of life care agenda. Therefore we would expect to see more bands 2 to 5 in future years and should welcome this. As well as promoting the development of the volunteer workforce to support them, in line with national community development of end of life 'public awareness' raising and 'personalisation'.

We would also expect the workforce profile of bands 2-5 to look different in NHS and acute hospital settings in years to come whereby hospitals will predominately be used for those with a critical element to their end of life care; those who choose to die in hospital, or have mitigating social circumstances which require hospital admission. It is likely the hospital based skill mix will develop to support this complex level of care.

Therefore it is now unhelpful to compare the community voluntary sector health care professional workforce to that within hospital provider setting as they are not the same. Predominately we would want to see a steady number of medical consultants in all settings, irrespective of employer. We would expect to see more Allied Health Professionals available in community settings and potentially a shift from secondary care. The biggest challenge to all the professional groups is the ageing profile of the workforce and the uncertainty at this time of where future workforce planning and education funding will reside under the new primary care / GP Commissioning NHS. At the time of writing this report some of this fine detail is unknown.

It is also noteworthy that cancer networks across England are also in transition with many seeking to merge with other long-term condition networks. This in itself will enable a broader look at the specialist palliative care skill mix in relation to people with a non cancer diagnosis. Future surveys must be mindful of this change.

Many may blame the changes in skill mix on the financial austerity measures being imposed upon the NHS and voluntary sector and therefore potential loss of key staff in all care domains at this time. However this must be balanced against the changes in care delivery mentioned above.

5 Appendix 1: Response rate as reported by Cancer Networks.

The following table shows the response rate from the individual Cancer Networks. The overall response rate is 74% 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). Figures are taken from the 2010 SPC Workforce Survey.

Network	Network code	Requested data from	Received data	Percentage returned
Lancashire & South Cumbria	N01	30	27	90.0%
Greater Manchester and Cheshire	N02	85	74	87.1%
Merseyside & Cheshire	N03	63	51	81.0%
North of England	N04	97	68	70.1%
Yorkshire	N06	59	46	78.0%
Humber & Yorkshire Coast	N07	28	22	78.6%
North Trent	N08	31	25	80.6%
Greater Midlands	N09	31	22	71.0%
Pan Birmingham	N10	18	13	72.2%
Arden	N11	30	22	73.3%
Anglia	N15	62	32	51.6%
Essex	N16	23	20	87.0%
Mount Vernon	N17	37	29	78.4%
North West London	N18	34	21	61.8%
North London	N19	28	16	57.1%
North East London	N20	27	25	92.6%
South East London	N21	24	12	50.0%
South West London	N22	24	21	87.5%
Peninsula	N23	15	3	20.0%
Dorset	N24	13	10	76.9%
Avon, Somerset & Wiltshire	N25	21	15	71.4%
3 Counties	N26	35	17	48.6%
Thames Valley	N27	46	31	67.4%
Central South Coast	N28	30	27	90.0%
Surrey, West Sussex & Hampshire	N29	33	30	90.9%
Sussex	N30	29	26	89.7%
Kent & Medway	N31	23	23	100.0%
East Midlands	N32	38	22	57.9%

6 Notes

All trends and observations made are based on the data made available by the SPC Workforce Surveys and are not representative of the workforce as a whole.

All graphs in Section 2 are sourced from the 2010 SPC Workforce survey unless otherwise stated.

All graphs and tables in Section 3 are sourced from the combined 2005, 2007, 2008, 2009 and 2010 SPC Workforce surveys unless otherwise stated.

Nurses who were recorded as Bank staff were not included in the results published.

In 2007 specialist palliative consultant numbers were not officially published, but have been included in this survey for reference.