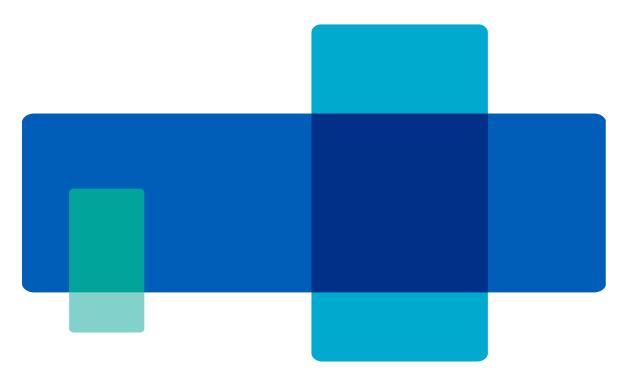


Overview of the advanced practice workforce in the East of England 2023/24

NHSE East of England Faculty for Advancing Practice

Version 1, 1 March 2024



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1. Overview of the advanced practice workforce in the East of England 2023/24

1.1 Introduction

The NHS is facing considerable pressures associated with significant waiting times, an ageing population with multiple co-morbidities, increasing healthcare costs, and substantial under resourcing (<u>BMA, 2023</u>). The 2019 <u>NHS Long Term Plan</u> and <u>NHS People Plan 2020/21</u> signalled how advanced practice roles can significantly help in meeting the short and long-term workforce demands and have the ability to drive the workforce transformation agenda forward.

Recently the <u>NHS Long Term Workforce Plan 2023</u> recognised advanced practitioners as one of the seven priority professional sectors requiring significant growth to support and drive service transformation and develop new and innovative ways of working. The plan articulates the continued drive to develop the advancing practice workforce as part of the multi-disciplinary team, recognising the impact these roles can have not only on improving patient care, but also increasing the number of senior clinical decision makers within the NHS to improve productivity and increase capacity. It also acknowledges the importance of retaining our experienced senior staff and enabling effective career development where staff feel valued, entrusted and have the knowledge, skills and ability to provide high quality, safe, effective care for our patients and their families.

The aim of this report is to provide an overview of the current regional advanced practice workforce and projected trainee advanced practice growth. It should provide baseline information to aid organisations and Integrated Care Boards (ICBs) to review and ensure effective workforce planning that includes advanced practitioners to support the ambitious growth as outlined in the 2023 <u>NHS Long-Term Workforce Plan</u>.

1.2 Executive summary

Regional advanced practice numbers

As of November 2023, Health Education England (HEE) Workforce Tableau indicated that there are currently 2,197 advanced practitioners employed across the East of England (EOE), which represents 11% of the advanced practice workforce across England. Figure 1 shows the distribution of advanced practitioners across primary care (PC) and secondary care (SC).

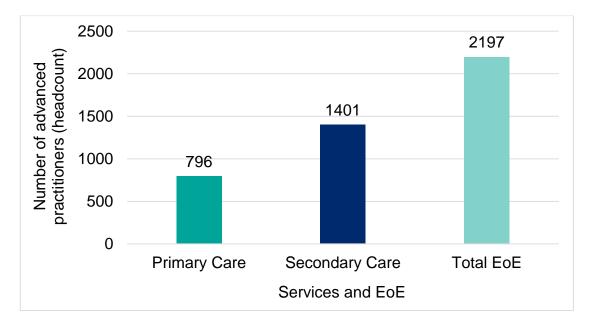
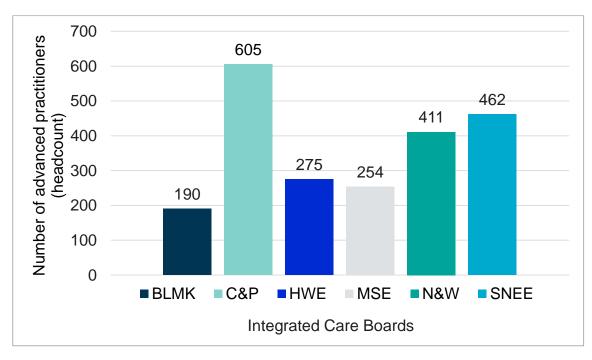


Figure 1 – Number of advanced practitioners (headcount) in primary and secondary care in the East of England (November 2023)

The distribution of advanced practitioners across the six integrated care boards (ICB) varies, see Figure 2. Cambridgeshire and Peterborough ICB currently have the highest number with 605 employed advanced practitioners recorded, with Bedfordshire, Luton and Milton Keynes recording the lowest with 190 practitioners.





Registered professional background of regional advanced practice workforce

Of the 2,197 advanced practitioners recorded across the region, 70% are from a nursing and midwifery background, 21% are from an allied health professional (AHP) background, 5% represent professional scientific and technical professions and 3% represent pharmacists, see Figure 3.

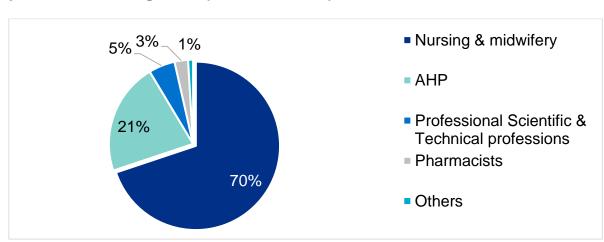
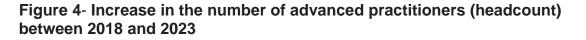
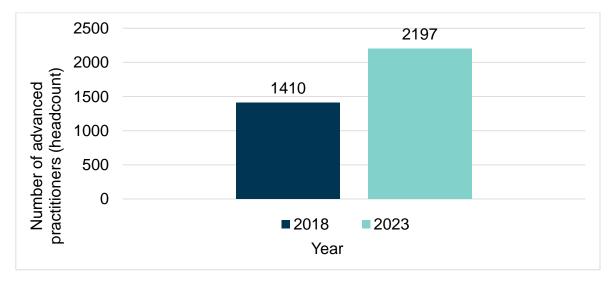


Figure 3 – Total number of advanced practitioners (headcount) by professional background (November 2023)

Regional advanced practice growth over the past 5 years

Over the past 5 years (between 2018 to 2023) we have seen a steady increase in the recorded number of advanced practitioners across the region. In 2018, the number recorded was 1,410, this has increased by 55.8% to 2,197 as of November 2023, see Figure 4.





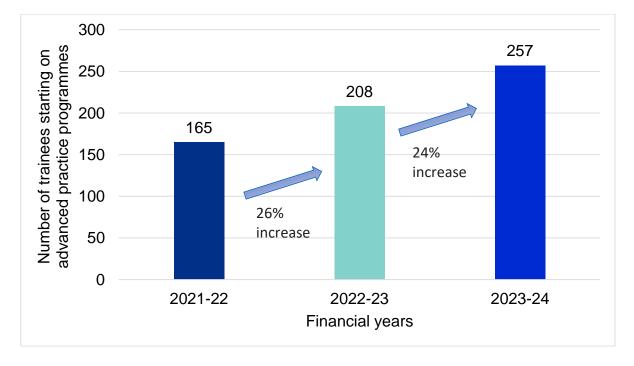
Recorded advanced practice workforce growth over the last 12 months

From November 2022 to November 2023 the regional growth in the advanced practice workforce increased by 25%, this was slightly below the national average of 34%. This is mainly due to slower growth within primary care, 6% in the East of England compared to 19% across all seven regions. However, the growth in region for secondary care was higher at 19%, compared to 15% growth across all regions.

Regional Faculty for Advancing Practice trainee advanced practitioner growth

The Regional Faculty for Advancing Practice was established in 2021 and the number of new advanced practice trainees supported by the Faculty has steadily grown per year over the past 3 years, see Figure 5.

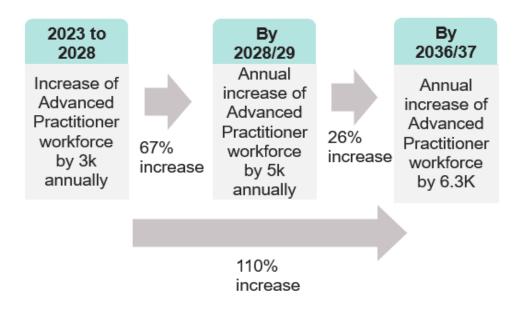
Figure 5 - number of trainee advanced practitioners starting on MSc Advanced Practice programmes supported by the Regional Faculty for Advancing Practice, from 2021-22 to 2023-24



Long Term Workforce Plan

The 2023 <u>NHS Long-Term Workforce Plan</u> indicates that a significant increase in the advanced practitioner workforce is required to meet the current and future demands of the NHS. To meet the 39,000 advanced practitioners required by 2031/32, all seven regions will need to support the national ambition of 5,000 new trainees starting on programmes by 2028, increasing to 6,300 each year by 2031/32, see Figure 6.

Figure 6- Expected increase required of the advanced practice workforce across England as outlined in the NHS Long-Term Workforce Plan



2. Data sources

The following data sources have been accessed to identify the number of current advanced practitioners employed across the region as well as new and continuing trainee advanced practitioners supported by the Regional Faculty for Advancing Practice.

Primary care: <u>NHSE GP (General Practitioner) Dashboard</u> & <u>Health Education</u> <u>England Primary Care Workforce dashboard</u> (based on the National Workforce Reporting Service (NWRS).

Secondary care: <u>Health Education England Workforce Tableau Data</u> (based on Electronic Staff Records (ESR) data and Health Education England (HEE) Tableau for population and demography, including ESR re-coding statistics).

New and continuing trainee advanced practitioners: The advanced practice data for trainees is collected through the Faculty for Advancing Practice's funding processes and includes utilisation information from employing organisations for each finance year since 2021/22. Continuing trainee data is maintained via the Faculty's trainee monitoring surveys and change of circumstance forms received from trainees and organisations directly.

2.1 Data accuracy

It is important to note that the accuracy of the data sources identified depends upon the quality of data provided by the employing organisations. Prior to the <u>Multi-</u> <u>professional framework for advanced clinical practice in England</u>, (NHS, 2017), limited guidance had been provided on the level of advanced practice, therefore 'advanced' had historically been included in multiple job roles and titles. The regional Faculty has been supporting organisations to undertake workforce data cleansing to ensure those with 'advanced' in the job roles meet the minimum standards outlined in the framework to aid the accuracy of future workforce planning.

To support this work, NHS England has provided further clarification on the data entry and identification of advanced practitioners via the <u>National Workforce Data</u> <u>Set (NWD) guidance document</u>, which also introduced new advanced practitioner codes to enable organisations to identify trainee roles as well as the professional background of the practitioners working at an advanced level. The Faculty has disseminated this information to all East of England secondary care organisations and, on reviewing the HEE ESR quality tool have identified that across the region, 56% of our organisations have updated job roles to the new codes. Figure 7 shows the percentage of legacy and new coding in use for the advanced practice workforce by secondary care organisations across all 6 ICBs.

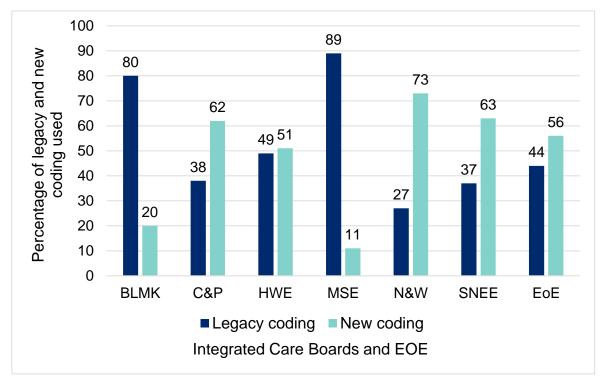


Figure 7– Percentage of legacy and new coding used by secondary care organisations of the advanced practice workforce across 6 ICBs (November 2023)

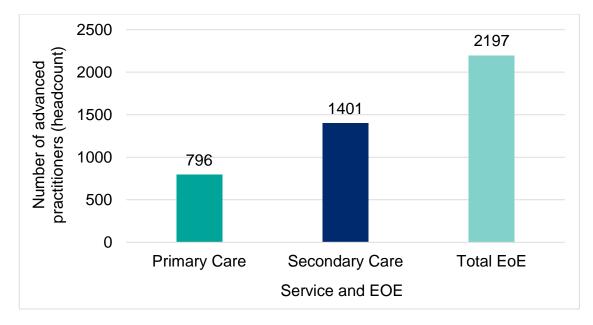
The Faculty will continue to work with the remaining organisations and share the HEE <u>A guide to ESR coding for Advanced Practitioner roles</u>, which is aimed at advanced practice leads, HR (Human Resources) directors, workforce analytical teams and professional and service leads. It provides clarity on the correct coding of advanced and trainee advanced practitioner roles to support accurate workforce planning, including (NHSE one year and multi-year planning) and the multi professional education and training investment plan (METIP).

3. Workforce summary

3.1 Summary of the advanced practice workforce at regional level

As of November 2023, which corresponds to the last workforce data census collected via the Health England Education Tableau, the cumulated advanced practice workforce data for both primary and secondary care indicated that there are 2,197 advanced practitioners (headcount) employed within the East of England (Figure 1). This represents 11% of the advanced practice workforce across England, (based on the recorded advanced practice workforce across all seven regions, totalling 25K).

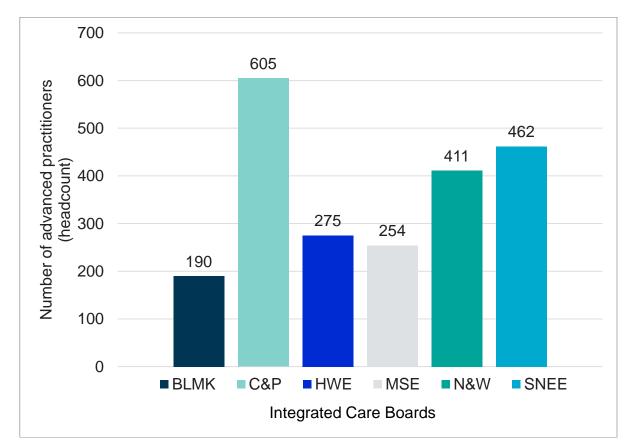
Figure 1– Total number of advanced practitioners (headcount) in primary and secondary care in the East of England (November 2023)



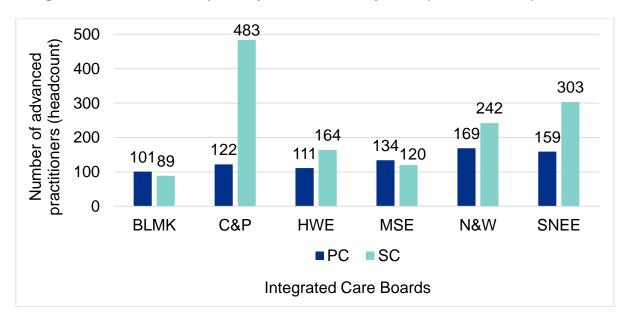
3.2 Advanced practice workforce at integrated Care Board level

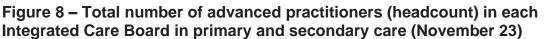
The total number of advanced practitioners varies across the 6 ICBs; Cambridgeshire and Peterborough (C&P) ICB currently have the highest recorded number of employed advanced practitioners with 605, compared to Bedfordshire, Luton, and Milton Keynes (BLMK) which has 190 practitioners recorded and represents the lowest advanced practice workforce across all 6 ICBs, see Figure 2.

It is worth noting that the number of advanced practitioners working across primary care is fairly consistent across all 6 ICBs (see Figure 8) ranging from 101 practitioners in BLMK, up to 169 as the highest recorded number in Norfolk and Waveney. In comparison a large variation can be seen in the distribution of advanced practitioners working across secondary care. There is a 443% difference between BLMK which has the lowest number of advanced practitioners, at 89 compared to C&P which has 483 advanced practitioners employed across secondary care organisations. Prior to the Regional Faculty for Advancing Practice being established, the implementation, governance, knowledge and understanding of the level of advanced practice roles varied greatly across all 6 ICBs. Roles had historically been developed and implemented as a reactive service response rather than part of the wider workforce planning, therefore this could account for the variation seen in the development of the advanced practice workforce across the 6 ICBs.









It is also worth noting that there does not appear to be a direct correlation between the size and growth of the advanced practice workforce and the ICB population size. Figure 9 shows the population size of each ICB based on HEE population and demographic tableau.

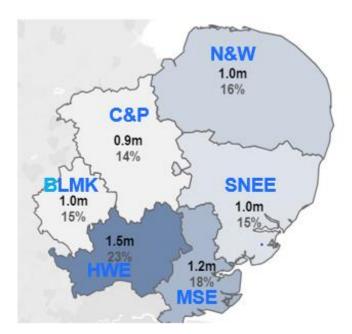


Figure 9- Demographic population per ICB in 2023 (HEE Tableau)

3.3 Advanced practice workforce by profession

Of the 2,197 advanced practitioners recorded across the region, 70% are from a nursing and midwifery background, 21% are from an allied health professional (AHP) background, 5% represent professional scientific and technical professions and 3% represent pharmacists, see Figure 3.

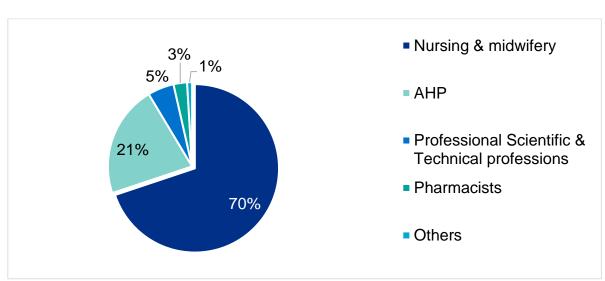


Figure 3 – Total number of advanced practitioners (headcount) by professional background (November 2023)

The following Figures, (Figures 10,11,12 and 13), demonstrate the professional backgrounds of the current advanced practice workforce recorded across primary and secondary care. As the ability to record professional background as well as advanced practitioner roles within ESR job profiles was only updated in late 2022, and with only 56% of our regional organisations recorded as updating from legacy codes to the new codes, the accuracy of the data is limited. It does however demonstrate that the majority of the advanced practice workforce across the region currently comes from a registered nursing background.

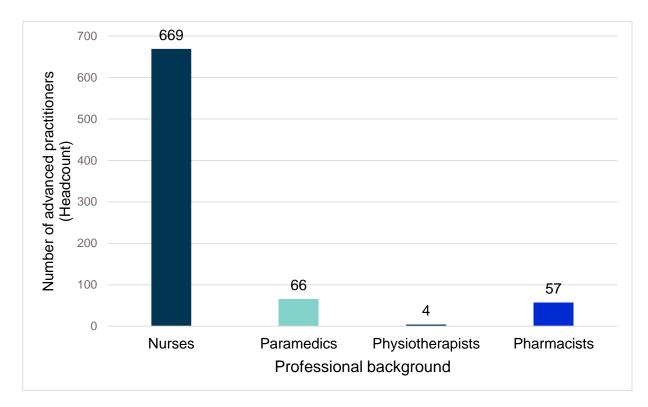
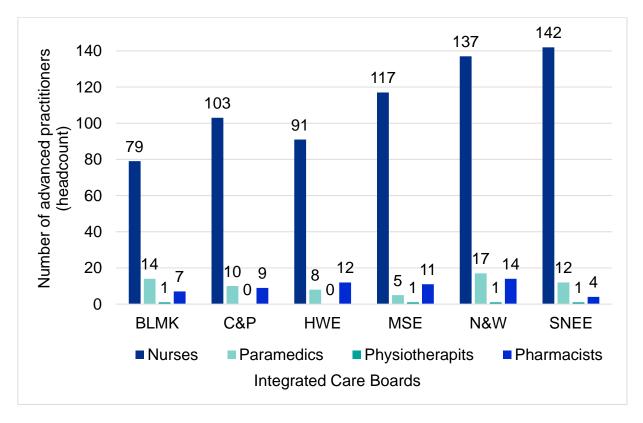


Figure 10 – Total number of advanced practitioners (headcount) per profession in primary care (November 23)

Figure 11– Total number of advanced practitioners (headcount) per profession per ICB in primary care (November 23)



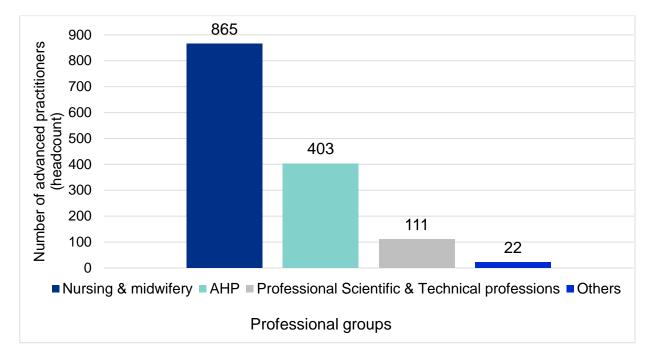
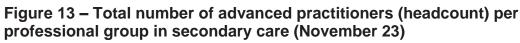
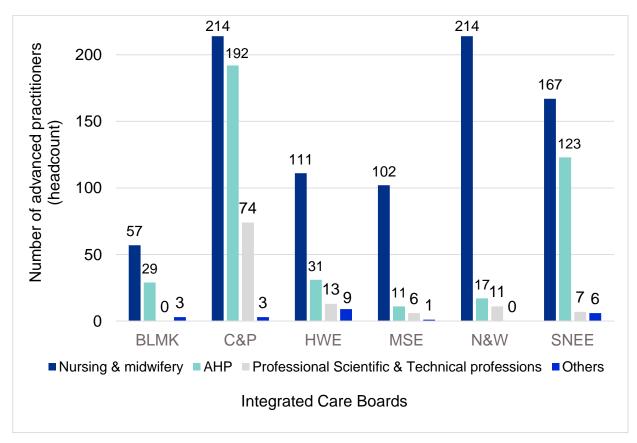


Figure 12– Total number of advanced practitioners (headcount) per professional group in secondary care (November 23)

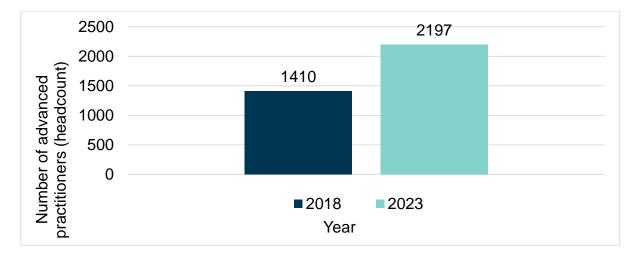




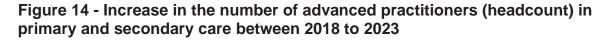
4. Regional advanced practitioner growth

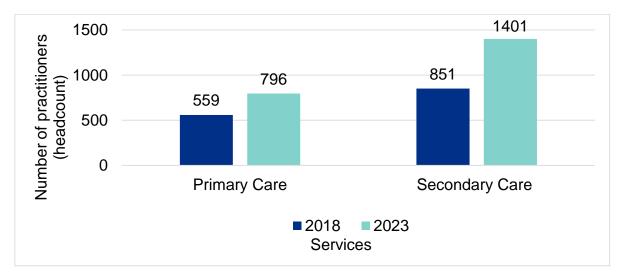
Over the past 5 years (between December 2018 to November 2023) we have seen a steady increase in the recorded number of advanced practitioners across the region. In 2018, the combined number of advanced practitioners employed across primary care and secondary care was 1,410. This has increased by 55.8% to 2,197 as of November 2023, see Figure 4.

Figure 4- Increase in the number of advanced practitioners (headcount) between 2018 to 2023



The growth identified has not been comparative between primary and secondary care. Figure 14 highlights a 42.4% increase over the 5 years within primary care, whereas secondary care has seen an 64.6% increase over the same period.



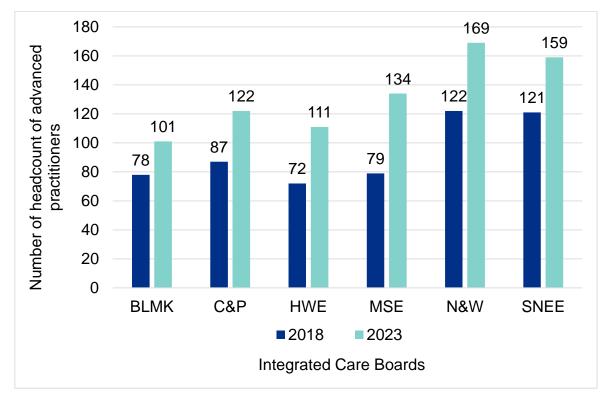


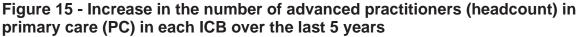
It is likely that the observed increase in the number of advanced practitioners in primary care has been supported by the Additional Roles Reimbursement Scheme (ARRS), first introduced in 2019. This was intended to support Primary Care Networks (PCNs) with a funding stream to support staff recruitment which includes advanced practitioner roles.

Although secondary care organisations have not received a similar scheme, the development of the Regional Faculty for Advancing Practice has supported the establishment of 6 ICBs Advanced Practice Faculties, named advanced practice leads in all organisations and the implementation of robust governance to support current advanced practitioners and the development of future advance practice roles across established and new pathways of care. This may have had a positive impact on the growth identified, as well as the understanding of the level of advance practice roles and their potential impact across all systems.

4.1 Advanced practice growth across Integrated Care Boards

At an ICB level, the advanced practice workforce growth identified over the past 5 years in primary care and secondary care varies across all 6 ICBs, as shown in Figures 15 and 16.





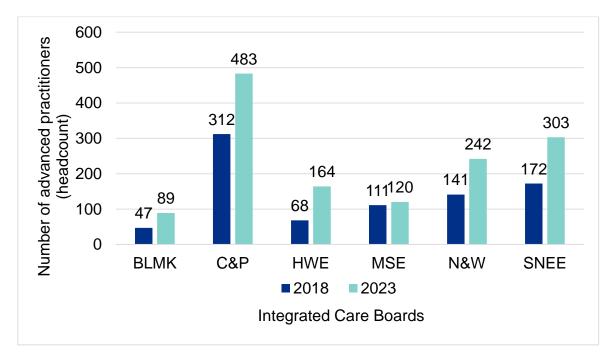


Figure 16- Increase in the number of advanced practitioners (headcount) in secondary care (SC) in each ICB over the last 5 years

In primary care, (Figure 15), Norfolk and Waveney (N&W) ICB currently have the largest recorded number of advanced practitioners with 169, however the greatest percentage increase over the last 5 years can be seen in Mid and South Essex (MSE) ICB. Their primary care advanced practice workforce has increased by 70%, from 79 to 134 representing an annual growth of 14% (see Table 1). Bedfordshire, Luton, and Milton Keynes (BLMK) ICB have the smallest recorded primary care advanced practitioners and have the smallest percentage growth of all the ICBs with 29% between 2018 to 2023, representing an annual growth of 6% (see Table 1).

In secondary care (Figure 16) Cambridge and Peterborough ICB have the largest recorded number of advanced practitioners with 483. However, the greatest percentage increase over the last 5 years can be seen in Herts and West Essex (HWE) ICB. Their secondary care advanced practice workforce has increased by 141%, from 68 to 164, representing an annual growth of 28%. Although MSE ICB showed significant growth across primary care, this was not replicated in secondary care, and as a system have the smallest percentage growth of all the ICBs with 8% over the 5-year period for an annual round-up growth of 2%.

There are a number of known factors that could contribute to the variations in growth seen across the ICBs. Firstly, the size and number of primary and secondary care organisations across each of the systems. Secondly the proximity to London which could influence recruitment and retention due to higher wages (specifically affecting HWE, MSE and Suffolk and Northeast Essex (SNEE) ICBs).

Thirdly, the geography of ICBs can impact on recruitment and retention, N&W and SNEE could be affected due to the remote nature of their rural and costal landscape.

Table 1- Percentage of annual average increase of the headcount of advanced practitioners over the last 5 years (2018-2023) in primary and secondary care across all 6 ICBs

ICB	Annual average gr	ICB average growth over	
	Primary care	Secondary care	5 years
BLMK	6%	18%	24%
C&P	8%	11%	19%
HWE	11%	28%	39%
MSE	14%	2%	16%
N&W	8%	14%	22%
SNEE	6%	15%	22%
Regional average	9%	15%	24%

Recorded advanced practice workforce growth over the last 12 months

From November 2022 to November 2023 the regional growth in the advanced practice workforce increased by 25%, this was slightly below the national average of 34%. This is mainly due to slower growth within primary care, 6% in the East of England compared to 19% across all seven regions. However, the growth in region for secondary care was higher at 19%, compared to 15% growth across all regions. Figure 17 shows the growth within that period across all 6 ICBs.

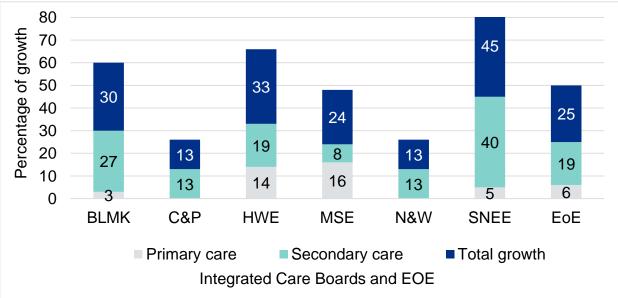


Figure 17 - Latest 12-month growth (November 2022 to November 2023) of advanced practice workforce across all 6 ICBs and region

4.2 Advanced practice growth per profession

Due to the data available the time periods covered within the following figures (Figures 18,19, 20 and 21) vary and therefore direct comparisons relating to growth across primary and secondary care cannot be made. Within secondary care the data covers a five-year time period from 2018 to 2023. Within primary care, AHP and pharmacist data was only available from 2022 to 2023.

The percentage growth seen across nursing and midwifery and the allied health professions (AHPs) in secondary care over the past 5 years is comparable, with nursing and midwifery seeing a 63% increase and AHPs seeing a 59% increase, see Figure 18. Although currently representing the smallest percentage of the advanced practice workforce across the region, the largest growth was seen in advanced practice roles from the professional scientific and technical professions, with 91% growth from 58 employed advanced practitioners to 111 recorded in 2023.

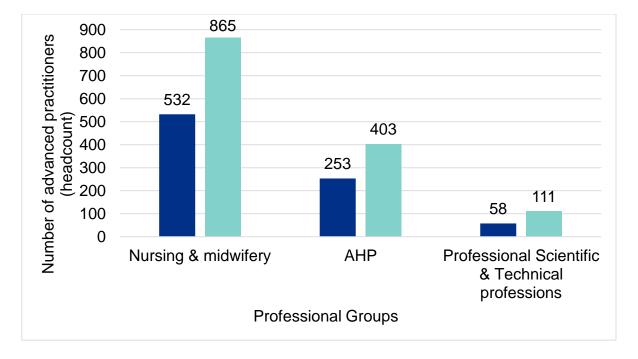


Figure 18 – Regional level of growth in Nursing & Midwifery, AHP, and Professional Scientific & Technical professions in secondary care from 2018 to 2023

Between 2022 and 2023, nursing has seen a 2.6% increase in the recorded number of advanced practitioners in primary care, whereas AHPs have seen a 27% increase and pharmacists a 21% increase, see Figure 19. Currently the only allied health professions actually recorded as employed in advanced practice roles within the regional Primary Care Training Hubs are paramedics (95%) and physiotherapist (5%).



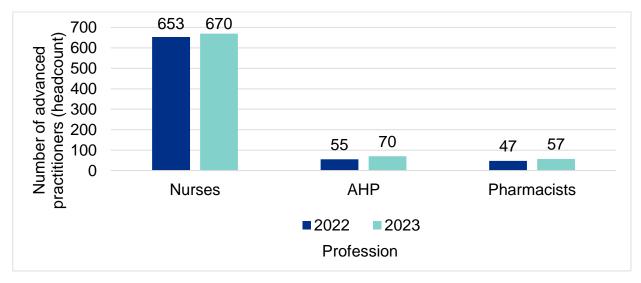
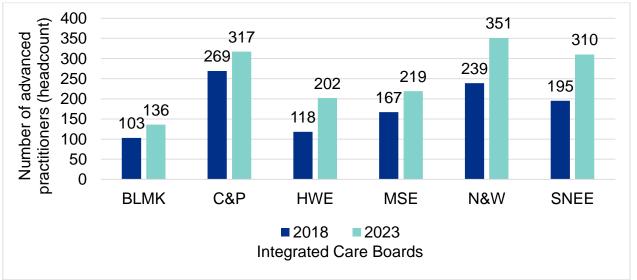


Figure 20 demonstrates the combined regional growth across primary and secondary care for advanced practitioners recorded from the nursing and midwifery professions between 2018 to 2023. The largest increase in growth with 71% is seen within Herts and West Essex, followed by Suffolk and Northeast Essex with 59%, Norfolk and Waveney with 47%, Bedfordshire, Luton, and Milton Keynes with 32%, Mid and South Essex with 31% and Cambridgeshire and Peterborough (C&P) with the smallest percentage growth across all ICBs with 18%. As C&P have the largest recorded advanced practice workforce across all the regional ICBs we may expect to see a smaller increase in growth, however no further correlations can be seen between the percentage growth per ICB and the known recorded advanced practice workforce.



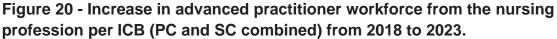
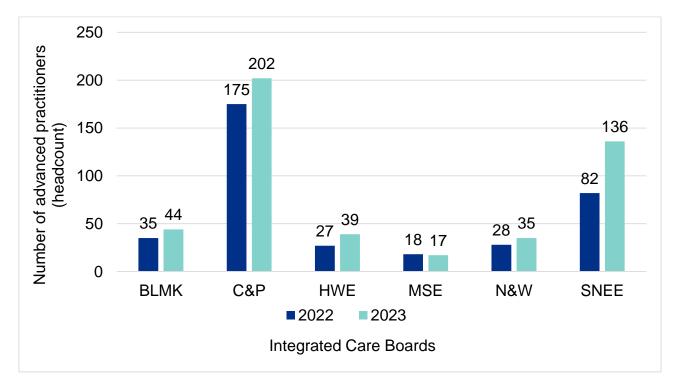


Figure 21 demonstrates the combined regional growth across primary and secondary care for advanced practitioners recorded from an AHPs between 2022 to 2023. Primary care covers paramedics and physiotherapist only whereas secondary care covers all AHPs. The largest increase in growth with 66% is seen within Suffolk and Northeast Essex, followed by Herts and West Essex with 44%, Bedfordshire, Luton and Milton Keynes and Norfolk and Waveney have the same percentage of growth with 26% and 25%, respectively. Cambridgeshire and Peterborough have 15% growth recorded and Mid and South Essex are the only ICB that have recorded a decrease with -6% in the AHP workforce over the past year.





5. Regional Faculty for Advancing Practice trainee growth

The Regional Faculty for Advancing Practice was established in 2021 and the number of new advanced practice trainees supported by the faculty has steadily grown per year over the past 3 years, see Figure 5. These figures are based on confirmed trainees starting on MSc Advanced Practice programmes and not demand submitted by organisations.

Figure 5 - Number of trainee advanced practitioners starting on MSc Advanced Practice programmes being supported by the Regional Faculty for Advancing Practice from 2021-22 to 2023-24

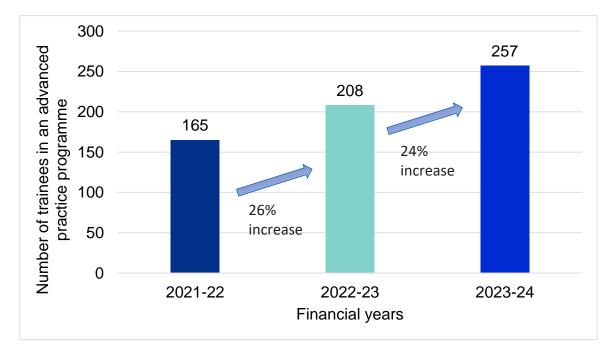
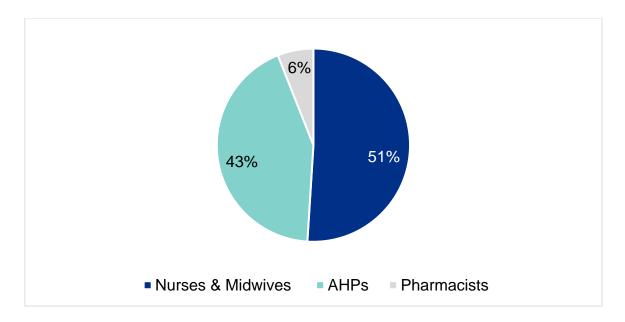


Figure 22 demonstrates the professional background of the trainees who have been confirmed as starting on an MSc Advanced Practice programme supported by the Faculty for Advancing Practice for 2023/24.

Figure 22 – Percentage of trainees supported by NHSE Faculty for Advancing Practice starting on advanced practice programmes per profession for the financial year 2023-24 (N=257)



Although trainee growth has been steady, several known factors have impacted on regional organisational demand turning into actual utilisation and trainees starting on advanced practice programmes:

- Across 2022/23, Covid significantly impacted on organisations' ability to release senior staff to undertake additional training.
- Organisations continue to face significant pressures due to staff shortages, strike action and large waiting lists, all of which affect the ability of organisations to release staff to undertake additional training and education.
- Financial pressures. A requirement of the Faculty for Advancing Practice's training funding is that organisations can confirm that an advanced practice role is available for trainees upon qualification. This was implemented to ensure NHSE funding actually equated to an increase in the regional advanced practice workforce. Increased financial pressures has also impacted on business case approval and the availability of funding for advanced practice roles.

Table 2 – Estimated completion date of trainees supported by the Faculty for Advancing Practice completing their MSc Advanced Practice programmes, (Spring 2023 until Autumn 2026) based on the year they started on programme.

Year trainees commenced on MSc Advanced Practice Programme	Date trainee due to qualify	Number of trainees	Qualified advanced practitioners expected per year
2020/21	Spring 2023	19	
	Autumn 2023	117	
			2023 Total 136
2021/22	Spring 2024	54	
	Autumn 2024	226	
			2024 Total 280
2022/23	Spring 2025	84	
	Autumn 2025	118	
			2025 Total 202
2023/24	Spring 2026	141	
	Autumn 2026	115	
			2026 Total 256

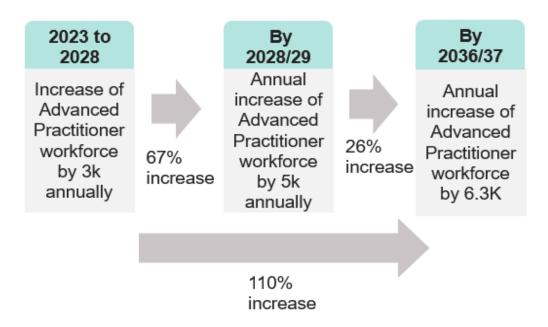
Table 2 shows the planned number of trainees supported by the Faculty for Advancing Practice due to complete their MSc Advanced Practice programme from Spring 2023 through to Autumn 2026, based on the year they started on programme. These figures therefore provide an overview of the expected growth of the advanced practitioner workforce across the region over the next 3 years (an additional 874 advanced practitioners). The date of qualification and the numbers may vary; trainees may pause programmes due to personal or work-based pressures or, in some cases, withdraw completely. The potential growth is also based on the assumption that organisations will retain all qualified trainees within region, which may not be the case.

Additional growth may also be achieved as the figures above do not consider trainees supported by organisations via internal funds, or self-funders also on programmes. Organisations may also recruit into advanced practice roles from the qualified workforce outside of region.

6. Long Term Workforce Plan

The 2023 <u>NHS Long-Term Workforce Plan</u> indicates that a significant increase in the advanced practitioner workforce is required to meet the current and future demands of the NHS. The growth outlined is ambitious, and to meet the 39,000 advanced practitioners required by 2031/32, all seven regions will need to support the national ambition of 5,000 new trainees starting on programmes by 2028, increasing to 6,300 each year by 2031/32, see Figure 6.

Figure 6- Expected increase required of the advanced practitioner workforce across England as outlined in the NHS Long-Term Workforce Plan



The advanced practice workforce growth is currently split between the seven regions based upon national population data. For 2023/24 the national ambition is 3,000 new trainees starting on MSc Advanced Practice programmes. The East of

England represents 10% of the national population, therefore our confirmed 257 new trainees starting on programmes is 15% below the required 300.

If we assume that growth remains based on national population data, to meet the Long-Term Workforce Plan ambition the East of England region will need to have 465 new advanced practice trainees starting on programmes per year by 2031, which equates to an overall increase of 130%.

The NHSE Faculty for Advancing Practice remains focused and driven to support the development and implementation of advanced practice roles. Our investment is aligned to the NHS England Workforce, Training and Education delivery plan, NHS Long Term Plan (2019), NHS People Plan, (2020), and the NHS Long Term Workforce Plan (2023) to ensure that across the East of England advanced practice developments are responsive to system needs and will deliver the right number of staff, with the right skills, values and behaviours, at the right time and in the right place. To grow our advanced practice workforce, we will continue to work in collaboration with our key stakeholders (including our Integrated Care Board partners, organisations, and Higher Educational Institutes) to identify workforce demand, support the transformation of patient care and to invest in workforce education and training development.

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