

Response to the Secretary of State's Change NHS call for views

December 2024

1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care (PSA) promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament. More information about our work and the approach we take is available at www.professionalstandards.org.uk.
- 1.2 As part of our work we:
- Drive improvements in the performance of the regulators and report annually to Parliament on their performance.
 - Challenge in the courts decisions taken by the regulators about the fitness to practise of their registrants if they do not protect the public.
 - Raise standards of unregulated practitioners such as counsellors by accrediting non-statutory registers
 - Conduct research and advise the four UK governments on improvements in regulation
 - Promote Right-touch regulation and publish papers on regulatory policy and practice.

2. Questions

The 10 Year Health Plan for England

The government has promised to put in place a 10-Year Health Plan to fix the NHS in England. We want to hear what your priorities are for this plan as interested organisations. Tell us what your organisation wants to see in the 10 Year Health Plan, and why this is important.

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

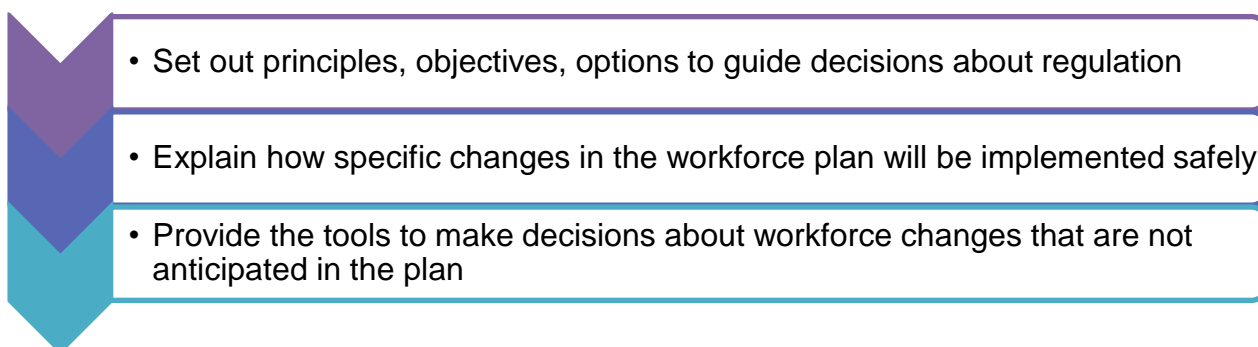
- 2.1 We welcome the focus, within the 10-Year Health Plan, on the importance of preventative healthcare. This reflects our thinking that the focus of regulation should also be on the prevention of harm. The PSA recommends that the Government develop a regulatory strategy as an integral part of the thinking for the 10-Year Health Plan.

2.2 The three shifts set out below will require changes in the makeup of the workforce. These may take any of the following forms:

- Existing roles:
 - Grow – train more people
 - Grow – increase number of posts
 - Accelerate – reduce the length of training
 - Expand – increase scope of practice
- New roles
 - Create – entirely new roles

2.3 Workforce change requires careful planning, a key part of which should be concerned with any risks that may arise from the change, and how to mitigate them. In our experience, consideration of safe implementation – including options for regulation – can be an afterthought; and the multiplicity of bodies involved in the planning and implementation of workforce change can inhibit proper planning in this respect. This can result in delays in implementation, and be damaging to public, professional and employer confidence.

2.4 A regulatory strategy would:



2.5 Using the PSA principles of [Right-touch regulation](#), it would focus on identifying proportionate means of addressing risks of harm to the public, and encourage consideration of the full range of safety measures, such as:

- Local measures, such as HR mechanisms
- Non-statutory 'regulation' – e.g. PSA Accredited Registers
- Licensing
- Negative registers/barring schemes
- Statutory professional regulation.

2.6 It would also be an opportunity for the Government to articulate its general approach to regulation, setting out any related priorities, such as growth and innovation, and how regulation would help to deliver them.

2.7 A regulatory strategy could help to achieve the following:

- Bring consistency and coherence to the approach to safe implementation of workforce changes, and to decisions about professional regulation
- Build sector consensus and public confidence from the start by bringing together a coalition of partners to agree the strategy, helping to lay the groundwork for the development of new roles and when bringing new roles into regulation
- Speed up the pace of agreed changes by anticipating the need for safety measures, including any formal regulatory measures, and where necessary setting wheels in motion for legislative change
- Speed up the pace of any future changes by agreeing principles on which decisions about safe implementation would be made
- Enable greater co-ordination of data to support workforce planning and to support an increasingly diverse workforce
- Help to bridge the gap between the regulation of workplaces, teams and individuals to improve patient safety and promote learning.
- Support environments in which learning from what works – as well as what has gone wrong – can be identified to support innovation and best practice.

- 2.8 An example of where a regulatory strategy has been successfully applied is within the psychological services. We worked with NHSE to develop registration requirements for the new and expanded roles helping to widen access to evidence-based psychological support, as set out in the NHS Long Term Plan. NHSE now requires registration with one of our Accredited Registers as a condition of employment for some of these roles, which provides assurance for the public about standards.
- 2.9 We are taking a similar collaborative approach with DHSC and NHSE to the development of proposals for the regulation of NHS managers in England. To be truly effective however, there needs to be an overarching regulatory strategy.
- 2.10 The development of the NHS 10-Year Health Plan is an opportunity to achieve this. We think the need for a regulatory strategy is illustrated by the learning that, as the Secretary of State has recently acknowledged in his announcement of the Leng Review, is to be drawn from the roll-out of Anaesthesia Associates (AAs) and Physician Associates (PAs).¹

¹ [New review of physician and anaesthesia associates launched - GOV.UK](https://www.gov.uk/government/news/new-review-of-physician-and-anaesthesia-associates-launched)

Introducing the three shifts

The next questions relate to 3 'shifts' – big changes to the way health and care services work – that doctors, nurses, patient charities, academics and politicians from all parties broadly agree are necessary to improve health and care services in England:

- Shift 1: moving more care from hospitals to communities
- Shift 2: making better use of technology in health and care
- Shift 3: focussing on preventing sickness, not just treating it

In answering the following questions on the 3 shifts, we'd welcome references to specific examples or case studies. Please also indicate how you would prioritise these and at what level you would recommend addressing this at, i.e. a central approach or local approach.

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Shift 1: moving more care from hospitals to communities

This means delivering more tests, scans, treatments and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies.

More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes. This may involve adapting or extending clinics, surgeries and other facilities in our neighbourhoods, so that they can provide things that are mostly delivered in hospitals at the moment. Examples might include:

- urgent treatment for minor emergencies
- diagnostic scans and tests
- ongoing treatments and therapies.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?
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- 2.12 It is not for the PSA, as a professional regulation oversight body, to comment on the challenges of this shift relating to structure and infrastructure.
- 2.13 More relevant to professional regulation are the workforce and regulatory shifts that would be required to bring about this change. Existing roles may need to have their scopes expanded, new roles may need to be created, and we may need more of some existing skills, and less of others. Some types of care are increasingly being provided for at home rather than in hospitals, for example.
- 2.14 This can have significant benefits for patients, but also places new emphasis on the need for effective relationships and sharing of skills between professionals, patients, and carers. For example, the Government's Safe Care at Home

review² highlighted that frontline professionals often lack the necessary tools and resources to fully protect and support people with care and support needs who are, or are at risk of being, abused in their own home by the person providing their care. Through a combined exercise in workforce and regulatory planning as described above, these types of risks can be anticipated and mitigated.

Shift 2: Analogue to Digital

Improving how we use technology across health and care could have a big impact on our health and care services in the future.

Examples might include better computer systems so patients only have to tell their story once; video appointments; AI scanners that can identify disease more quickly and accurately; and more advanced robotics enabling ever more effective surgery.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

- 2.15 In our sector, we are considering how to harness technology to make care safer, and to predict and prevent future risks. In our view, a more coordinated approach to data and AI across the ten professional regulators we oversee, and linking in with the regulators of products (Medicines and Healthcare Products Regulatory Agency) and place (Care Quality Commission), holds great potential in terms of:
- identifying and acting on risks, moving to a more preventative approach to regulation
 - operational efficiencies within the regulators – such as how professional regulators deal with concerns – and the potential to close cases quicker at earlier stages
 - helping to identify innovation and share best practice.
- 2.16 Such cross-sector working is complex, and can be inhibited by concerns about data sharing, security, and quality. This is especially the case with AI, where the complexity of the technology itself can exacerbate these concerns. The current uncertainty about Government plans for regulation of AI may also be having a dampening effect on any progress.
- 2.17 In addition, while some of the opportunities and challenges arising from greater use of AI within health can be addressed through ‘business as usual’ – releasing full potential would require Government support. Doing so would mirror the support for the NHS to take advantage of these technologies in delivery – and if we do not invest similar time and resource within regulation this could ultimately hold it back and widen the gap between regulatory and workforce strategies.

² [Safe care at home review \(accessible version\) - GOV.UK](#)

Shift 3: Sickness to Prevention

Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer, and take pressure off health and care services.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Tackling health inequalities

- 2.18 It is widely acknowledged that health inequalities exist across England, linked both to ethnicity³ and socio-economic status⁴ – this was already the case in 2022, when we published [Safer Care for All](#), and we continue to see regular reports of disparities in health outcomes. The Government should make tackling these inequalities a priority under Shift 3.
- 2.19 *Safer Care for All* highlighted the lack of robust demographic data relating to complaints about health and care provision. Since the report was published, the PSA has introduced higher expectations for the statutory regulators in relation to Equality, Diversity and Inclusion. Among other things, it requires regulators to develop an understanding of the diversity of the people who interact with the regulator, which includes through bringing complaints. It is too early to assess what effect this is having overall, but we are aware of a range of work planned and underway to improve their ability to gather and use EDI information about people making referrals. We will continue to track and report on progress in this area through our Performance Review reports.

Shifting the workforce

- 2.20 As we have highlighted elsewhere in our response, the Government's aspirations for the NHS will require some significant shifts in the makeup of the workforce. The PSA's programme for accrediting registers of unregulated roles in health and care could play an important role in helping to move to a more preventative model of healthcare, and should be considered among the options for safe workforce change in any regulatory strategy. Our powers to accredit registers are backed by legislation, but the scheme itself offers greater speed and flexibility than statutory regulation as the registers that apply for accreditation are not bound by, nor required to wait for, statute.
- 2.21 There are currently 29 registers in the programme, covering a total of more than 120,000 practitioners.
- 2.22 Throughout the life of the programme, we have sought to highlight its untapped potential to supplement the NHS workforce and improve outcomes in a number of different areas, including mental health, occupational health, and public health generally.⁵ We believe that more could be done, with the support of the

³ [The Health Of People From Ethnic Minority Groups In England | The King's Fund](#)

⁴ [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)

⁵ [untapped-resources---accredited-registers-in-the-wider-workforce-november-2017.pdf](#)

Government and NHSE to make use of practitioners on Accredited Registers to improve overall population health.

Ideas for change

We're inviting everyone to share their ideas on what needs to change across the health and care system. These could be:

- Ideas about how the NHS could change to deliver high quality care more effectively.
- Ideas about how other parts of the health and care system and other organisations in society could change to promote better health and/or improve the way health and care services work together.
- Ideas about how individuals and communities could do things differently in the future to improve people's health.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

- **Quick to do, that is in the next year or so**
- **In the middle, that is in the next 2 to 5 years**
- **Long term change, that will take more than 5 years**

- 2.23 As set out above, we believe that developing a regulatory strategy will be essential to support the workforce changes required to deliver the 10-year plan.
- 2.24 As part of this thinking about how to implement changes in the workforce in a safe and pragmatic way, we would urge the Government to consider how it could make greater use of the PSA Accredited Registers Programme.
- 2.25 Finally, we suggest Government assistance would be required to support professional regulators and other bodies involved in the delivery of safe and effective care to harness to potential of AI.

3. Further information

- 3.1 Please get in touch if you would like to discuss any aspect of this response in further detail.
- 3.2 You can contact us at:

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