



# **EQUITY, POVERTY AND ACCESS: AN ENGLISH NHS PERSPECTIVE**

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# Background

- NHS workforce planner for 19 years
- Partnership with education providers
  - Supported training for 2,500 people
- Yorkshire has poor educational attainment
- Ageing population
  - Ratio of working age to retirement age
- Smaller geography than other countries
  - Less “rural”

# Poverty issues

- Health inequalities beyond health
  - Not a North south divide
  - Not an urban rural divide
- Risk of high level sweeping assumptions
  - PCTs are critical
  - Policy of shift to Primary Care
  - Provider incentives
- Issues not always logical
  - West Midlands
- Workforce not aligned with need

# Where are we now?

- UK Health system does not exist
  - International data UK wide – appropriate?
- England in policy flux
  - High level
  - Need operational detail
- Workforce planning needs to improve
  - International comparison – King's Fund
  - Centre of Excellence – analysis, capability

# Priorities

- Using information
  - Public health data – Public Health Observatories
- Link commissioning, service, financial and workforce planning
- Workforce planners
  - Capacity and capabilities
- Provide quality training opportunities where they are needed

# ODS Population Centric Model

Stage  
06

Gap, Analysis, Reality Check,  
Planning for Implementation

Stage  
05

Defining Roles and  
Future Workforce

Stage  
04

Defining Skills, Knowledge  
and Competence Levels

Stage  
03

Design and Commissioning  
of Services

Stage  
02

Population Definition /  
Strategic Environment

Stage  
01

Establishing the Change  
Management Approach