Written evidence for the Health Select Committee inquiry into Education, Training and Workforce Planning, submitted by Education for Health.

- Education for Health is a charitable educational organisation. We design and deliver educational products that meet the ever changing needs of primary care both across the UK, and further afield. We also believe strongly that one of the greatest levers for improving healthcare outcomes for patients and wider healthcare systems is education. To pursue these objectives we conduct and publish high level research, disseminate information and act as a voice for the nursing community.
- Whilst there is widespread appreciation for the case for reforming the NHS, there has been extensive debate over the shape of the proposed new architecture and the proposed timelines for implementation. This has caused great uncertainty and is currently undermining the commissioning and planning of education across primary care.
- A growing body of research evidence demonstrates the enormous impact that targeted and responsive education can have in improving health outcomes for health care users.
- Research is beginning to paint a picture of the health economic benefits that education can have. Better training means better diagnosis and management, means reduced hospital admissions. More research is needed in this area though and we would urge the committee to consider this need.
- The changing demographics of the nursing community add further impetus to the need for a far reaching educational strategy.

1. We would like to welcome this inquiry. For nearly thirty years now Education for Health have been successfully acting on our belief that education is one of the greatest levers available for improving healthcare outcomes. Education and training empower staff, improve patient outcomes and drive down costs across all health areas. Our courses successfully identify and target needs in primary care and we now offer a range of standardised and bespoke educational products which address major public health concerns such as COPD amongst working age populations as well as courses which meet the health needs of a changing demographic.

2. Whilst there is now widespread recognition of the need to reform elements of our health care systems, the passage of the current NHS White Paper has led to a period of inertia amongst the health care community which is having an adverse effect on training. Those who hold health education budgets are feeling unsure about where they stand and we have seen a subsequent dip in the take up of our courses. Enrolment onto our diploma modules, for example, is down 17% whilst take up of our workshops is down 41%, overall we have seen a 31% reduction in enrolment across the board for 2011 as compared to 2010. The ‘pause’ in the passage of the bill only added to this uncertainty and we would stress the need for greater clarity and leadership in delivering reforms.

3. We would also urge the government to place educational needs at the centre of any on-going reforms. Our own experiences, as well as a growing body of research, show that a greater consideration of the educational needs of HCP’s has an enormous and beneficial effect in a range of long term disease areas. One such example of our research in this area is a randomised controlled trial we conducted into the quality of outcomes for patients with perennial rhinitis. We found a clear relationship between the educational levels of practice staff and the treatment patients received.
When comparing a randomised control group of perennial rhinitis patients to another group of patients from practices where educational intervention had occurred, the results were telling. Health related quality of life (RQLQ) improved significantly in the intervention group but not the control group. Likewise there was a trend for greater improvement in RQLQ in the intervention group compared to the control group at the end of the study. A range of other studies support these findings. Most recently a wide ranging study from Peter Griffiths’ team at the University of Southampton, which collected data from more than 8000 English general practices, also indicated the profound role education has in improving healthcare outcomes.

4. It is not just patient outcomes which are enhanced by more focus on education however. By facilitating better diagnosis in primary care, education also reduces the number of people arriving in hospital – often unnecessarily and at great expense. The Nuffield Trust calculated in July 2010, for example, that the accrued cost of emergency admissions to hospital was £11 billion per year, a figure which is rising. Many of these visits are unnecessary however and could be avoided through better educational intervention at primary care level. Across a variety of long-term conditions, education of primary care staff can reduce hospital admissions and save the NHS money. All of this fits well with the QIPP agenda and, we believe, that by ensuring that staff across the health service have adequate training and educational levels, efficiency can be improved greatly.

5. One major issue that currently exists, and hampers the implementation of a better strategy for Education, Training and Workforce Practice, is a lack of research into the health economics of education. There is little appraisal of the value added to the NHS, through savings and patient outcomes (which in itself impacts upon other budgets such as that for social care and benefits), of proactive training and education. At the moment all that seems to exist is the fairly common sense argument that withdrawing educational funding is ‘false economy’, saving money now but accruing much greater costs down the line – not to mention contributing to a downward trend in patient outcomes. We believe there is pressing need for greater analysis and insight into the full scale of costs and savings involved in the continued education of health care professionals.

6. There have been a number of studies conducted since the 1990’s, primarily in the US, which do shed some light on these trends. In terms of analysing patient outcomes, data analysis has supported the belief that nurses with greater training levels lead to higher quality of care. This finding has been further supported by research which has suggested that, for each additional year of nurse experience in a clinical unit, there were 4-6 less deaths for every 1000 patients. The economic benefits of a better trained workforce have also been explored who found that by increasing patient to nurse ratios from 8:1 to 4:1, a great deal more money was saved than through other measures such as screening. Similarly within the context of nursing homes a study has discovered that savings of $3,000 per patient per year could be made by allowing patients just thirty to forty minutes of registered nurse time. Likewise a Health Select committee investigation itself found adverse relationships between the employing of temporary staff and diminished patient satisfaction. All of this supports the view that, by investing in nursing education now, we can save money and improve outcomes in the longer term. We believe the government’s reform agenda presents the perfect opportunity to take this research forward and develop a better understanding of the relationship between education, training and patient outcomes, health economics.
7. Demographic trends within the NHS are also making the need for greater clarity of purpose around education a pressing one. The NHS, like many health systems around the world, faces a ‘retirement bulge’. Around 150,000 of the million people employed by the NHS are aged 50 plus and eligible for early retirement. These figures are even more pronounced amongst the practice nurse community with figures for 2009 showing that 45% of practice nurses are aged 50 plus and nearly 70% are aged 45 or over. As a result, over the coming decade, the service can expect to lose some of its most experienced staff, leaving a major skills shortage. We believe this trend makes the need for education and training in primary care a vital one and one which cannot be ignored.

8. We would like to thank the Select Committee for instigating and driving this important investigation. We believe it is of vital importance that we now start paying the attention deserved to the economic and organisational logic of investing in better education and training for the nursing community. We have been educating healthcare professionals now for nearly 30 years and have seen first-hand the impact that well designed educational products can have in terms of taking the strain of GP’s and hospitals, facilitating better self-management amongst patients and earlier, better diagnosis which means better health outcomes.

Further information;

Liam Thompson, PR and Communications Officer
l.thompson@educationforhealth.org

Monica Fletcher, Chief Executive
m.fletcher@educationforhealth.org

Education for Health,
The Athenaeum,
10 Church Street,
Warwick,
CV34 4AB

01926 493 313