

What on earth are WDCs?

Claire Grout explains what workforce development confederations are and how pharmacists can engage with them

Workforce development confederations (WDCs) came into being in April 2001 following a national review of workforce planning within health and social care which highlighted the need for a co-ordinated approach to planning and delivering services.

WDCs are a network of organisations with responsibility for developing an integrated approach to workforce planning and development for health and social care providers. They need to determine the numbers of staff that providers need now and in the future, and the range of skills and competencies staff will need. They have a key role in driving forward work to increase staff numbers and change the way in which staff are trained and educated. Another important role is to develop and spread improved ways of working that tackle problems of recruitment and retention and which enhance the working lives of staff.

In England, there are currently 27 WDCs but this will soon become 28, so that each WDC will be coterminous with the strategic health authorities (SHAs). Currently WDCs are performance managed by the SHAs through business plan agreements. However by April 2004 they will be fully integrated into SHAs.

WDCs are involved in activities that aim to reduce vacancies within local health and social care organisations, and ensure services have enough staff with the right skills to meet the needs of patients. The core functions, as defined by the Department of Health, are shown in the Panel. These activities can broadly be grouped into three main areas: (i) workforce visioning, planning and development, (ii) commissioning education and training, and (iii) supra-employer human resources.

To achieve these functions, there is an executive team and staff employed by the WDC. However the plan of work is steered by local stakeholders, because WDCs are "partnership" organisations. WDCs bring together local National Health Service and non-NHS employers to plan and develop the whole workforce.

Membership of a confederation board will reflect the local range of providers and others involved in health and social care. This will include representatives of trusts, primary care trusts, social services, prison health services, independent and voluntary organisations, the postgraduate deanery, strategic health authority, education providers and others such as learning and skills councils.

Each WDC may work differently depending on local need and preferences.

However, it is likely that their work will be informed by a series of groups such as care groups for specific patient care areas, or maybe done on an area basis by local workforce development groups.

Each WDC will have a workforce information team that collates and interprets data from trusts to inform commissioning and developments. There are some specific issues that cause difficulty in pharmacy. Pharmacy degrees are centrally funded rather than locally commissioned, which means local planning can only start at preregistration level for pharmacists. Also there may be difficulty planning for the service contracted to the NHS rather than that managed by the NHS. It may be problematic obtaining workforce information from the independent sector of the profession and using this effectively in conjunction with NHS data. Supply and demand information is not easy to collate in such a diverse profession.

These issues are also being addressed nationally through the newly developed Pharmacy Workforce Planning and Policy Advisory Group, on which there is WDC representation.

WDCs may also take a lead role in specific initiatives to boost the workforce, for example "return to practice" programmes and international recruitment activities.

WDCs manage a national levy, the multiprofessional education and training levy, together with funding for continuing professional development and NHS learning accounts. There is also other specific funding which comes through WDCs, the most relevant current example being to support supplementary prescribing.

For pharmacy, generally NHS preregistration places are funded by the WDC. In

some areas technician training is commissioned via WDCs. Some post-qualification/post-registration training and development for NHS pharmacists and support staff is supported either directly from pharmacy budgets or through CPD funding transferred to trusts. In most areas, one WDC will take responsibility for pharmacy on behalf of other WDCs within a "region". For example, the Greater Manchester WDC leads on pharmacy for the north west, also covering Cheshire and Merseyside and Lancashire and Cumbria. In a few cases, there is a pharmacy lead employed directly by a WDC, although in most situations the WDC has a service level agreement with an external pharmacy provider.

Currently there is no standard provision for non-NHS staff, although learning accounts (for unqualified staff) and supplementary prescribing training for pharmacists are budgets which can be accessed, via PCTs, which will assess need. Other developments through care or advisory groups, particularly around key government targets, may also support the overall primary care agenda.

WDCs are still relatively new organisations and, as their own name suggests, constantly developing. They are keen to engage with providers of health care services to ascertain the needs of the workforce. Pharmacists may be involved through personal involvement or by liaising with membership of the WDC board, care groups, or specific pharmacy groups that advise the WDC. To discuss local activities, find out who the relevant member is with whom you should engage.

Further information about WDCs can be found at www.wdc.nhs.uk

Core functions

- Take a leading role in envisioning the future health care workforce
- Develop and lead an integrated approach to workforce planning for health and social care communities
- Take overall responsibility for developing the existing and future health care workforce
- Take the lead in developing a shared approach to human resources policy and practice
- Establish robust working relationships the local university and with the NHS, social care and allied leading organisations of behalf of its constituent members
- Negotiate, manage and monitor performance of contracts with education and training providers, including further and higher education, and support the modernisation of professional education and training
- Take responsibility for practice placements for students on health care programmes funded by the NHS or the Higher Education Funding Council for England
- Actively promote patient, carer and student input to the development and delivery of health care education and training
- Co-ordinate the strategic management of local learning and education facilities in the NHS and support capital development plans for those facilities and the revenue consequences
- Ensure effective systems and procedures are in place for the financial management and accountability of all funds for which it is responsible

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