Further written evidence submitted by Department of Health

In follow up to the evidence session on 11 December 2014 I have included below and annexed information that I did not have available during the session.

I offered to send the NHS volunteering Framework: please see attached at Annex A.

I said I would provide clarity on whether being on the Nursing and Midwifery Council (NMC) register necessarily means you are practising currently in the UK. The NMC is the independent regulator of nurses and midwives in the United Kingdom. The NMC maintains a register of all nurses and midwives eligible to work in the UK and is responsible for setting standards for education, training and conduct for those on the register.

All nurses and midwives practising in the UK must be on the NMC register. However, some NMC registrants will be on the NMC register but not practising. For example, retirees and academics. The main reasons an individual would be on the register but not practicing are:

- a registrant who has informed the NMC that they are no longer practising, but who remains on the register until their current registration period expires.
- an academic who is not practising but whom wishes to maintain their professional registration.

It was asked why does the NHS currently not train enough doctors nurses and midwives, such that it needs to take overseas applicants? Why does it not, like some countries (unspecified) deliberately recruit more than it needs, as a global public good? The UK is committed to the WHO goal of a self-sustaining health workforce and we have sophisticated planning structures in place to achieve this but despite these structures there are inaccuracies. The reasons for this are wide and varied but the prevailing reasons are: migration – the UK is a donor as well as a recipient country and Doctors, Nurses and other health professionals leave this country to work in other nations; and personal choice – although the UK commissions places for the education and training of our health professionals there are not always enough successful applications to fill the commissions (even if we over commission to take this into account) because some areas are not as popular as others. The Department of Health tries to prevent this through various activities aimed at improved recruitment and retention, and our investment in workforce planning and Education and Training, as well as factoring in loss of personnel into the system. This work has meant that the UK is much closer to self-sufficiency than we have been in the past and we continue to push for improvements. It costs approximately £0.5m to train a doctor and consideration must be taken of how to use resources. Training excess doctors would put a strain on other areas of the system potentially resulting in pressure on expenditure for drugs, infrastructure, research, equipment etc.

Last year, Health Education England significantly increased the number of commissions they made for adult nursing over and above local plans,
representing a 9% increase on the previous year. For 2015/16 they plan to continue the growth in nursing numbers to meet safe staffing levels by commissioning 555 additional training posts, a further increase of 4.2%. This means in the two years of HEE being in existence adult nursing training places will have increased by 13.6%.

HEE are also leading a Return to Practice campaign for nurses and have invested £1.5m in funding approximately 90 Return to Practice courses which have already yielded an additional 779 trainees available for employment. They are also responsible for The NHS Careers website. The aim of this web portal is to provide information to those seeking careers in the NHS. The web site has three principle audiences: 14 – 18 school students, 18 – 22 Students (or those looking to join NHS as a school leaver) and over 22 those looking join or develop a career within the NHS. They will be looking to link with CFWI to ensure the career messages chime with potential skill need areas.

You enquired about how the Ebola outbreak was flagged up to DH and what channels do we have independent of WHO to alert Government Departments of a health threat and therefore protect UK nationals from disease outbreak? Public Health England (PHE) routinely carries out international scanning for emerging health threats. This covers a wide range of sources and is considered comprehensive and unlikely to miss something significant, irrespective of whether WHO has reported it. Systems are in place for the assessment and reporting of threats once identified. Additional potential sources of information are infectious disease clinician networks with links to the UK which might become aware of an emerging issue and share with PHE or DH and specialist diagnostic labs, such as those run by PHE, which might be contacted with respect to examination of specimens from patients with unknown illness, or detailed characterisation of a variant of something already known e.g. influenza.

The current Ebola outbreak was first picked up by PHE on 17th March during routine horizon scanning for emerging infectious threats. Reports were coming through of cases of an undiagnosed illness with a high mortality in Guinea. Gastrointestinal infections, Yellow fever and Lassa fever were included among the differential diagnoses. The reports were monitored, and the outbreak was confirmed [media reports] as Ebola on Saturday 22nd March. This was of concern because it was the first time Ebola had been seen in West Africa. Emails and discussions regarding the significance of this outbreak started between DFID/DH/PHE and UKCDS early morning on Monday 24th March. The first WHO alert was received later in that morning. Communications between the Departments took place nationally and internationally all week and the situation was monitored very closely. A PHE Briefing note on Ebola in West Africa released on 25th March which asked PHE Centres to share the briefing with Emergency Departments, local NHS microbiology and Infectious Disease Consultants, and Port Health.

Confirmation that the outbreak had spread to Liberia on 31st March prompted briefings at the highest level. During this time PHE kept the Ebola web pages updated with the latest information and guidance. Contingency planning for the recognition and management of potential of cases entering the UK were
initiated, along with requesting PHE staff volunteer for the WHO call of assistance to the area.

News on 26th May that the outbreak had spread to Sierra Leone was regarded as significant from a West African control and UK perspective, and the level of preparedness and response to identify and manage cases coming to the UK increased. This has escalated as the number of cases in West Africa over the following months.