Renal Social Work Provision in the UK- 2007

Introduction:

Historically, Local Authorities have provided social work in health care settings since the NHS Registration Act 1973(England and Wales) (1), and the NHS Scotland Act 1972 (2).

However, specialist social work has been eroded, despite the importance attributed to it for the needs of those with long-term health conditions. In the renal field, lack of commitment by some Social Services, and a focus on statutory services only, has led to some Renal Units seeking alternative funding, by Health, charitable bodies, and industry.

In 1993 The National Renal Review (3), expressed great concern about the variations in service provision across the UK. By 2001 the Kidney Alliance (4) regarded renal social work as 'one of the most under-resourced renal services'.

The British Association of Social Work Renal Special Interest Group, conducted their own Audit in 2000 (5), identifying for the first time, the lack of service on some units, the short fall in provision, variations in funding sources, including charitable funding, and the discontinuity in provision. The group welcomed the support of the Kidney Alliance, and the subsequent development of the Renal National Service Framework (6).

Crucial to the needs of this service was the work undertaken by the National Renal Workforce Planning Group, (7) and its published recommendations in 2002. This clearly provided renal social work with an established position within the framework of services, and clear targets, in terms of achieving workforce standards required for the Renal NSF.

In 2007 the Renal Special Interest Group undertook a second Audit, to establish the current workforce data, and note any significant changes in the workforce.

This document reports those findings, and attempts to compare them to the 2000 data,

which was used to inform the National Renal Workforce planning recommendations of 2002.

Method of Data collection:

The 2007 Audit was compiled by identifying all the UK Renal Units, including satellite, private and holiday Units, using the Renal Association and National Kidney Federation data bases, and cross- checking with the Critical Care Directory 2007, to ensure that Units not reporting to the Registry, were included. Over a period of 6 months, all Units were contacted for data relating to social work posts, by letter or telephone.

The numbers of patients requiring Renal Replacement Therapy (RRT) were obtained from the Renal Registry data base, which allowed for calculations of patient: worker ratios.

Findings in 2007:

No. of Renal Units audited		=	255
No. of posts	Adults	=	54
	Paediatric	=	9
	Total	=	65

Contracted hours	Full-time	=	52%
	Part-time	=	48% (of which 21% are < 20 hours per week)

Tenure of posts	Permanent	93%

Contracts of employment	Local Authority	82%
	Health	17%
	Industry	1%

Funding sources	Local Authority	10.2%
	Health	71.5%
	Joint LA/Health	5.2%
	Joint health/Industry	2.5%
	Industry	1.1%
	Charity	9.3%

Agenda for Change Banding (Health funded posts only) - Range 4 >7

- **resulting in inequitable levels within the UK.**

Worker to Patient Ratios: Please note this is based on RRT patients only, and does not include work with pre–dialysis patients, or end of life care patients. This is a serious omission in the data, as this field of work has significantly expanded, and is an area of active involvement for social workers, that is not reflected in in the patient/worker ratios.

Ratio of Worker per RRT patients:

Paediatrics

1 wte per 52 children

(based on Renal Registry data)

Ratio of Worker per RRT patients

Adults

England	1 wte per 823
N.Ireland	1 wte per 217
Scotland	1 wte per 296
Wales	1 wte per 415

Trends since the Audit of 2000:

Key trends:

Posts:

- Number of specialist renal social work posts - reduced by 11%
- Number of full time posts - reduced by 6%
- Number of permanent posts - increased by 53%

Contracts of employment:

- Local Authorities - increased by 1%
- Health - increased by 2%
- Industry - no change

Funding:

- Local Authority - reduced by 0.3 %
- Health - increased by 42 %
- Joint Funded Health and LA - reduced by 12.7%
- Joint funded by Health and Industry - increased by 3%
- Industry - no change
- Charities - reduced by 28%

Worker/Patient Ratios

Comparisons between the 2000 and the 2007 Audits, and the Renal National Workforce planning recommendations:

Adults

2000	2007	2002 recommendations
1 wte per 693	1 wte per 813	1 wte per 140

Paediatrics

2000	2007	2002 recommendations
No data available	1 wte per 52	1 wte per 45

Causes for concern, despite the 2002 recommendations:

- **The overall UK workforce has diminished by 11% in the intervening 5 years, despite an increase in the RRT population, and increasing areas of work. It should also be noted that the numbers of existing patients with co-morbid conditions/ disability needs have increased too, as survival rates improve. The proportion of patients requiring a social work service is therefore likely to steadily increase in the future.**

- **The data does not reflect the full extent of the workload, as the growing numbers of pre-dialysis patients, and conservatively managed patients are not included. This represents an increasing area of work for social workers, whose skills are required by these patient groups.**

- **Full-time posts have been reduced by 6%**

- **None of the regions of the UK have met the 2002 recommendations for adult service levels, with Renal Units in England causing the most concern with patient: worker ratios at over 5 X the recommended levels.**

- **Ultimately, some Units may have a social work service, but the pressure of numbers may mean that many patients have difficulty accessing that service.**

- **Paediatric posts have not attained their recommended workforce levels either, causing concern, as cases can be extremely complex working with young families, and extra time is needed to see families, often at considerable distances from regional centres.**

- **For some workers employed by Health, Agenda for Change has resulted in inequitable banding and remuneration**

The stark reality is that posts continue to be lost, with no improvement in the workforce ratio, leaving many patients and their families unable to access the psychological and social care, regarded as essential in the Renal NSF.

Improvements in the service since the 2002 recommendations:

- **Charitable funding of posts has been significantly reduced**

- The number of permanent posts have more than doubled

- Contracts of employment are still largely held by Local Authorities

- Health funding of posts has significantly increased.

All of the above are welcome developments, and demonstrate trends in line with the workforce planning recommendations of 2002.

Conclusions:

Renal social work has faced mixed fortunes over the past 7 years. It is indebted to the work of the Kidney Alliance, and the National Workforce Planning Group, for their assistance in highlighting the problems.

In some renal services, established posts have prospered, gaining security of tenure, and secure funding, resulting in the retention of experience workers, and better prospects for recruitment. Charities, which have traditionally helped to 'pump-prime' posts, notably the British Kidney Patients Association, are still being used, but to a lesser extent. Health funding has been more prevalent in supporting posts.

However, it would appear that many Renal Units still do not have a specialist renal social worker, and are failing to meet the patient-centred requirements of the Renal NSF.

Of equal concern is the position in many larger units, where the staffing short-fall is critical, and cannot hope to meet the basic, social and psychological needs of patients and families.

At the core of the workforce problems lie the twin issues of recognition of the important contribution of renal social work by some renal service providers, and the continued lack of clear responsibility for funding the service.

Until all Renal Units recognise the need for a full complement of multi-professional staff, including renal social work, and the renal community actively support this aim, the problems are likely to continue.

Thank you to all those members of the BASW Renal Special Interest Group, who participated in the Audit, and especially to Julie Daniels, who collated and presented the data.

Chris Pritchard
Chair BASW Renal SIG
August 2008

References:

(1) The NHS Registration Act 1973 (England and Wales)
(2) The NHS Act 1972 (Scotland)
(3) The National Renal Review 1993
(4) End Stage Renal Failure- A Framework for Planning and Service Delivery
A Kidney Alliance Report 2001
(5) Renal Social Work Provision in the UK 2000
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(6) The Renal National Service Framework
(7) The Renal Team -A Multi- Professional Renal Workforce Plan for Adults and Children with Renal Disease- National Workforce Planning Group -recommendations 2002