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# **The Camden Labour Market and Entry Level NHS Vacancies**

**North Central London Strategic Health  
Authority and Camden Council**

**July 2005**

## CONTENTS

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CONTENTS .....	1
EXECUTIVE SUMMARY .....	2
Findings .....	2
Recommendations .....	3
1. INTRODUCTION .....	4
2. OUR APPROACH.....	5
Labour market supply issues .....	5
NHS demand .....	5
3. LABOUR SUPPLY .....	6
Population profile .....	6
Qualification levels .....	6
Economic Activity .....	7
Unemployment.....	8
Economically Inactive .....	8
Jobcentre Services .....	9
Jobcentre Survey .....	9
Religion.....	10
Target population for employment .....	10
4. DEMAND FOR LABOUR IN THE NHS.....	11
NHS leavers .....	11
The Current NHS Workforce.....	14
Age profile .....	14
Gender.....	15
Ethnicity .....	16
Bangladeshis .....	17
Longer term demand.....	17
Appendix 1 .....	18
INTERVIEWEES .....	18
Appendix 2 .....	19
OCCUPATIONAL CODES FOR ENTRY LEVEL POSTS .....	19
Appendix 3 .....	20
JOBCENTRE SURVEY RESULTS .....	20
Appendix 4 .....	24
DOCUMENT HISTORY.....	24
Appendix 5 .....	25
REFERENCES.....	25

## **EXECUTIVE SUMMARY**

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### **Findings**

1. The number of unemployed in Camden has fallen by 28 per cent from 7,665 to 5,495 between 2001 and 2005.
2. The percentage of the workforce that is unemployed is higher than the London average (5.4 compared to 4.5)
3. It is presumed that there are 12,495 seeking employment (5,495 unemployed and 7,000 inactive). This works out at 5,920 men (3,920 unemployed and 2,000 inactive) and 6,575 women (1,575 unemployed and 5,000 inactive). This is a large potential source of NHS recruits.
4. Camden has a smaller percentage of the workforce in occupations requiring fewer qualifications with 9.8 per cent of the working population being in process plant, machinery operatives and elementary occupations compared to London (15.1 per cent).
5. Camden has the highest percentage of claimants in England with mental and behavioural disorders, 59 per cent compared to 39 per cent nationally.
6. The 35 to 49 age group is the largest one without qualifications (33 per cent), which is the case for all ethnicities.
7. Men asked JobCentre Plus staff about a wide range of vacancies with labouring and sales/retail being mentioned by three different offices in both cases. On the other hand, women asked about administrative and sales/retail in every office.
8. Bangladeshis are very under represented in NHS entry level jobs, as they account for one per cent of the total workforce, as compared to 6 per cent in the Camden resident population.
9. Camden has a higher percentage of the population who are either Muslim, Jewish or non-religious than London as a whole.
10. There were no vacancies at supermarkets such as Sainsbury's and Tesco's, suggesting a shortage of entry level vacancies in other sectors.
11. The highest ward unemployment rate in the Borough of Camden of was 9.3 per cent in St Pancras and Somers Town. Males were particularly badly affected as their rate was 11.8 per cent compared to 5.9 per cent for women.
12. Unemployment rate for 16-24 age group (10.4 per cent) is almost double the rate for all age groups (5.4).
13. There were just under 900 NHS entry level vacancies a year, slightly over three a day. Administrative and clerical vacancies are by far the most numerous (58 per cent of the total). Although, there are just over 500 of them a year, this only represents two vacancies per day.
14. If information on NHS entry level jobs were pooled, there would be 20 – 30 at any one time, assuming that there would be a two to three week period to apply, before the closing date.

15. NHS agency usage of all administrative agency staff is very high amounting to £12.8m. Assuming that entry-level jobs accounted for a third of agency staff and a quarter of expenditure, the total would be £3.2 million. On the basis of a very conservative estimate of a quarter of the posts and a fifth of the expenditure, the figure is £2.5 million.
16. Agencies the NHS use to cover administrative and clerical vacancies often recruit their staff directly from jobcentres. Thus, if the NHS went to jobcentres in the first instance, it could make significant savings.
17. There are 14 times more people seeking work than there are NHS entry-level vacancies that become available within a year.

## **Recommendations**

18. Recommendation 1: Access courses should take into account that the 35-49 age group is the largest without qualifications.
19. Recommendation 2: Jobcentre Plus short listing service: Trusts that are not part of the short listing service pilot scheme should consider how they could make use of this service so that they can save time and money, as Jobcentre Plus staff would weed out unsuitable applicants and provide a short list of suitably qualified candidates for trusts to interview.
20. Recommendation 3: Joint programmes on behalf of all London Strategic Health Authorities should be considered for the smaller occupations, such as laboratory staff, in order to provide cost-effective programmes.
21. Recommendation 4: Holding appropriate vacancies - Trusts should consider holding vacancies for a specific staff group(s) for a couple of months before an access course completes. This is the approach used for nursing and Allied Health Professional recruitment by many trusts. If they are unable to do so, the reasons for this need to be explored.
22. Recommendation 5: It would be helpful if Trusts could explore why there are large differences between the ethnicities of different staff groups. For instance, 59 per cent of Administrative and Clerical jobs are White while 67/68 per cent of Nursing Auxiliaries and Support Workers are non-White and also what implications this might have for recruitment.

## **1. INTRODUCTION**

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- 1.1 North Central London Strategic Health Authority commissioned Shared Solutions Consulting to undertake a review of the labour market for entry level jobs for unemployed people without professional skills in Camden. This work was funded by The Neighbourhood Renewal Fund and Camden Health Action Zone Fund.
- 1.2 The main objectives, with regard to Camden, are:
- to identify the size of those who are or potentially could be seeking entry level jobs
  - to identify the number of NHS entry level employment opportunities
  - to predict over the next year, ideally longer if possible, how many and what kind of entry-level vacancies will be available amongst NHS employers within the Camden area. This analysis will include some expression of the recent trends.
- 1.3 In addition, the following hypotheses are to be tested that:
- there is no shortage of NHS vacancies that could be considered suitable for those who are unemployed within the locality.
  - the NHS rates of pay are below that of supermarkets, to whom employers state that they lose health care assistants when one opens up near them – meaning that the NHS is not the first employer of choice for the unemployed.

## **2. OUR APPROACH**

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### **Labour market supply issues**

- 2.1 Information on population was obtained from Camden Council and the ONS Census, 2001.
- 2.2 Local supermarkets were phoned to ask about vacancies and pay rates, as they are often in direct competition with the NHS for entry level staff.
- 2.3 The views of Jobcentre Plus and similar office managers were obtained through a questionnaire. Particular thanks are due to Gabrielle Monhollen-French who ensured a very good response rate.

### **NHS demand**

- 2.4 North Central London Strategic Health Authority supplied this information from the Workforce Information Database. This included information from the following organisations:
  - Camden PCT
  - Camden and Islington Mental Health Trust
  - Great Ormond Street Hospital
  - Islington PCT
  - Moorfields Eye Hospital
  - The Royal Free Hospital
  - The Tavistock and Portman
  - The Whittington Hospital
  - University College Hospitals London
- 2.5 However, it was necessary to gross up leavers by a factor of 1.56 to compensate for trusts that did not supply these data.
- 2.6 The posts covered were obtained using occupation codes that are general in scope. This means that it was not possible to identify a specific job type, e.g. porter, but categories of jobs such as Health Care Assistants – see Appendix 2.
- 2.7 A conservative definition was used to cover vacancies. It was total leavers during the quarter between September to December 2004 multiplied by four to give an annual total. This is on the assumption that all these posts were advertised to be filled. Therefore, this definition excludes any long-term vacancies that fell vacant before September and were current during the period under review and any newly created posts.

### 3. LABOUR SUPPLY

3.1 This section reviews the resident population from the point of view of ethnicity, deprivation and qualification levels. Information is then analysed of the economically active, the unemployed and those who are economically inactive. Finally, an assessment is made of the number of people who are seeking work, the target population for this study.

#### Population profile

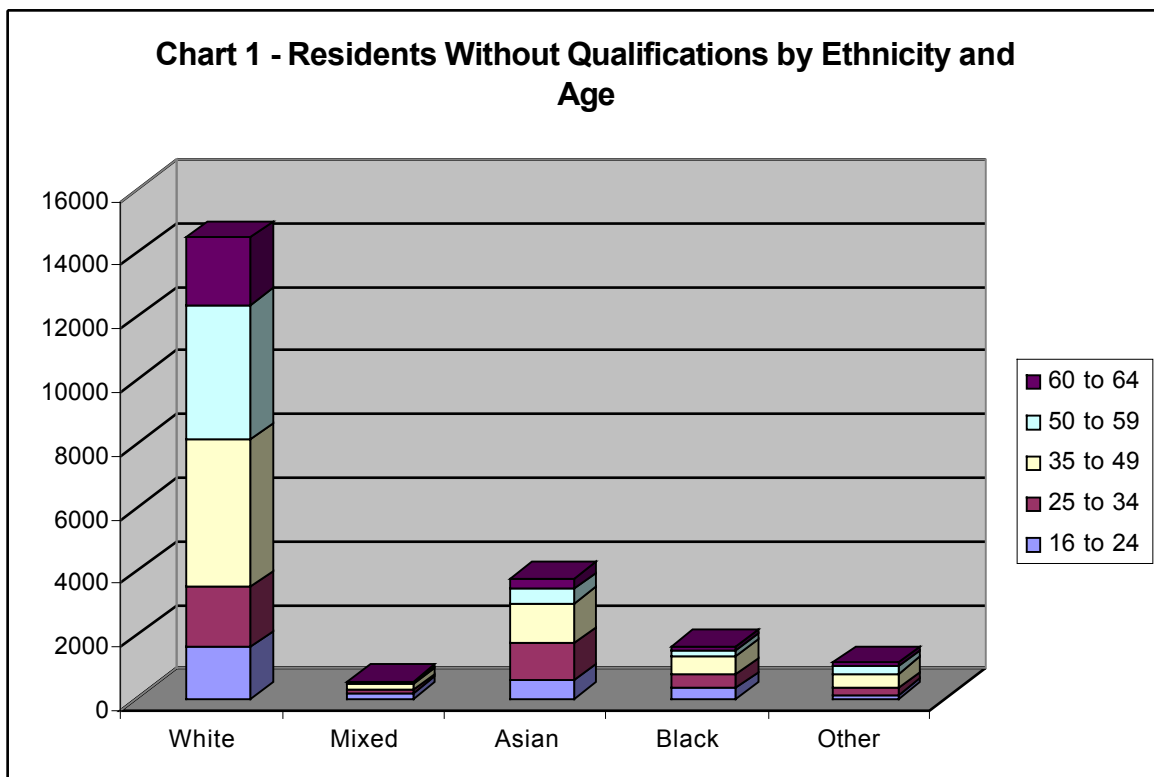
3.2 The figures that cover the whole borough need to be read with care, as they average out the extremely deprived areas like Somers Town with very affluent areas, such as Hampstead.

3.3 The population of Camden compared to England, has a large concentrations of the following populations in percentage terms:

- Bangladeshi (6.4<sup>1</sup> compared to 0.6)
- African (6.0 compared to 1.0)

3.4 On two average measures of deprivation, Camden is ranked 15<sup>th</sup> and 19<sup>th</sup> most deprived Super Output Areas (SOAs) in England. Camden Town and Primrose Hill ward are among the 2 per cent most deprived SOAs in England.

#### Qualification levels



**Table 1 – Residents without Qualifications by Ethnicity and Age**

Age	White	Mixed	Asian	Black	Other	Total	Per cent
16 to 24	1590	148	573	317	103	2731	13%
25 to 34	1909	104	1153	424	224	3814	18%
35 to 49	4618	179	1249	570	434	7050	33%
50 to 59	4237	79	459	211	235	5221	24%
60 to 64	2102	30	316	111	104	2663	12%
Total	14456	540	3750	1633	1100	21479	100%
Per cent	67%	3%	17%	8%	5%		
Per cent*	73%	4%	10%	8%	4%		

Note: Per cent\* refers to the ethnic percentages in the total population.

- 3.5 The Camden working age population is not disadvantaged with regard to qualifications, as only 10.8<sup>3</sup> per cent have none compared to 13.9 per cent for London. Camden substantially outperforms the rest of London for NVQ4, which is consistent with the high percentage of the jobs being in senior posts. Ofstead gave Camden schools a top three star Comprehensive Performance Assessment (v.7)<sup>4</sup>. However, there is still a significant number of people without qualifications.
- 3.6 Asians have a higher percentage of their population without any qualification, as 17 per cent fall into this category yet their ethnic classification accounts for only 10 per cent of the total population (see the Table 1). The 35 to 49 age group is the largest one without qualifications (33 per cent), which is the case for all ethnicities. The second highest category varies between ethnic groups. For Whites it is the 50 to 59 age group, which is large. However, for most of the other ethnic groups, the next highest age band without qualifications is the 25 to 34 one.

**Recommendation 1: Access Courses**

*Access courses should take into account that the 35-49 age group is the largest one without qualifications.*

**Economic Activity**

- 3.7 Camden has a higher percentage (72 per cent<sup>5</sup>) of population of working age than London (66.1 per cent) or Great Britain (61.4 per cent). There is also a higher percentage of males (74.6 per cent) than females (69.5 per cent) who are of working age.
- 3.8 A higher percentage of Camden residents (75.8<sup>6</sup>) are economically active than London (74.6), but less than Great Britain (78.2). There is a significantly higher percentage of self-employed amongst the economically active in Camden than London (19.1 compared to 15.1).
- 3.9 Employees in Camden are heavily skewed towards jobs that usually require a high level of education with 69.8<sup>7</sup> per cent being in management, professional and technical occupations compared to 50.5 for London and 40.5 for England. The converse of this is that there are smaller percentages of the Camden workforce employed in jobs that require fewer entry qualifications such sales and customer services (Camden 4.6 and London 6.5 per cent, respectively). The same is the case for process plant and machine operatives (Camden 2.4 and London 4.8 per cent,



respectively) and elementary occupations (Camden 7.4 and London 9.3 per cent, respectively).

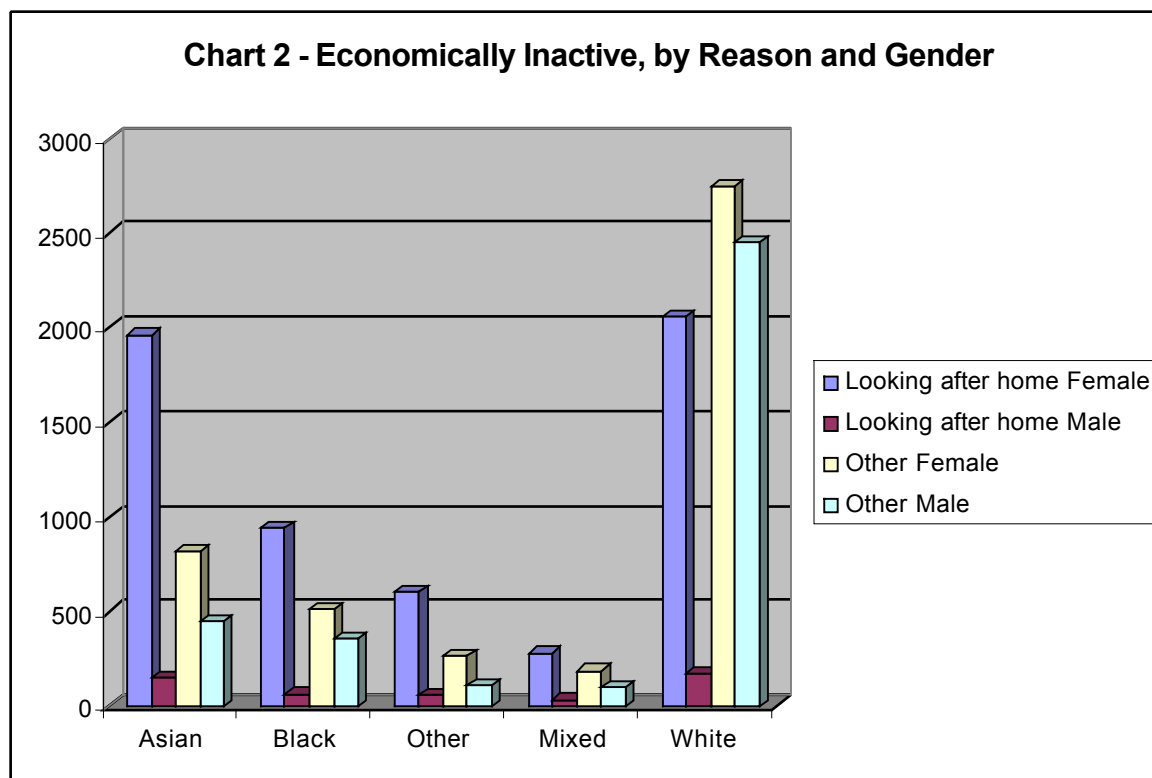
- 3.10 A telephone survey of local supermarkets was undertaken, as they frequently attract NHS staff with entry-level qualifications. However, the survey showed that there were no vacancies at either Tesco's or Sainsbury's. Sainsbury stated that they paid just above the minimum wage, whereas Tesco's was unwilling to publicise their pay rates. This might suggest that there are not many vacancies for those with no qualifications.
- 3.11 There are fewer jobs in distribution, hotels and restaurants in Camden (18.4 per<sup>8</sup>) compared to London (22.8 per cent). This is unfortunate as these sectors have many vacancies, though they are also associated with low pay. On the other hand, Camden has more jobs in finance, IT, other business activities, public administration, education and health.
- 3.12 The higher status jobs are reflected in the higher than average gross weekly pay for employees working in Camden than in London (£17,200<sup>9</sup> compared to £16,400). Both men and women employed in Camden were better paid than their London counterparts.

### **Unemployment**

- 3.13 The number of unemployed has fallen by 28 per cent from 7,665 in 2001 to 5,495<sup>10</sup> in 2005. In 2001, 61 per cent (4,669) of the unemployed were men and 39 per cent (2,996) were women. However, in February 2005 71 per cent (3,920) were male and 29 per cent (1,575) were female. Thus of the percentage of the unemployed who are male has grown. In addition, the percentage of the workforce that is unemployed is higher than the London average (5.4 compared to 4.5). There are 14 people seeking work for each NHS entry level vacancy.
- 3.14 The highest ward unemployment rate in the Borough of Camden was 9.3 per cent in St Pancras and Somers Town. Males were particularly badly affected as their rate was 11.8 per cent compared to 5.9 per cent for women.
- 3.15 Of the unemployed, 11 per cent<sup>11</sup> had never worked and 32 per cent were long term unemployed. The long-term unemployed figures for Camden Town with Primrose Hill ward are particularly high at 43 per cent<sup>12</sup>. There were 1,440<sup>13</sup> Job Seeker Allowance claimants who had dependent children in 2000.
- 3.16 Unemployment rate based on Claimant Count for 16-24 age group (10.4 per cent) is almost double the rate for all age groups (5.4).

### **Economically Inactive**

- 3.17 There were 5,095 inactive males who were permanently sick/disabled and 3,483 classified as other. There were significantly fewer women who were permanently sick/disabled (2,996) or classified as other (2,860). However, there were 6,782 looking after home/family. There were 7,000<sup>14</sup> of the economically inactive who wanted a job, of whom, 2,000 were male and 5,000 were female. Camden had the highest percentage of claimants in England with mental and behavioural disorders, 59 per cent compared to 39 per cent nationally,<sup>15</sup>



3.18 There are quite distinct ethnic differences regarding economic inactivity. Non-white women were most likely to be inactive because they were looking after a home or family, especially in the case of those with an Asian ethnicity, the greater majority being Bangladeshi. On the other hand, White women were more likely to be inactive for “other” reasons. There were also more White men who were inactive than White women who were looking after a family. In all other ethnicities, it was the other way around, i.e. there were more women at home looking after a family than inactive men.

### Jobcentre Plus Services

3.19 Jobcentre Plus can provide job matching service where clients are carefully matched to vacancies and then sifted and short listed so that only the most suitable go forward to the employer for interview. This has been piloted very successfully at University London Hospitals and St Mary’s. New Deal applicants were appointed to administrative and clerical posts in stores and Health Record Clerk posts. However, this high level of service needs to be coordinated between the Jobcentre Plus account manager and a Human Resources lead. To get the most benefit, from this service it makes sense for batches of very similar jobs to be recruited to at the same time. This level of service cannot be obtained merely by notifying a Jobcentre Plus manager of a single vacancy, Camden Trust HR leads should contact their Jobcentre Plus Account Manager to arrange this account managed service. (gabrielle.monhollenfrench@jobcentreplus.gsi.gov.uk )

### Jobcentre Plus Survey

3.20 The survey of unemployed people covered seven Jobcentres and detailed responses in tabular form can be found in Appendix 4. It is based on an informal survey of jobcentre advisors who expressed their own personal opinions based on their own experience.

- 3.21 Men asked Jobcentre Plus staff about a wide range of vacancies with labouring and sales/retail being mentioned by three out of seven offices in the Camden catchment area. On the other hand, women asked about administrative and sales/retail in all seven offices. The Barnsbury and Finsbury Park office respondents stated that women also asked about care work and Finsbury Park and Highgate respondents mentioned Childcare. Cleaning jobs were less popular and were only sought after in one office.
- 3.22 Highgate and Westminster office staff mentioned that the NHS (The Whittington in particular) used their services quite regularly and one office stated that they undertook the recruitment of Spanish nurses. On the other hand, other offices stated that either the NHS made little or very little of their services. When NHS jobs were explicitly mentioned to respondents, clients at three offices had shown an interest in administrative and clerical jobs and portering at two offices. There was no clear pattern to the type of client who showed an interest in NHS jobs. Only one office (Highgate) stated that clients rejected NHS jobs on the grounds of low pay for the level of skills required. There was no pattern to which clients' offices had difficulty placing.

**Recommendation 2: Jobcentre Plus short listing service**

*Trusts that are not part of the short listing service pilot scheme should consider how they could make use of this service so that they can save time and money, as Jobcentre Plus staff would weed out unsuitable applicants and provide a short list of suitably qualified candidates for trusts to interview, with the added advantage of ensuring equality of access for local residents.*

## Religion

**Table 2 – Religion of Residents in Camden and London**

Religion	Camden	London
Christian	47.1%	58.0%
Non-Religious	22.0%	15.8%
Not Stated	8.1%	8.7%
Muslim	11.6%	8.5%
Jewish	5.6%	2.1%
Hindu	1.5%	4.1%
Buddhist	1.3%	0.8%
Other	0.6%	0.5%
Sikh	0.2%	1.5%

- 3.23 Camden has a higher percentage of the population who are Muslim, Jewish or non-religious than London as a whole.

## Target population for employment

- 3.24 It is presumed that there are 12,495 seeking employment (5,495 unemployed and 7,000 inactive). This works out at 5,920 men (3,920 unemployed and 2,000 inactive) and 6,575 women (1,575 unemployed and 5,000 inactive).

## 4. DEMAND FOR LABOUR IN THE NHS

4.1 This section calculates the number of vacancies for entry level jobs by using the total number of leavers, as it is highly likely that they would be all replaced. A review is then made of the average length of service of leavers. This is followed by an analysis of the current workforce from the point of view of age, gender and ethnicity of the workforce to see to what extent this matches the profiles of those seeking employment.

### NHS leavers

4.2 Information on NHS quarterly leavers was incomplete. Therefore, it was grossed up by 1.56 and then multiplied by four to give an annual total. The number of vacancies available from the nine NHS organisations in the Camden labour market depends on how they are advertised. If they were put in an easy to access database or given for Jobcentreplus en masse there would be 20-30 posts. This would be on the basis of posts being advertised with a two to three week period before the closing date. However, if trusts use different media to advertise vacancies, then applicants are only likely to know of posts advertised on the day they start looking. This shows the value of trusts pooling vacancies for entry level posts, as they are not in direct competition, unlike nursing and professional posts there is no shortage of good applicants.

**Table 3 - NHS Leavers**

Source: Workforce Information Database Q3: Sep04-Dec04

Staff Group	Quarter	Grossed up	Year	Day	%
A&C	82	128	512	1.97	58%
HCAAs	19	30	119	0.46	13%
Nursing Assistant ST&T	10	16	62	0.24	7%
Helper/Assistant	5	8	31	0.12	4%
Support Workers	26	41	162	0.62	18%
<b>Total</b>	<b>142</b>	<b>222</b>	<b>886</b>	<b>3.41</b>	<b>100%</b>

**Table 4 – NHS data before grossing**

Source: Workforce Information Database Q3: Sep04-Dec04

Trust	SIP	Leavers	Leavers x4
Camden & Islington MH	395	6	24
Camden PCT	514	21	84
Great Ormond Street	396	1	4
Islington PCT	260	20	80
Moorfields Eye Hospital	169		
Royal Free Hospital	2070	88	352
Tavistock & Portman	98		
The Whittington Hospital	502		
University College Hosp.	1177		
<b>Total</b>	<b>5581</b>	<b>136</b>	<b>544</b>

4.3 There were just under 900 entry level vacancies a year, slightly over three a day. Table 3 shows that by far the most numerous vacancies (58 per cent) were administrative and clerical ones. Although, there are just over 500 vacancies a year,

this only represents two per day. Thus if there were a cohort of 12 in a programme and they beat every other applicant to local NHS jobs, it would need six days of vacancies for them all to get a job. However, the assumption that they would beat other competition in all cases is unrealistic, so several weeks are likely to pass for them to stand a good chance to obtain local NHS employment. This might be long enough for them to find work elsewhere or to become demoralised about obtaining an NHS job. There are 14 times more people seeking work than there are NHS entry level vacancies that become available within a year.

- 4.4 Another factor to take into account is the very large NHS bill for administrative agency staff, which amounts to £12.8m using audited returns in the financial year 2003/04 for the trusts in this study. Clearly, a significant amount of this expenditure was for more skilled staff such as medical secretaries. However, even assuming that entry level jobs accounted for a third of agency staff and a quarter of expenditure, the total would be £3.2 million. On the basis of a very conservative estimate of a quarter of the posts and a fifth of the expenditure, the figure is £2.5 million. A jobcentre respondent commented that the agencies the NHS use to cover such vacancies often recruit their staff directly from jobcentres. Thus, if the NHS went to jobcentres in the first instance, it could make significant savings.
- 4.5 Finding enough vacancies at the end of access courses is a bigger problem for support workers for whom there are less than two vacancies a day when this definition includes, Health Care Assistants, Nursing Assistants/Auxiliaries, Scientific, Technical and Therapeutic (STT) Helpers/Assistants and Support Workers.

**Recommendation 3: Joint programmes**

*There would be value in London Strategic Health Authorities coming together to provide access courses for the smaller occupations such as laboratory staff, in order to provide cost-effective programmes.*

- 4.6 This problem of cohorts being larger than vacancies at any time is a well-known one for graduate professions, such as Physiotherapy when all the students graduate at the same time of the year and join the labour market together. This is also a problem for nursing, because of the large cohorts, even when there are more than one of them a year. In response to this, some trusts deliberately do not fill vacancies in the months before a cohort graduates, so that there enough vacancies available to them. Another option is to recruit above establishment on the basis that in a couple of months time the trust will be within its staffing budget, as enough staff would have left. The extent to which trusts can do this without risking financial problems is easy to calculate by reviewing the number of leavers in any particular month.

**Recommendation 4: Holding appropriate vacancies**

*Trusts should consider hold vacancies for a specific staff group(s) for a couple of months before an access course completes. This is the approach used for nursing and Allied Health Professional recruitment by many trusts. If they are unable to do so, the reasons for this need to be explored.*

- 4.7 It is thought that the option of creating an agency for graduates to access courses would not be feasible. This is because working for an agency requires a considerable degree of confidence and experience, as such staff are expected to get to grips with tasks often without a great deal of support or supervision.

**Table 5 – Length of service of leavers in years**

Source: Workforce Information Database Q3: Sep04-Dec04

A&C	HCA's	NAs	STTAs	SW	Ave
3.17	4.61	3.20	2.30	9.19	4.44

NAs: Nursing Auxiliaries/Assistants; STTAs: Scientific, Technical and Therapeutic Assistants; SW: Support Workers

4.8 An analysis was undertaken of the length of service of leavers. If a high percentage left before one year's service was completed, that would be very worrying. Although, Support Workers have the highest percentage (19 per cent) who leave before they complete a year's service, those who do not leave stay much longer than other entry level staff groups. This suggests that care should be taken to ensure that applicants are likely to find the reality of such a job acceptable to them, before investing in training. On the other hand, a large percentage of Support Worker leavers (38 per cent) had ten years plus service, resulting in average length of service of just over 9 years. This compares with an average of 4.4 years for all the staff groups under consideration. The lowest averages were to be found amongst STT Assistants and A & C staff, 3.17 and 3.20 years, respectively.

**Table 6 – Length of Service of Leavers**

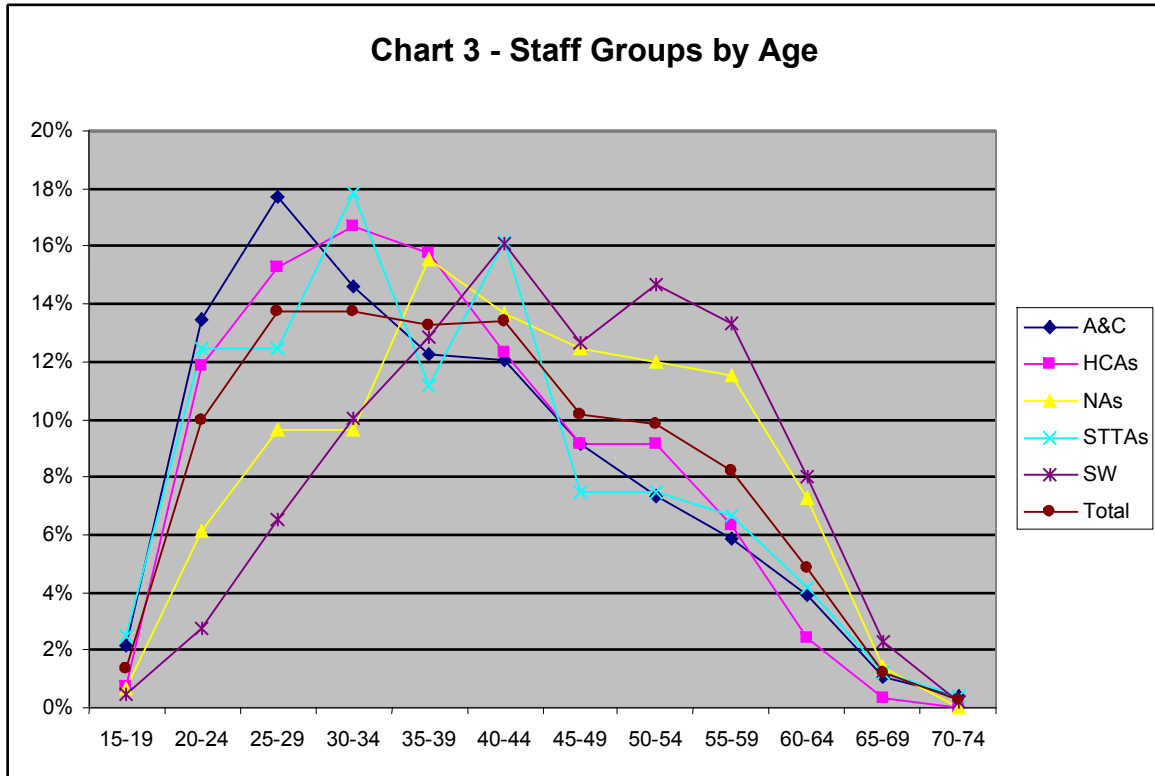
Source: Workforce Information Database Q3: Sep04-Dec04

Length of Service (years)	A&C	HCA's	NAs	STTAs	SW	Ave
0.0	13%	16%	10%	0%	19%	14%
1.0	24%	16%	20%	80%	8%	22%
2.0	24%	16%	30%	0%	15%	21%
3.0	18%	16%	20%	0%	15%	17%
4.0	4%	26%	10%	0%	0%	6%
5.0	2%	0%	0%	20%	0%	2%
6.0-9.0	10%	0%	0%	0%	4%	6%
10.0+	4%	11%	10%	0%	38%	11%

### The Current NHS Workforce

#### Age profile

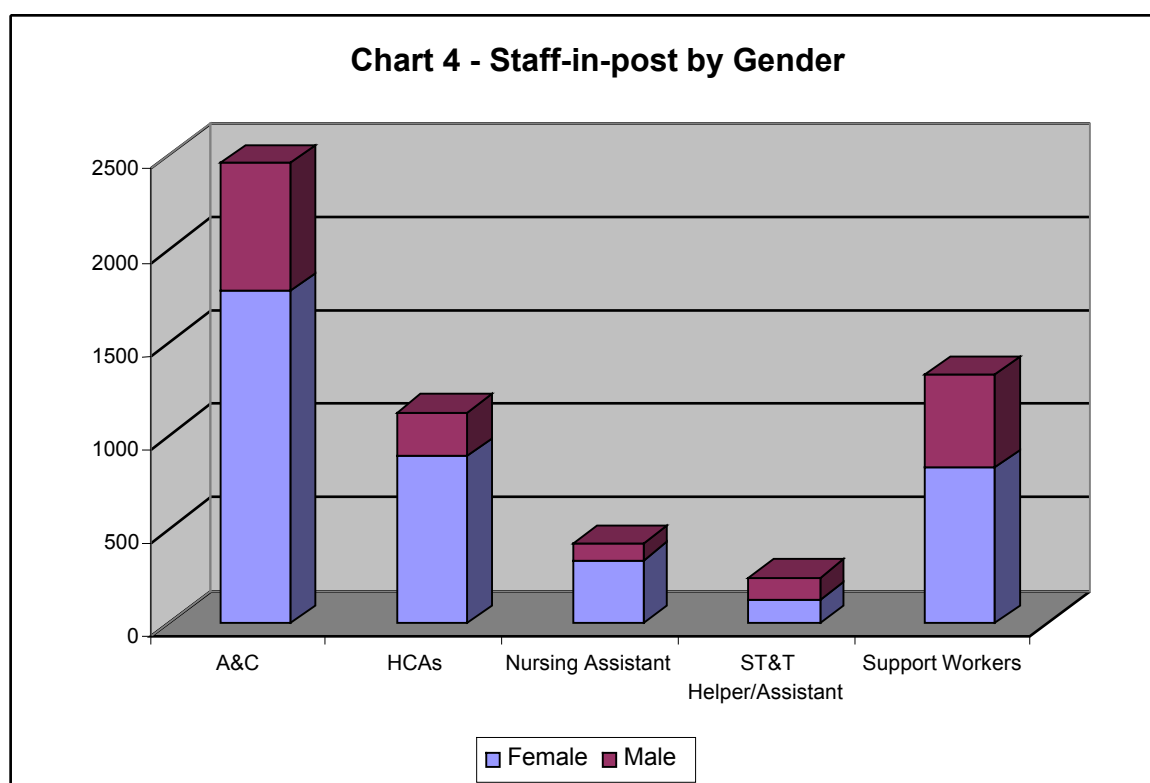
Source: Workforce Information Database Q3: Sep04-Dec04



4.9 The age profile chart shows whether there are likely to be significantly more vacancies in future, if the age profile has a significant percentage of people in the older age bands. The administrative and clerical staff group, which is the largest of the entry level ones under consideration, has a low percentage of staff coming up for retirement and has the youngest profile, with the largest age band being 25 to 29. The highest percentage of retirements is to be found amongst support workers. However, as this the smallest staff group, there are few in absolute terms.

## Gender

Source: Workforce Information Database Q3: Sep04-Dec04



**Table 7 – Staff-in-post by Gender**

Source: Workforce Information Database Q3: Sep04-Dec04

	Female	Male	Total	Female	Male
A&C	1778	684	2462	72%	28%
HCAs	891	234	1125	79%	21%
Nursing Assistant	337	88	425	79%	21%
ST&T Helper/Assistant	121	120	241	50%	50%
Support Workers	831	497	1328	63%	37%
<b>Total</b>	<b>3958</b>	<b>1623</b>	<b>5581</b>	<b>71%</b>	<b>29%</b>

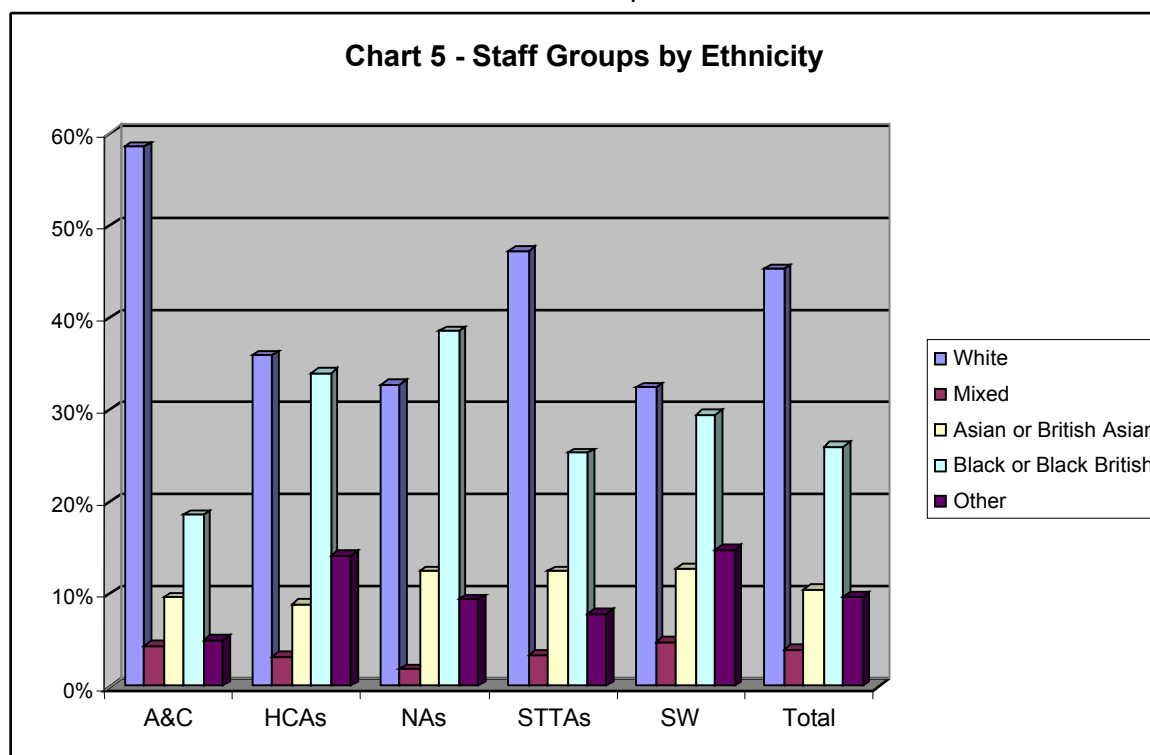
4.10 The gender profile shows that the NHS is a predominately female (71 per cent) workforce for the staff groups in question. The only exception being the smallest staff group ST&T helpers/assistants, which has an equal number of males and females. Although, in absolute terms, most men are employed in administrative and clerical jobs, because it is the largest entry level job category.

4.11 Given these gender profiles, candidates may need support to obtain jobs where they only form a relatively small minority. This has been recognised in running a course for men into care.



## Ethnicity

Source: Workforce Information Database Q3: Sep04-Dec04



**Table 8 – Staff Groups by Ethnic Origin**

Source: Workforce Information Database Q3: Sep04-Dec04

Ethnicity	A&C	HCAs	NAs	STTAs	SW	Total
White	59%	36%	33%	47%	32%	45%
Mixed	4%	3%	2%	3%	5%	4%
Asian or British Asian	10%	9%	12%	12%	13%	11%
Black or Black British	19%	34%	39%	25%	30%	26%
Other	5%	14%	9%	8%	15%	10%
Not stated	4%	4%	5%	4%	6%	4%
Total	100%	100%	100%	100%	100%	100%

4.12 There are quite major differences between ethnicity of existing NHS staff (see Chart 5). For instance White (59 per cent) is by far the largest ethnic category for A & C staff while Black (39 per cent) is the largest for Nursing Auxiliaries. The highest Black and Ethnic Minority totals are to be found amongst Support Workers (68 per cent) and Nursing Auxiliaries (67 per cent). It would be interesting to know the reasons for such variations. On the other hand, the percentages of Asian staff are reasonably constant, ranging from 9 per cent (HCAs) to 13 per cent (Support Workers).

### Recommendation 5: Ethnicity of Current NHS staff

*It would be helpful if Trusts could explore why there are large differences between the ethnicities of the different staff groups. For instance, 59 per cent of Administrative and Clerical jobs are White while 67/68 per cent of Nursing Auxiliaries and Support Workers are non-White and also what implications this might have for recruitment.*

## Bangladeshis

**Table 9 – Bangladeshis in the NHS**

Source: Workforce Information Database Q3: Sep04-Dec04

Staff Group	Bangladeshis		All		% Bangladeshi	
	Female	Male	Female	Male	Female	Male
A&C	20	6	1178	684	1.7%	0.9%
HCAAs	7	2	891	234	0.8%	0.9%
Nursing Auxiliaries	3	0	337	88	0.9%	0.0%
ST&T Assistant	2	2	121	120	1.7%	1.7%
Support Workers	2	9	831	497	0.2%	1.8%
Total	34	19	3358	1623	1.0%	1.2%

4.13 Bangladeshis are very under represented in NHS entry level jobs, as they account for one per cent of the total workforce, as compared to 6 per cent in the Camden resident population.

### Longer term demand

4.14 There are various forces at work that will lead to the creation of more entry level NHS posts and others that will reduce them. The factors leading to an increase in entry level jobs are:

- London's large population expansion of 700,000, the size of the city of Leeds, in the next decade and a half<sup>16</sup>
- The greater use of support staff and administrative and clerical staff to make better use of hard to recruit and retain qualified staff

4.15 On the other hand, the following factors will lead to a contraction of administrative and clerical staff:

- Choose and Book – electronic booking reduces the demand for hospital A&C staff
- Electronic Patient Record – fewer A&C staff
- Electronic Staff Record – fewer staff are required in Human Resources and Payroll to input staff records of those who transfer between NHS trusts
- Digital X-rays (PACS) – professional staff can access images by computer instead of A&C staff searching filing cabinets
- Gershon Review has ambitious targets to reduce the number of “back-office jobs” through centralisation and more sophisticated use of IT.

4.16 On balance, it would seem that there is likely to be a net reduction in the number of administrative and clerical staff while the number of clinical support staff is likely to increase.

## **INTERVIEWEES**

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The following are thanked for giving generously of their time:

**Helen Bishop**, Head of Regeneration and Equalities, North Central London Strategic Health Authority

**Gerry Bolger**, North Central London Strategic Health Authority

**Nigel Burgess**, Workforce and Information Planning Manager, North Central London Strategic Health Authority

**Owen Melbourne**, North Central London Strategic Health Authority

**Gabrielle Monhollen-French**, Field Account Manager Jobcentreplus

**Makonnen Tesfaye**, Senior Regeneration Officer, London Borough of Camden

## **OCCUPATIONAL CODES FOR ENTRY LEVEL POSTS**

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The following information was obtained from Hugh Norman who was commissioned to undertake this work by North Central London Strategic Health Authority.

While allocation of codes is easy for many posts (those that are clear in their definition), there are a number which are not clearly defined, and as a result codes are allocated according to the judgement of the individual concerned. This means that different Trusts may code the same post differently. For example, the PHA posts at Camden are probably coded with A&C staff, because they are paid on that scale, although there is no clarity on the topic. A further issue is that admin and clerical posts and some maintenance and works staff do not separate out levels (apart from managers) – this means it is difficult to sort entry level posts from others.

The list that follows is of codes that seem fairly clear to give us a start point – I will continue to work to get some agreement to code each of the posts which I have identified as entry-level.

### **Codes for entry-level posts:**

#### **HCA's:**

H1A, H1B, H1C, H1D, H1E, H1F, H1G, H1H, H1J, H1L, H1N, H1P, H1R, H1S

#### **Support Workers:**

H2A, H2B, H2C, H2D, H2E, H2F, H2G, H2H, H2J, H2L, 2N, H2P, H2R, H2S

#### **Nursing Assistant/Auxiliary:**

N9A, N9B, N9c, N9D, N9E, N9F, N9G, N9H, N9J.

#### **Scientific, Therapeutic & Technical Staff Helper/Assistant:**

S9A, S9B, S9C, S9E, S9F, S9G, S9H, S9J, S9K, S9P, S9R, S9T.

#### **Administrative and Clerical:**

G2

**\* List as at 10.10.03**

Appendix 3

**JOBCENTRE SURVEY RESULTS**

Q1 Which jobs are popular with men?

	Admin	IT	Civil Service	Sales Asst/Retail	Labouring	Construction	Driving	Painting & dec	Caretaking	Security	Bar staff	Catering Asst	Waiter	Room service	Cook
Barnsbury	1	1				1									
Camden BVM					1				1						
Denmark St	1		1	1							1	1	1	1	1
Finsbury Pk JCP					1		1	1							
Highgate JCP				1	1		1			1					
Westminster JCP				1						1		1			
Westminster BVM															
<b>Total</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>

Q2 Which job are popular with women?

	Admin	IT	Civil Service	Sales Asst/Retail	Labouring	Construction	Driving	Painting & dec	Caretaking	Security	Bar staff	Catering Asst & General	Waiter	Room service	Cook	Care Work	Childcare	Cleaning
Barnsbury	1			1												1		
Camden BVM	1			1														
Denmark St	1		1	1							1	1	1	1	1			
Finsbury Pk JCP	1			1												1	1	
Highgate JCP	1			1													1	
Westminster JCP	1			1								1						1
Westminster BVM	1			1								1						
<b>Total</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>

**North Central London Strategic Health Authority And Camden Council:  
The Camden Labour Market And Entry Level NHS Vacancies**

Q3 To what extent does the NHS make use of your services?

	V limited	A little	Overseas recruit.	Health Works 25+	Quite regularly	Don't Know
Barnsbury	1					
Camden BVM						1
Denmark St			1			
Finsbury Pk JCP				1		
Highgate JCP					1	
Westminster JCP					1	
Westminster BVM		1				
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>

Q4 Is there any interest in NHS jobs?

	Rarely	Domestic	Cleaning	Portering	Care	Nursing	Admin & reception	Pharmacy	Ward clerks
Barnsbury	1								
Camden BVM				1					
Denmark St			1	1					
Finsbury Pk JCP					1	1			
Highgate JCP							1		
Westminster JCP							1	1	
Westminster BVM							1		1
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>

**North Central London Strategic Health Authority And Camden Council:  
The Camden Labour Market And Entry Level NHS Vacancies**

Q5 Who showed interest in them?

	Lone parents	Women	men & women	People from abroad	Varies	Mostly younger people
Barnsbury	1					
Camden BVM			1			
Denmark St				1		
Finsbury Pk JCP		1				
Highgate JCP					1	
Westminster JCP						1
Westminster BVM			1			
<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>

Q6 Do people reject NHS vacancies?

	No	Varies	Yes	Don't know
Barnsbury	1			
Camden BVM				1
Denmark St				1
Finsbury Pk JCP		1		
Highgate JCP			1	
Westminster JCP	1			
Westminster BVM	1			
<b>Total</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>2</b>

**North Central London Strategic Health Authority And Camden Council:  
The Camden Labour Market And Entry Level NHS Vacancies**

Q9 Do you have any difficulties placing any unemployed people? If yes, who?

	Incapacity benefits	Income support	Lone parents	Refugees	People with Learning Diff.	Poor English	Homeless	Low/no skills
Barnsbury	1	1	1					
Camden BVM					1			
Denmark St						1		1
Finsbury Pk JCP	1		1					
Highgate JCP								
Westminster JCP							1	
Westminster BVM							1	1
<b>Total</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>



## **DOCUMENT HISTORY**

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Author: George Blair, Managing Consultant, Shared Solutions  
Extraction of data and creation of pivot tables: Owen Melbourne, North Central London Strategic Health Authority

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- <sup>4</sup> <http://www.ofsted.gov.uk/reports/index.cfm?fuseaction=lea&id=202>
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