British Society for Immunology CIPN Clinical Immunology Professional Network

DHSC 10 Year Workforce Plan- call for evidence

BSI-CIPN evidence

November 2025

Introduction

The British Society for Immunology Clinical Immunology Professional Network (BSI-CIPN) is an integrated and impactful professional network for individuals working within clinical immunology. In the UK, clinical immunology provides the bulk of provision for adult allergy, immune deficiencies and immunology diagnostic laboratory services. Our mission is to lead the delivery of excellence in patient care in clinical immunology through education and training, advocacy and engagement, and research. We provide a strong voice for clinical immunology in policy and public affairs and support the immunology community to network and engage with each other across many disciplines.

The BSI-CIPN's membership includes over 235 professionals in the clinical immunology space including doctors, healthcare scientists, pharmacists and specialist nurses. This platform is used to share best practice and guidelines and to foster collaboration, ultimately improving care for patients.

Section 1: the 3 shifts

In this section, please submit evidence of:

- where you have delivered or observed new digital initiatives that improved patient care
- where you have already seen or begun to deliver a shift from hospital-based care to community care
- where you have already seen or begun to deliver preventative care services
- which professions, roles and skills were critical to successful implementation for each example
- any barriers to ensuring the right professions, roles and skills were involved, and how you overcame these barriers

Clinical immunology services have been driving the idea of "hospital to community" for many years now, but require urgent support to continue to this. For example, immunology teams have run home therapy services for decades. These involve enabling patients to self-administer regular, long-term immunoglobulin and other parenteral immunological treatments at home. This results in large numbers of long-term patients not needing to come to hospital and reduces the staffing capacity required to run day and infusion units. The absence of immunology services would result in these patients then requiring multiple ongoing hospital attendances for their treatment.

All immunology and allergy services focus on preventative care. In immune deficiency, it is common for patients to experience frequent infections, which can mean admission to hospital in some cases. When these patients are under the care of specialist immunology services, support and management of their conditions mean that infections are experienced less frequently, preventing progression to serious illness and reducing or eliminating the need for hospital attendance for treatment in an acute setting. This is also the case for allergy services, as with proper management, the risk of anaphylaxis and other complications can be reduced as is the need for hospital treatment.

Screening programmes can also help deliver preventative care. For example, the government has recently consulted on implementing a newborn national screening programme for Severe Combined Immunodeficiency (SCID)[i], which we support and know to be extremely clinically effective.

The full multi-disciplinary team is critical to delivering immunology and allergy care. Specialist teams are led by one or more consultant clinical immunologists and/or consultant clinical scientists. The team includes clinicians specialising in immunology and/or allergy, healthcare scientists, nurses, and pharmacists. The specialist services may take input from other members of the multi-disciplinary team, including psychologists or genetic counsellors, and allied healthcare professionals such as dieticians and respiratory physiotherapists.

All professional groups within the team and broader services play specific and critical roles in ensuring patients receive optimal care and should be supported to work to the top of their license to help maximise service capacity and efficiency in support of the three shifts. Workforce planning and resourcing for the specialty should support this and ensure that there are enough staff across different parts of the team to meet patient need and provide innovative care.

Section 2: modelling assumptions

In this section, please submit evidence of:

- specific assumptions you use in workforce modelling- for example, how service redesign such as new community services or digital models of care might affect the numbers, deployment and/or skill mix of staff
- how that impacts on workforce supply and demand, including career and training pathways

The focus of clinical immunology and allergy specialist care in the UK is on understanding, diagnosing and treating immunodeficiencies, allergies, and autoimmune and autoinflammatory disorders, as well as providing diagnostic laboratory services for immunological testing. The clinical immunology and allergy workforce is currently under severe strain, and some services are extremely vulnerable. Patient demand is growing across all areas of clinical immunology and allergy practice, and it is highly likely these trends will continue in the coming years[ii].

However, detailed workforce planning for immunology is not undertaken comprehensively at a national level and the scarcity of accurate data on capacity and demand makes modelling challenging.

The modelling and insight gathering that has been carried out indicates that the workforce is generally under-staffed and under-resourced. For example, the recent Royal College of Pathologists Immunology Workforce Report found that laboratory and clinical workloads in clinical immunology have increased by an average of 11% annually over the past five years, despite reduced outpatient activity during the Covid-19 pandemic. However, consultant workforce growth has not increased in line with this trend, and has grown by only 0–2% annually[iii]. The existence of these trends around increasing demand and static workforce are also reinforced anecdotally from colleagues within our network.

Given the variance in staffing levels across different localities and professional groups demonstrated within a recent BSI-CIPN analysis of NHS England Workforce Statistics[iv], a comprehensive review is urgently needed on workload, service activity, and patient outcomes, to understand how much demand is exceeding capacity. This would also be helpful in determining key questions such as the proportion of staff time spent between allergy, clinical immunology and laboratory immunology, and also give an indication of rising demand from secondary immunodeficiency.

As care for patients with immunodeficiency and complex allergy is often long term, standard measures of service activity such as RTT performance and waiting list size do not accurately capture workload. Therefore, these data should take into account the model of care needed for supporting long-term patients with complex conditions as well as service structure, and should not rely solely on metrics that do not accurately capture the time needed to provide adequate care in this context.

If there was validated data available for both workforce and activity across the specialty, it would help immensely in workforce modelling and could further highlight capacity challenges that are affecting patient access and care, as well as providing insight on areas of opportunity for implementing the 10 Year Plan for Health.

As a starting point to remedy the more urgent staffing challenges, there should be a nationally driven full-service review for clinical immunology and allergy within England. We also support the calls from the Royal College of Pathologists to urgently increase the immunology medical workforce over the next five years[v]. This would give opportunities to much-needed trainees looking to specialise in immunology and allergy, and could help form the basis of modelling and calculations on the corresponding workforce needed in other professional groups – for example healthcare scientists, nurses, support staff, and ideally pharmacists and psychological practitioners.

Section 3: productivity gains from wider 10 Year Health Plan implementation

In this section, please provide evidence of:

- the top digital initiatives you have delivered - in the NHS, other sectors or internationally - that have successfully increased workforce productivity or reduced demand

- actions taken to identify and address gaps in training (pre or post-registration) that support delivery of the 3 shifts
- policies or initiatives that have enabled the NHS to play a bigger role in local communities (for example, widening access, creating opportunities or supporting underserved groups)
- where you have managed changing expectations and increased patient participation in their care through digital tools and, where applicable, you have adjusted workforce planning to reflect this (for example, increased training to deliver new approaches to diabetes management to reflect new digital tools)

As far as we know, there have not been nationally focused efforts to assess training pathways to support delivery of the three shifts and workforce planning is not carried out comprehensively for the specialty. Growth in the workforce in line with clinical demand may enable work within services and through professional bodies to start to establish initiatives to focus on transformation in line with the 10 Year Plan for Health.

However, we would urge the government to prioritise overall investment that will enable productivity gains including investment in support staff to enable clinicians to focus on patient care and improve efficiency, invest in IT systems and improve interoperability, and for immunology specifically – to invest in laboratory infrastructure and roll out digital pathology.

Furthermore, as we are now discovering the integral role of the immune system in many more diseases, the specialist skills of the clinical immunology workforce are going to become ever more useful to the management of a wide range of conditions cared for across a range of specialities, particularly around the long-term management of secondary immunodeficiencies, allowing these conditions to be successfully managed to minimise associated acute illness and optimise patient care and outcomes. With this in mind, investing in the clinical immunology workforce will be required for long-term capacity building and delivery of preventative care in the NHS.

Section 4: culture and values

In this section, please provide evidence of:

- policy interventions that have directly improved workforce outcomes and patient outcomes (for example, retention, staff wellbeing, reducing sickness absence, as well as better quality care)
- approaches that have successfully embedded strong core values into everyday leadership, decision making and service delivery
- systems or practices that ensure leaders at all levels actively listen to staff feedback- particularly from underrepresented groups- and act on it

Demand from within patient cohorts seen within immunodeficiency and allergy is rising, along with the complexity and volume of diagnostic laboratory testing. Recent insight from the Royal College of Pathologists shows that 76% of services reported that they do not have enough consultants to meet demand, with a majority of services relying on unpaid overtime. This insight demonstrates the

pressure that services are under and highlights the need for review of demand and capacity to support workforce wellbeing and instil a culture that makes the clinical immunology and allergy workforce feel valued and supported.

Furthermore, findings from our recent BSI-CIPN analysis[vi] show that 12 services across the England are running with only one or two consultants. These services are extremely vulnerable, as if one consultant were to leave, this would leave some of these services with no medical lead, and others with only one medical lead. We are aware that some areas staffed by a single consultant may have support from services in neighbouring localities; however, every region still should be adequately staffed in its own right in the interests of reducing health inequalities, increasing patient access, and workforce wellbeing. It would also be difficult for services with such low staffing numbers to prioritise their own or other staff members' professional development.

We were not able to gather further evidence on this section to submit, this is partially because policy interventions to improve patient care and workforce coverage in clinical immunology and allergy are not commonplace as there is no nationally coordinated workforce planning for the specialty.

Section 5: additional comments (250 words)

To enable clinical immunology and allergy services to continue to provide preventative care, support community care, and implement digital transformation – nationally coordinated workforce planning should be prioritised and supported by government. We also recommend:

1. There should be an urgent nationally driven full-service review for clinical immunology and allergy within England to establish the workforce that is needed.

2. We support the Royal College of Pathologists recommendation to establish 17 additional immunology training posts by 2027 to cover current vacancies and a further 35 by 2030 to meet the workforce demand, combined with a commensurate increase in consultant posts[vii].

3. Longer term, comprehensive workforce planning for clinical immunology and allergy should be routinely carried out at a national level. Training pathways should form a core part of this work for all professional groups.

4. Alongside national action to improve training pathways, employers should proactively support the next generation of clinical immunology and allergy staff and help future-proof services by taking steps to ensure ringfenced training, education, and supervisory time is genuinely implemented.

5. Data on service activity, workload, and outcomes should be collected locally and published nationally. Efforts to improve coding within published workforce data should also be initiated to give a more accurate picture of the immunology and allergy workforce.

6. There should be strengthened efforts to ensure regional and local commissioning organisations understand the value of clinical immunology and allergy services and future service need, to optimise outcomes for patients.

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[i] Accessible at link: https://view-health-screening-recommendations.service.gov.uk/scid/
[ii] Accessible at link: RCPath-Clinical-immunology-workforce-report-2025.pdf
[iii] Accessible at link: RCPath-Clinical-immunology-workforce-report-2025.pdf
[iv] To be published December 2025
[v] Accessible at link: RCPath-Clinical-immunology-workforce-report-2025.pdf
[vi] To be published December 2025
[vii] Accessible at link: RCPath-Clinical-immunology-workforce-report-2025.pdf