RCP briefing for the Sir David Amess summer adjournment debate | 21 July 2022

The Royal College of Physicians (RCP) is the oldest and largest medical royal college for hospital doctors. The RCP has over 40,000 members and fellows in the UK and internationally from over 30 medical specialties from cardiology and gastroenterology to infectious disease and respiratory medicine.

This year saw the introduction of the Health and Care Act 2022 – though the RCP would have liked it to go further on workforce planning, we are strongly supportive of the direction of travel laid out in the Act. It will enable better integration at a local level to improve population health. It brings a welcome enhanced focus on health inequalities and facilitating clinical research. But it has also been another challenging year for the NHS, with healthcare staff under ongoing pressure as they work to reduce the diagnostics and elective backlogs while continuing to provide urgent and emergency care. There are now a record 6.61 million people waiting for care with general practice and urgent and emergency care equally facing highest levels of demand.

Summary

• Workforce is the biggest limiting factor in bringing down waiting lists and delivering care sustainably. New figures published by the RCP reveal a record 52% of advertised consultant physician posts in England and Wales went unfilled in 2021. The government committed to a 15-year long-term workforce strategy earlier this year. The new prime minister must commit to delivering this by the end of 2022 as planned.

• The Health Disparities White Paper is a vital opportunity to reduce the gap in healthy life expectancy between the most and least deprived. It must still be brought forward by the end of this year with clear cross-government action, including a cross-government strategy to reduce health inequalities.

The NHS workforce and waiting lists

Workforce continues to be a limiting factor in bringing down waiting lists and the government’s wider ambitions for health and care. New figures published by the Royal College of Physicians (RCP) reveal more than half (52%) of advertised consultant physician posts in England and Wales went unfilled in 2021 - the highest rate of unfilled posts since records began in 2008. Of the 52% that went unfilled in 2021, the majority (74%) were unfilled due to a lack of any applicants at all.

NHS waiting lists for diagnostic and elective care currently stand at 6.61 million, while primary and urgent and emergency care are both facing their highest ever demand. In May 2022 the NHS performed its highest ever number of diagnostic tests for that month, but A&E attendances and emergency ambulance call-outs were the highest they have ever been for any June on record. Demand continues to rise – and workforce is the barrier to meeting it. According to the 2021 RCP census, 45% of consultants said they work excessive hours or have an excessive workload ‘almost always’ or ‘most of the time’.
A long-term 15-year workforce strategy was commissioned by the Department of Health and Social Care at the start of 2022, with the expectation that it would be published by NHS England by the end of this year. The next prime minister must make workforce a priority and commit to deliver this strategy by the end of this year as originally planned with a range of measures to grow, train and retain a healthcare workforce – including expanding the number of medical school places – to ensure the long-term sustainability of the NHS.

There are big challenges coming that we can be prepared for if we choose to act now. According to the RCP census, 44% of current consultant physicians will reach retirement age in the next 10 years (taking an average retirement age of 62–63 years). Increased numbers of health staff are already retiring, with the number of NHS workers awarded pension benefits in April this year 28% higher compared with a year earlier. More people at the start of their careers in medicine are working less than full time which means we will need a higher staff headcount in future. The RCP census shows that while a large majority of both men and women work full time until their mid-30s, the trends then diverge: 42% of women aged 35–44 are currently working less than full time compared with 6% of men. Women make up 39% of the overall consultant physician workforce and that proportion is growing quickly – 10 years ago they represented just 23%.

These demographic changes in the NHS workforce are taking place against a backdrop of likely growing demand - the Office for National Statistics (ONS) estimates that by 2040 there will be 17 million over 65s in the UK. As people live longer, they often live with multiple health conditions. These challenges are only insurmountable if we wait to act. It takes time to train a doctor, so we must take steps now to expand the medical workforce to feel the benefit in future.

Reducing health inequalities

The RCP believes that the best way to improve health is to focus on the factors that shape it. That is why the RCP and the over 200 member organisations of the Inequalities in Health Alliance (IHA) are calling for a cross-government strategy to reduce health inequalities. There have been several announcements over the past year that signal recognition that the factors which present a barrier to good health often sit outside the responsibility of the DHSC and the NHS. The RCP welcomed the creation of Office for Health Improvement and Disparities (OHID) and its commitment to a ‘new cross-government agenda’ also holds potential, and the Health Promotion Taskforce (HPT) mission ‘to drive a cross-government effort to improve the nation’s health, supporting ... levelling up’. But there has been little information on what OHID or the HPT will do to deliver these stated aims.

The Health Disparities White Paper (HDWP) - announced in the Levelling Up White Paper - provided a vital opportunity for government to commit to action on the social determinants of health. The cost of living crisis is another reminder that our health is a product of our environment. YouGov polling commissioned by the RCP in May 2022 found that over half of the British public (55%) felt that their health has been negatively affected by the rising cost of living. Of those who reported their health getting worse, 84% said it was due to increased heating costs, over three quarters (78%) a result of the rising cost of food and almost half (46%) down to transport costs rising. One in four (25%) people who said that their health had been negatively affected by the rising cost of living had also been told that by a doctor or other health professional. If we are to prevent physical and mental ill health in the first place, we need to act on issues such as poor housing, food quality, communities and place, employment, racism and discrimination, transport and air pollution.
The next prime minister must commit to deliver the HDWP with an equal focus on the wider determinants of health, behavioural factors, and access and outcomes. It must lay out plans for clear cross-government action, including a cross-government strategy to reduce health inequalities. Before COVID-19, the gap in healthy life expectancy between the richest and poorest areas was around 19 years and health inequalities were estimated to cost the NHS an extra £4.8bn a year. Tackling these inequalities is a key part of reducing demand on the NHS, and ensuring people live happier, healthier lives.

The impact of the climate crisis on health
The climate emergency is a health emergency. The RCP called attention to the responsibility of the NHS to be a lead in tackling global heating in 2017 in our report Breaking the fever: sustainability and climate change.

As the largest employer in Britain and responsible for around 4% of the nation’s carbon emissions, the NHS and clinicians have a huge part to play in helping to mitigate the negative effects of climate change. But efforts by the health service must be matched by government intervention to reduce carbon emissions. As a member of the UK Health Alliance on Climate Change (UKHACC), the RCP is clear that reaching net zero must be a priority to reduce the impact of the climate crisis on health. The RCP was one of several leading health organisations to write to the prime minister in February this year urging the government to end dependence on oil and gas to tackle the climate crisis and fuel poverty.

The clean air targets under the Environment Act provide a critical chance to reduce the health impact of toxic air and end the unequal impact of air pollution on vulnerable groups. The RCP was one of several leading health organisations that wrote to the government urging them to be more ambitious and bring forward the target date for reducing the toxic fine particulate matter PM$_{2.5}$ to 10 μg m$^{-3}$ by 2030.

The next prime minister must commit to achieving net zero by 2050 as enshrined in law. It is vital to improve health.

Supporting clinical research to deliver benefits for patients
The pandemic vividly illustrated the impact of clinical research – which was fundamental to the development of vaccines and treatments for COVID-19 – on patient outcomes. By improving the efficiency and efficacy of care, research can also be a vital tool in tackling backlogs and reducing the pressure on the NHS. However, there has been significant disruption to non-COVID-19 research since the start of the pandemic, with over 40% of NHS trusts having non-COVID-19 studies paused during the first wave.

Last year the government set out its vision for embedding research in clinical practice across the UK in Saving and Improving Lives: The Future of UK Clinical Research, and an implementation plan for 2022-25 was published at the end of June. The Health and Care Act 2022 also included provisions to strengthen NHS England’s responsibilities on clinical research which were welcomed by the RCP. We urge the next prime minister to maintain a strong focus on supporting clinical research and maximising the benefits it can deliver for patients and the NHS.

For more information, please contact Louise Forsyth, public affairs manager | louise.forsyth@rcp.ac.uk.