The Royal College of Physicians (RCP) welcomes the oral question tabled by Baroness Merron on the challenges facing the NHS this winter. This summer was the busiest ever for ambulance staff dealing with the most serious callouts. According to NHS statistics, only 45% of patients were discharged when they were ready in August and an average of 13,388 beds a day were taken up by patients who no longer need to be there. The possibility of flu and COVID waves, combined with people unable to properly eat or heat their homes, as well as the prospect of a rise in homelessness, could increase demand for healthcare as we head into winter.

The targeted focus by hospital teams and clinicians working above and beyond normal hours to reduce waiting times for those who have been waiting the longest for treatment has shown some success: in July, there were 1,521,711 patients waiting for diagnostic tests - fewer than the same figures for May and June. But we cannot celebrate too soon. With more than 6.8 million people waiting for treatment, this winter is set to be challenging for the NHS. Workforce is the biggest limiting factor in bringing down waiting lists and delivering care sustainably. The RCP’s latest census found that more than half (52%) of advertised consultant physician posts in England and Wales went unfilled in 2021. The Government must publish its workforce strategy in full by the end of 2022 as planned, including projections of future demand and supply.

The price of energy remains a concern for many people across the country. Polling commissioned by the Royal College of Physicians on behalf of the Inequalities in Health Alliance (IHA) found that over two thirds of people (69%) feel more worried about their ability to stay warm and healthy at home this winter compared to last winter. 12% of people said they had previously been advised by a health professional to keep their home warm to reduce the likelihood of becoming unwell or making an existing health condition worse.

Avoidable ill health places additional pressure on the NHS. Reports that the Health Disparities White Paper could be scrapped are concerning. The RCP and over 155 members of the IHA wrote to the secretary of state urging her to maintain the commitment to publishing the white paper with clear cross-government action to tackle the factors that cause ill health, including a cross-government strategy to reduce health inequalities. The white paper, announced by the government only this year, is a vital opportunity to address the factors that cause ill health.

**NHS waiting lists and the workforce crisis**

Workforce continues to be a limiting factor in bringing down waiting lists which are currently at 6.8 million - around 12% of the population. Some forecasts suggest it could hit over 10 million people waiting by 2024. We simply don’t have enough staff to meet the current and growing demand for care.
We came into the pandemic with waiting lists at 4.4 million, and 43% of advertised consultant physician posts in England and Wales unfilled according to the 2019 RCP census. The RCP’s latest census found that 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. There are now over 132,000 full-time equivalent staff vacancies in the NHS in England, not including primary care.

These pressures are only set to worsen. The same 2021 RCP census found that 44% of current consultant physicians will reach retirement age in the next 10 years (taking an average retirement age of 62–63 years). This means that the workforce will be further depleted at a time when demand for care will be increasing – the Office for National Statistics (ONS) estimates that, by 2040, there will be 17 million people in the UK over the age of 65. As more people at the start of their careers in medicine are working less than full time, the NHS will need a higher staff headcount in future.

A long-term plan for increasing staffing numbers, including expanding medical school places, is sorely needed to put the NHS workforce back on sustainable footing. We urge the government to publish the workforce plan re-committed to by Therese Coffey in full by the end of 2022 as planned, including numbers of how many staff will be needed to meet future demand.

That workforce strategy must:

- Be based as far as possible on what we know about actual current and predicted future supply and demand, including the impact of increased flexible working.
- Cover both the health and social care workforce, taking into account multidisciplinary team working and the drive towards more integration.
- Include a range of short-, medium- and long-term solutions to increase recruitment and improve retention.
- Commit to a review and refresh at least once within the lifetime of the existing strategy

Reducing health inequalities to reduce avoidable pressure on the NHS

The RCP believes that the best way to improve health and reduce pressure on the NHS is to focus on the factors that cause ill health in the first place, which so often sit outside the remit of the NHS and DHSC. The link between poor health and the environments people live in has become clearer than ever with rising energy bills and the current cost of living crisis.

New findings from a survey commissioned by the RCP in August 2022 show that due to the rising cost of energy bills, over two thirds of people (69%) feel more worried about their ability to stay warm and healthy at home this winter compared to last winter. 12% of people said they had previously been advised by a health professional to keep their home warm in order to reduce the likelihood of becoming unwell or making an existing health condition worse. The cold can have a wide ranging and serious impact on health, including causing or worsening respiratory conditions and cardiovascular diseases to poor mental health and hypothermia.

It is concerning to hear reports that the Health Disparities White Paper (HDWP) could be scrapped. Over 155 members of the Inequalities in Health Alliance (IHA) publicly wrote to the secretary of state for health and social care urging her to maintain the commitment to publishing the HDWP by the end of the year. In its letter to Dr Coffey, the IHA
warned that without a clear cross-government focus on the issues that cause ill health, “the DHSC and NHS will be left in the ultimately unsustainable position of trying to treat illness created by the environments people live in.”

Tackling health inequalities at its root is vital in ensuring good economic growth. **Health inequalities are estimated to cost the NHS an extra £4.8bn a year** and recent findings from the ONS show that since early 2020, almost 400,000 people exited the jobs market with long-term health problems – a rise of 88%.

The HDWP is a vital opportunity for government to set out how every Department will work together to tackle the factors that cause ill health in the first place such as poor housing, lack of educational opportunity, child poverty, communities and place, employment, racism and discrimination, transport and air pollution.

---

**About the RCP:** The Royal College of Physicians (RCP) is the oldest 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.

For more info, please contact Serena Parekh, public affairs and campaigns adviser | [serena.parekh@rcp.ac.uk](mailto:serena.parekh@rcp.ac.uk).