



Royal College
of Physicians

Setting higher standards

Keeping patients at the heart of the NHS

The RCP's four-point plan
for the next government

President's foreword



As the NHS approaches its 70th anniversary, it is reaching an important time in its history. The NHS is caring for more patients with complex needs than ever before. Despite this increase in demand, results from the latest patient satisfaction survey show that the public is still satisfied with the quality of care.¹

Our health service offers some of the highest-quality, most efficient and most accessible healthcare in the world. The UK has a long tradition of medical innovation, and continues to make groundbreaking medical discoveries that change the way we treat disease and care for patients, both in the UK and across the world. There is a lot to be proud of. This is all because of the wonderful, dedicated NHS staff, who work long hours and go above and beyond to ensure that patients receive the best care possible.

There are, however, significant challenges facing the NHS and our ability to care for the nation. Increasing workloads, staff shortages, lack of time for training, and the recent negotiations over the junior doctor contract are all concerning for the delivery of patient care, today and in the future.

The Royal College of Physicians (RCP), and our fellows and members, are fully committed to working with the next government to build on the NHS's achievements, to working towards the vision set out in the *Five Year Forward View*, and to driving innovative new ways of caring for our patients. The RCP's four-point plan outlines the profession's key calls for the next government, to ensure that the NHS is adequately resourced so that patients have access to high-quality care.

Jane Dacre, president, RCP

The RCP calls on the next government to:

1 place patient care at the centre of Brexit negotiations

Ensuring that the nation's health is placed at the centre of Brexit negotiations and that the UK's withdrawal from the EU is used as an opportunity to improve the health of the UK.

2 invest in, support and value the NHS workforce

Addressing the need for a workforce that meets the needs of our ageing population by supporting doctors to deliver the best care possible by investing in training, education and development.

3 deliver a new financial settlement for the NHS and social care

Meeting the demand for health services and social care by setting realistic targets for efficiency savings and investing in the long-term sustainability of the NHS.

4 support people to live healthier lives by investing in public health

Focusing on the importance of supporting people to live healthier lives, reduce avoidable illness and help keep people out of hospital for as long as possible.



Place patient care at the centre of Brexit negotiations

The UK's decision to leave the EU will have significant implications on a range of policy issues, in particular the NHS and the health of the nation. The next government must ensure that the nation's health is placed at the centre of Brexit negotiations and that the UK's withdrawal from the EU is used as an opportunity to improve the health of the UK.

The RCP calls on the next government to prioritise two areas in the Brexit negotiations:

- > **protect the rights of the NHS workforce to remain in the UK, and urgently develop a clear plan for staffing the NHS and social care in the long term**
- > **maintain the UK's position as a world leader for research and innovation.**

Workforce

The NHS has an international workforce. To meet increasing demand and to cope with the shortage of doctors in training, the NHS has become increasingly reliant on doctors who qualified outside the UK.² Doctors from outside the UK account for two in every five hospital doctors,³ and 9.3% of doctors working in the NHS are from EU member states.⁴ This is one of the highest levels of any OECD country, and higher than any other major EU country.⁵ Following the UK's withdrawal from the EU, it may become more difficult for international doctors to work in the UK, and some may have to acquire visas to work. The NHS is already understaffed and struggling to meet patient need.⁶ Uncertainty among doctors about whether they or their colleagues will be able to remain in the UK causes uncertainty and harms morale. Evidence shows that low morale harms patient safety.⁷

Looking beyond the EU, existing immigration rules have also proven to be a major barrier to international doctors working in the NHS. The RCP's Medical Training Initiative (MTI) provides another avenue through which to recruit doctors from overseas,⁹ but strict Migration Advisory Committee (MAC) rules for doctors have introduced significant restrictions. The MTI is a mutually beneficial scheme that provides junior doctors from all over the world with the opportunity to work and train in the UK, while giving trusts a high-quality, longer-term alternative to using locums to fill rota gaps.

The RCP calls on the next government to:

- > **provide reassurance for NHS doctors from EU member states that they will be able to remain in the UK when it leaves the EU. The NHS workforce should be given the right to remain in the UK and be exempt from negotiations**
- > **ensure that effective systems are in place to allow the NHS to continue to recruit doctors from overseas to meet rising patient numbers**
- > **relax MAC rules for international doctors.**

Following the UK's withdrawal from the EU, it may become more difficult for international doctors to work in the UK, and some may have to acquire visas to work. The NHS is already understaffed and struggling to meet patient need.⁶

Research and innovation

The UK has a long tradition of leading the world on medical research and innovation. It was UK researchers who first established the link between smoking and lung cancer, and the first IVF baby was born in the NHS. Evidence strongly shows that patients in research-active institutions achieve better outcomes.¹⁰ The UK's science and research sector has strong ties with the EU, through funding arrangements and EU-wide collaboration on research projects.

The UK currently enjoys access to research funding from the EU, whose research and innovation budget for 2014–2020 is around €120 billion,¹¹ and projects funded by the EU have so far enrolled more than 340,000 patients to clinical trials,¹¹ with the UK being one of the leaders in Europe for conducting clinical trials.¹² The European Medicines Agency (EMA) currently plays an important role in supporting early access for patients to the newest treatments and innovations. National regulatory systems can often take longer – for example, it takes typically 6–12 months longer for new drugs to reach Canada and Australia than the UK.¹³

It is vitally important to the continued delivery of high-quality patient care that the UK maintains its global position as a centre for research and innovation.

The RCP calls on the next government to:

- > **negotiate continued access to EU research funding, or provide equivalent replacement funding for research, so that patients have access to the best care in the future**
- > **clarify how the adoption of EU regulations into UK statute will impact on the UK, to reduce uncertainty and confusion within the research sector**
- > **ensure that the Medicines and Healthcare products Regulatory Agency (MHRA) is able to continue to provide advice and act as a leader of regulation globally, working collaboratively with the EMA wherever possible so that the UK remains an attractive place to invest, reducing delay for UK patients accessing new treatments.**



Invest in, support and value the NHS workforce

The RCP's members and fellows are treating more patients than ever before. This increase in patient numbers – as people live longer, with more complex conditions – is outpacing the resources that we have to care for them safely. By 2018, it is estimated that there will be 1 million more people living with three or more long-term conditions than in 2008 – an increase of 53%.¹⁴

Between 2015 and 2020, the population of the UK is expected to grow by 3%; the population of those aged over 65 is expected to grow by 12% and of those aged over 85 by 18%.¹⁵ We need a workforce that meets the needs of our ageing population.

The RCP calls on the next government to:

- > **increase the supply of doctors across all parts of the medical workforce**
- > **support doctors to deliver the best care possible by investing in training, education and development of doctors throughout their careers**
- > **promote innovative staffing models, such as physician associates (PAs) working with doctors.**

Increase the supply of doctors

Hospital teams are under increasing pressure from staffing gaps. Between 2013 and 2015, the number of doctor vacancies in the UK increased by 60%.¹⁶ In 2015–2016, 44% of advertised consultant physician vacancies in the UK went unfilled, with geriatric medicine and acute medicine being hit the hardest.¹⁷ There are so many unfilled consultant posts because the UK does not train enough doctors.

There are fewer medical students now than in 2010,¹⁸ despite an increasing number of patients. The number of qualified doctors training to be medical specialists has also fallen,¹⁹ and in recent years there have been difficulties in filling significant numbers of specialty training posts.²⁰ While the government's announcement of 1,500 medical school places is welcome, it will take nearly a decade before this new cohort of doctors start to work in the NHS and, given the growing needs of patients, it is unclear whether this increase will be sufficient to meet the future requirements of the NHS.

More consultants in the UK are now covering gaps in trainee rotas: 13% regularly do so, and 28% of consultants have reported 'significant gaps in the trainees rota such that patient care is compromised'.¹⁷ This increases pressure on NHS staff, damaging morale and putting patient care at risk. A recent survey of RCP members across the UK⁶ found that 55% of doctors who responded believe that patient safety has deteriorated over the past 12 months, and over one-third (37%) cite lower-quality care in the past 12 months. Nearly three-quarters (74%) of respondents are worried about the ability of their service to deliver safe patient care in the next 12 months.

The RCP calls on the next government to:

- > **increase the number of medical student places further.**

Support doctors to deliver the best care possible

There is still more that can be done to support the current workforce and to improve staff retention in the NHS. The recent junior doctor dispute highlighted the underlying dissatisfaction within the medical workforce, which is not limited to junior doctors and has significant implications for patient care. Much can be done to improve the working conditions and the morale of the medical workforce.

The RCP's recent *Being a junior doctor* report includes some of these solutions.⁸ Empowering staff to take control of their working lives, improving flexibility in rotas, supporting older doctors to continue to work in the NHS, and balancing time between clinical practice and other activities such as training, research and leadership roles will all help to improve the morale of doctors and the quality of patient care. The RCP's *Research for all: building a research-active medical workforce* report outlines recommendations to support doctors to engage in research.²¹

The RCP calls on the next government to work with relevant arm's-length bodies, such as Health Education England and NHS Employers, to:

- > improve flexibility in trainee doctors' rotas so that they are able to balance their time between clinical practice and other activities, such as training, research and leadership roles
- > support older doctors to continue to work in the NHS
- > allow time in job plans for doctors to build links across teams and settings, and to collaborate and innovate
- > provide effective support mechanisms for doctors to protect their mental and physical wellbeing
- > promote the development of effective teams in hospitals, to provide support for doctors and better care for patients
- > ensure that doctors have access to rest and refreshment facilities while working on shift.

Promote innovative staffing models

Promoting innovative staffing models, such as new healthcare roles including physician associates (PAs),²² will provide a unique opportunity to support doctors to deliver high-quality care and relieve some of the workforce pressures facing the NHS. PAs work alongside physicians, GPs and surgeons, providing medical care as an integral part of the multidisciplinary team. Their duties include taking patient histories, carrying out physical examinations, and developing and delivering treatment plans. However, without statutory regulation, there are significant limitations on the level of support that PAs can provide – for example, PAs cannot currently order X-rays or prescribe.

The RCP calls on the next government to:

- > introduce legislation to provide statutory regulation of PAs.



3 Deliver a new financial settlement for the NHS and social care

As demand for health services continues to rise,²³ NHS budget figures paint a challenging picture: increasing deficits, missed efficiency targets, short-term borrowing, and suspension of capital investment. More than eight out of ten doctors believe that current health service funding is not sufficient to meet demand.²⁴

To meet the needs of patients and communities, the RCP calls on the next government to create a budget that:

- > **meets the demand for health services and social care**
- > **sets realistic targets for efficiency savings**
- > **invests in the long-term sustainability of the NHS.**

Meeting the demand

Current investment in the NHS is not sufficient to meet the increasing demand for services from a growing, ageing population, or the cost of new drugs and treatments. Since 2009–2010, UK health spending as a proportion of GDP has declined, and is predicted to fall to 6.8% by 2019–2020.²⁵

Although health spending is set to rise by an average of 0.5% a year to 2020,²⁵ the Office for Budget Responsibility predicts that real spending per person will fall by 0.9% over that period. This will result in a shortfall in care. Modelling suggests that an annual increase in funding of 3–6% in real terms would enable the NHS to meet increased demand.²⁶

Investing in social care is also vital to the long-term sustainability of the NHS. Across the country, patients fit for discharge are waiting to leave hospital, in many cases because social care support is unavailable. At the end of December 2016, 6,191 patients were in hospital unnecessarily. This is the highest number for December since data collection began, and is an increase of 24% since December 2015.²⁷ This reflects pressures faced by local councils, which have seen significant cuts to their budgets in recent years.

Local authorities have reduced spending on adult social care by 10% in real terms between 2009–2010 (£16.1 billion) and 2015–2016 (£14.6 billion).²⁸ The Local Government Association estimates that social care faces a funding gap of £5.8 billion by 2020.²⁹

The RCP calls on the next government to:

- > **increase investment in health and social care in order to meet the needs of patients and communities, working with royal colleges and other partners to develop an evidence-based NHS budget.**³⁰

Investing in social care is also vital to the long-term sustainability of the NHS. Across the country, patients fit for discharge are waiting to leave hospital, in many cases because social care support is unavailable.

Invest in the long term

Funding should enable phased investment in capital improvements, such as upgrading hospital equipment. Expenditure should be planned so that the books balance across the system and in the long term. That includes adequate funding for social care and public health. This long-term vision should also seek to protect funds for transformation.

Genuine service transformation will require upfront investment to free up staff and to facilitate services running in parallel, to allow new models of delivery to embed. There must be realism about the extent to which transformation will save money in the short term: the evidence here is scant.³¹ The overall NHS budget must be sufficient to protect funding for sustainability and transformation, and not used to plug funding gaps.

The RCP recognises that, for any new funding to be used effectively, the way that care is delivered must be transformed. The RCP supports sustainability and transformation plans (STPs) as the best way to achieve this transformation. Patients, the public and the delivery of high-quality care should sit at the centre of effective transformation.

The next government needs to be realistic about what the STPs can actually achieve. STPs will fail to deliver the change that the NHS requires if they are rushed or not given the support they need.

The RCP calls on the next government to:

- > **protect funds for transformation**
- > **ensure that STPs reflect current need as well as future aspirations, with patients and doctors contributing to future planning through their local STP**
- > **ensure that efficiency targets are based on the best available evidence of what is achievable, rather than what is needed to close the gap between demand and existing budget commitments. Historical performance suggests that efficiency gains will be no greater than 1.5–2% per year.³²**



Support people to live healthier lives

As the needs of patients continue to increase, it has never been more important to support people to live healthier lives, reduce avoidable illness and help keep people out of hospitals for longer. Previous successful public health policies, such as the smoking ban in public places and sugary drinks levy, show the impact that interventions can have. However, there is still more that the government can do.

The RCP calls on the next government to:

- > **adequately resource vital public health services**
- > **take national action on tackling the harmful impact of alcohol by introducing a minimum unit price**
- > **introduce a clean air act that will improve the quality of the air we breathe**
- > **tackle the obesity epidemic by implementing the Obesity Health Alliance's (OHA) manifesto asks³³**
- > **tackle the harmful effects of smoking by introducing a new national tobacco control plan.**

Public health funding

The RCP has raised severe concerns regarding the reductions to the public health grant to local authorities.³⁴ These reductions could incur serious and lasting implications for both the health of communities across England and the long-term sustainability of the NHS. We believe that the funding reduction represents poor value for money, as a short-term saving that will incur greater costs to the NHS and wider society in the longer term.

The RCP calls on the next government to:

- > **ensure that local authorities are adequately resourced to deliver vital public health services that help people to live healthier lives.**

Tackle the harmful impact of alcohol

Alcohol misuse places a huge burden on the NHS, the police and the wider community. Of all alcohol sold, it is the very cheap products, such as large bottles of strong cider, that play the biggest part in alcohol-related harm. The simplest way to reduce demand for alcohol is to raise the price and encourage changes in behaviours.

The introduction of a minimum unit price (MUP) for alcohol is an effective and evidence-based way to tackle health inequalities and reduce consumption.³⁵ An MUP of 50p per unit of alcohol should be introduced for all alcohol sales, together with a mechanism to review and revise this price regularly. The impact of a 50p MUP has been modelled by Sheffield University, which found that, if implemented, there would be 35,100 fewer hospital admissions per year by the tenth year following introduction of the 50p MUP.³⁶

The RCP calls on the next government to:

- > **introduce an MUP of 50p per unit of alcohol.**

Introduce a clean air act to improve air quality

Each year in the UK, around 40,000 deaths are attributable to exposure to outdoor air pollution, which has been linked to cancer, asthma, stroke, heart disease, diabetes, obesity and changes linked to dementia.³⁷ The health problems resulting from exposure to air pollution have a high cost for people who suffer from illness and premature death, for our health services and for businesses. In the UK, these costs add up to more than £20 billion every year.³⁷

The RCP calls on the next government to introduce a new clean air act³⁸ that:

- > **tackles the sources of modern air pollution: Take immediate action on the sources of modern air pollution, such as diesel, by creating a UK-wide network of Clean Air Zones that will encourage zero-emission transport**
- > **safeguards the legal protections that we could be stripped of on leaving the EU: Protect existing air quality legislation, ensuring that the UK's departure from the EU does not affect the quality of the air we breathe**
- > **improves on existing EU, domestic and international legislation to enshrine the right to breathe clean air in law: Consolidate the complex and disparate body of domestic, EU and international air pollution laws into one coherent, effective and strengthened piece of legislation.**

Tackle obesity

The estimated cost of obesity to the UK economy is approximately £27 billion.³⁹ Failing to act now will commit the NHS to greater expense in the future, as it struggles to fund care and treatment for obesity-related medical conditions. The RCP supports the Obesity Health Alliance's (OHA's) general election calls.³³ This includes a commitment to tackling childhood obesity by strengthening the current Childhood Obesity Plan and supporting medical professionals to play a key role in helping people to lose weight by equipping them with time, skills and resources to identify and support patients.

The RCP calls on the government to:

- > **strengthen the Childhood Obesity Plan by adopting the OHA's manifesto asks³³**
- > **develop, fund and promote, in conjunction with the royal colleges, evidence-based training curricula for all health and social care professionals, supporting people to live well across their life course.**

Tackle the harmful effects of smoking

The total cost of smoking to society, including healthcare, social care, lost productivity, litter and fires, was conservatively estimated in 2015 to be around £14 billion per year.⁴⁰ Cuts to local authorities' public health budgets are having a damaging impact on services that help people to stop smoking.⁴¹

It is essential that the next government introduces a tobacco control plan that will set out ways to support these vital services. Expenditure on tobacco control provides good value for money: the National Institute for Health and Care Excellence (NICE) estimates that, for every £1 invested, £2.37 is saved on treating smoking-related disease and lost productivity.⁴²

The RCP calls on the next government to:

- > **introduce a control plan that is ambitious and goes as far as possible to ensure that the burden of ill health caused by tobacco is reduced.**

References

- 1 Robertson R. *Public satisfaction with the NHS in 2016*. London: King's Fund, 2017. www.kingsfund.org.uk/publications/public-satisfaction-nhs-2016 [Accessed 28 April 2017].
- 2 General Medical Council. *The state of medical education and practice in the UK: 2015*. London: GMC, 2015. www.gmc-uk.org/publications/somep2015.asp [Accessed 28 April 2017].
- 3 General Medical Council. *List of registered medical practitioners – statistics*. London: GMC, 2016. www.gmc-uk.org/doctors/register/search_stats.asp [Accessed 28 April 2017].
- 4 NHS Digital. *NHS Hospital and Community Health Services (HCHS): All staff by nationality grouping, staff group secondary area of work and Health Education England region, in NHS trusts and CCGs in England, 30 June 2016 to 30 September 2016, headcount, 2017*. <http://content.digital.nhs.uk/suppinfofiles> [Accessed 28 April 2017].
- 5 Buchan J, Secombe I, Charlesworth A. *Staffing matters; funding counts*. London: The Health Foundation, 2016. www.health.org.uk/publication/staffing-matters-funding-counts [Accessed 28 April 2017].
- 6 Royal College of Physicians. *NHS reality check: Delivering care under pressure*. London: RCP, 2017. www.rcplondon.ac.uk/projects/outputs/nhs-reality-check-delivering-care-under-pressure [Accessed 28 April 2017].
- 7 Royal College of Physicians. *Work and wellbeing in the NHS: why staff health matters to patient care*. London: RCP, 2015. www.rcplondon.ac.uk/guidelines-policy/work-and-wellbeing-nhs-why-staff-health-matters-patient-care [Accessed 28 April 2017].
- 8 Royal College of Physicians. *Being a junior doctor: Experiences from the front line of the NHS*. London: RCP, 2016. www.rcplondon.ac.uk/guidelines-policy/being-junior-doctor [Accessed 28 April 2017].
- 9 Royal College of Physicians. *Medical Training Initiative*. www.rcplondon.ac.uk/education-practice/advice/medical-training-initiative [Accessed 28 April 2017].
- 10 Downing A, Morris EJA, Corrigan N *et al*. High hospital research participation and improved colorectal cancer survival outcomes: a population-based study. *Gut* 2017;66:89–96. <http://gut.bmj.com/content/66/1/89> [Accessed 28 April 2017].
- 11 Zanon A. What implications could Brexit have for NHS patients? NHS Confederation, 2016. www.nhsconfed.org/blog/2016/07/what-implications-could-brexit-have-for-nhs-patients [Accessed 28 April 2017].
- 12 Association of the British Pharmaceutical Industry. *Patient access to medical innovation under threat from Brexit*. London: ABPI, 2016. www.abpi.org.uk/media-centre/newsreleases/2016/Pages/Patient-access-to-medical-innovation-under-threat-from-Brexit.aspx [Accessed 28 April 2017].
- 13 How to secure the best for life sciences after Brexit: five key areas. [www.amrc.org.uk/sites/default/files/doc_lib/Brexit event briefing FINAL DESIGN.pdf](http://www.amrc.org.uk/sites/default/files/doc_lib/Brexit%20event%20briefing%20FINAL%20DESIGN.pdf) [Accessed 28 April 2017].
- 14 House of Commons Library. *Political challenges relating to an aging population: Key issues for the 2015 Parliament, 2015*. www.parliament.uk/business/publications/research/key-issues-parliament-2015/social-change/ageing-population/ [Accessed 28 April 2017].
- 15 House of Commons Library. *Political challenges relating to an aging population: Key issues for the 2015 Parliament, 2015*. www.parliament.uk/business/publications/research/key-issues-parliament-2015/social-change/ageing-population/ [Accessed 28 April 2017].
- 16 Hughes D, Clarke V. Thousands of NHS nursing and doctor posts lie vacant. BBC, 2016. www.bbc.co.uk/news/health-35667939 [Accessed 28 April 2017].
- 17 Federation of the Royal Colleges of Physicians of the UK. *Focus on physicians: census of consultant physicians and higher specialty trainees 2015–16*. London: RCP, 2016. www.rcplondon.ac.uk/projects/outputs/2015-16-census-uk-consultants-and-higher-specialty-trainees [Accessed 28 April 2017].
- 18 UCAS. *End of cycle 2015 data resources: DR3_015_01 acceptances by detailed subject group*. Cheltenham: UCAS, 2016. www.ucas.com/sites/default/files/eoc_data_resource_2015-dr3_015_01.pdf [Accessed 28 April 2017].
- 19 Federation of the Royal Colleges of Physicians of the UK. *Census of consultant physicians and higher specialty trainees in the UK 2014–15: data and commentary*. London: RCP, 2016. www.rcplondon.ac.uk/projects/outputs/2014-15-census-uk-consultants-and-higher-specialty-trainees [Accessed 28 April 2017].
- 20 Joint Royal Colleges of Physicians Training Board. *2015 annual specialty report*. London: JRCPTB, 2016. www.jrcptb.org.uk/documents/2015-annual-specialty-report [Accessed 28 April 2017].
- 21 Royal College of Physicians. *Research for all: Building a research-active medical workforce*. London: RCP, 2016. www.rcplondon.ac.uk/projects/outputs/research-all [Accessed 28 April 2017].
- 22 Faculty of Physician Associates. *Who are physician associates?* www.fparcp.co.uk/about-fpa/Who-are-physician-associates [Accessed 28 April 2017].
- 23 NHS Confederation. *Key facts and trends in acute care*. London: NHS Confederation, 2015. www.nhsconfed.org/resources/2015/11/key-facts-and-trends-in-acute-care [Accessed 28 April 2017].
- 24 Royal College of Physicians. *The NHS: the doctors' view*. London: RCP, 2015. www.rcplondon.ac.uk/guidelines-policy/nhs-doctors-view [Accessed 28 April 2017].

- 25 Licchetta M, Stelmach M. *Fiscal sustainability analytical paper: Fiscal sustainability and public spending on health*. Office for Budget Responsibility, 2016. http://budgetresponsibility.org.uk/docs/dlm_uploads/Health-FSAP.pdf [Accessed 28 April 2017].
- 26 Appleby J, Galea A, Murray R. *The NHS productivity challenge: experience from the front line*. London: The King's Fund, 2014. www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/the-nhs-productivity-challenge-kingsfund-may14.pdf [Accessed 28 April 2017].
- 27 King's Fund: Quarterly Monitoring Report 22, 2017. <http://qmr.kingsfund.org.uk/2017/22/overview> [Accessed 28 April 2017].
- 28 Comptroller and Auditor General. *Discharging older patients from hospital*. Session 2016–17, HC 18. London: National Audit Office, May 2016. www.nao.org.uk/wp-content/uploads/2015/12/Discharging-older-patients-from-hospital.pdf [Accessed 28 April 2017].
- 29 *Adult social care funding: 2016 state of the nation report*. Local Government Association. <http://www.local.gov.uk/sites/default/files/documents/adult-social-care-funding-c17.pdf> [Accessed 28 April 2017].
- 30 Doctors urge chancellor to increase social care funding. BBC News, March 2016. www.bbc.co.uk/news/health-35785848 [Accessed 28 April 2017].
- 31 Edwards N. How are Sustainability and Transformation Plans coming together? London: Nuffield Trust, 2016. www.nuffieldtrust.org.uk/blog/how-are-sustainability-and-transformation-plans-coming-together [Accessed 25 April 2017].
- 32 Lord Carter of Coles. Operational productivity and performance in English NHS acute hospitals: unwarranted variations. London: Department of Health, 2016. www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf
- 33 Obesity Health Alliance. *Manifesto for 2017 general election*. London: OHA, 2017. <http://obesityhealthalliance.org.uk/wp-content/uploads/2017/04/OHA-Manifesto-April-2017.pdf> [Accessed 28 April 2017].
- 34 Royal College of Physicians. RCP and RCS welcome NHS investment but remain concerned on cuts to public health and education. London: RCP, 2015. www.rcplondon.ac.uk/news/rcp-and-rcs-welcome-nhs-investment-remain-concerned-cuts-public-health-and-education [Accessed 28 April 2017].
- 35 Wagenaar AC, Salois MJ, Komro KA. Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction* 2009;104:179–90. <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2008.02438.x/abstract> [Accessed 28 April 2017].
- 36 Meng Y, Brennan A, Holmes J *et al*. Modelled income group-specific impacts of alcohol minimum unit pricing in England 2014/15. University of Sheffield, July 2013. www.shef.ac.uk/polopoly_fs/1.2916211/file/julyreport.pdf [Accessed 28 April 2017].
- 37 Royal College of Physicians. *Every breath we take: the lifelong impact of air pollution*. Report of a working party. London: RCP, 2016. www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution [Accessed 28 April 2017].
- 38 Healthy Air. A clean air act for the 21st century, 2017. www.healthylair.org.uk/clean-air-act-21st-century/ [Accessed 28 April 2017].
- 39 Public Health England. *The economic burden of obesity*. National Obesity Observatory, October 2010. http://webarchive.nationalarchives.gov.uk/20160805121933/http://www.noo.org.uk/uploads/doc/vid_8575_Burdenofobesity151110MG.pdf [Accessed 28 April 2017].
- 40 Action on Smoking and Health. *Smoking still kills. Protecting children, reducing inequalities*. London: ASH, 2015. www.ash.org.uk/files/documents/ASH_962.pdf [Accessed 28 April 2017].
- 41 Cancer Research UK. Cuts to public health funding are crippling stop smoking services. London: Cancer Research UK, 2016. <http://scienceblog.cancerresearchuk.org/2016/11/16/cuts-to-public-health-funding-are-crippling-stop-smoking-services/> [Accessed 28 April 2017].
- 42 Pokhrel S, Owen L, Coyle K *et al*. Costs of disinvesting from stop smoking services: an economic evaluation based on the NICE Tobacco Return on Investment model. *Lancet Public Health* 2016;388;S95.

About the RCP

The RCP plays a leading role in the delivery of high-quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the UK and overseas with education, training and support throughout their careers. As an independent body representing nearly 34,000 fellows and members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare. Our primary interest is in building a health system that delivers high-quality care for patients.

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