



Health debate on the Queen's Speech

Royal College of Physicians' briefing - 28 June 2017

Introduction

This briefing has been produced by the Royal College of Physicians (RCP) ahead of the House of Commons health debate on the Queen's Speech on 28 June 2017. The RCP welcomes the government's commitments in the Queen's Speech to introduce a draft patient safety Bill, update mental health legislation and consult on reform of social care provision. We look forward to seeing further details on all of these initiatives and working with parliamentarians to shape them to improve patient care. However, it is however concerning that the government has not taken this opportunity to address some of the wider issues facing the delivery of healthcare including the regulation of new health professionals such as physician associates. Furthermore, it is vital that Brexit negotiations do not overshadow the important decisions that still need to be made for the future of the NHS and its potential impact on patient care. This includes addressing staff shortages and tackling pressures from preventable illnesses like obesity.

Summary

RCP calls on the government to ensure that patient care is at the heart of Brexit negotiations:

- The government must ensure Brexit does not exacerbate existing workforce shortages given that **in 2016, 45% of advertised consultant posts were not appointed to because there were no applicants.**
- The government must provide reassurance for doctors from EU Member states that they will be able to remain after the UK leaves the EU.
- The UK is a net beneficiary of research funding from the EU¹. The government must therefore negotiate continued access to EU research funding or provide equivalent funding for research to maintain the UK's position as a world leader in medical research.
- Clarify how the adoption of EU regulations into UK statute will impact on medical research, to reduce uncertainty and confusion within the research sector.

RCP calls on the government to address the wider challenges facing the health service:

- Introduce legislation to provide statutory regulation of physician associates.
- Adequately resource vital public health services.
- Tackle the obesity epidemic by implementing the Obesity Health Alliance's (OHA) [manifesto asks](#)
- 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 harmful effects of smoking by introducing a new national tobacco control plan.

¹ Royal Society, UK Research and the European Union. *The role of the EU in funding UK research*, 2015 [Accessed 12 April 2017]

Ensuring patient care is at the heart of Brexit negotiations

The UK's decision to leave the EU will have significant implications on the NHS and the health of the nation. The government must ensure that healthcare 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.

Current recruitment challenges

The government must ensure that the UK's departure from the EU does not exacerbate existing workforce challenges. For example, there are significant gaps in consultant posts across the country. The latest round of the RCP's Census of Consultant Physicians found that **45% of consultant appointments could not be made in 2016²**. The most common reason is because there are no applicants. These gaps are also present in trainee posts: **22% of consultants have reported that frequent gaps in trainees' rotas cause significant problems in patient care. Furthermore, 6% of consultants often act down to cover gaps in trainee rotas³**. Consultants act down to ensure that patients are still able to access care. However, this is not sustainable for the future, particularly as patient need continues to steadily increase⁴.

The importance of the international workforce

Doctors from the EU and around the world play an important role in the delivery of care. Around **10% of doctors working in the NHS come from EU countries⁵**. A survey of RCP's members and fellows found that doctors from the EU and overseas are feeling increasingly uncertain about their future within the NHS. While the majority of those who graduated overseas (**79%**) **said that they planned to stay in the UK for at least the next six months, 5% said they did not plan to stay in the UK and 16% said they were unsure of their plans⁶**. It is very worrying that **21% of physicians are considering leaving the UK**, particularly as evidence suggests that staff shortages are becoming an ever more pressing problem for the health service in terms of its impact on the quality and safety of patient care⁷.

While the RCP strongly welcomes reassurances about the status of EU doctors working in the NHS, the government must ensure **that doctors from the EU will be able to continue to work in the NHS and care for patients**. The RCP welcomed the government's commitment to increase medical school places by 1,500. However, the extra places will not in themselves produce a self-sufficient medical workforce in the short term as it takes up to seven years to train a consultant. **It is therefore vital to have clarity on the status of EU doctors to ensure patients continue to receive high quality care now and in the future.**

² Federation of the Royal Colleges of Physicians of the UK. Census of consultant physicians and higher specialty trainees 2016–17

³ Federation of the Royal Colleges of Physicians of the UK. Census of consultant physicians and higher specialty trainees 2016–17

⁴ Royal College of Physicians. 2017 [NHS reality check: Delivering care under pressure](#), p.4. [accessed 23 June 2017]

⁵ http://www.gmc-uk.org/doctors/register/search_stats.asp [accessed 23 June 2017]

⁶ Royal College of Physicians. [Commentary](#). February 2017 (1), p.10 [accessed 23 June 2017]

⁷ Royal College of Physicians. 2017 [NHS reality check: Delivering care under pressure](#). [accessed 23 June 2017]

Brexit and medical research

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 billion⁸**, and projects funded by the EU have so far enrolled more than **340,000 patients to clinical trials⁹**, with the UK being one of the leaders in Europe for conducting clinical trials¹⁰. Evidence strongly shows that patients in research-active institutions achieve better outcomes¹¹. It is therefore vital to the continued delivery of high-quality patient care that the UK maintains its global position as a centre for research and innovation.

The government must **negotiate continued access to EU research funding, or provide equivalent replacement funding for research**, so that patients have access to the best treatments in the future. There must also be clarity on how the adoption of EU regulations into UK statute will impact on the UK, to reduce uncertainty and confusion within the research sector. Research requires long-term planning which necessitates sufficient guidance on changes to frameworks that govern the undertaking of research.

In the UK, the Medicines and Healthcare Products Regulatory Agency (MHRA) provides significant expertise to the European Medicines Agency (EMA), allowing for drugs to be approved once for the whole of Europe – almost 500m patients¹². National medical regulation can take longer than cooperative regulation (6–12 months longer for new drugs to reach Canada and Australia than the UK)¹³. The MHRA typically leads on around 43% of licence requests for the EMA¹⁴. The government must therefore ensure that the MHRA is able to continue to provide advice and act as a leader for 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.

Further information about RCP's position on the impact of Brexit on patients and doctors and medical research can be found [here](#).

⁸ Zanon A. [What implications could Brexit have for NHS patients?](#) NHS Confederation, 2016. [accessed 23 June 2017]

⁹ Zanon A. [What implications could Brexit have for NHS patients?](#) NHS Confederation, 2016. [accessed 23 June 2017]

¹⁰ Association of the British Pharmaceutical Industry. [Patient access to medical innovation under threat from Brexit](#). London: ABPI, 2016. [accessed 23 June 2017]

¹¹ 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 23 June 2017]

¹² ABPI gives evidence to Exiting the EU Commons Select Committee on Brexit priorities

¹³ AMRC. [How to secure the best for life sciences after Brexit: five key areas](#). [accessed 23 June 2017]

¹⁴ PharmaTimes. *Brexit: three months on*.

Addressing the wider challenges facing the NHS

Regulation of physician associates

The RCP was disappointed to see that the Conservative Party's commitment to 'legislate to reform and rationalise the current outdated system of professional regulation of healthcare professions'¹⁵ was not included in the Queen's speech. **The RCP has long supported the regulation of physician associates (PAs).** PAs work alongside a wide range of healthcare professionals, including physicians, GPs, surgeons and nurses, providing medical care as an integral part of the multidisciplinary team. They support healthcare professionals to deliver high-quality care and relieve some of the workforce pressures facing the NHS. 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 government to introduce legislation to ensure statutory regulation of PAs.**

Supporting 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 the prevalence of preventable illnesses and ease the pressure on the health service. Previous successful public health policies, such as the smoking ban in public places demonstrates the impact that interventions can have. A review of 77 studies found that reduced exposure to passive smoking has caused a 'significant reduction' in heart problems across the population¹⁶. However, there is still more that the government can do.

RCP calls on the government to:

- Adequately resource vital public health services.
- Tackle the obesity epidemic by implementing the Obesity Health Alliance's (OHA) [manifesto asks](#), which includes restricting children's exposure to junk food marketing, enabling people to make healthier choices in retail environments and protecting the UK's use of traffic light nutrition labelling on front-of-packs as part of EU negotiations.
- Take national action on tackling the harmful impact of alcohol by introducing a minimum unit price of 50p per unit.
- Introduce a clean air act that will improve the quality of the air we breathe.
- Tackle the harmful effects of smoking by introducing a new national tobacco control plan.

More information about the RCP's calls relating to public health can be found in [Keeping patients at the heart of the NHS: RCP's four-point plan for government](#)

¹⁵ Conservative Party 2017 General Election: <https://www.conservatives.com/manifesto> [accessed 23 June 2017]

¹⁶ Smoking ban sees 40 per cent cut in heart attacks in UK since 2007 law was introduced [Daily Telegraph](#). 4 Feb 2016. [accessed 23 June 2017]

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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