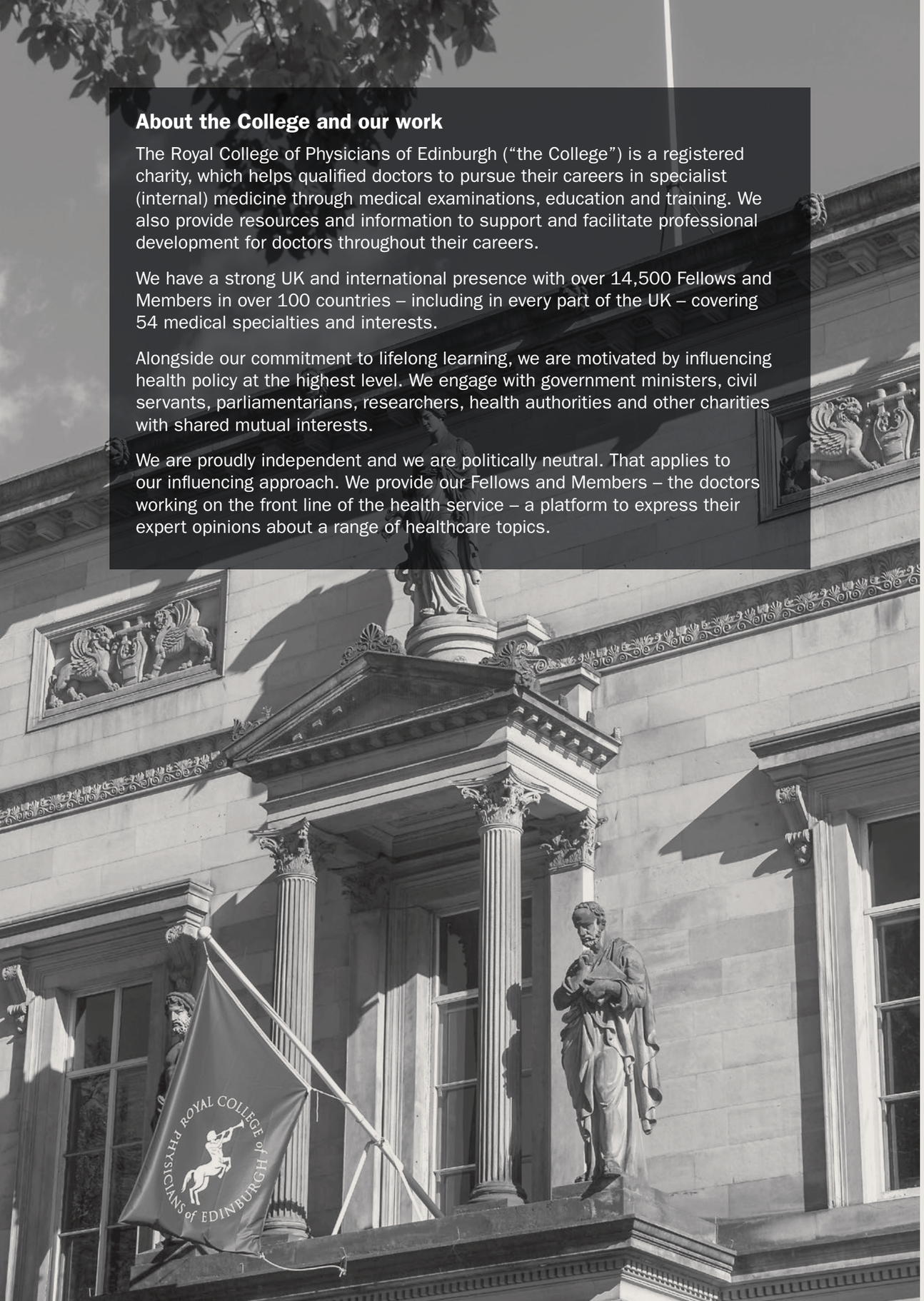
ROYAL
COLLEGE *of*
PHYSICIANS *of*
EDINBURGH

Health Priorities
for the 2024 General Election



About the College and our work

The Royal College of Physicians of Edinburgh ("the College") is a registered charity, which helps qualified doctors to pursue their careers in specialist (internal) medicine through medical examinations, education and training. We also provide resources and information to support and facilitate professional development for doctors throughout their careers.

We have a strong UK and international presence with over 14,500 Fellows and Members in over 100 countries – including in every part of the UK – covering 54 medical specialties and interests.

Alongside our commitment to lifelong learning, we are motivated by influencing health policy at the highest level. We engage with government ministers, civil servants, parliamentarians, researchers, health authorities and other charities with shared mutual interests.

We are proudly independent and we are politically neutral. That applies to our influencing approach. We provide our Fellows and Members – the doctors working on the front line of the health service – a platform to express their expert opinions about a range of healthcare topics.

1 Workforce

The challenges

Every part of the UK has too few doctors. Research suggests that the UK is short of 49,162 full-time equivalent doctors. By 2043, this number could hit 83,779[1]. This is having a disruptive and potentially dangerous impact on patient care and the morale of the medical workforce. According to the annual Physicians Census, as a result of the shortage of doctors, 58% of doctors reported consultant vacancies in their department; 69% of consultants reported daily or weekly rota gaps; 42% of consultants did not take their full annual leave entitlement in 2022 and 48% of consultants are expected to hit the 62.2 mean intended retirement age in the next decade[2]. Furthermore, a GMC survey in April 2024 highlighted that when asked how likely they were to move abroad to practise medicine in the next 12 months, over 13% of doctors practising in the UK answered 'very likely'. A further 17% said they were 'fairly likely' to move abroad. These data demonstrate the increasing risk to the safe provision of patient care, exacerbated by the COVID-19 pandemic, with an alarming and rising proportion of unfilled consultant posts and consultants approaching retirement. It is within this context that the NHS workforce plan must deliver. And while the College acknowledges the need for a long term workforce plan, of course it does not address the immediate challenges. For example, in England from April 2022–March 2023, nearly 400,000 people who needed medical care waited 24 hours or more in an emergency department. This is simply unacceptable for patients. There are measures that can be introduced now to support doctors in delivering the gold standard of care for people.

Recommendations

- Ensure that employers "get the basics right" to improve staff wellbeing. This includes providing adequate facilities for rest (e.g. after night shifts), spaces to carry out non-clinical work, and easily accessible hot food and drink so staff can keep refreshed during their shifts.
- Proper job planning at all levels is needed. Employers should offer flexible training and working, enable time for essential education and training, clinical research, clinical leadership, quality improvement, and governance. Clinical research is of benefit to patient care and academic research – doctors must have time to contribute to this.
- By reducing the administrative burden on doctors, through the streamlining of mandatory training processes, by simplifying appraisal and revalidation and by reducing paperwork, employers can free up our doctors to focus on patient care. For example, by speeding up legislative changes for the expansion of who can sign off fit notes, this would reduce paperwork for doctors.
- Improve retire and return arrangements through clearer and more consistent policies. By facilitating flexible approaches including access to remote working and portfolio job plans, employers can make it easier for doctors to come back to the NHS.
- On retirement, the government must urgently address the problems of the pension tax arrangements, and in the meantime promote ameliorative actions such as salary replacement schemes and facilitating and funding access to independent financial advice and guidance on pensions for experienced, senior doctors. This will enable consultants to make informed choices about retirement and the options available to remain in service.
- The College is clear that physician associates are not doctors and must not be regarded as substitutes for doctors, but as supplementary members of the multi-professional team. Alongside statutory and meaningful regulation of physician associates, clear guidance regarding the scope and limits of the clinical practice of physician associates is essential. We are deeply concerned that "scope creep" in clinical practice will rapidly develop if this does not occur, with significant potential concerns for standards of patient care and patient safety. We are calling for a pause to the expansion of the physician associate role, until these issues are fully addressed.

2 Delayed discharges and patient flow

The challenges

Delayed Discharge data for England in October 2023 indicate that a daily average of 12,493 patients remained in hospital despite no longer meeting the criteria to reside. While this was a decrease of 1120 people compared with October 2022, the delayed discharge figures for England are still far too high. Delayed discharges are often caused by a lack of social care or rehabilitation in the community. The impacts of delayed discharges on patients and on the NHS are significant. Research shows that frail, older patients in particular are more at risk of infection when their stay at hospital is prolonged. These patients are also likely to become frailer and more confused, particularly those already suffering from cognitive decline. Furthermore, when discharge from hospital – often referred to as the "back door" of the NHS – is delayed, this can result in problems in Accident and Emergency (A&E). With more than 1 in ten patients in England now waiting over 12 hours at A&E[3], combined with the high number of delayed discharges, it is clear that the NHS in England has a patient flow crisis. Even if patient waiting times in A&E were much better than they currently are, the situation with delays in discharge is highly undesirable in and of itself. Most patients – and their families – want to get home as soon as they are able, and not spend unnecessary time in a hospital environment. Reducing delayed discharges must be a priority for government.

Recommendations

- In 2022, the mean length of stay in an A&E department for a person aged over 80 was 15 hours. Through services such as Front Door Frailty[4] we can ensure that older people presenting to A&E receive the right care from the right healthcare professionals as quickly as possible, ideally returning home the same day and only being admitted to hospital where absolutely necessary.
- Value the social care workforce more than has been the case, attracting more people to work in social care, and provide better support for the many family and friends who act as informal carers in the community. Investing in the social care workforce is vital to ensuring that care packages and rehabilitation services are quickly available for people awaiting hospital discharge.
- Those developing "front door" frailty services must invest time in developing relationships with colleagues across the hospital and beyond, including in emergency and acute medicine, hospital managers, community services and social work. Building trust between services is essential to ensuring that the "front door" frailty service becomes embedded in the hospital.

3 Adult social care

The challenges

Adult social care is an essential part of the healthcare system, as it enables people to continue receiving the care they need, in an appropriate setting outside of hospital. One of the greatest barriers to patient flow and timely discharge from hospital is the lack of staffed social care beds in the community, and the lack of care packages available for people to return home – or to another appropriate care setting. As the UK's population continues to get older on average, it's vital that adult social care is properly resourced and staffed. Yet the social care sector is under great strain. In April 2023, the Department of Health and Social Care confirmed that only half of the funding originally committed towards social care workforce investment will be made available – £250m. While the intention to increase virtual wards is welcome, technology alone cannot fill the gap of a well-trained adult social care worker. Local authority leaders in England have warned that the decision to halve workforce funding means that frail and vulnerable people will go without the care they need. Furthermore, recent analysis indicates that 1 in ten (9.9%) vacancies are unfilled[5]. While an initial relaxation of salary requirements and visa fees for overseas healthcare workers has undoubtedly helped, with around 70,000 people being recruited into direct care roles in 2022/23, we are concerned that this policy may now be reversed. In December 2023, the government announced that it will increase the minimum salaries that overseas workers and British or settled people sponsoring family members must earn. From March 2024, overseas healthcare workers were prevented from bringing their dependents to the UK. This will undoubtedly affect the ability of adult social care employers to plug workforce gaps and we urge the government to rethink this policy.

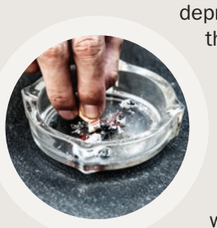
Recommendations

- Reverse proposals to increase the minimum salaries that overseas care workers must earn, and to prevent overseas care workers from bringing their dependents to the UK. The College believes that these policies will harm recruitment in adult social care.
- Commit to properly investing in the adult social care workforce, by delivering the £500m package the government said it would deliver in its white paper on adult social care, which was published in December 2021.
- Support the adult social care workforce by valuing them on pay and on other conditions.
- Ensure that plans to increase the use of virtual wards and Hospital at Home Services are implemented. These new services should be in addition to and not instead of current provision and further investment in staffing to support these services is required.
- Continually review and develop employment regulations surrounding care leave to ensure that informal carers – particularly those in employment - are given time to care. This will become more important as the UK population average age continues to grow.

4 Population health and health inequalities

The challenges

We are concerned by the current trends around ill health. Smoking, poor diet, physical inactivity and harmful alcohol use are leading risk factors driving the UK's high burden of preventable ill health and premature mortality. Rates of childhood obesity have risen sharply in recent years, with 10.1% of reception age children (age 4–5) classed as obese in 2021/22, and a further 12.1% classed as overweight. Smoking remains stubbornly high among people living in more deprived areas, as approximately one-third of all smoking adults in England were living in the most deprived areas in 2021, up from 29.5% in 2017. Alcohol-related hospital admissions and deaths have increased and rates of harmful drinking have risen. In 2022, there were 7,912 alcohol-specific deaths, wholly due to alcohol in England.



Physical activity levels also remain low and likely declined during the COVID-19 pandemic, putting pressure on obesity figures. In 2022, 63.8% of adults aged 18 years and over in England were estimated to be overweight or living with obesity. All of these are socioeconomically linked and contribute significantly to health inequalities, which are widening in the UK. We are clear that population-level interventions that aim to alter the environments in which people live should be at the core of government strategies to address these challenges, rather than relying on individual behaviour change. Some of the most immediate progress could be made by adopting price-based policies, taxes and regulations already proposed in previous government documents. Examples include minimum unit pricing for alcohol (as already introduced in Scotland and Wales); a sugar and salt reformulation tax; and raising the age of sale for tobacco from 18 to 21. On smoking specifically, the College supports the government's proposal to introduce a new law to prevent children who turn 14 in 2023 or younger from ever legally being sold cigarettes in England, to create a 'smokefree generation'.

Recommendations

- Introduce a sugar and salt reformulation tax to change the fiscal incentives in the food system to better support healthy diets. Extend the 'sugar tax' to other products high in sugar, including sugary fruit juices, milkshakes and coffee chain frappé drinks, which in many instances contain 'hidden' sugar.
- Legislate to restrict advertising on TV and online for products high in fat, salt or sugar, which encourage people to consume 'unhealthy' food and drink.
- Minimum unit pricing should be introduced to reduce rates in alcohol harm. Scotland and Wales have already introduced legislation enacting minimum unit pricing, and other parts of the UK must follow.
- Restrictions on the advertising and marketing of alcohol products, as recommended by the World Health Organisation, should be introduced.
- Follow through on proposed new legislation making it an offence for anyone born on or after 1 January 2009 to be sold tobacco products.
- Smoking cessation remains a priority. Supporting current smokers to quit must sit alongside Smokefree Generation legislation that is focused on prevention. It will be important to continue to invest in stop smoking services that provide behavioural support and pharmacotherapy, free at the point of use. Smoking cessation should be encouraged and the College remains cautious regarding e-cigarettes.

References

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2 The Royal College of Physicians of Edinburgh (June 2023). *2022 consultant census report published,* https://www.rcpe.ac.uk/college/2022-consultant-census-report-published

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4 British Geriatrics Society (November 2023). *Front door frailty: advice on setting up services,* https://www.bgs.org.uk/FrontDoorFrailty

5 Skills for care (October 2023). *The state of the adult social care sector and workforce in England,* https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

Workforce

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