

## RCP briefing for general debate on the future of the NHS, its funding and staffing | 23 February 2023

The RCP welcomes this debate on the future of the NHS, its funding and its staffing. Workforce is the biggest barrier to reducing NHS waiting lists and providing care sustainably in the long-term. There are currently 7.2 million people on waiting lists in England. We were pleased to see that ensuring NHS waiting lists fall and people get the care they need more quickly is one of the Prime Minister's five key priorities, but there are too few doctors to meet demand. [According to the RCP census](#), **over half (52%) of advertised consultant physician posts went unfilled in 2021**. Of the 52%, 74% went unfilled due to a lack of any applicants at all.

Before COVID-19, health inequalities were estimated to account for almost a fifth (£4.8bn) of the NHS budget. The DHSC and the NHS are currently being put in an unsustainable position of treating illnesses created by the environments in which people live. We need to end this cycle and tackle the social determinants of health. That is why the [Inequalities in Health Alliance \(IHA\)](#), an alliance of over 230 organisations convened by the RCP, is calling for a cross-government strategy to reduce health inequalities that considers the role of every government department and every available policy lever to tackle the factors that make people ill in the first place. Reducing health inequalities, and avoidable illness overall, is key to reducing NHS demand and improving the health of the country.

The RCP is calling for:

- **Government to commit to funding to underpin the long-term workforce plan for the remaining years of the Spending Review period at the Spring Budget 2023.**
- **An expansion in the number of medical school places to 15,000 per year, at an annual cost of around £1.85bn. The long-term workforce plan should include a funded multi-year expansion of medical school and training places to ensure we have the doctors we need in future.**
- **Government to commit to a cross-government strategy to reduce health inequalities that considers the role of every government department and every available policy lever to tackle the factors that make people ill in the first place.**

### Ensuring we have the workforce for the future

The RCP has long campaigned for long-term workforce plan and for an expansion of medical school places to 15,000. There are currently over 133,000 full-time equivalent NHS vacancies, with a record number of advertised consultant physician posts going unfilled in 2021 [according to the RCP census](#). [In a December survey of RCP members](#), over three quarters (76%) of respondents said they were very or somewhat stressed at work, **with clinical workload (77%) and staff vacancies in teams (55%) the biggest two factors cited overall as reasons behind that stress**.

Retaining the skilled staff we already have is a vital part of ensuring NHS staffing levels keep pace with demand. As a result of the intense pressure that those working in the health and care system are currently experiencing, some staff are choosing to leave the profession and there is a risk we will lose more. [The 2021 NHS Staff Survey found that 31%](#) said they often thought about leaving. Staff across the system are working incredibly hard to manage the fallout from COVID-19 and tackle the backlog. It is vital they feel supported and valued, including by improving their working conditions. **The NHS long-term workforce plan must include solutions to reduce burnout and improve retention.**

Given current vacancy rates, it is clear that without also gradually increasing the number of people in the system, we will continue to struggle to meet patient demand. [Forecasts by the Office for National Statistics](#) suggest that by 2040, there will be 17 million people in the UK over the age of 65. This will likely mean an increase in the number of older people with complex care needs. Public health challenges such as smoking, obesity and air pollution – which we know are prevalent in areas of deprivation – mean demand for all medical specialties will likely grow. At the same time,

according to the RCP census, [44% of consultant physicians will reach retirement age](#) in the next decade (average retirement age of 62–63yrs). **These are challenges that we can choose to be prepared for if we act now.** That is why [we strongly welcomed the commitment to a long-term workforce plan](#) with independently verified forecasts for the number of doctors, nurses and other professionals that will be needed in 5, 10 and 15 years' time to meet patient needs. **The Budget must commit to funding to underpin the long-term workforce plan.**

The Spring Budget is also an opportunity to provide funding for an expansion in medical school and training places to ensure we have the doctors we need in future. The RCP's 2021 blueprint [Double or quits estimated](#) that expanding medical school places to 15,000 would cost £1.85bn annually, including clinical placements during medical school and the two year foundation programme. That is [less than a third of what hospitals spent on agency and bank staff in 2020/21](#). An expansion will require more clinical academics and more clinical educators and an increased number of training places underpinned by multi-year funding to support places through to completion of training. But an expansion would also be an opportunity to widen participation in medicine and ensure there are more doctors in the places that need them the most. It takes time to train a doctor, so to feel the benefit in 7 or so years' time, we need to expand places now.

## Widening health inequalities

Avoidable ill health places additional pressure on the NHS. [Before COVID-19, the gap in healthy life expectancy \(HLE\) between the most and least deprived areas was around 19 years.](#) The pandemic demonstrated the impact of these unequal levels of health in the form of excess mortality in some population groups, with working age adults in England's most deprived areas estimated to be [almost four times more likely to die from COVID-19 than those in the least deprived.](#) Without bold, ambitious action, the health inequalities that were exacerbated by the pandemic will be further engrained.

We welcome that government has restated its commitments to narrow the gap in HLE by 2030, building on the manifesto commitment to increase it by 2035, but were [very disappointed to learn that government](#) will no longer be publishing the long-awaited Health Disparities White Paper (HDWP). The HDWP promised a dedicated focus on health inequality, [one where the Department of Health and Social Care would work with the 'whole of government to consider health disparities at each stage at which they arise...\[including\]...the wider determinants of health'.](#)

Government has said the newly announced Major Conditions Strategy (MCS) [will cover much of the same content as the HDWP.](#) We hope the MCS will consider the wider determinants of health. While it may seem that health inequality is a matter for the Department of Health and Social Care (DHSC) and NHS, health and social care services can only try and cure the illnesses created by the environments people live in. If we are to prevent ill health in the first place, we need to tackle issues such as poor housing, educational opportunity, employment (including how much money you have), racism and discrimination, transport and air quality. [That is why the RCP, and 230 other member organisations of the IHA, are calling for a cross-government strategy to reduce health inequalities that considers the role of every government department to tackle the factors that make people ill in the first place.](#) Focusing on individual behaviours and access to services alone will not be enough to close the widening HLE gap between the most and least deprived communities.

Before the pandemic, health inequalities were [estimated](#) to cost the UK £31-33bn each year in lost productivity and £20-32bn in lost tax revenue and higher benefits payments. [Office for National Statistics figures show 500,000 people left the jobs market since 2019 due to long-term health problems.](#) A healthy population and a healthy economy are two sides of the same coin. Reducing health inequalities, and avoidable illness overall, is key to reducing NHS demand and improving the nation's health and productivity.

**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.