Royal College of Physicians

**[Parliamentary briefing]**

# Health and Care Bill | House of Lords' report stage, March 2022

## Summary

- The provisions on workforce planning remain a blind spot in the Bill. The rate of unfilled advertised consultant physician posts is at its highest in almost a decade. **The RCP is one of almost 100 health and care organisations asking Peers to speak in support of and vote for the amendment tabled by Baroness Cumberlege to ensure that independent assessments of current and future workforce numbers are published every 2 years.**
    - A dedicated briefing on this amendment is available on the RCP website, along with the full list of supportive organisations which includes royal colleges, think tanks and leading health and care charities.

- We welcome the amendment tabled by government to make clear that the first two elements of triple aim include health inequalities. We are similarly pleased to see the government tabled a new clause giving NHS England (NHSE) a statutory duty to publish a statement on the powers available to relevant NHS bodies to collect, analyse and publish information on inequalities in access and outcomes. NHSE will also be required to *'express its view on how those powers should be exercised'*. Taken together, these amendments give a strong basis for action.

- We also welcome the government amendment to ensure NHSE must facilitate research as part of its duty to promote research, and to require NHSE to include in its business plan and annual report how it proposes to discharge or has discharged this duty 'to facilitate or otherwise promote research'. This amendment is a key step in cementing the UK's place as a global leader in clinical research following the success of the COVID-19 vaccine.

## Health and care workforce

Throughout the passage of the Health and Care Bill, the RCP has been part of a coalition of health and care organisations calling for strengthened accountability and transparency on workforce planning in the bill. The duty in Clause 35 for the Secretary of State to publish a report describing the system in place for assessing and meeting workforce needs does not go far enough.

There are now almost 100 health and care organisations calling for strengthened provisions on workforce planning. **This coalition is asking peers to speak in support and vote for the amendment tabled by Baroness Cumberlege, Lord Stevens of Birmingham, Baroness Thornton and Baroness Walmsley which would require the Secretary of State to publish independent assessments of current and future workforce numbers to be published regularly.**

Workforce is one of the biggest limiting factors for the government's ambitions on health and care and sustainably delivering NHS care in the long-term. A lack of staff is a key cause of burnout among healthcare workers, and will significantly impact the ability of the health service to bring down waiting lists.

We recognise the point made by Minister Lord Kamall at committee stage that there were more staff working in the NHS in October 2021 than October 2020. More staff is always welcome, but as the RCP president set out in a recent

For more information, please contact **Louise Forsyth, public affairs manager |** louise.forsyth@rcp.ac.uk.

piece in the Observer, 'record numbers' tell us very little about whether the number of staff we have is enough to match demand. Staff numbers are rising, but so is demand, with the NHS waiting list currently at a record 6.1 million.

We do not have enough doctors to fill the number of consultant posts advertised. According to the RCP Census, 48% of advertised consultant posts went unfilled across the UK in 2020 – the highest proportion of unfilled posts in almost a decade, mostly due to a lack of any applicants at all. The additional funding to bring down waiting lists will only go so far because we have too few staff to undertake additional checks, scans and appointments. **The bill is a vital opportunity to strengthen workforce planning so we understand how many staff will be required now and in future to meet patient demand.**

Government has so far dismissed amendments on workforce projections on the basis that 'Framework 15', commissioned by the DHSC will look at the drivers of workforce supply and demand and *'help to ensure'* we have the right numbers of staff. **But Framework 15 was first published in 2014, last updated in 2017, and yet there is no agreed, publicly available assessment of workforce numbers now nor into the future.** The findings of the Framework 15 consultation could be fed into the assessments the amendment asks for so that they take account of changing drivers, but we do not believe that the Framework alone will not solve the ongoing data gap on health and care staffing numbers to inform strategic workforce planning decisions at all levels.

In January 2022, the secretary of state told the select committee that he had commissioned NHSE to deliver a long-term workforce strategy. But there is little detail on whether it will cover both health and social care professions, what time-period it will span, whether it will be regularly refreshed or, crucially, if it will include numbers of staff needed based on population demand. **Given the experience of the interim NHS People Plan – which did not include forecasts on staff numbers, not because government disagreed with them, but because it would not give permission to publish them – there is a real risk that we will continue to be in the dark on workforce planning.**

The non-legislative approach that has been taken so far has not worked. It takes time to train a doctor or a nurse, so we need to take action now to feel the benefit in future. The ONS estimates that by 2040 the cohort of over 65s potentially requiring geriatric care will make up 24% of the population. At the same time, there is a growing trend for part-time working, with a July 2021 survey of RCP members showing that the majority (56%) of medical trainees entering the NHS are interested in working part-time. This will have significant implications for workforce planning in 10 years when they begin to qualify as consultants. It's also estimated that over the next decade 41% of UK consultants will retire (taking average retirement age of 62.4 years).

Regular, independent public workforce projection data will not solve the workforce crisis. But having a collective national picture of the health and care staff numbers needed now and in future to meet demand will provide the strongest foundations to take long-term strategic long-term decisions about funding, regional and specialty shortages, skill mix and underpin a long-term workforce strategy. **We hope Peers will consider supporting this amendment to secure regular workforce projections in the bill given the strong cross-party and sector support.**

## Reducing health inequalities

The pandemic has exposed and exacerbated health inequalities that have long existed in our society. We welcome that government has taken the opportunity to make reducing health inequalities a much higher priority in NHS decision-making.

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The triple aim proposed in the bill means that NHS England, ICBs and other NHS organisations will have to consider the effects of their decisions on 1) the health and wellbeing of the population, 2) quality of care and 3) sustainable use of NHS resources. We welcome the government amendment tabled by Lord Kamall which makes clear that reducing health inequalities is part of elements (1) and (2). It will mean NHS bodies have to take account of health inequalities when making decisions, sending a clear signal about this being a priority.

The RCP also welcomes the government amendment which will require NHS England to publish a statement on the powers available to relevant NHS bodies to collect, analyse and publish information on inequalities in access and outcomes and to *'express its view on how those powers should be exercised'.* Consistency on what data NHS bodies should collect and how it should be analysed and reported will improve understanding of health inequalities both at a local and national level.

But more must be done beyond legislation to reduce health inequalities - access to services and outcomes once someone has become ill are a small part of the picture. Our health is a product of our environment, **which is why the RCP as convenor of the Inequalities in Health Alliance has been calling for a cross-government strategy to reduce health inequalities.** To improve health, we need to tackle employment and unemployment, low pay, poor housing, inadequate education, air pollution, unhealthy food, smoking, alcohol, homelessness and more.

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