Medicine 2017: President's speech

Professor Jane Dacre's speech to the RCP annual conference
Day one – Thursday 16 March 2017

Ladies and gentlemen

I would like to welcome you all to Manchester for our third annual RCP conference - Medicine 2017. We have grown year on year and there are over 800 people attending this year - I can barely see a free seat!

My first speech of the conference takes stock of the NHS, the political situation and how we as the RCP respond to that political agenda.

But before that, I would simply like to say thank you – not just to our physician and physician associate members and fellows, but to medical and nursing colleagues, and all the other patient-facing roles in the NHS who have kept the show on the road during this difficult winter:

- Thank you for the incredible efforts you have made to keep patients safe.
- Thank you for stepping in and filling gaps.
- Thank you for coping with increasing pressure.
- Thank you for your professionalism.

Thank you.

But it shouldn't have to be like this. Patients deserve a well-funded NHS, a well-supported workforce, and investment in new ways of working that will improve the patient journey. So what has gone wrong in the NHS?

As a physician you would expect me to take a history, make a diagnosis, do some investigations, come up with a management plan and give the patient a prognosis. That's what I intend to do today.

Everyone here knows the history of the NHS and our journey to the current crisis – rising demand, falling bed numbers, workforce shortages and limited resources.

The diagnosis is clear. I make no apologies for repeating our message that the NHS is **underfunded, underdoctored and overstretched**. Morale among consultants and trainees is low. Since I last addressed you the RCP has published a detailed report on the subject that we took to politicians at party conferences, and in January all RCP Council members wrote to Theresa May with further recommendations, particularly to invest in social care to relieve our hospitals from exit block. Two weeks ago we also published a report of members' experiences of winter pressures and I will share a couple of examples with you:

Patients are dying as a result of not accessing specialist care, as the hospitals are jam-full.

My hospital has 99 delayed discharges and 60 medical outliers in surgical beds.

… we are taking the least risky, least unsatisfactory of two equally unsatisfactory options …

And one anecdote that went down particularly well with *The Sun* newspaper:

One patient spent so long waiting for social care that her family were bringing in IKEA furniture to make her hospital bed area 'more homely'.

I am determined that in my meetings with ministers I will share real examples of NHS pressures – and not just that, but how hard you are working to cope with them.

Ladies and gentlemen, I have a recent true story showing that our government is not quite as understaffed as the NHS:

This story reminds me of the story of the old man, and the old woman, and the horse, and the cow, and the dog, all trying to pull up a turnip.
One day while visiting a minister at Richmond House with our parliamentary adviser Methela, the minister had to go over to the House of Commons to vote. Methela and I were invited across to the House to find her... On the way there, we had to be accompanied by her advisers, so two became four. We then needed someone with security clearance to get us in, so four became five! We had a great meeting with the minister, but her people couldn't get us out of the House, and more people had to be summoned, so five became seven! By the time we left, even more visitors had joined us, all trying to get out of the House of Commons!

Getting back to the NHS… the continued pressure is taking its toll. As many of you already know, our comprehensive census data on the working lives of physicians is unrivalled. In addition to the facts and figures about how we work, we are also asking how the current pressures in the NHS are affecting our work – in other words checking our own pulse!

Now for the **investigation**…

Today I can share some new investigation results. Our latest snapshot survey of physicians reveals that our haemoglobin is dropping with the opposing forces of decreasing resources and rising demand. It is as if we had both iron deficiency and haemolysis.

Over the past 12 months:

- 78% say demand for their service is rising.
- Over half of physicians believe patient safety has deteriorated.
- Over a third say the quality of care has lowered.
- 84% have experienced staffing shortages in their team, and
- 82% believe the workforce is demoralised.

I am sure these figures will not come as a surprise to anyone in the room. The physicians I know, and I include myself, are optimistic, positive, can-do people who produce work-around solutions to intransigent problems. However, they are being pushed to their limits and no longer are optimistic about the future:

- **nearly three quarters of those surveyed are worried about the ability of their service to deliver safe patient care in the next 12 months - this last statistic is the most sobering.**

The latest ideas designed to help with the 'pressures' are the sustainability and transformation plans, known as STPs for short. I believe one of the reasons for the concern is the uncertain future facing us due to those STPs. There are 44 proposals, developed across the country, with the laudable aim of addressing:

- health and wellbeing
- care and quality
- and finance and efficiency.

BUT…

From those we have seen so far (and do please look at our registrar Bod Goddard's video on the website), many are planning to cut beds – up to 30% of beds in their area. In the past 2 decades the number of NHS beds has already been reduced by 25%, and the only way we have been able to cope with increasing numbers of patients is by reducing length of stay.

- We cannot do that anymore.
- We cannot reduce the number of beds by 30% unless they are provided elsewhere.
- We have seen that even a mild winter with no major epidemics has not stemmed the constant flow of patients.

I am extremely pleased that the chief executive of NHS England, Simon Stevens, intervened 2 weeks ago to make it clear that mass bed closures will not be permitted unless alternative arrangements for patients are put in place first. We need that reassurance, otherwise we will enter the era of **NHS permafrost…**

We worry that there are inherent safety risks in a hospital running at full or over capacity – from an increase in hospital-acquired infections to the impact of burnout from overworked staff. Doctors and other staff need to know how to raise and escalate safety concerns.

In the same survey we asked physicians if they were aware of the f**reedom to speak up guardian** at their trust. In case you didn't know, the guardians are there to ensure that processes are in place to support staff to raise concerns about patient safety.

- Only one in five doctors know who their freedom to speak up guardian is **-** and of those who do -
- Less than a third believe the guardians have helped improve the culture of transparency and raising concerns in their organisation.

We also asked more broadly, whether doctors in their organisation feel confident in raising concerns and issues. We found that doctors are almost split down the middle on this – with nearly half feeling confident to raise issues, and nearly half not. Some didn't answer the question.

NHS staff should feel empowered to bring legitimate concerns over patient safety – the evidence shows that where this happens, patient safety incidents decrease.

So we've had the history, diagnosis and investigation - now for the management plan.

It is clear from the lack of government action during the winter NHS pressures that no one is now going to help, no one is coming to the rescue, and no one is going to provide more funding. Last week the chancellor chose not to give the NHS a penny more in the budget, however, I am grateful for the increase for social care provision, which I hope will go towards supporting people to leave hospital, but has been referred to as only a sticking plaster.

As with our patients, we are leaning towards self-management - the more I think about it, the more I think that we are going to have to come up with the answers ourselves. We need to involve physicians and patients in coming up with solutions. Most of the truly innovative transformations in care over the past decade have been developed by doctors - we need to harness the experience and intellect of physicians and patients working together, backed by the independence of the RCP as a royal college.

As physicians, our voice can be powerful – we all need to lift our heads above the parapet, above the day-to-day grind. I know that we are struggling to maintain morale, but that will improve if we take more control of our situation.

Be those decision makers – push your trust into finding time for consultants and trainees to take part in local decision making, in STPs. Talk to your colleagues and support each other to ask those uncomfortable questions on behalf of patients. Sort out your ward or your clinic if it isn't working well. Get stuck in! You can do it! Don't look back in 5 years' time and regret you hadn't been more involved.

So what is the prognosis?

Progress will only come if we refuse to accept the situation I have described and work together locally and nationally to make it better. If we do that, we become part of the solution and improve the prognosis.

So my message to you today is:

- What can you do, as a physician to improve care on your ward, in your trust, for your patients?
- How can you get involved in local service planning via your STP?
- How can you involve your patients to do the same?
- How can your local managers support you to do that?

Be the doers, not the done-to.
Be the leaders, not the led.

Crack the winter pressures.
Melt the eternal NHS permafrost by speaking up.

If we physicians can't, who can?
If we physicians won't, who will?

Thank you