Royal College of Physicians

[Parliamentary briefing]

Queen's speech 2022 | Making Britain the best place to grow up and grow old, 16 May 2022

The Royal College of Physicians (RCP) is pleased that supporting the NHS to clear the COVID-19 backlogs is a top priority for government. To reduce waiting lists and put the NHS back on a sustainable footing for the long-term, government must ensure that we have enough health and care staff to meet demand. **The NHS workforce strategy due later this year must set out a range of short- and long-term solutions – including expanding the number of medical school places – to grow, train, and retain a healthcare workforce that can meet current and future demand to ensure the long-term sustainability of the NHS.**

Tackling health inequalities should be central to the levelling up agenda to make Britain the best place to grow up and grow old. Before COVID-19, the gap in healthy life expectancy between the richest and poorest areas was around 19 years. **The over 200 the member organisations of the Inequalities in Health Alliance, convened by the RCP, are calling for a cross-government strategy to reduce health inequalities.** Tackling these inequalities is a key part of reducing demand on the NHS, and ensuring people live happier, healthier lives.

Clearing the COVID-19 backlog

Tackling the backlog of diagnostic and elective care continues to be the biggest challenge facing the NHS. The RCP was concerned at the last Queen's Speech about the impact of COVID-19 on returning the health service to an even keel. **A survey of RCP members in April 2021 found that 59% thought it would take at least 18 months to get the NHS back on an 'even keel'.** Since then, waiting lists have risen to a record 6.36 million. Waiting lists will rise again before they fall as we see the impact of people who did not seek help during COVID-19 now come forward for help.

The RCP welcomes the Health and Social Care Levy which will raise around £13 billion per year for spending on health and social care across the UK. But **the funding given to deliver more diagnostic checks, more elective procedures and to reduce waiting times will only go so far without funding for additional people to carry out the work.** The new community diagnostic centres will be staffed by people already working in the NHS.

We welcome that there are record numbers of staff currently working in the NHS, **but 'record numbers' tell us very little about whether we have enough staff to keep pace with demand.** The experience of staff, and the public, is that we do not. According to the NHS Staff Survey 2021, published in March 2022, 52% of NHS frontline staff said that they cannot do their jobs properly because of a shortage of staff. Staff numbers are rising, but so is demand. In April 2022, acute bed capacity was at 94% and there were more ambulance call-outs than in the same month in all previous years.

The NHS undoubtedly is under pressure in large part from the huge volume of patient demand that has built up over COVID-19, but we came into the pandemic with waiting lists at 4.4 million and carrying a significant number of vacancies. In 2019, the RCP census showed that 43% of advertised consultant posts in England and Wales went unfilled. Vacancies across the NHS have now returned to their pre-pandemic levels with over 110,000 full-time equivalent (FTE)

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empty posts. The 2020 RCP census showed that 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.

We now await the publication of both the 15-year strategic framework and the long-term workforce strategy the Department of Health and Social Care has commissioned NHS England to produce. For the strategy to be effective, it must be based as far as possible on what we know about current actual and future likely demand and supply, including the impact of increased flexibility in working arrangements. **It should set out a range of short- and long-term solutions – including expanding the number of medical school places – to grow, train, and retain a healthcare workforce that can meet current and future demand to ensure the long-term sustainability of the NHS.**

Health inequalities

Tackling health inequalities should be central to the levelling up agenda to make Britain the best place to grow up and grow old. While it may seem that health inequality is a matter for the DHSC and the NHS, health and social care services can only try and cure the ailments created by the environments people live in.

Before COVID-19, the gap in healthy life expectancy between the richest and poorest areas was around 19 years and health inequalities were estimated to cost the NHS an extra £4.8bn a year. Given the factors which present a barrier to good health for so many are often beyond the control of the individual, the Health Disparities White Paper due later this year is a vital opportunity for government to commit to action on the social determinants of health which sit largely outside the responsibility of the DHSC and the NHS. The creation of Office for Health Improvement and Disparities (OHID) and its commitment to a 'new cross-government agenda' also holds potential – as does the Health Promotion Taskforce (HPT) 'to drive a cross-government effort to improve the nation's health, supporting … levelling up'. **But there has been little information on what OHID or the HPT will do to deliver these stated aims.**

If we are to prevent physical and mental ill health in the first place, we need to act on issues such as poor housing, food quality, communities and place, employment, racism and discrimination, transport and air pollution. **That is why the Inequalities in Health Alliance (IHA), a group of over 200 organisations convened by the RCP, is calling for a cross-government strategy to reduce health inequalities.** Tackling these inequalities is a key part of reducing demand on the NHS, and ensuring people live happier, healthier lives.

Social Security (Special Rules for End of Life) Bill

We welcome the Social Security (Special Rules for End of Life Bill) to amend the definition of terminal illness in existing legislation. The RCP is supportive of the definition of 'end of life' being brought in line with the healthcare definition: someone who is likely to die within the next 12 months. We are pleased that these changes are being made in this bill.

Questions for the Minister

- Given the scale of NHS backlogs and rising demand for healthcare with an ageing population, what assessment has the Minister made of the need to significantly increase the number of medical school places?
- Does the Minister agree that reducing health inequalities must be part of the levelling up agenda, and what plans does he have to develop a cross-government strategy to reduce health inequalities?
- Can the Minister confirm when the long-term workforce strategy commissioned by the Department of Health and Social Care will be published?