Royal College of Physicians

[Parliamentary briefing]

# Health and Care Bill | Commons' consideration of Lords' amendments, 30 March 2022

## Summary


- The provisions on workforce planning remain a blind spot in the Bill. **We are disappointed that the government disagrees with Lords Amendment 29 on workforce planning which would have ensured regular publication of independent assessments of how many NHS and social care staff we need based on patient demand.** A dedicated briefing on this amendment is available on the RCP website, as is an open letter to the prime minister signed by over 100 health and care organisations urging him to strengthen workforce planning in the bill.

- We welcome government amendments on health inequalities. Throughout the passage of the bill, the RCP has called for the triple aim to include health inequalities. We strongly support the new subsection (2) of Clause 8 which makes 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'.*

- 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 over 100 health and care organisations calling for strengthened accountability and transparency on workforce planning in the bill. As originally drafted, the duty 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.

Clause 41 as amended on report - with support from cross-party Peers, the Health and Social Care Select Committee and 100 health and care organisations - means that the Health and Care Bill now provides a mechanism for attaining a national, independent view on the number of health and social care staff needed now and in the future. Without Lords amendment 29, we will continue to fly blind on how many NHS and social care staff the country needs.

It is disappointing that the government has signalled it intends to disagree with Lords Amendment 29, despite over 100 health and care organisations signing an open letter to the prime minister supporting it. Workforce is the biggest limiting factor in the government's ambitions on health and care. 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. Without Lords amendment 29, we will continue to fly blind on how many NHS and social care staff the country needs.

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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. We recognise there are record numbers of staff working in the NHS currently, but as the RCP president set out in a recent 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. It's also estimated that over the next decade 41% of UK consultants will retire (taking average retirement age of 62.4 years). **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.**

The bill will give Integrated Care Boards (ICBs) responsibility to develop system wide plans to address current and future workforce supply locally and to undertake supply/demand planning based on population health needs. While locally driven assessments have a place, **ICBs do not have access to the levers that government does that are required to take action to fill staffing gaps, such as increasing training places or changing immigration policies.** ICBs alone cannot ensure the delivery of effective national workforce planning. A local only approach will fail to ensure a national understanding of the workforce numbers needed across health and care now and in future.

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.

DHSC has also commissioned NHS England (NHSE) to produce a 'long-term workforce strategy'. There is little detail on whether this will cover both health and social care, what time-period it will span, whether it will be regularly refreshed or if it will include numbers of staff needed based on population demand. A one-off plan without numbers doesn't get us very far. The last DHSC-commissioned NHS workforce strategy, the People Plan, did not include forecasts on staffing numbers. According to Baroness Harding who chaired the plan, this was not because *"Government disagreed with the numbers...[but] because we could not get approval to publish the document with any forecasts in it".* **Given the experience of the People Plan, there is a risk that the NHS strategy will fail to set out a numbers-based assessment of workforce supply and patient demand. A workforce plan without numbers doesn't add up.**

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. 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.**

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