ROYAL COLLEGE of PHYSICIANS of EDINBURGH

The Royal College of Physicians of Edinburgh's

Health Priorities

UK

Our key policy priorities

The Royal College of Physicians of Edinburgh calls on the UK Government to implement the following measures:

1. Funding for a sustainable future:

While some progress has been made in recent years, a radical rethink is still required to declutter the many costly initiatives that are hindering the NHS in England and to address the unprecedented challenges that are impacting on the workforce and, ultimately, on patient care. Issues such as doctors' pensions must be addressed and a working group should be set up as a matter of urgency to find solutions to alleviate the pressures faced across the NHS. The Government must ensure that initiatives which are being pursued in the NHS have strong evidence to support them, are thoroughly evaluated for outcome, and will lead to solid and sustainable improvements in the long term.

2. Investing in the workforce:

Workforce planning needs a clear strategic direction to address recruitment and retention issues. We must ensure we have a world-class clinical workforce that values the role of EU nationals during and post-Brexit negotiations. Investment in our current and future workforce is essential to create a culture where colleagues have the time to care, time to train, time to learn, time to reflect and time to research. We must retain high-quality training programmes and value our junior doctors to ensure the UK remains an attractive place to train and work.

3. Health and social care integration:

Collaborative working is essential to enable primary and secondary care to work more effectively in partnership with social care, improving flow and hospital discharge and ensuring that patients receive the most appropriate care for their needs. Explore new models of approaching frailty which will assist in routinely identifying those living with frailty and signposting them to the most appropriate support.

4. Health and wellbeing:

Support the reduction of food portion and pack sizes; stronger controls on price promotions of high fat, sugar and salt (HFSS) foods; retain and strengthen the sugary drinks tax and prioritise the prevention of obesity.

These measures will ensure safe, patient-centred, high quality medical care and improve public health.

Physicians are leaders within healthcare teams and engage in difficult discussions about prognosis and treatment options. Our members have identified the above four key priority areas to inform the health goals of the UK Government.

The Royal College of Physicians of Edinburgh is a professional membership organisation which sets clinical standards and aims to improve and maintain the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout the UK and around the world with over 13,000 Fellows and Members in over 90 countries, covering 54 medical specialties and interests.

For more information on any of these issues, please contact us directly:
policy@rcpe.ac.uk or **0131 247 3673**

1 Funding for a sustainable future

In the last few years there have been efforts to streamline the way the NHS in England operates, however it remains a very complex management system, plagued by many costly initiatives which are not based on evidence and do not have a clear strategic plan. A radical rethink is required to declutter the un-evidenced initiatives that are hindering the NHS in England and to address the unprecedented challenges that are impacting on the workforce and, ultimately, on patient care. The NHS long term plan is ambitious and NHS England must ensure that it does not leap head first into new or additional measures in underperforming areas, without understanding why outcomes aren't as good as expected.

This College calls on the UK Government to set up a working group involving the Royal Colleges, healthcare practitioners, patients, the public, and politicians as a matter of urgency to find solutions to alleviate the pressures faced across the NHS and learn from all four nations.

While the College welcomed the £1.8 billion announced by the Prime Minister for NHS frontline services in August 2019, much more needs to be done. The provision of care is ever more challenging against the backdrop of recent reports[1] which highlight the variations in the quality of hospital services across England. Safety remains a key area of concern for the College with the strain on many hospitals increasing due to the combination of workforce and financial pressures coupled with ever-increasing demand from an ageing and more complex population.

Only through good planning and the recruitment and retention of high quality professional staff can we deliver the best quality care safely: this was reiterated by recent data published from the 2018 NHS England staff survey[2]. Recent concerns that doctors' pension arrangements were actively disincentivising clinicians from working[3] need to be tackled as part of a comprehensive approach to ensure we have a sustainable and motivated workforce.

The pressures on unscheduled care across the UK are significant, and while health systems in the four nations are increasingly divergent, all would benefit from addressing the principles that underpin the 6 Essential Actions to Improving Unscheduled Care programme[4].

We would like to see a genuine dialogue and sharing of best practice between the UK Government, the devolved Governments and those delivering care to create an environment that supports all those working within the NHS. The College's Quality Governance Collaborative[5] is an independent, neutral, non-governmental body which brings together multi-professional groups and develops national and international collaborations which aim to highlight issues and improve the practice of quality governance. The Collaborative would welcome the opportunity to work with the UK Government and NHS England to explore leadership and governance issues and how to address them.

Brexit and beyond

We must value the role of EU nationals and other international colleagues during and post Brexit negotiations. We support calls for the Medical Training Initiative/International Medical Training Fellowship Programme[6] to be expanded. Doctors and other healthcare professionals from around Europe and overseas have long made a significant contribution to our NHS and to the delivery of safe patient care. This is not only welcome but is part of the continuous exchange of knowledge in healthcare and should be strongly encouraged.

Much remains to be clarified about the impact of Brexit on issues such as our NHS workforce; research; freedom of movement; medicines; and implications for public health. Given the current shortfalls being experienced in staffing in both the health and social care sectors, the UK Government must clarify its intentions on the ability of EU nationals to work in health and social care roles in the UK. The UK imports more healthcare professionals from the EU than it exports, and should a points based system be introduced for immigration there would be the opportunity to prioritise healthcare workers.

Specifically, this needs to be addressed so that EU staff who are currently working in the NHS feel valued for their significant contribution and do not decide to leave to work in other countries.

It is essential that the voice of all medical professionals is recognised by policy makers at the heart of the Brexit negotiations.

2 Investing in the workforce

Workforce planning needs a clear strategic direction. Investment in our current and future workforce is essential to create a culture where colleagues have the time to care, time to train and the time to research. The medical workforce faces significant challenges. We need to ensure that we continue to recruit and retain a world class workforce to deliver the best possible patient care. The College is committed to working with the UK Government and other allied organisations to address issues around recruitment and retention such as consultant vacancies, rota gaps and trainee attrition rates, as a matter of priority. We are also committed to working with partner organisations to promote innovative ways of working in the NHS. The roles of Physician Associates, Advanced Nurse Practitioners and other examples of healthcare professionals should be further examined to create a workforce fit for the future.

The College recognises the need for safe and sustainable staffing levels throughout the NHS. Political parties must commit to developing and implementing minimum staffing levels for all professions within hospital settings, based upon best evidence[7] and experience from the implementation of Health and Care (Staffing) (Scotland) Act 2019[8], along with improved workforce planning which reassesses the size and structure of the consultant workforce taking account of such changes as the rise of part- time working, extended working, and the needs of an ageing population.

The College is committed to promoting the highest clinical standards and implementation of robust, evidence-based medical practice. Standards must be measurable and the associated scrutiny proportionate in order to be effective. Improving patient flow across health and social care remains vital in this regard, both in terms of patient safety and quality improvement[9]. Patients must be treated in the right place, and as quickly as possible by the most appropriate clinical team. This requires the right numbers of staff and mix of skills across health and social care.

This College maintains that more positive measures need to be pursued to ensure that the NHS is an attractive environment in which to pursue a career. It is important to achieve a change in culture where medical students and trainees feel a valued part of the NHS otherwise we risk alienating the future generation of doctors. The College challenges the assumption that increasing undergraduate places alone will actually address the underlying problem, which is that significant numbers of graduates leave the NHS within a few years of qualifying. The morale of the healthcare workforce must remain a priority in the short term as well as being a central part of future workforce planning. In this regard, the College calls on the UK Government to review the amenities and services available to the workforce in terms of suitable rest facilities, provision of adequate fluids, nutritious food and opportunities for exercise and relaxation in hospital settings as well as access to services to support those with mental health and wellbeing concerns, building on the recent *NHS Staff and Learners' Mental Wellbeing Commission*[10].

Investment in our current and future workforce is vital to create a culture where colleagues have the time to care, time to train, and time to research.

Training

Excellent training is essential to provide excellent patient care. Doctors in training provide a significant level of core hospital services and care, and are key in identifying concerns in service provision and standards of patient care. Our trainees will become future NHS leaders and the College is committed to supporting them throughout their careers. Training needs to be flexible and respond to the needs of future generations.

The College calls for the Government to ensure that UK wide training standards, as regulated by the GMC, must be met throughout all nations of the UK; development of Shape of Training should be conducted with input from the College and implementation must be appropriately evaluated; medical Royal Colleges need to be able to devise curricula according to patient need, independent of government involvement; training and service are inherently linked and both must be supported in order to deliver high quality patient care. Full adoption of the College's Charter for Medical Training[11] provides this environment.

All medical units admitting acutely ill patients must be staffed by doctors in training at registrar level possessing the MRCP (UK) examination, or equivalent Staff, Associate Specialist and Specialty (SAS) grade doctors, working under the direct supervision of consultant staff, all on robust and sustainable rotas. A healthy working environment must also be ensured by a zero tolerance approach to bullying, harassment or undermining behaviour.

It is vital that we retain high quality training programmes and value our junior doctors to ensure that the UK remains an attractive place to train and work.

3 Health and social care integration

Managing long-term conditions: managing patients with long-term or chronic conditions is one of the biggest challenges facing the NHS and collaboration between health and social care has great potential in this regard. We ask the Government to actively support primary and secondary care to work effectively in partnership with social care. It is important that, where appropriate, patients are treated in a community setting and are empowered to be active participants in their own care where possible, and that patients fit for hospital discharge can do so without delay.

The NHS long term plan recognises that progress with integration of health and social care has, to date, been slower and less successful than envisaged and *"despite improvements, too often when, where and how care is being delivered is a source of frustration, waste and missed opportunity for patients and the teams looking after them"*[12].We ask the Government to ensure that consultants and other members of multidisciplinary teams have adequate time for patients with long-term or chronic conditions to promote patients' understanding of their own care, and for patients to have improved access to specialist nursing care. Elderly people on various medications – known as polypharmacy – should have regular reviews of their drugs to ensure they are needed.

An important part of providing high quality patient care is ensuring that patients are well informed and have accurate expectations of their treatment and care: effective and compassionate communication with patients will remain a key priority for the College.

There should be realism about what the NHS can offer, and further discussion around how families, carers, third sector organisations and care in community settings can work together to provide the best support to patients. There is currently a lack of balance between the demands on social services and their ability to deliver, which is one of the major reasons for the high pressures on hospital beds in the UK.

Collaborative working is essential to enable primary and secondary care to work effectively in partnership with social care.

Frailty

The number of people aged 85 and over is projected to more than double, to reach 3.6 million by mid-2039[13] and a significant problem faced by older people is frailty. Frailty is progressive and impacts adversely on life experience. We call on the Government to continue exploring new models of approaching patients with frailty which will assist in routinely identifying those living with frailty and signpost them to the most appropriate support, including self- management or care in a community setting.

Effective and compassionate communication with patients will remain a key priority for the College.

The College has worked to improve public health for nearly 350 years and promotes health and wellbeing for all.

4 Health and wellbeing

Obesity

64% of all adults in the UK are overweight[14] compared to 39% globally[15]. Prevention is both better for patients and more cost-effective than treatment. However, action is also necessary to assist those who are already overweight or obese. The costs of obesity to both the NHS and patients are high[16], financially and in terms of avoidable suffering. Being overweight increases the chances of developing diabetes, heart disease, cancer and arthritis, and has the potential to lead to reduced mobility, disability and social isolation.

It is vital that the public can make informed choices about food. While a balanced diet will help avoid obesity, a poor diet which does not meet recommended dietary requirements and results in being overweight/obese could be described as 'modern malnutrition'[17]. Preventative measures such as reduced food portion or pack sizes, and stronger controls on price promotions for high fat, sugar and salt foods must be considered along with policies such as retaining and strengthening the sugary drinks tax. The promotion of nutritious foods should be actively encouraged and incentivised.

The College asks the UK Government to further prioritise the prevention of obesity.

The College supports fully embedding physical activity for health[18] into primary care, secondary care, social care and health education, as well as in the health and social care workforce and workplace. This would include ensuring secondary care staff provide guidance on the recommended minimum levels of physical activity for health, offer brief advice and brief intervention, and signpost to community resources.

Alcohol

Problems associated with alcohol continue to be a challenge for the NHS across the UK. We agree with other health organisations that the alcohol industry should have no role in the formulation of alcohol policies to help ensure public health remains the priority. However, the alcohol industry should be strongly encouraged to contribute to the reduction of alcohol harm by sharing knowledge of sales patterns and marketing influence. The implementation of Minimum Unit Pricing (MUP) remains a priority for the College and we ask the UK Government to support this in line with recommendations of the House of Lords Select Committee on the Licensing Act 2003[19] and using evidence and best practice emerging from the implementation of minimum unit pricing in Scotland[20].

> *The implementation of Minimum Unit Pricing across the UK remains a priority for the College.*

Tobacco

14.4% of adults in England are current smokers[21]. While this figure is gradually falling, we ask the Government to continue to support targeted initiatives in order to see further long-term improvements and reduce premature and preventable deaths.

E-cigarettes are useful for public health and health service purposes only as a potential route towards stopping smoking. Access to e-cigarettes needs to be controlled carefully; they are not products for children or non-smokers. There is still a lot we do not know about e-cigarettes and further research is required. They are not risk free, but based on current evidence, they have a lower risk than tobacco[22].

Vaccinations

Many serious and potentially deadly diseases can be prevented by vaccines[23]. They not only protect individuals but also protect other people in the community by helping to stop diseases spreading to people who cannot have vaccines. Vaccination is safe and important: misguided safety concerns in some countries have led to a fall in vaccination coverage, causing the re-emergence of diseases such as measles[24]. There should be renewed and more visible campaigns to promote the messages that children should follow the NHS vaccination schedule for best protection[25]. Those at risk and in recommended groups should be vaccinated for flu and healthcare professionals should receive the flu vaccination early in the season.

Overtreatment and antimicrobial resistance

The WHO consider antibiotic resistance to be "one of the biggest threats to global health, food security, and development today"[26]. Issues such as the overuse of clinical treatments and interventions[27] and the overuse of antibiotics remain high profile and we call for partnership-working between clinicians and Government to ensure tackling these issues remains a priority and best practice is followed to maintain the efficacy of some of our most clinically valuable medicines. The College supports the principles outlined in the "Choosing Wisely"[28] and "Realistic Medicine"[29] initiatives.

Mental health

There is a well described link between mental and physical health and wellbeing. The College welcomed the inclusion of mental health as a "major health condition" in the NHS Long Term Plan[30]. Around 30% of people with a long-term physical health condition also have a mental health problem. The evidence also shows that people with mental health issues are dying early due to associated physical behaviours and that, for example, stopping smoking improves mental as well as physical health[31]. Mental health promotion should be given more prominence with respect to physical health due to the burden of morbidity and reduced life expectancy.

Inequalities

There are currently significant differences – up to 18 years – in healthy life expectancy between the most affluent and the most deprived areas across England[32]. Research over the years, from the Black Report[33] to Prof Sir Michael Marmot's Institute of Health Equity[34], has consistently shown that it is vital that action is taken to improve the social and economic conditions in which people live[35]. We therefore call on the Government to pursue policies which will address social determinants of ill health and improve circumstances which lead to poor health or social exclusion, including disability. The College is committed to working with other organisations and professional bodies to embed action on the social determinants of health across the workforce. We ask the Government to support these measures.

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The Royal College of Physicians of Edinburgh is a professional standard-setting body and membership organisation concerned with promoting the highest quality of patient care, predominantly in the hospital sector, both nationally and internationally. Along with our sister Colleges in Glasgow and London, we are responsible for overseeing:

- Examinations for entry into specialist training in the UK for doctors who wish to undertake postgraduate training to become hospital consultants. The Membership of the Royal College of Physicians (UK) exam is an internationally recognised standard of clinical excellence.
- Training of UK doctors through the Joint Royal Colleges of Physicians' Training Board which oversees the development of curricula for trainee doctors in 31 specialty areas of medicine.

In parallel to our standard-setting activities, the College provides education and support to over 13,000 Fellows and Members worldwide, covering 54 medical specialties and interests as diverse as palliative medicine and cardiology.

The College also acts in an advisory capacity to Government and other organisations on aspects of healthcare and medical education and seeks to ensure that the views and practical clinical experience of our members are taken into account by policymakers when developing health policy. The College is also committed to championing patients' interests and has a strong tradition of influencing public health, most notably in relation to smoking and alcohol.

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Royal College of Physicians of Edinburgh
11 Queen Street, Edinburgh EH2 1JQ