Written evidence submitted by Royal College of Physicians (NWT0025)

Summary

1. The Royal College of Physicians (RCP) is the membership body for physicians, doctors who work in the medical specialties. We are the largest professional association for UK hospital doctors supporting physicians to deliver the best healthcare possible for patients and improve standards of care. We represent around 40,000 members and fellows in the UK and internationally.
2. Despite recent improvements in elective care performance, the UK's ageing population and greater number of patients living with multiple health conditions will undoubtedly increase demand for elective care. With most patients on the waiting list in England needing an outpatient appointment, reform of outpatient services so they are efficient and fit for purpose is vital to bringing down waiting lists.
3. To provide effective elective care and ensure value for money, Government must:
   a. commit to reform and resource planned specialist care in the 10-year plan, and at the upcoming spending review, including delivering the required clinical specialist workforce, administrative support and digital infrastructure,
   b. deliver a robust, refreshed NHS Long-Term Workforce Plan by the end of this year as promised that sets out more detail on the expansion of school places (including supervisor and educator capacity), expands medical postgraduate specialty training places and sets out robust measures on retention, so we recruit and retain the staff we need to meet patient demand.
4. The RCP, in partnership with the Patients Association, has set out a vision to reimagine outpatient care over the next decade, which is currently outdated, inefficient and in need of reform. If this vision is achieved, the way outpatient services in the NHS would transform, where:
   c. timely care is provided by the right person, in the right setting
   d. patients are empowered, supported and engaged in their own care
   e. communication between patients and healthcare providers is seamless
   f. care delivery is efficient and innovative, valuing patients' time
   g. data and technology is used to identify risk and reduce inequalities.
5. To deliver these ambitions, we must innovate and transform the way outpatient care is delivered in the UK. We need to redefine the full scope of NHS outpatient, or planned specialist, care and deliver transformational shifts in how it is delivered – including moving from a 'one size fits all' approach to personalised care; from siloed teams to integrated pathways; and from activity-counting to outcome-focused care. Current financial incentives and flows encourage more of the traditional model of outpatients, which does not meet current or future demand and costs the taxpayer more in the long-term. System leaders must review commissioning models to ensure that they incentivise new approaches to care, such as incentivising a holistic whole person approach through joint working across health professions, including specialists, primary care, community health, mental health, the independent sector, the voluntary sector and social care.

Progress on targets to increase elective activity and end long waits for treatment

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1. In August 2023, the NHS England waiting list for treatment reached 7.75 million, the highest ever on record. The waiting list has gradually improved since then, standing at 7.4 million in February 2025. There has been a 7% increase in both elective operations and diagnostic tests, and a 9% increase in outpatient appointments between July 2024 and January 2025 compared to the year prior. This improvement would not have been possible without the efforts of NHS staff, with many delivering extra evening and weekend appointments.
2. Staff are working hard to see as many patients as possible, but current staffing levels will continue to impact our ability to tackle waiting lists. In the RCP 2023 consensus of UK consultant physicians, 59% reported consultant vacancies in their departments and 62% were aware of weekly or daily gaps in resident doctor rotas. Government will need to ensure we have the workforce needed to change the NHS. Without this, patients will continue to wait too long for care, and morale among our existing workforce will continue to go down, risking staff leaving the NHS entirely.
3. When it comes to the length of time patients are waiting, in March 2025, 59.2% of patients received treatment within 18 weeks in England – below the target of 65% by March 2026 and 92% by March 2029. The last time NHS England met the 65% target was in November 2021, and the 92% target was last reached in February 2016. Health Foundation analysis shows these targets are achievable, but it will require an annual increase of 2.4% in the number of patients being removed from the waiting list.
4. The RCP views reform of outpatient care as vital to reducing waiting lists. Outpatient reform must be part of the government's 10-year plan for the NHS.
5. Outpatient care is where patients receive planned specialist care, involving diagnosis, advice, treatment or procedures, as well as follow up monitoring and ongoing condition management. It is the second most used NHS service in a patient's lifetime – in 2023/24, there were over 135 million outpatient appointments.
6. The need for care through outpatient services has grown year on year – a trend that is predicted to continue as the population ages and more people live with multiple health conditions. These trends have contributed to growing waiting lists, with four in five people on NHS waiting lists in England needing an outpatient appointment rather than an operation.
7. An ageing population and greater number of patients with multiple health conditions in the UK is contributing to high demand for elective care. These trends are expected to grow in the coming decades - by 2035, almost one in five (17%) people over the age of 65 are expected to live with four or more long-term health conditions. The impact on outpatient services will be significant – patients with four or more health conditions need more than three times as many outpatient appointments as someone with only one health condition.
8. The RCP's report *Prescription for outpatients*, published in collaboration with the Patients Association, sets out a vision for how outpatient services should be transformed over the next decade, so that:
    a. timely care is provided by the right person, in the right setting

b. patients are empowered, supported and engaged in their own care
c. communication between patients and healthcare providers is seamless
d. care delivery is efficient and innovative, valuing patients' time
e. data and technology is used to identify risk and reduce inequalities

9. To deliver these ambitions, we must innovate the way outpatient care is delivered in the UK. The RCP's report sets out over 40 recommendations for system leaders, healthcare providers and commissioners, specialist societies, clinicians and patients to provide more timely, productive and personalised care. It calls on system leaders to review commissioning models to ensure that they incentivise new approaches to care, such as incentivising a holistic whole person approach through joint working across health professions, including specialists, primary care, community health, mental health, the independent sector, the voluntary sector and social care. Current financial incentives and flows encourage more of the traditional model of outpatients, which will not meet today and tomorrow's demand.

Progress across the three areas of diagnosis, surgery and outpatients

10. We know that outpatient care is associated with delays, poor communication and confusion trying to navigate services. Reformed planned specialist care will not be possible without addressing the barriers that exist in the current system. Government must

f. Deliver a robust, refreshed NHS Long-Term Workforce Plan as promised so that we recruit and retain the NHS workforce we need to meet patient demand
g. Deliver the expansion in medical school places and expand postgraduate medical specialty training places, along with the increased educator and supervisor capacity. The NHS Long-Term Workforce Plan must set out robust measures on retention too, to keep more of the hardworking staff we already have.
h. Invest in administrative support and digital infrastructure which is vital to improving communication and integration across primary, secondary and community care services

11. The RCP's report identifies several areas that must be leveraged effectively to transform the way services are delivered. A high-level overview of the barriers across each of these areas are described below:

a. **Digital tools and technology**: Digital technologies, including AI, are emerging at pace and have significant potential to enhance the quality and productivity of outpatient services. Some clinicians are spearheading initiatives to embed AI in outpatient care, however this is taking place in the absence of an overall vision for how AI should be used in the NHS. Despite the opportunities for emerging technologies, the RCP recognises that many clinicians lack access to functioning IT systems. In a RCP snapshot survey, just 62% of physicians said they had the necessary hardware and 59% said they had usable software to deliver outpatient care remotely.
b. **Education and training**: Many clinicians in the NHS are trained within the traditional outpatient model that typically focused on addressing on issue per appointment, often in isolation from other specialties or disciplines. Physicians are often trained in

a hospital setting, meaning that many have not had sufficient training to deliver outpatient care in the community or as a multidisciplinary team.

c. **Coding and data**: While coding of procedures and interventions is used in outpatient care to allocate funding to providers, it can also be used to improve service planning, enable risk assessments and monitor patient outcomes. The current model focuses on procedures and interventions, rather than the coding of symptoms, diagnosis, health inequalities data, data on complex needs such as neurodiversity, and details about outcomes. This level of robust data would enable a shift towards population-based strategies and the design of services that meet local need. It would enable performance to be measured not only by activity but by the quality of patient outcomes and experiences.

d. **Commissioning and funding models**: Healthcare providers in the NHS are allocated funding based on the outpatient procedures and interventions delivered. This means that providers across secondary, primary and community care settings are not incentivised to deliver integrated services, which as set out in our new report, can have a significant impact on population health outcomes. The current commissioning model should evolve to incorporate symptoms, diagnosis and other minimum requirements as part of the commissioning of services to incentivise behavioural change.

e. **Workforce**: A significant amount of clinical time in outpatients is being spent on administrative duties, as well as activities outside of an appointment. A snapshot survey of RCP members found that over 50% of those who said they delivered advice and guidance – a process where primary care clinicians seek advice from specialists before or instead of making a formal referral – said they did not have time in their job plan for this. Over half of respondents (67%) said that they did not have time in their job plan to deliver the outpatient work that occurs outside of an appointment, such as waiting list validation and desktop reviews. Adequate administrative support, through staffing and digital systems, is key to support clinicians in operating at the top of their licence.

Governance and oversight of the transformation programmes

12. The RCP recognises the success of the Getting It Right First Time (GIRFT) programme – which is funded by NHS England – in implementing change at scale across the outpatient care system. As an evidence-based and clinically led programme, GIRFT has shifted NHS England's approach to optimise current strategies that has improved outpatient productivity.
13. Reducing the waiting list and delays for treatment will require a transformative approach to planned specialist care, which the Department of Health and Social Care, NHS England, and the GIRFT programme will be essential in providing oversight and direction. This must involve engaging with and co-producing innovative initiatives with patients, clinicians, specialist societies and royal colleges, drawing on the recommendations in the RCP's new report to reimagine NHS outpatient services.