



RCP briefing for the Sir David Amess summer adjournment debate | 20 July 2023

The Royal College of Physicians (RCP) is the oldest and largest medical royal college for hospital doctors. The RCP represents members and fellows in the UK and internationally from over 30 medical specialties.

[The RCP welcomed](#) the publication of the NHS Long Term Workforce Plan as an important first step towards a sustainably resourced NHS. With over 112,000 vacancies, retention of existing, hardworking staff is critical.

Reducing avoidable ill health is key to reducing demand on the NHS. This year the government committed to publishing a Major Conditions Strategy which aimed to 'tackle the major conditions which contribute to the burden of disease'. Many factors driving these conditions, and health inequalities more widely, are beyond the NHS and Department of Health and Social Care's remit. That is why the RCP and the almost 250 member organisations of the [Inequalities in Health Alliance](#) (IHA) are calling for a cross-government strategy to reduce health inequalities.

Summary

- Recruitment is central to ensure NHS staffing levels keep pace with demand – but these efforts must be complemented by reducing attrition to ensure we retain the skilled staff we already have. [New figures published by the RCP](#) reveals that **58% of consultant physicians reported having vacant consultant posts, with an average of 2.2 vacant posts per department.**
- Reducing health inequalities, and avoidable illness overall, is key to reducing NHS demand and improving the nation's health and productivity. **It is vital that the government's upcoming Major Conditions Strategy considers the wider determinants of health.**
- The climate emergency is a health emergency. **Given the public health impacts of climate change, a clear and robust plan to tackle it and reach net zero is vital to prevent worsening population health.**

Supporting the NHS workforce

Recruitment is central to ensure NHS staffing levels keep pace with demand – but these efforts must be complemented by reducing attrition to ensure we retain the skilled staff we already have. Key findings from our latest census shows that consultants are reporting widespread consultant vacancies, frequent gaps in trainee rotas and are feeling that their workload is unmanageable:

- **Consultant posts are not being filled:** 58% of consultant physicians reported having vacant consultant posts, with an average of 2.2 vacant posts per department. 81% reported that a consultant vacancy went out to advert but was not filled.
- **Consultants are frequently seeing gaps in the trainee rota:** 69% of consultant physicians were aware of gaps on trainee rotas either daily or weekly.
- **Rota gaps impact patient care:** reduced access to outpatient care (26%), inpatient care out of hours (23%) and increased length of stay (23%) were the most commonly cited impacts.
- **Consultants feel their workload is unmanageable:** with almost a fifth (18%) saying they almost never feel in control of their workload and 19% at risk of burnout overall.

There are many measures that can be taken to improve conditions for staff. The RCP has [set out a range of short- and medium-term solutions](#) to make a difference now. These include time off for significant life events, getting rotas in good time, rest areas, ensuring the availability of food and drink and more flexible working and training.

The RCP [welcomed](#) the Long Term Workforce Plan as an important first step towards a sustainably resourced NHS. The RCP has long called for an expansion in medical school places to ensure we are training enough doctors to meet

future needs and welcome the focus on placing them in areas of greatest need. We also welcome the planned expansion of specialty training places and look forward to seeing more detail on this.

Reducing health inequalities

The RCP believes that the best way to improve health is to focus on the factors that shape it. That is why the RCP and the over **240 member organisations of the [Inequalities in Health Alliance \(IHA\)](#) are calling for a cross-government strategy to reduce health inequalities.**

While it may seem that health inequality is a matter for the Department of Health and Social Care (DHSC) and NHS, health and social care services can only try and cure the illnesses created by the environments people live in. If we are to prevent ill health in the first place, we need to tackle issues such as poor housing, educational opportunity, employment (including how much money you have), racism and discrimination, transport and air quality.

Before the pandemic, health inequalities were [estimated](#) to cost the UK £31-33bn each year in lost productivity and £20-32bn in lost tax revenue and higher benefits payments. **A healthy population and a healthy economy are two sides of the same coin. Reducing health inequalities, and avoidable illness overall, is key to reducing NHS demand and improving the nation's health and productivity.**

We welcome that government has restated its commitments to narrow the gap in HLE by 2030, building on the manifesto commitment to increase it by 2035, but were very [disappointed to learn](#) at the beginning of this year that government will no longer be publishing the long-awaited Health Disparities White Paper (HDWP). The HDWP [promised](#) a dedicated focus on health inequality, one where the Department of Health and Social Care would work with the *'whole of government to consider health disparities at each stage at which they arise...[including]...the wider determinants of health'*. [Government has said the Major Conditions Strategy \(MCS\) will cover much of the same content as the HDWP.](#)

The government launched a call for evidence on the Major Conditions Strategy which aimed to ensure *'the major conditions strategy is underpinned by the evidence and informed by a broad set of views on the priority areas for action'*. The [RCP said in its response](#) to the call for evidence that while action should be taken to better support the diagnosis of more people at an earlier stage, it is important that this is not the only focus of the Major Conditions Strategy and government policy.

The impact of the climate crisis on health

The climate emergency is a health emergency. Earlier this year the RCP published a [policy paper on healthcare sustainability and climate change](#) which sets out recommendations for both the NHS and government.

National governments have the power to make the biggest impact on climate change and play a fundamental role in setting the direction and ambition of policy. In 2019 the UK government legislated for a legally binding commitment to reduce the UK's net carbon emissions by 100% relative to 1990 levels by 2050. It is concerning that the [Climate Change Committee's recent report](#) said that government efforts to scale up climate action as "worryingly slow".

The RCP is calling on government to

- prioritise a just transition from fossil fuels, redirecting all funding and subsidies to renewable energy sources and technologies and implementing complementary policy initiatives to ensure this process does not exacerbate health inequalities
- strengthen the Net Zero Strategy to ensure there is a robust and credible pathway for reaching the UK's emission reduction targets by 2050 at the very latest
- put prevention at the heart of health and wider government policy, recognising that reducing avoidable ill health and demand for healthcare will require cross-government action and has environmental, health and economic benefits.

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