ROYAL
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EDINBURGH

The Royal College of Physicians of Edinburgh's

Health Priorities

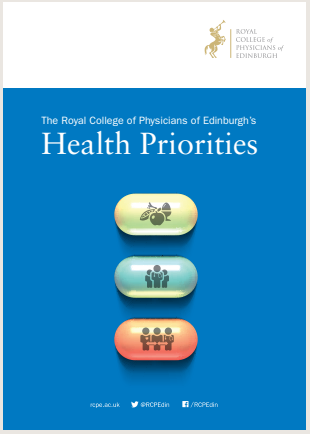
Scotland

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 health and patient care. We do this by improving accessibility to the profession, developing collaborative partnerships, encouraging innovation and delivering outstanding education, training, quality improvement, and assessment opportunities.

Founded in 1681, we support and educate doctors in the hospital sector throughout Scotland, the UK and around the world with over 13,000 Fellows and Members in over 90 countries, covering 54 medical specialties and interests. We enable a worldwide community of physicians and their teams to advance the health of our global population for the long-term benefit of society.

Building on our successes

The College campaigned for a number of key policy changes in our previous edition of *Health Priorities*. Over the past three years, we are pleased that action has been taken by Government to tackle a number of the issues we highlighted, including the launch of a new diet and healthy weight plan; the implementation of Minimum Unit Pricing and the introduction of the Health and Care (Staffing) (Scotland) Act 2019. We will continue to monitor the development of these initiatives to ensure they achieve the outcomes they were designed to fulfil, as well as focus on a range of complementary new priorities.



Our priorities

Physicians are leaders within healthcare teams and engage in difficult discussions about prognosis and treatment options. Our members have identified three key priority areas to inform the health goals of the Scottish Government. These measures will ensure safe, patient-centred, high quality medical care and improved public health, within the context of realistic medicine as highlighted by the Chief Medical Officer in a series of annual reports[1].

The College calls on the Scottish Government to implement the following measures:

1. Health and wellbeing:

- Follow up the new diet and healthy weight plan by reducing food portion and pack sizes; supporting and increasing the sugary drinks tax; and encouraging the promotion of nutritious foods rather than high fat, sugar and salt (HFSS) products.
- Utilise the emerging evidence to make informed decisions on whether the current Minimum Unit Price for alcohol of 50p is still appropriate, ensuring it continues to target harmful drinking.

2. Workforce planning and training:

- Ensure that doctors have "Time To Train, Time to Retain, Time to Value" in all workforce planning and training programmes.
- Work with stakeholders to ensure the implementation of the Health and Care (Staffing) (Scotland) Act 2019 is successful and that the medical professions are integrated into the process as seamlessly as possible through guidance and secondary legislation informed by clinicians.
- Promote improved workforce planning to help address recruitment and retention issues and ensure we have a world class clinical workforce.
- Retain high quality training programmes and value our junior doctors to ensure Scotland remains an attractive place to train.

3. Health and social care integration:

- Collaborative working is essential to make integration a success and active support from Government to enable primary and secondary care to work effectively in partnership with social care is vital.
- A fundamental part of this is the efficacy of Integration Joint Boards (IJBs), which as organisations would benefit from more streamlined governance and leadership focussed on strategic goals. The College's Quality Governance Collaborative is undertaking work in this area, hosting debates on IJB governance and can offer "governance surgeries" to health and social care leaders.

1 Health and wellbeing

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

Obesity

The latest figures show that 65% of adults in Scotland were overweight including 29% obese. This is compared to 39% of the global population[2]; 64% in England[3] and 62% in Ireland[4]. 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, financially and in terms of avoidable suffering[5]. 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'[6]. Preventative measures such as reduced food portion or pack sizes and promotion of nutritious food rather than HFSS promotions must be considered along with policies such as the sugary drinks tax. The College is a founding member of the Scottish Obesity Alliance and supports a holistic whole-system approach being taken to tackle obesity, including the involvement of Government departments covering planning, education, environment and transport as well as health.

The College asks the Scottish Government to restrict price promotions on HFSS food and drink and incentivise the promotion of nutritious food

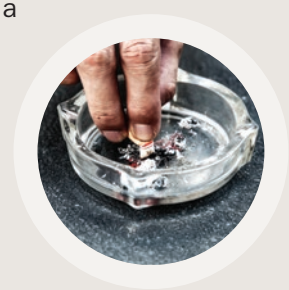
The College supports fully embedding physical activity for health into primary care, secondary care, social care and health education, as well as in the health and social care workforce and workplace[7]. This would include ensuring secondary care staff provide guidance on the recommended minimum levels of physical activity for health, offer brief advice and brief intervention, and signpost to community resources fully supporting the aims of the Health Promoting Health Service.

Alcohol

Problems associated with alcohol continue to be a challenge for the NHS in Scotland. 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. We are pleased that Minimum Unit Pricing (MUP) has been implemented, however it is essential that its progress is monitored and that the price is kept under review to ensure it continues to target harmful drinking. We also call for a national licensing authority to be established to ensure the public health licensing requirement is given due consideration, which includes regulating the number, type and operating hours of outlets selling alcohol. In this regard, we are particularly concerned by research showing clustering of alcohol, fast food, tobacco and gambling outlets in deprived neighbourhoods[8].

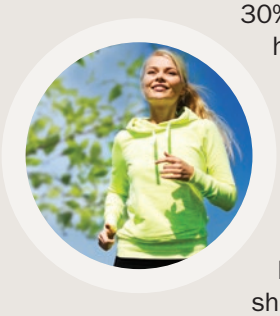
Tobacco

21% of adults were active cigarette smokers in 2015[9]. Early intervention is key to reduce the harm caused by smoking and deliver a tobacco-free generation by 2034. We therefore ask the Government to continue to promote the principles of Scotland's Charter for a Tobacco-Free Generation[10] in order to see further long-term improvements and reduce premature 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[11].

Mental health



There is a well described link between mental and physical health and wellbeing. Around 30% of people with a long-term physical health condition also have a mental health problem[12]. 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[13]. 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 – over 20 years – in healthy life expectancy between the most affluent and the most deprived areas in Scotland[14]. Research over the years, from the Black Report[15] to Prof Sir Michael Marmot's Institute of Health Equity[16], has consistently shown that it is vital that action is taken to improve the social and economic conditions in which people live[17]. We therefore call on the Government to pursue policies which will address the 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.

Vaccinations

Many serious and potentially deadly diseases can be prevented by vaccines[18]. 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[19]. There should be renewed and more visible campaigns to promote the messages that children should follow the NHS vaccination schedule for best protection[20]. 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"[21]. Issues such as the overuse of clinical treatments and interventions[22] 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.

2 Workforce planning and training

The medical workforce in Scotland faces a number of challenges and we must ensure that we continue to recruit and retain a world class workforce to deliver the best possible patient care. In this regard, it is essential that evidence-based approaches are taken to support workforce planning along with reassessment of the size and structure of the consultant workforce taking account of changes such as the rise of part-time working, extended working, and the needs of an ageing population.

Time to value

Workforce planning needs a clear strategic direction to tackle the recruitment and retention issues that exist. There are workforce shortages across the country with rota gaps creating additional pressures in an already difficult environment. We must value healthcare professionals at every stage in their careers to ensure medicine remains an attractive choice and offer support for medical professionals as they progress throughout their careers. 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 Scottish 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*[23].

Time to retain

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.

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.

The introduction of the Health and Care (Staffing) (Scotland) Act 2019, along with improved workforce planning will help improve the quality of care offered to patients. However, the legislation alone will not urgently resolve the many rota gaps at trainee and consultant level and address trainee attrition rates. We acknowledge that this involves a wide range of stakeholders and a variety of issues, and we have urged the UK Government for example to allow increased overseas recruitment in a structured way to support all involved. We will work with the Scottish Government to ensure the implementation of the Health and Care (Staffing) (Scotland) Act 2019 is successful and that the medical professions are integrated into the process as seamlessly as possible through guidance and secondary legislation informed by clinicians. A coordinated and detailed approach is required across all levels – Government, Board, regional, and the integration authorities – to ensure that we have a high quality clinical workforce providing the appropriate models of care.

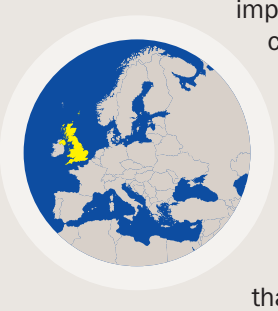
We are also committed to working with partner organisations to promote innovative ways of working in the NHS. The roles of Physician Associates, Advanced Nurse Practitioners and other examples of healthcare professionals should be further examined to create a workforce fit for the future.

The College calls on the Scottish Government to review the amenities and services available to the healthcare workforce in terms of suitable rest facilities, provision of adequate fluids and 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.

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[24] 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.

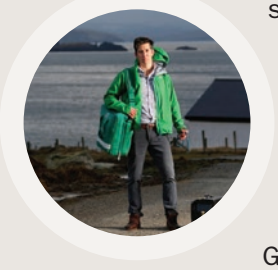


Specifically, this needs to be addressed so that EU staff who are currently working in the NHS feel valued for their significant contribution and do not decide to leave to work in other countries.

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

Remote and rural healthcare

Meeting the requirement for improved quality of service for patients brings with it particular and critical challenges in Scotland's remote and rural areas, and is likely to require a significant shift in skill mix across the remote and rural health and social care workforce. The College recognises the role of education, training and innovation in health technology to meet these needs.



While we welcome the Scottish Government's *Widening Access to Medicine* programme, we want to see more ambition in helping create a more diverse medical workforce. Ministers can do that by doubling the number of places for students from diverse backgrounds – to 100 for rural and disadvantaged students[25].

Time to train

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 Scotland; development of Shape of Training should be conducted in Scotland 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[26] provides this environment.

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

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 – with the possible exception of very small remote and rural units. A healthy working environment must also be ensured by, for example, a zero tolerance approach to bullying, harassment or undermining behaviour.

3 Health and social care integration

Providing care in the most appropriate setting

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. It is important that, where appropriate, patients are treated in a community setting and are empowered to be active participants in their own care, and that patients fit for hospital discharge can do so without delay. It is important 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.

There should be realism by all stakeholders 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 Scotland.

Integration Joint Boards

(IJBs) are a key part of the framework to integrate health and social care in Scotland. The College has called for health and social care integration in Scotland to be made simpler in order to avoid confusion around roles and responsibilities, and make accountability clearer, particularly when there is service failure[27]. The College asks the Scottish Government to implement the recommendations of the report *Integration in a diverse health and social care system: how effective are Integration Joint Boards?*[28] to ensure that IJBs are operating efficiently and effectively.

The College's Quality Governance Collaborative[29] 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 Scottish Government and NHS Scotland to explore leadership and governance issues and how to address them.

The College asks the Scottish Government to implement the recommendations of the report Integration in a diverse health and social care system: how effective are Integration Joint Boards?[30] *to ensure that IJBs are operating efficiently and effectively.*

Managing frailty: the number of people aged 75 and over in Scotland is projected to increasing by 85%, from 0.43 million in 2014 to 0.80 million in 2039[31], and a significant problem faced by older people is frailty. Frailty is progressive and impacts adversely on life experience. It is vital there is a continuation of 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.

The frequency of almost all chronic or long term illnesses increase with advancing age, and many co-exist in older people. The latter makes the course of the illnesses more complex, and increases sharply the demands and costs of both the investigations and management in those patients. Given the ageing population, increasing training and experience in all aspects of the care of the complex frail older population will be vital. Elderly people on various medications – known as polypharmacy – should have regular reviews of their drugs to ensure they are needed. We call on the Government to explore 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.

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.

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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.

The College also 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 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 committed to championing patients' interests and influencing public health, most notably in relation to smoking and alcohol.

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