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31 January 2017

Dear Prime Minister,

We write as Presidents of the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Royal College of Physicians and Surgeons of Glasgow on behalf of our Fellows and Members throughout the UK. Together we represent over 50,000 medical professionals working in all parts of the UK and across the world. A significant proportion of our membership work in the NHS in England and many of these colleagues have contacted us recently to express their concerns with the current state of the NHS in England and the political rhetoric surrounding it. We believe that much of the debate is being focused around blame rather than the future for high quality health and care for the UK.

We write to ask you to set up a working group involving the Royal Colleges, healthcare practitioners, patients, the public, and politicians alike as a matter of urgency. This group would be briefed to find solutions to alleviate the pressures faced across the NHS. We are keen to move the debate on to enable high-level analysis to be undertaken to inform future thinking.

### **Pressures on areas of service**

The pressures the NHS has faced so far this winter are well documented, and were predictable based on the data. However, it is pertinent to note that the winter thus far has been mild yet the scale of the challenges has not decreased. The reports suggesting possible changes to the A&E four-hour target and extending primary care to alleviate pressures in unscheduled care are unhelpful without engagement and discussion. Health is complex; targeting individual parts of the system adds to the problem when a more collective view is required. We need to optimise each stage of the patient journey. In this regard the four-hour A&E target is not simply a target for one department but for the whole system. Labelling it purely "A&E" compounds the problem both politically and for the public.

The NHS in England has a very complex management system and is plagued by many costly initiatives not based on evidence and with no clear strategic plan for emergency care. The 30% increase in unscheduled care since four-hour targets were introduced in 2000 is clearly having a very significant impact. The added difficulty in moving patients out from hospital and back into their homes and communities, due to the under-provision of social services, is having a knock-on effect of delays to elective services. Recent reports from the National Audit Office on NHS Ambulance Services and the National Confidential Enquiry into Patient Outcome and Death provide further evidence of the pressures on services and staff, and the impact on patient care. A clear plan is required to address these issues and give clarity to all involved in the NHS.

## Learning from best practice

While the pressures in elective, acute and emergency medical care are similar throughout the UK, the approaches taken by the devolved health systems are increasingly divergent. All face turbulent times with increasing demand, rising costs and the needs of an aging population with multiple co-morbidities.

There are many examples of good practice that are continually improving patient care across the UK. 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 rather than alienating them. If we adopt a blame approach we potentially endanger the future of the NHS through lack of good planning and failure to retain high quality professional staff to deliver the best quality care safely.

We have supported the recent calls for a cross-party agreement on the future of health and social care funding, as positive patient and staff experience is dependent on all services in hospital and in the community working together.

It is important that we look at the service, teaching and research collectively in this process and encourage progressive thinking rather than enforced solutions. The NHS is so reliant on trainees, the next generation of doctors, that we must ensure they are given the training opportunities and activities they require if we are to create a sustainable NHS for the future.

We would welcome the opportunity to discuss these issues with you at your earliest convenience.

Yours sincerely



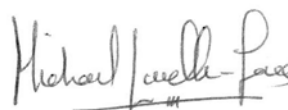
Professor Derek Bell

President, RCPE



Professor David Galloway

President, RCPSG



Professor Michael Lavelle-Jones

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