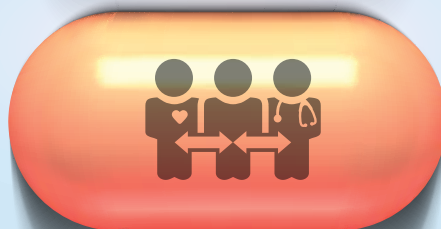


HEALTH PRIORITIES 2016



The Royal College of Physicians of Edinburgh's Health Priorities 2016

The Royal College of Physicians of Edinburgh's Health Priorities 2016

The Royal College of Physicians of Edinburgh (RCPE) is an independent clinical standard-setting body and professional membership organisation, which aims to improve and maintain the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout Scotland and the world with over 12,000 Fellows and Members in 91 countries, covering 30 medical specialties.

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 incoming Government in Scotland in 2016. These measures will ensure safe, patient-centred, high quality medical care and improved public health, within the context of realistic medicine as highlighted in the Chief Medical Officer's annual report.¹



Our key policy priorities

The RCPE calls on the incoming Scottish Government to implement the following measures:

1. Health and wellbeing:

Reduce food portion and pack sizes, alongside the sugary drinks tax; and renew and prioritise the current obesity route map. Press for the alcohol industry to have a reduced role in the formulation of alcohol policies to help ensure public health remains the priority.



2. Workforce planning and training:

Develop and implement safe staffing levels for all professions within hospital settings, based upon best evidence,² along with 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. Integration of health and social care:

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 will be vital. Explore new models of approaching frailty which will assist in routinely identifying those living with frailty and signposting them to the most appropriate support.



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

1. Health and wellbeing

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

Obesity: 65% of all adults in Scotland were overweight in 2014,³ compared to 39% globally⁴ and 62% of the UK.⁵ 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,⁶ 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 overweight/obesity could be described as 'modern malnutrition'.⁷ Preventative measures such as reduced food portion or pack sizes must be considered along with policies such as the sugary drinks tax.

The RCPE asks the Scottish Government to renew and prioritise the current obesity route map.

The RCPE supports fully embedding physical activity for health into primary care, secondary care, social care and health education,⁸ 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 fully supporting the aims of the Health Promoting Health Service.⁹ The RCPE also ask the Scottish Government to renew and prioritise the current obesity route map.



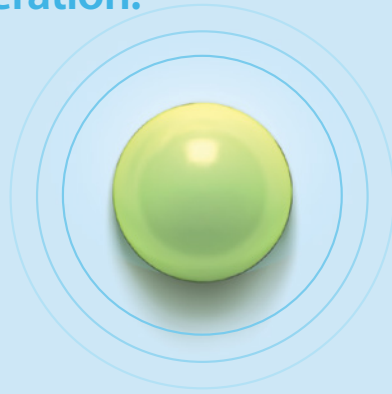
Alcohol: Problems associated with alcohol continue to be a challenge for the NHS in Scotland. We agree with other health organisations that the alcohol industry should have a reduced role in the formulation of alcohol policies to help ensure public health remains the priority. The alcohol industry should 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 RCPE and 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.

Tobacco: 20% of adults were active cigarette smokers in 2014.¹⁰ While this figure is gradually falling, we ask the Government to sign up to the principles of Scotland's Charter for a Tobacco-Free Generation¹¹ in order to see further long-term improvements and reduce premature deaths. We also call for a dementia prevention strategy which recognises that smoking is a major risk factor for developing dementia,¹² and thus would be a crucial part of any prevention work.

Mental health: There is a well described link between mental and physical health and wellbeing,¹³ and we therefore call for an integrated and holistic view to be included in the next mental health strategy. 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.¹⁴ Mental health promotion should be given more prominence with respect to physical health due to the burden of morbidity and reduced life expectancy.

The College also calls for a Scottish Confidential Inquiry into premature deaths of people with learning disability, as exists in England,¹⁵ in order to strengthen the delivery of high quality care to people with learning disabilities in primary and secondary care. Where relevant this should include care packages which continue while a person is hospitalised to assist with communications and continuity.

The implementation of Minimum Unit Pricing remains a priority and we also call for a national licensing authority to be established to ensure the public health licensing requirement is given due consideration.



Inequalities: There are currently significant differences – up to 20 years – in life expectancy between the most affluent and the most deprived areas in Scotland.¹⁶ Research over the years, from the Black Report¹⁷ to Prof Sir Michael Marmot's Institute of Health Equity,¹⁸ has consistently shown that it is vital that action is taken to improve the social and economic conditions in which people live.¹⁹ 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 RCPE 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.

.....
Overtreatment: Issues such as the overuse of clinical treatments and interventions²⁰ and the overuse of antibiotics²¹ 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.

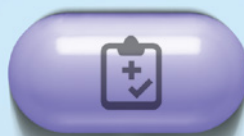


2. Workforce planning and training

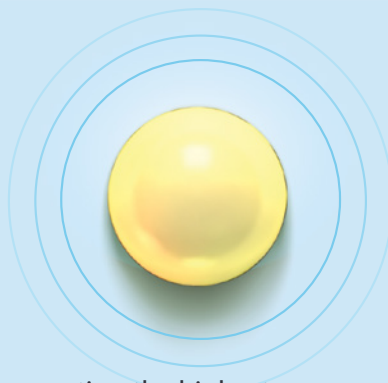
Workforce planning: The RCPE supports increased availability of consultant-delivered care, including at evenings and weekends, where there is potential to improve quality of care for patients with the appropriate staff and services in place. It is essential that an evidence-based approach to extended working is taken, recognising the importance of a multi-professional approach and an appropriately phased implementation. We call on the Government to recognise that this cannot be delivered without additional resource, increased medical staffing, clinical time, and increased support from services such as radiology; pathology and allied health professionals (AHPs). Collaboration is vital between Government and clinicians to build upon the emerging evidence in this area, such as the findings of the RCPE's expert workshop on extended working.

The RCPE calls for the development and implementation of safe staffing levels for all professions within hospital settings

The medical workforce faces a number of challenges and the RCPE recognises the need for safe and sustainable staffing levels throughout the NHS. We need to ensure that we continue to recruit and retain a world class workforce to deliver the best possible patient care.²² The RCPE is committed to working with the Scottish 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 physician extenders should be further examined to create a workforce fit for the future.



Political parties must commit to developing and implementing safe staffing levels for all professions within hospital settings, based upon best evidence,² 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.²³ Patients must be treated in the right place, and as quickly as possible. This requires the right numbers of staff and mix of skills across health and social care.

.....
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 RCPE is committed to supporting them throughout their careers.

The RCPE calls for the incoming 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 RCPE 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 RCPE's Charter for Medical Training²⁴ 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 – 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

Frailty: Current projections suggest that the population of Scotland will age significantly by 2039, with the number of people aged 75 and over to increase by 85%,²⁵ and a significant problem faced by older people is frailty. Frailty is progressive and impacts adversely on life experience.²⁶ We call on the incoming 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.

.....
Collaborative working is essential to make integration a success: active support to enable primary and secondary care to work effectively in partnership with social care will be vital
.....

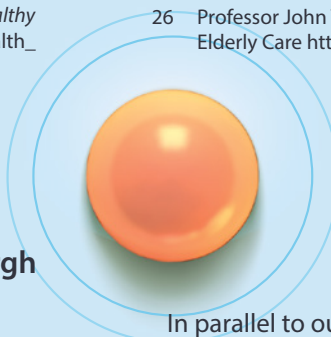
Long-term conditions: Managing patients with long-term or chronic conditions is one of the biggest challenges facing the NHS in Scotland, and health and social care integration has great potential in this regard. Collaborative working is vital to make integration a success and we ask the next Government to actively support primary and secondary care to work effectively in partnership with social care as the new Health and Social Care Partnerships become fully operational in 2016. 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.



We call on 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. 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 RCPE.

References

- 1 Scottish Government. *Chief Medical Officer's Annual Report 2014–15: Realistic Medicine*. January 2016. <http://www.gov.scot/Resource/0049/00492520.pdf>
- 2 Bell D, Jarvie A. Preventing 'where next?' Patients, professionals and learning from serious failings in care. *J R Coll Physicians Edinb* 2015; 45: 4–8. <http://dx.doi.org/10.4997/JRCPE.2015.101>
- 3 Scottish Government. *The Scottish Health Survey 2014 edition*. National Statistics Publication for Scotland. September 2015. <http://www.gov.scot/Resource/0048/00485546.pdf>
- 4 WHO Factsheet. *Obesity and overweight*. January 2015. <http://www.who.int/mediacentre/factsheets/fs311/en>
- 5 SPICE briefing. *Obesity in Scotland*. 7 January 2015. p.20. http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_15-01-Obesity_in_Scotland.pdf
- 6 NICE. *Preventing obesity and helping people to manage their weight*. NICE advice [LGB9]. May 2013. <https://www.nice.org.uk/advice/lgb9/chapter/economic-impact>
- 7 Faculty of Public Health. *Food Poverty and Health*. May 2005. http://www.fph.org.uk/uploads/bs_food_poverty.pdf
- 8 The Scottish Academy of Medical Royal Colleges and Faculties Pledge on Physical Activity. <http://www.rcpsych.ac.uk/pdf/SA%20Position%20Statement.pdf>
- 9 The Scottish Academy of Medical Royal Colleges and Faculties Pledge on Physical Activity. p.5. <http://www.rcpsych.ac.uk/pdf/SA%20Position%20Statement.pdf>
- 10 Scottish Government. *Scotland's People. Annual Report: Results from the 2014 Scottish Household Survey*. August 2015. p.121. <http://www.gov.scot/Resource/0048/00484186.pdf>
- 11 ASH Scotland. *Scotland's Charter for a Tobacco Free Generation*. <http://www.ashscotland.org.uk/what-you-can-do/scotlands-charter-for-a-tobacco-free-generation>
- 12 ASH Scotland. *Smoking and Dementia*. May 2013. <http://www.ashscotland.org.uk/what-we-do/supply-information-about-tobacco-and-health/briefings/dementia.aspx>
- 13 Faculty of Public Health. *Relationship with physical health and healthy lifestyles*. http://www.fph.org.uk/relationship_with_physical_health_and_healthy_lifestyles
- 14 ASH Scotland. *Smoking and mental health: a neglected epidemic*. June 2015. <http://www.ashscotland.org.uk/media/6418/ASHScotlandSmokingandmentalhealth.pdf>
- 15 CIPOLD (Confidential Inquiry into Premature Deaths of People with Learning Disabilities). <http://www.bris.ac.uk/cipold>
- 16 Scottish Public Health Observatory. *Healthy life expectancy: key points*. <http://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/key-points>
- 17 Gray AM. Inequalities in health. The Black Report: a summary and comment. *Int J Health Serv* 1982; 12: 349–80. <http://www.ncbi.nlm.nih.gov/pubmed/7118327>
- 18 UCL Institute of Health Equity. <http://www.instituteofhealthequity.org>
- 19 UCL Institute of Health Equity. *Working for Health Equity: The Role of Health Professionals*. March 2013. <http://www.instituteofhealthequity.org/projects/working-for-health-equity-the-role-of-health-professionals>
- 20 Academy of Medical Royal Colleges. *Choosing Wisely Programme – A Briefing*. http://www.aomrc.org.uk/doc_download/9830-choosing-wisely.html
- 21 NICE. *Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use*. NICE guidelines [NG15]. August 2015. <http://www.nice.org.uk/guidance/ng15>
- 22 Academy of Medical Royal Colleges and Faculties in Scotland (Scottish Academy). *Learning from Serious Failings in Care*. May 2015. <http://www.scottishacademy.org.uk/documents/final-learning-from-serious-failings-in-care-exec-summary-290615.pdf>
- 23 RCPE UK Consensus Conference statement. *"Acute Medicine: Improving quality of care through effective patient flow – it's everyone's business!"* 15–16 November 2013. http://www.rcpe.ac.uk/sites/default/files/files/final_statement_patient_flow_.pdf
- 24 RCPE Charter for Medical Training. http://www.rcpe.ac.uk/sites/default/files/files/rcpe-charter-for-medical-training_0.pdf
- 25 Scottish Government. *Demographics*. <http://www.gov.scot/Topics/People/Equality/Equalities/DataGrid/Age/AgePopMig>
- 26 Professor John Young, NHS England's Director for Integration and Frail Elderly Care <https://www.england.nhs.uk/2014/05/john-young/>



The Royal College of Physicians of Edinburgh

The Royal College of Physicians of Edinburgh (RCPE) 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. The RCPE's Lay Advisory Committee is a valued and highly respected part of the College governance framework. The Committee guide and influence our policy work at all levels.

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 30 specialty areas of medicine.

In parallel to our standard-setting activities, the RCPE provides education and support to over 12,000 Fellows and Members worldwide, including around 2,500 in Scotland, covering 30 medical specialties as diverse as palliative medicine and cardiology.

The RCPE 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 RCPE is also committed to championing patients' interests and has a strong tradition of influencing public health, most notably in relation to smoking and alcohol.

For further information regarding this document please contact us on 0131 247 3673 or policy@rcpe.ac.uk.