HEALTH PRIORITIES 2016

The Royal College of Physicians of Edinburgh’s Health Priorities for 2016 (Northern Ireland)

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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 the UK 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 Northern Ireland Executive in 2016. These measures will ensure safe, patient-centred, high quality medical care and improved public health.

Our key policy priorities

The RCPE calls on the incoming Northern Ireland Executive to implement the following measures:

1. **Health and wellbeing:**
   - Reduce food portion and pack sizes;
   - Promote a sugary drinks tax;
   - Prioritise prevention of obesity, diabetes prevention programmes and promote alcohol consumption guidelines.

2. **Workforce planning and training:**
   
   Develop and implement safe staffing levels for all professions within hospital settings, based upon best evidence, 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 Northern Ireland remains an attractive place to train.

3. **Integration of health and social care:**
   
   Collaborative working is essential to enable primary and secondary care to work more effectively in partnership with social care, improving flow and hospital discharge and ensuring that patients receive the most appropriate care for their needs. Continue to 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:** 60% of all adults in Northern Ireland are overweight, compared to 39% globally and 62% of the UK. 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. 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’. 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 Northern Ireland Executive to prioritise prevention of obesity

The RCPE 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. 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.

**Alcohol:** Problems associated with alcohol continue to be a challenge for the NHS in Northern Ireland. 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.

**Tobacco:** 22% of adults were active cigarette smokers in 2014. While this figure is gradually falling, we ask the Executive to prioritise prevention initiatives 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, and thus would be a crucial part of any prevention work. Health service users and staff also need to be encouraged to comply with the recent regional smoke free policy for all health care grounds.
Mental health: There is a well described link between mental and physical health and wellbeing,\(^{10}\) 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.\(^{11}\) Mental health promotion should be given more prominence with respect to physical health due to the burden of morbidity and reduced life expectancy. Implementation of the regional smoke free policy is acknowledged to be particularly challenging in mental health facilities, but smoking cessation must be regarded as a priority and resourced to improve both mental and physical wellbeing of mental health patients.

Inequalities: There are currently significant differences – up to 13 years – in life expectancy between the most affluent and the most deprived areas in Northern Ireland.\(^{12}\) Research over the years, from the Black Report\(^{13}\) to Prof Sir Michael Marmot’s Institute of Health Equity,\(^{14}\) has consistently shown that it is vital that action is taken to improve the social and economic conditions in which people live.\(^{15}\) We therefore call on the Executive 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 Executive to support these measures.

Overtreatment: Issues such as the overuse of clinical treatments and interventions\(^{16}\) and the overuse of antibiotics\(^{17}\) 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 Executive 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 the Executive 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 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. The RCPE is committed to working with the Northern Ireland Executive 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.

The RCPE calls for the development and implementation of safe staffing levels for all professions within hospital settings. Political parties must commit to developing and implementing safe staffing levels for all professions within hospital settings, based upon best evidence, 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. 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 and an overarching ethos of integration between primary, secondary and social care, to ensure patient flow.

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 Executive to ensure that: UK wide training standards, as regulated by the GMC, must be met throughout
3. Population demographics, promotion of health and social care integration and patient flow

Current projections suggest that the population of Northern Ireland will age significantly by 2039, with the number of people aged 85 and over to increase by 157%,21 and a significant problem faced by older people is frailty. Frailty is progressive and impacts adversely on life experience.22 We call on the incoming Executive 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.

Managing patients with long-term or chronic conditions is one of the biggest challenges facing the NHS in Northern Ireland, 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 Executive to actively support primary and secondary care to work effectively in partnership with social care. 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, and that patients fit for hospital discharge can do so without delay.

An essential component of patient flow in any health service is an adequate ambulance service. During 2014/15, 57.7% of Category A (Immediately Life Threatening) calls received by the Northern Ireland Ambulance Service (NIAS) were responded to within 8 minutes23 and the increase in unscheduled care demands and patient transfers for regional services has led to increased demands on NIAS, and these will increase with the development of the regional resuscitation service24 and planned air ambulance service. We call on the Executive to adequately resource NIAS to allow effective and safe patient flow.

Northern Ireland; development of Shape of Training should be conducted in Northern Ireland 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 Training20 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, working under the direct supervision of consultant staff, all on robust and sustainable rotas. A healthy working environment must also be ensured by, for example, a zero tolerance approach to bullying, harassment or undermining behaviour.

Collaborative working is essential to enable primary and secondary care to work more effectively in partnership with social care
The rise in demand for unscheduled care has resulted in increased pressure not only on emergency departments but had a knock on effect with acutely unwell patients often admitted to “outlies” in units unfamiliar with the presenting complaint, e.g. acute medical patients admitted into a surgical ward. The problem of outlying patients results in inefficient and suboptimal management of these patients, and also can result in the cancellation of elective admissions, often for major procedures such as cardiac surgery. The RCPE calls on the Executive to provide adequate and flexible resourcing to manage patients requiring unscheduled care in the appropriate ward and by the appropriate staff, thereby avoiding cancellation of elective surgery.

We call on the Executive 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

10 Faculty of Public Health. Relationship with physical health and healthy lifestyles. http://www.fph.org.uk/relationship_with_physical_health_and_healthy_lifestyles
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.