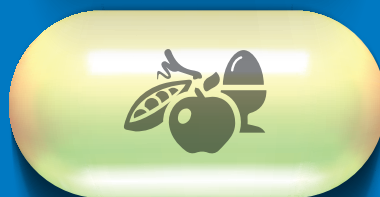
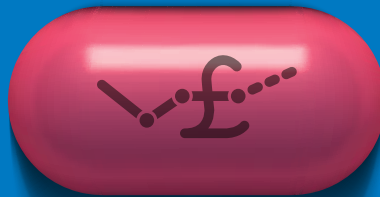




ROYAL  
COLLEGE *of*  
PHYSICIANS *of*  
EDINBURGH

# The Royal College of Physicians of Edinburgh's Health Priorities for the 2017 General Election



## Our key policy priorities

The Royal College of Physicians of Edinburgh calls on the incoming UK Government to implement the following measures to simplify the complex NHS landscape in England:

### 1. Funding for a sustainable future:

A radical rethink is required to declutter the many costly initiatives that are hindering the NHS in England and to address the unprecedented challenges that are impacting on the workforce and, ultimately, on patient care. A working group should be set up as a matter of urgency to find solutions to alleviate the pressures faced across the NHS. The Government must ensure that initiatives which are being pursued in the NHS have strong evidence to support them, are thoroughly evaluated for outcome, and will lead to solid and sustainable improvements in the long term.



### 2. Investing in the workforce:

Workforce planning needs a clear strategic direction to address recruitment and retention issues. We must ensure we have a world-class clinical workforce that values the role of EU nationals during and post Brexit negotiations. Investment in our current and future workforce is essential to create a culture where colleagues have the time to care, time to train, and time to research. Retain high quality training programmes and value our junior doctors to ensure the UK remains an attractive place to train and work.



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



### 4. Health and wellbeing:

Support the reduction of food portion and pack sizes; stronger controls on price promotions; promote the sugary drinks tax and prioritise the prevention of obesity.



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

Physicians are leaders within healthcare teams and engage in difficult discussions about prognosis and treatment options. Our members have identified the above four key priority areas to inform the health goals of the incoming UK Government in 2017. These measures will ensure safe, patient-centred, high quality medical care and improve public health.

The Royal College of Physicians of Edinburgh is an independent clinical standard-setting body and professional membership organisation, which continually 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 over 90 countries, covering 54 medical specialties and interests.

For more information on any of these issues, please contact us directly: [policy@rcpe.ac.uk](mailto:policy@rcpe.ac.uk) or **0131 247 3673**.

## 1. Funding for a sustainable future

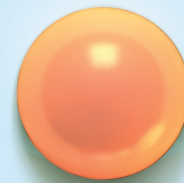
The NHS in England has a very complex management system and is plagued by many costly initiatives which are not based on evidence and do not have a clear strategic plan. A radical rethink is required to declutter the many costly initiatives that are hindering the NHS in England and to address the unprecedented challenges that are impacting on the workforce and, ultimately, on patient care. This College calls on the UK Government to set up a working group involving the Royal Colleges, healthcare practitioners, patients, the public, and politicians as a matter of urgency to find solutions to alleviate the pressures faced across the NHS and learn from all four nations.

The College welcomed the additional £2 billion announced in the recent Budget to be made available for social care in England, which may help alleviate some of the pressures in the NHS. However, more needs to be done. Additional funding to enable the first NHS Sustainability and Transformation Plans to proceed was also welcome, but STPs have ambitious objectives as well as being charged with making significant savings. This is ever more challenging against the backdrop of recent reports,<sup>1</sup> which highlight the variations in the quality of hospital care and services across England. Safety remains a key area of concern for the College with the strain on many hospitals increasing due to the combination of workforce and financial pressures coupled with ever-increasing demand.

Only through good planning and the recruitment and retention of high quality professional staff can we deliver the best quality care safely: this was reiterated by recent data published from the 2016 NHS England staff survey.<sup>2</sup> The pressures on unscheduled care across the UK are significant, and while health systems in the four nations are increasingly divergent, all would benefit from addressing the principles that underpin the 6 Essential Actions to Improving Unscheduled Care programme.<sup>3</sup> 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.

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 government must clarify its intentions on the ability of EU nationals to work in health and social care roles in the UK. 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. The College calls on the next UK Government to ensure that the voice of all medical professionals is recognised by policy makers at the heart of these negotiations.



**The College calls on the next UK Government to ensure that the voice of all medical professionals is recognised by policy makers at the heart of the Brexit negotiations.**

## 2. Investing in the workforce

**Workforce planning:** Workforce planning needs a clear strategic direction. Investment in our current and future workforce is essential to create a culture where colleagues have the time to care, time to train and the time to research.

The medical workforce faces significant challenges. We need to ensure that we continue to recruit and retain a world class workforce to deliver the best possible patient care. The College is committed to working with the UK 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.



The College 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, and increased medical staffing, clinical time, and support from services such as radiology; pathology and allied health professionals (AHPs). Collaboration is vital between the Government and clinicians to build upon the emerging evidence in this area, such as the findings of the College's expert workshop on extended working.



The College recognises the need for safe and sustainable staffing levels throughout the NHS. Political parties must commit to developing and implementing minimum staffing levels for all professions within hospital settings, based upon best evidence,<sup>4</sup> 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.<sup>5</sup> 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 College is committed to supporting them throughout their careers.

The College calls for the incoming Government to ensure that: UK wide training standards, as regulated by the GMC, must be met throughout the UK; development of Shape of Training should be conducted 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<sup>6</sup> 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.

**Investment in our current and future workforce is essential to create a culture where colleagues have the time to care, time to train and the time to research.**

**Our trainees will become future NHS leaders and the College is committed to supporting them throughout their careers.**



### 3. Health and social care

**Long-term conditions:** 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. We ask the next Government 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.

The National Audit Office<sup>7</sup> has warned that progress with integration of health and social care has, to date, been slower and less successful than envisaged. Their recent report helps to highlight the abundance of initiatives which are being pursued and have only mixed evidence to support them. These can consume significant resources and staff time and are in general poorly evaluated for outcome. It is unlikely Sustainability and Transformation Plans (STPs) will improve the situation in the short term and the College calls on the UK Government to address these fundamental concerns.

We ask 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 College.

### Collaborative working is essential to enable primary and secondary care to work effectively in partnership with social care.

**Frailty:** The number of people aged 85 and over is projected to more than double, to reach 3.6 million by mid-2039<sup>8</sup> and a significant problem faced by older people is frailty. Frailty is progressive and impacts adversely on life experience.<sup>9</sup> We call on the incoming Government to continue 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.



### Effective and compassionate communication with patients will remain a key priority for the College.

## 4. Health and wellbeing

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

**Obesity:** 62% of all adults in the UK are overweight<sup>10</sup> compared to 39% globally.<sup>11</sup> 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,<sup>12</sup> 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'.<sup>13</sup> The recent childhood obesity plan must be reinforced and strengthened. Preventative measures such as reduced food portion or pack sizes, and stronger controls on price promotions must be considered along with policies such as the sugary drinks tax.

### The College asks the UK Government to further prioritise the prevention of obesity.

The College supports fully embedding physical activity for health into primary care, secondary care, social care and health education,<sup>14</sup> 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.

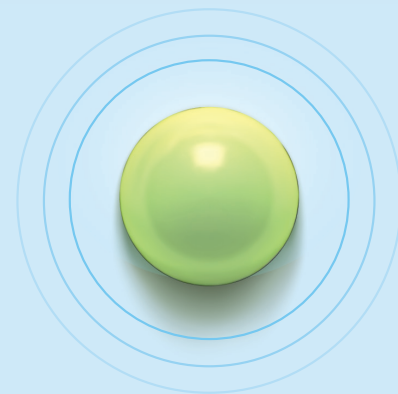
**Alcohol:** Problems associated with alcohol continue to be a challenge for the NHS across the UK. We agree with other health organisations that the alcohol industry should have a reduced role in the formulation of alcohol policies to help ensure public health remains the priority. The alcohol industry 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 College and we ask the UK Government to support this in line with recent recommendations of the House of Lords Select Committee on the Licensing Act 2003.<sup>15</sup>



### The implementation of Minimum Unit Pricing remains a priority for the College.

**Tobacco:** 17% of adults in the UK were active cigarette smokers in 2015.<sup>16</sup> While this figure is gradually falling, we ask the Government to continue to support targeted 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<sup>17</sup> for developing dementia, and thus would be a crucial part of any prevention work.

**We call for partnership-working between clinicians and the 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.**



**Mental health:** There is a well described link between mental and physical health and wellbeing.<sup>18</sup> The College welcomes the Prime Minister's recent commitment to introducing a comprehensive package of reforms to improve mental health support at every stage of a person's life. 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.<sup>19</sup> 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 – up to 10 years – in life expectancy between the most affluent and the most deprived areas across the UK.<sup>20</sup> Research over the years, from the Black Report<sup>21</sup> to Prof Sir Michael Marmot's Institute of Health Equity,<sup>22</sup> has consistently shown that it is vital that action is taken to improve the social and economic conditions in which people live.<sup>23</sup> 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 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.

**Overtreatment:** Issues such as the overuse of clinical treatments and interventions<sup>24</sup> and the overuse of antibiotics<sup>25</sup> remain high profile and we call for partnership-working between clinicians and the 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. The College supports the principles outlined in the "Choosing Wisely"<sup>26</sup> and "Realistic Medicine"<sup>27</sup> initiatives.



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The Royal College of Physicians of Edinburgh 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 College'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 31 specialty areas of medicine.

In parallel to our standard-setting activities, the College provides education and support to over 12,000 Fellows and Members worldwide, covering 54 medical specialties and interests as diverse as palliative medicine and cardiology.

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