ROYAL COLLEGE of PHYSICIANS of EDINBURGH

Policy priorities for the Scottish Parliament election 2021

Health service recovery and redesign in the post-pandemic healthcare landscape

Workforce planning and training – supporting physicians through COVID-19

Workforce planning – supporting physicians long-term

Health and wellbeing

Health and social care integration


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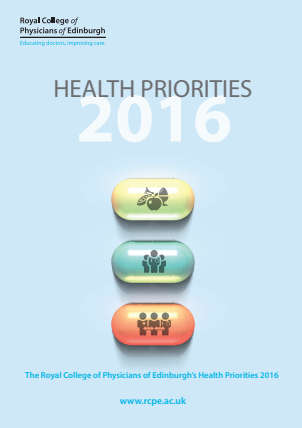
About our organisation

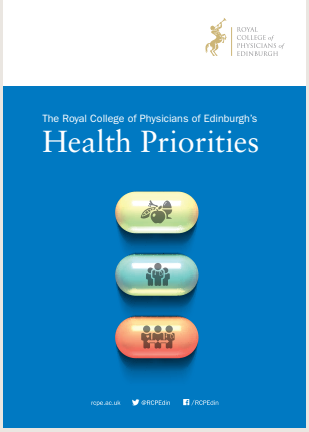
The Royal College of Physicians of Edinburgh is a registered charity and professional membership organisation, which sets clinical standards and aims to improve and maintain the quality of health and patient care. We do this by improving accessibility to the profession, developing collaborative partnerships, encouraging innovation, and delivering outstanding education, training, quality improvement, and assessment opportunities.

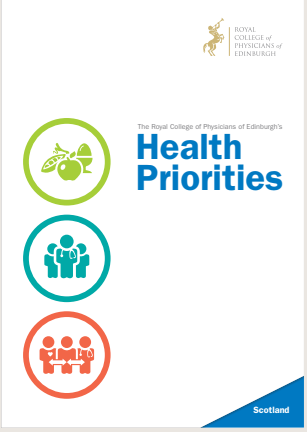
Founded in 1681, we support and educate doctors in the hospital sector throughout Scotland, the UK and around the world with over 13,000 Fellows and Members in over 100 countries, covering 54 medical specialties and interests. We enable a worldwide community of physicians and their teams to advance the health of our global population for the long-term benefit of society.

Building on our successes

The College campaigned for key policy changes in our 2016 Scottish Parliament election manifesto. Over the past four years, we are pleased that action has been taken by the Scottish Parliament and Scottish Government to tackle 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 that they achieve the outcomes they were designed to fulfil – particularly amidst the COVID-19 pandemic. Furthermore, given the impact of COVID-19 on services, our 2021 policy priorities focus on complementary new priorities which reflect the evolving healthcare landscape.







Our priorities

Our Members and Fellows have identified five key priority areas to inform the health goals of the next Scottish Government. These measures will help ensure safe, patient-centred, high quality medical care and improved public health, within the context of realistic medicine and the emerging COVID-19 world. Our policy priorities and recommendations are:

1. Health service recovery and re-design in the post-pandemic healthcare landscape

- Ensure patients feel safe and protected when accessing healthcare through: clear public health messaging; virtual or remote care where safe and appropriate; health protection measures in place at health and care settings; and integrating new testing capacity into existing systems.
- Establish a review to learn the lessons from the pandemic, so that the NHS is even better prepared to deliver care now and in future crises.
- Review the interaction between health and social care, particularly Integration Joint Boards, to become better integrated and more flexible – as highlighted by problems involving the discharge of COVID-19 from hospitals to care homes.

2. Workforce planning and training – supporting physicians through COVID-19

- Support physicians and their healthcare colleagues in managing patient demand as services return, and include them in discussions at all stages around public health recovery at both a national and local level. As part of that, succession planning for clinical leadership roles must be developed and access to wellbeing support must be prioritised.
- Physicians and their colleagues in health and social care, in addition to all clinically vulnerable people, should receive priority access to coronavirus antigen testing and coronavirus vaccines. Furthermore, the next Scottish Government must continue to ensure that PPE supplies are safe, effective and in surplus.
- Efforts to return medical education, training and research to previous levels must be fast-tracked.
- Maintaining excellent team-working within multi-disciplinary teams (MDT), which has been enhanced during the pandemic.

3. Workforce planning – supporting physicians long-term

- Establish a working group to assess the short, medium and long-term impact of COVID-19 on the medical workforce and the implementation of the Health and Care (Staffing) (Scotland) Act 2019. This should include ensuring adequate resources – including time, staff and equipment – are available to maintain service activity, whether related to COVID-19 or not.
- Use data-modelling to plan how many medical training places are needed in Scotland to meet future demand, broken down by specialty, and double the number of places on the Widening Access to Medicine Programme to 100 to help students from deprived backgrounds study medicine.
- Work with NHS Education for Scotland and the Specialty Training Boards to establish a fair means of distributing medical trainees across Scotland, in numbers which accurately reflect population demand.

4. Health and wellbeing

- Free gym memberships for 16 to 24 year olds in the most deprived parts of Scotland, to maintain and improve physical exercise for school leavers.
- Prioritise the restriction of price promotions on food and drink which is high in fat, salt and sugar and apply promotions to nutritious food.
- Given the emerging evidence[1] that the minimum unit price of alcohol is having a positive impact, undertake a review of the minimum unit price linked to affordability, and uprating it where this will optimise its benefits.
- Develop a strategy for action on the social determinants of health to help tackle health inequalities.

5. Health and social care integration

- Build on the 'Should you go to A&E?' campaign[2] by further promoting co-production (equal participation in deciding on treatment options between clinician and patient), as meeting patient preferences and delivering care in the most appropriate setting improves patient outcomes.[3]
- Review the effectiveness of Integration Joint Boards post-COVID.
- Explore the continued use of virtual consultations with patients and enable this practice.

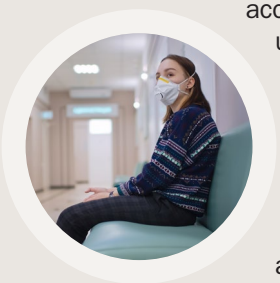
1 Health service recovery and re-design in the post-pandemic healthcare landscape

We propose three key interventions which the future Scottish Government could make to ensure successful public health recovery:

- Ensure patients feel safe and protected when accessing healthcare through: clear public health messaging; virtual or remote care where safe and appropriate; health protection measures are in place at health and care settings; and integrating new testing capacity into existing systems. Furthermore, the next Scottish Government must place greater emphasis on the impact of COVID-19 on health inequalities, mental health and higher risk groups. Ethnic minority groups, care homes and the frail, and remote, rural and deprived communities must not be forgotten in the recovery of Scotland's public health and care services to full capacity. The College calls for the introduction of a fund for deprived communities to invest in community health and wellbeing over the next five years with significant progress being made by the 2026 Scottish Parliament election.
- Establish a review to learn lessons from the pandemic, so that the NHS is even better prepared to deliver care now and in future crises. High-quality disease surveillance data and workload activity data in primary and secondary care should be used to respond to increases in patient demand as a result of a coronavirus outbreak, or any other public health emergency.
- Review the interaction between health and social care, particularly Integration Joint Boards, to become better integrated and more flexible – as highlighted by problems involving the discharge of COVID-19 patients from hospitals to care homes.

People and services

The COVID-19 pandemic has forced the NHS in Scotland, including critical care, to adapt quickly and this has, for the most part, been successful so far. However, the College is concerned that people are still reluctant to access consultations or treatments for urgent health problems, which is very likely linked to fear of contracting COVID-19. Indeed, the Office for National Statistics published data highlighting that many adults in the UK would not feel comfortable attending a hospital appointment or attending A&E with an urgent health concern[4].



The risk of developing other serious or life-threatening conditions remains unchanged and people must be fully confident that they can, and should, seek medical assistance if they are worried about themselves or a relative. We must restore people's confidence, particularly in deprived and remote parts of Scotland.

Furthermore, the College is aware that demand on elective services, which was less of a priority during the early stages of the pandemic, is now building and there is a risk of increasing indirect patient harm from such treatment being delayed. The suspension of screening and chronic disease management has also led to a significant backlog, which must be addressed. It is vital that the right balance of messaging is promoted and that the public is fully involved with decision making about priorities for care.

Service innovation and redesign

Innovation should be promoted, such as the use of remote technology for consultations with patients or meetings, and staff working in cross disciplines, and not then immediately abandoned after the pandemic abates. These services should be repurposed or adapted to keep things moving in the system. Many patients feel more comfortable using 'Near Me' appointments to meet their healthcare needs, and this should be expanded on where appropriate while remaining aware that due to technological or inequalities issues, some patients cannot access these services as easily and some diseases/illnesses require face-to-face appointments and patient examination.

The increased focus on multidisciplinary team (MDT) working has been a positive consequence of the pandemic and the College is committed to working with NHS boards and other professional organisations to develop the role of the team. Staff wellbeing is now recognised as being crucial to safe and effective patient care. The protection of health and care staff (and others on the frontline) must be a key consideration and scenarios must be planned in advance to enable staff to work safely.

Reconfiguration changes developed as part of the response to COVID-19 should be kept under review to respond swiftly to any increase in demand on the medical workforce whether from COVID-19 or other increased NHS activity. This should be underpinned by high-quality disease surveillance data and workload activity data in primary and secondary care. Work underway on improving medical pathways for acute care and pilot studies of the 'ring-ahead' scheme in A&E departments in England should be closely monitored, and consideration given to the implementation of similar schemes where there is a clear benefit to both the healthcare system and patient outcomes.

Bed capacity is a pressing issue across the whole health and social care system. It is widely acknowledged that in a typical winter, the NHS and care system in Scotland 'just about copes'. This is without the added pressures of COVID-19 and the College emphasises that this should be addressed as a matter of urgency.

Preparing for the future

In preparation for any future global pandemic, the focus must be on the supply chain. It is vital to have 'sleeping' contracts in place for items which would be required in response to a pandemic, including PPE, pharmaceuticals and resources such as laboratory space and staff. There needs to be the ability to move to rapid treatment and vaccine trials and scale up key resources quickly for activities such as testing.

There is a clear need for greater capacity of testing, both for antigens for acute infection and antibodies to give an idea of past rates of infection and illness status.

Crucially, action should be taken early on to protect vulnerable groups such as those in care homes and those in deprived populations. These groups as well as those with weakened immune systems, older people and those from ethnic minority backgrounds who may be more at risk should see early interventions to ensure their risk is minimised.

The impact of COVID-19 will be felt for years in healthcare and in wider society. It is essential that we learn from this pandemic to ensure our resilience, planning and service continuity at every level is prepared as best we can be for whatever comes next.

2 Workforce planning and training – supporting physicians through COVID-19

We have set out three principles which the next Scottish Government can adopt to help physicians continue – during the pandemic – delivering quality patient outcomes, in a way that they are valued, and which prioritises their wellbeing:

- Physicians and their healthcare colleagues in managing patient demand as services return, include them in discussions at all stages around public health recovery at both a national and local level. As part of that, succession planning for leadership roles must be developed and access to wellbeing support must be prioritised.
- Physicians and their colleagues in health and social care, in addition to all clinically vulnerable people, should receive priority access to coronavirus antigen testing and coronavirus vaccines. Furthermore, we must ensure that PPE supplies are safe, effective and in surplus. Fit testing for PPE should be arranged for healthcare workers who have not yet received it, as this will help ensure that protection is achieved.
- Fast-track efforts to return medical education, training and research to previous levels while maintaining excellent team-working within multi-disciplinary teams (MDT), which has been enhanced during the pandemic.

The COVID-19 pandemic has been, and continues to be, a challenging period for physicians in Scotland alongside colleagues across health and social care. They have each played their vital part in helping Scotland manage the pandemic, sometimes at the expense of their own personal wellbeing and professional development. The College has helped support physicians through our COVID-19 Hub and webinars, which provide free access to online wellbeing and support, advice, guidelines, research and updates. But at this juncture, our thoughts must now turn to how we can support the profession to continue the fight against COVID-19, while protecting their time to train, research and develop their knowledge and skills. There must be recognition that the people who care for the nation's health – our health and care workers – must themselves be cared for, in terms of their physical and emotional wellbeing.

It is essential that those on the front line are protected against coronavirus as they continue to treat and care for patients. Physicians and their colleagues in health and social care, in addition to all clinically vulnerable people, should receive priority access to coronavirus antigen testing and coronavirus vaccines. Furthermore, we must ensure that PPE supplies are safe, effective and in surplus so that healthcare workers can continue to be as safe as possible at work. Fit testing for PPE should be arranged for healthcare workers who have not yet received it, as this will help ensure that protection is achieved.

Trainees

Medical trainees have lost approximately one year of training during the pandemic. This could impact patient care directly, for example through reduced certificate of completion of training (CCT) and consultant output short-term, as well as reduced Higher Specialty Training (HST) intake. This could result in a legacy of ongoing reduced consultant output, making it more challenging to recruit the number of consultants that hospitals across Scotland require. The College is concerned that when COVID-19 abates, there will be pressure to get through a large backlog of clinical work, which will further impact training. The next Scottish Government should help address this by prioritising adequate resources, time and protection to allow medical trainees to catch up on training.

3 Workforce planning: supporting physicians long-term

We have set out three principles which the next Scottish Government can adopt to help 'map out' a resilient and sustainable medical workforce for the future:

- Establish a short-life working group to assess the short, medium and long-term impact of COVID-19 on the medical workforce and the implementation of the Health and Care (Staffing) (Scotland) Act 2019, which must include the Medical Royal Colleges based in Scotland. The Royal College of Physicians of Edinburgh is ready and able to work with the Scottish Government on this. This should include ensuring adequate resources, including time, staff and equipment, are available to maintain service activity, whether related to COVID-19 or not, taking into account the significant clinical demands of infection control, increased patient demand and different working practices.
- Use data-modelling to plan how many medical training places Scotland needs to meet future demand, broken down by specialty. This information should be made publicly available to allow a full understanding of workforce planning. In addition, renewed efforts must be made to increase the number of medical training places, informed by reliable data, and to attract students from remote, rural and disadvantaged backgrounds. The College supports increasing the number of places on the Widening Access to Medicine Programme, which opens medicine up to more students from remote, rural and deprived areas, and would encourage the next Scottish Government to adopt this approach.
- Work with NHS Education for Scotland and the Specialty Training Boards to establish a fair means of distributing medical trainees across Scotland, in numbers which accurately reflect population demand. This must follow a review on the distribution, numbers, location and circumstances of medical trainees.

We believe that the long-term fundamentals of workforce planning must be established now, to ensure that Scotland has enough healthcare professionals to cope with future patient and service demand. In Autumn 2019, the College launched its Time For Doctors campaign during a week-long exhibition at the Scottish Parliament and spoke to many MSPs who showed support for our campaign, based on the mantra: 'time to train, time to retain, time to value'.

We firmly believe that providing excellent training, retaining our physicians, and valuing them will help the health and care system in Scotland overcome big challenges, while maintaining high quality patient care. It is now time for these principles to be fully adopted. The next Scottish Government must be clear that they have a workforce plan for the future, which takes these principles into account, alongside recovery from the COVID-19 pandemic.

As a nation of over 5.4 million people with its own health and care system, Scotland is well placed to accurately manage the number of physicians per head of population. Central to the long-term sustainability of the medical workforce will be a data-led approach, to plan out how many medical school places are required to fulfil future demand, particularly in remote and rural parts of Scotland, where there are significant challenges around rota gaps, medical training, and recruitment and retention of physicians.

We urge the next Scottish Government to build on the investment of 43 additional Internal Medicine Training (IMT) places in 2021, by matching investment in HST places, which IMT completers can progress to. Furthermore, work must be undertaken to access changing population demographics, and to plan which medical specialties require additional support to meet the future health and care needs of the nation.

We must continue to value the role of EU nationals and other international colleagues after Brexit. We support calls for the Medical Training to be expanded. Doctors and other healthcare professionals from Europe and overseas have made a significant contribution to our NHS. This is not only welcome but is part of the continuous exchange of knowledge in healthcare and should be strongly encouraged.

Joint work with the Federation of the Royal Colleges of Physicians of the UK

The College is proud to work with our colleagues in the Federation of the Royal Colleges of Physicians of the UK to gather data on the physician workforce. We conduct annual surveys of consultant physicians and higher specialty trainees in the UK, which we then use to inform and influence government about the needs of physicians. The most recent data – which is for 2019/20 – highlights some key workforce issues in Scotland[5]. We are concerned that, according to the consultant census data, weekly rota gaps were reported by 25% of consultants; that 43% of consultants will reach 60 in the next 10 years (close to the average intended retirement age of 61.7); and that 21.8% of consultants felt bullied or harassed at work. A joined up workforce plan to address all of these issues, and other workforce issues, is essential.

4 Health and wellbeing

The College has identified four recommendations to help improve population health and wellbeing across Scotland:

- Free gym memberships for 16 to 24 year olds in the most deprived parts of Scotland, to maintain and improve physical exercise for school leavers.
- Prioritise the restriction of price promotions on food and drink high in fat, salt and sugar and apply promotions to nutritious food.
- Given the emerging evidence that minimum unit price of alcohol is having a positive impact, undertake a review of the minimum unit price of alcohol linked to affordability, and uprating it where this will optimise its benefits.
- Develop a strategy for action on the social determinants of health to help tackle health inequalities.

The College has worked to improve public health for nearly 350 years and promotes health and wellbeing for all. In the post-COVID era, improving the health of the nation is more important than ever as people with COVID-19 who have underlying health conditions are at an increased risk of serious complications.

Long-COVID: long-COVID may be the next pandemic that we need to plan for. Office for National Statistics data show that around 1 in 10 people testing positive for COVID-19 exhibited symptoms for a period of 12 weeks or longer[6]. Common long-COVID symptoms include extreme tiredness, shortness of breath, chest pain or tightness and a range of other symptoms. However, there is much that remains unknown about long-COVID, and the response to long-COVID is still in its infancy. It is critical that research and planning to respond to the long-term impact of long-COVID are prioritised.

Obesity: the latest figures show that 65% of adults in Scotland were overweight (including 29% who were obese). This is compared to 39% of the global population[7]; 64% in England[8] and 62% in Ireland[9]. 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[10]. Being overweight increases the chances of developing serious complications from diabetes, heart disease, cancer and arthritis, as well as COVID-19, and has the potential to lead to reduced mobility, disability and social isolation.

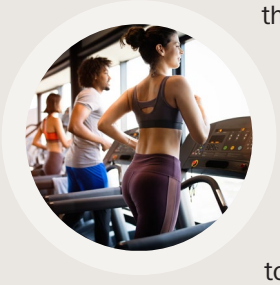
It is vital that the public can make informed choices about food. While a balanced diet will help avoid obesity, a poor diet which does not meet recommended dietary requirements and results in being overweight/obese could be described as 'modern malnutrition'.[11] Preventative measures such as reduced food portion or pack sizes and promoting nutritious food rather than food which is high in fat, salt and sugar (HFSS) must be considered along with policies such as the 'sugar tax' on sugary drinks. The College is a founding member of the Scottish Obesity Alliance and supports a holistic whole-system approach to tackling obesity, including the involvement of government departments covering planning, education, environment and transport as well as health.

The College asks the Scottish Government to prioritise the restriction of price promotions on HFSS food and drink, and apply promotions to 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[12]. 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.

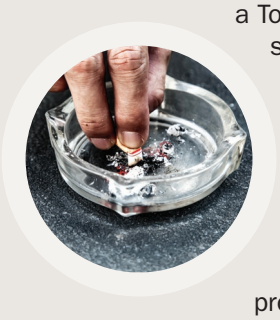
Free gym memberships: the College is calling for the introduction of free gym memberships for 16 to 24 year olds in the most deprived parts of Scotland, to maintain and improve physical exercise for school leavers. This demographic

normally has the lowest average earnings and the least savings, so it follows that they are least able to afford gym memberships. The policy would provide affordable gym access for this demographic, which could help boost engagement in exercise both short term, and longer term. The College proposes introducing the policy on a trial basis for 16 to 24 year olds living in decile 1 areas (the most deprived areas), with a view to expanding the policy to 16 to 24 year olds living in other areas. There is a strong health and economic rationale for introducing such a policy, which the College estimates would cost approximately £20m per annum if it were taken up by all 16 to 24 year olds living in decile 1 areas.



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. Given the emerging evidence[13] that MUP is having a positive impact, the College supports a review being undertaken of the minimum unit price linked to affordability[14] and uprating it where this will optimise its benefits.

Tobacco: 21% of adults were active cigarette smokers in 2015[15]. Early intervention is key to reduce the harm caused by smoking and deliver a tobacco-free generation by 2034. We therefore ask the Scottish Government to continue to promote the principles of Scotland's Charter for a Tobacco-Free Generation[16] in order to see further long-term improvements and reduce premature deaths. In our view, 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 of diseases such as cancer, cardiovascular disease, stroke and lung cancer than tobacco.[17]



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[18]. The evidence also shows that people with mental health issues are dying early due to associated physical behaviors. For example, stopping smoking improves mental as well as physical health[19]. 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[20]. Research over the years, from the Black Report[21] to Prof Sir Michael Marmot's Institute of Health Equity work[22], has consistently shown that it is vital for action to improve the social and economic conditions in which people live[23]. We are particularly concerned by research showing clustering of alcohol, fast food, tobacco and gambling outlets in deprived neighbourhoods[24]. We therefore call on the Scottish 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.

At the time of the last census in Scotland, the black and minority ethnic population made up 4% of the population.[25] Addressing ethnic inequalities in health requires accurate and complete information to target interventions and monitor progress towards reducing inequalities, and the College calls for improved data collection to enable effective action to be taken. Advances in data collection are also required to better understand the challenges faced by doctors and healthcare staff in Scotland from ethnic minority backgrounds and to improve equality. We are encouraged that the current Scottish Government has addressed this in the Programme for Government[26], and the collection of reliable data must be fulfilled.

Preventable conditions including cardiovascular disease and type 2 diabetes are major risk factors for dying from COVID-19, and these disproportionately affect people living in disadvantaged areas and those from ethnic minority backgrounds. COVID-19 has underlined the deep inequalities and stark differences

in life expectancy that exist between different population groups and areas of the country[27].

Drug deaths: In July 2019, it was reported that Scotland had the highest drug-related deaths per capita in the European Union. Statistics were revealed by National Records of Scotland, which showed that the number of drug-related deaths in Scotland rose to 1,187 in 2018 – 27% higher than the previous year, and the highest since records began in 1996[28]. In December 2020, it was further reported that there were 1,264 drug-related deaths during 2019, a rise of 6% on 2018. The College believes that a cross-party approach is required in response to these alarming figures and has investigated problem drug use through a series of discussions with experts. By doing so, the College seeks to examine the landscape around the increased use of illegal drugs in Scotland, and consider what further steps policymakers could take. Scotland can only tackle the drugs problem through a whole-systems approach – and clinicians will be an important component of that. As the College discusses drug-related deaths in Scotland, it is important to be mindful of perspectives from other nations within the UK, and internationally. This will remain a strong theme as the College discusses the issue – and we are dedicated to an educational focus which will complement the work of the Scottish Drug Deaths Task Force. Finally, the College backs a national stigma charter for Scotland as a way to tackle the stigmatisation of people affected by drug use[29].

Vaccinations: many serious and potentially deadly diseases can be prevented by vaccines[30]. They not only protect individuals but also protect other people in the community by helping to stop diseases spreading to people who respond poorly to or 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[31]. There should be renewed and more visible campaigns to promote that children should follow the NHS vaccination schedule for best protection[32]. Those at risk and in recommended groups should be vaccinated for flu and healthcare professionals should receive the flu vaccination early in the season. The current focus on the development of a vaccination for COVID-19 shows how vital these medicines are in enabling populations to live without fear of disease.

Overtreatment and antimicrobial resistance: The WHO consider antibiotic resistance to be “one of the biggest threats to global health, food security, and development today”[33]. Issues such as the overuse of clinical treatments and interventions[34] 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.

5 Health and social care integration

The College makes the following recommendations to further improve the integration of health and social care across Scotland to the benefit of patients:

- Build on the 'Should you go to A&E?' campaign[35] by further promoting co-production (equal participation in deciding on treatment options between clinician and patient), as meeting patient preferences and delivering care in the most appropriate setting improves patient outcomes[36].
- Review the effectiveness of Integration Joint Boards to assess their effectiveness and provide recommendations for improvement, drawing on the expertise of the Quality Governance Collaborative at the Royal College of Physicians of Edinburgh.
- Ways of enabling virtual consultations with patients, where appropriate, as they can improve access to services by reducing the need to travel and take time off work, especially for those in remote or rural environments.

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. The College supports the 'Should you go to A&E?' campaign[37] and calls for this to go further by promoting co-production (equal participation in deciding on treatment options between clinician and patient), as meeting patient preferences and delivering care in the most appropriate setting improves patient outcomes[38]. 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 safely without delay. It is essential to ensure that consultants and other members of multidisciplinary teams (MDT) 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. It is important to ensure that people are able to access the most appropriate care for their needs. For example, mental health crises are better dealt with by mental health services and not A&E and it is important that people are directed to the most appropriate service. Although dealing with a single disease, COVID-19 hubs have performed well in keeping patients out of A&E and should be reviewed to ascertain what can be learned from these.

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 pressure on hospital beds in Scotland.

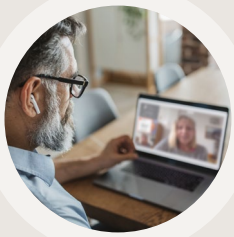
Integration Joint Boards (IJBs): are a key part of the framework to integrate health and social care in Scotland. The College has called for health and social care integration in Scotland to be made simpler in order to avoid confusion around roles and responsibilities, and to make accountability clearer, particularly when there is service failure[39]. 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?*[40] to ensure that IJBs are operating efficiently and effectively.

The College's Quality Governance Collaborative[41] 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 further 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?'[42] to ensure that IJBs are operating efficiently and effectively.

The College notes the Scottish Government's intention to create a National Care Service for Scotland, which was announced in the Programme for Government[43]. We are interested to understand how this will affect the work of IJBs, and are calling for clarity around this. While we welcome ambitions to improve how the NHS and the care sector operate, it is essential that this is delivered in a person-centred and integrated way, while recognising the distinct and sometimes separate challenges within the NHS and the care sector. The creation of a National Care Service, we believe, will provide new challenges as to how – and what type of – care is delivered, and it is vital that people can continue to have choice over the type of care they receive in Scotland, as opposed to a 'one size fits all' approach.

Virtual consultations: ways of enabling virtual consultations with patients should continue to be explored. Video consultations offered through the "Near Me" initiative should continue to be offered to patients after COVID-19, as overall they improve access to services, particularly by reducing the need to travel and take time off work, especially for those in remote or rural environments.



Virtual consultations should be promoted as an option, but there is acknowledgment that they are not universally appropriate. On some occasions a healthcare professional will need to see a patient in person, for example, to conduct an examination. Some patients may not have access to a secure and private place to participate in a virtual consultation with a health professional. There should be further exploration of how to make online appointments more accessible to everyone by, for example, improving broadband in rural areas and reducing health inequalities.

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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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. 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 13,000 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.

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Royal College of Physicians of Edinburgh
11 Queen Street, Edinburgh EH2 1JQ