

NHS@75: an invitation to have your say

Closing date: 26 May 2023

This engagement aims to draw together collective insights on the NHS today, its history, and some of the most important ways the NHS can respond to new opportunities and challenges. It will help shape a report to the NHS in England and its partners from the NHS Assembly.

<p>If you are happy to provide your name please do so. (person filling in the form)</p>	
<p>Where are you based?</p>	<p>London <input checked="" type="checkbox"/> Northeast and Yorkshire <input checked="" type="checkbox"/> Southeast <input checked="" type="checkbox"/> East of England <input checked="" type="checkbox"/> Southwest <input checked="" type="checkbox"/> Northwest <input checked="" type="checkbox"/> Midlands <input checked="" type="checkbox"/></p>
<p>Are you responding on behalf of a group, organisation, or network?</p>	<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>If 'yes', what organisation or group are you responding on behalf of?</p>	<p>The Royal College of Physicians of Edinburgh.</p>
<p>Roughly how many people were involved in the conversation that informed this submission?</p>	<p>Around 8</p>
<p>Can you tell us a little about the group involved in the conversation that informed this submission?</p>	<p>College Fellows working across a range of specialties within the NHS contributed their views for this submission.</p>
<p>Which of the following would you primarily classify yourself as? (Please select one)</p>	<p>NHS Assembly member <input type="checkbox"/> VCSE partner <input type="checkbox"/> NHS staff <input type="checkbox"/> Local government or other public services <input type="checkbox"/> Carer or volunteer <input type="checkbox"/> Patient or member of the public <input type="checkbox"/> Commercial partner <input type="checkbox"/></p>

	Academic partner (Medical Royal College) <input checked="" type="checkbox"/> Other <input type="checkbox"/>
If other, please provide details	

Where have we come from?

1. What features, developments or services of the NHS are most important to celebrate and strengthen as we approach the 75th anniversary?

You are welcome to include any personal experiences or contributions you've made, with insights into why they were successful.

The Royal College of Physicians of Edinburgh ("the College") is pleased to be able to respond to this call for views.

College Fellows identified a number of features, developments and services within our NHS which merit celebration as the NHS marks its 75th anniversary.

Many Fellows suggested that the staff of the NHS- across all services and at all levels- should be celebrated in a significant way and be at the forefront of commemorations. They commended the resilience and fortitude of staff in delivering care to patients despite the huge ongoing challenges and emphasised that none of the aims of the NHS can be achieved without the unremitting dedication of its staff.

Other Fellows stated that the principles on which the NHS were built around free access to healthcare at the point of use and not based on the ability to pay must be celebrated and maintained. One Fellow noted that he was attracted to come and settle in the UK due to the equality of access to care after witnessing two male patients with liver failure due to alcohol misuse- one a "millionaire" and the other living on the streets- being treated in exactly the same way by the consultant, medical and nursing staff throughout their hospital stay in a general medical ward in the UK. The Fellow described the NHS as the "greatest jewel in the crown of the British people."

Other aspects which Fellows considered that should be celebrated include the world class research achievements and opportunities within the NHS; the creation of clinical guidelines and standards through the work of specialist societies, NICE and SIGN (all of which include many of our fellows and members) and importantly the involvement of patients in these processes; highly positive progress in treating many diseases and an increase in survival rates for most major conditions including cancer; and the adoption of improved audit and quality improvement procedures within the NHS.

Where are we now?

2. Today, in which areas do you think the NHS is making progress?

Please feel free to include more than one area.

Fellows identified a number of key areas which they considered as ones where the NHS is making progress. These included research support and outcomes; progress in issues of equality and diversity amongst NHS staff and patients and the recognition of minority groups; technological advances, use of virtual technology and new ways of working, new surgical techniques, including robotics; and the delivery of emergency care.

3. Today, in which areas do you think the NHS most needs to improve?

Please feel free to include more than one area.

Workforce challenges and a shortage of staff were raised consistently by Fellows as an area where the NHS must see improvement and where governments across the UK must dedicate extra and significant focus, investment and planning. This is essential for the delivery of the most effective and timely health services for patients and for improving population health.

Several Fellows specifically referenced and wished to highlight the lack of staff and capacity within social care services as leading to major problems with delayed discharge among patients in hospitals and the creation of a population of patients termed “no criteria to reside” leading to their deconditioning through lack of access to community care. One consultant working in the south of England referred to the pressure and stress of seeing wards “snowed under” with medically fit patients as there were no places for them to move on to in social care and they were unable return home as care at home support was unavailable. Another Fellow said the lack of care packages in the community was “crippling hospitals”. Better integration with social care must a priority.

The College believes that addressing the significant workforce challenges within the physicianly sector and all across health and social care is vital if our health and social care services are able to support effectively those using health services. The most recent annual physicians’ census¹ which we conduct with our colleagues in the Royal College of Physicians of London (RCPL) and the Royal College of Physicians and Surgeons of Glasgow (RCPSG) indicated that more than half of advertised consultant physician posts in England and Wales went unfilled last year. 74% of these were unfilled because of a lack of any applicants at all, emphasising the critical

¹ [The 2021 Consultant Census Report | Royal College of Physicians of Edinburgh \(rcpe.ac.uk\)](https://www.rcpe.ac.uk/2021-census-report)

	<p>situation within the workforce, which is predicted to get worse due to the additional lack of retention of staff, burnout and sickness.</p> <p>Other Fellows put forward the view that the NHS also needed to focus more on preventative health care rather than being a service that primarily treated ill health with some arguing that the obesity crisis affecting children and adults was an indication of how urgent the need was for preventative and health promoting strategies. The College has consistently argued that sustained, long-term investment in preventative health and support to maintain health can help improve population health and reduce the demand for, and pressure on, paramedic interventions, acute health and community services and, consequently, some of the costs associated with those services. We consider that we need to move away from the NHS being primarily a reactive service that treats illness to one where there is also a proactive focus on good health maintenance and promotion.</p> <p>The College would wish to highlight and support the September 2022 report by the Academy of Medical Royal Colleges- of which we are a member- <i>Fixing the NHS Why we must stop normalising the unacceptable</i>² which details a number of issues within the health service which have to be addressed, including workforce challenges.</p>
<p>4. What are the most important lessons we have learnt from how the NHS has been changing the way it delivers care in the last few years?</p>	<p>Technological advances and scientific innovation have made a significant difference to the quality of healthcare and outcomes for patients. Fellows understand that this will continue and the use of data and digital technology will increase and become of greater importance as we go forward. This includes the evolution of individualised care from gene technology.</p> <p>With regard to these advances, Fellows stated that they hoped we have learned a number of lessons. Specifically, the financing of new developments must include realistic and appropriate support for staffing and in particular staffing that supports the roll out of what may be a headline-grabbing new drug or procedure; such staffing may be required, for example, in radiology or laboratory services. Some Fellows expressed concerns that, in their experience, advances in the last 30 years had not been matched by increased staffing to support them which meant much depended on the goodwill of existing staff. In addition, Fellows hope that the NHS will recognise that many patients will wish to continue to engage in person and directly with their physician, nurse or GP and adequate resources must be available to enable this. There is a need to recognise that one size does not fit all and elderly patients, those with visual or hearing issues and those with no access to the internet need to be catered for and not disadvantaged with progress.</p>

² [Fixing the NHS 210922.pdf \(aomrc.org.uk\)](https://www.aomrc.org.uk/wp-content/uploads/2022/09/Fixing-the-NHS-210922.pdf)

How can the NHS best serve people in the future?

5. What do you think should be the most important changes in the way that care is delivered, and health improved in the coming years?

As referenced above, Fellows consider that sustained and long term investment in preventative strategies and health promotion across areas like diet and nutrition, salt reduction, physical exercise, alcohol intake and smoking must become more prominent and that investing in the generations to come can help lessen demand for some NHS services in future.

Fellows also recognise that demographic changes in the population will mean we need to plan for an ageing population- something which is a major positive for society-and ensure that appropriate support services are available. Services will need to have the capacity to meet future demand with an ageing population with multiple comorbidities and increasing community needs. We believe that comprehensive and detailed NHS and social care workforce planning will be required to equip our services and allow them to meet the demographic challenges, which will impact on all communities in the years ahead.

Other key changes that Fellows indicated support for were the consistent use of evidence-based guidelines, the intertwining of research with healthcare delivery and greater success in medical workforce retention.

6. What would need to be in place to achieve these changes and ambitions?

A number of Fellows described the need for politicians and governments to encourage open, honest, well-informed and comprehensive debates about future demand and capacity in the NHS and social care and the pressures on NHS funding due to demographics and other factors.

It was felt that politicians and medics should also seek to explain the benefits of preventative health measures and also seek to promote knowledge and understanding of the realistic medicine agenda.

7. And finally, do you have one example of a brilliant way in which the NHS is working now which should be a bigger part of how we work in the future?

Fellows believe that there are numerous examples of this, with many highlighting examples within their own specialty. One cardiologist highlighted the effective model of heart attack centres collaborating effectively between secondary and tertiary centres, to ensure that patients are brought to where they can receive the best treatment in a timely fashion, without going through primary or secondary referral centres. He also raised the use of the NTproBNP marker to identify an increased likelihood of heart failure.

Another Fellow said it was impossible to identify individual examples and said there were hundreds and thousands of examples in terms of every meaningful interaction that an NHS employee has with members of the public.