Scottish Labour Policy Forum
First Stage Consultation Paper
Health and Care

Comments from the Royal College of Physicians of Edinburgh

The Royal College of Physicians of Edinburgh is an independent clinical standard- setting body and professional membership organisation, which aims to improve and maintain the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout Scotland and the world with over 13,000 Fellows and Members in over 90 countries, covering 54 medical specialties and interests.

The College offers comments on the following topics:

Governance and scrutiny arrangements of Integration Joint Boards

In early 2019, the College launched a report which called for health and social care integration in Scotland to be made simpler. Overall, the report welcomed deeper integration as a means to deliver a more focused health and social care system. *Integration in a diverse health and social care system: how effective are Integration Joint Boards?*[i], highlighted that the authorities responsible for integration, Integration Joint Boards (IJB), are complex. This can sometimes lead to confusion around roles and responsibilities, and even make accountability unclear, particularly when there is service failure. This may prevent care being delivered in a timely and efficient manner.

The report also says that IJBs must understand the needs of their local population for integration to work, and that "staff on the ground" require more support to deliver health and care objectives. This should be underpinned by integrated financial planning and stable and effective leadership.

A number of recommendations on IJBs are put forward in the College's report, including:

- IJB governance must be made simpler, and leadership must focus on strategic goals.
- Clear guidelines must be in place to clarify the roles and responsibilities of IJB board members, and their relationship with the public.
- The purpose and focus of IJBs must be regularly reviewed.
- A common language is required to ensure that all staff understand the rationale for health and social care integration, and their role within that process.
- A model to develop quality and good practice is essential, as a tool to improve quality standards in health and social care.

The College has agreed to begin "governance surgeries" on IJBs, free and available to health and social care leaders, which will advise on a range of matters.

Investing in our workforce

The medical workforce in Scotland faces a number of challenges and we must ensure that we continue to recruit and retain a world class workforce to deliver the best possible patient care. In this regard, it is essential that evidence-based approaches are taken to support workforce planning along with reassessment of 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.

Workforce planning needs a clear strategic direction to tackle the recruitment and retention issues that exist. There are workforce shortages across the country with rota gaps creating additional pressures in an already difficult environment. We must value healthcare professionals at every stage in their careers to ensure medicine remains an attractive choice and offer support for medical professionals as they progress throughout their careers. Investment in our current and future workforce is vital to create a culture where colleagues have the time to care, time to train, and time to research.

The morale of the healthcare workforce must remain a priority in the short term as well as being a central part of future workforce planning. In this regard, the College calls on the Scottish Government to review the amenities and services available to the workforce in terms of suitable rest facilities, provision of nutritious food and opportunities for exercise and relaxation in hospital settings as well as access to services to support those with mental health and wellbeing concerns.

This College maintains that more positive measures need to be pursued to ensure that the NHS is an attractive environment in which to pursue a career. It is important to achieve a change in culture where medical students and trainees feel a valued part of the NHS otherwise we risk alienating the future generation of doctors. The College challenges the assumption that increasing undergraduate places alone will actually address the underlying problem, which is that significant numbers of graduates leave the NHS within a few years of qualifying.

The introduction of the Health and Care (Staffing) (Scotland) Act 2019, along with improved workforce planning will help improve the quality of care offered to patients. However, the legislation alone will not urgently resolve the many rota gaps at trainee and consultant level and address trainee attrition rates. We acknowledge that this involves a wide range of stakeholders and a variety of issues, and we have urged the UK Government for example to allow increased overseas recruitment in a structured way to support all involved. We will work with the Scottish Government to ensure the implementation of the Health and Care (Staffing) (Scotland) Act 2019 is successful and that the medical professions are integrated into the process as seamlessly as possible through guidance and secondary legislation informed by clinicians. A coordinated and detailed approach is required across all levels – Government, Board, regional, and the integration authorities - to ensure that we have a high quality clinical workforce providing the appropriate models of care.

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.

Brexit and beyond: we must value the role of EU nationals and other international colleagues during and post Brexit negotiations. We support calls for the Medical Training Initiative[ii] to be expanded. Doctors and other healthcare professionals from around Europe and overseas have long made a significant contribution to our NHS and to the delivery of safe patient care. This is not only welcome but is part of the continuous exchange of knowledge in healthcare and should be strongly encouraged.

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 UK Government must clarify its intentions on the ability of EU nationals to work in health and social care roles in the UK. The UK imports more healthcare professionals from the EU than it exports, and should a points based system be introduced for immigration there would be the opportunity to prioritise healthcare workers.

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.

Remote and rural healthcare: meeting the requirement for improved quality of service for patients brings with it particular and critical challenges in Scotland's remote and rural areas, and is likely to require a significant shift in skill mix across the remote and rural health and social care workforce. The College recognises the role of education, training and innovation in health technology to meet these needs.

While we welcome the Scottish Government's *Widening Access to Medicine* programme, we want to see more ambition in helping create a more diverse medical workforce. Ministers can do that by doubling the number of places for students from diverse backgrounds- to 100 for rural and disadvantaged students[iii].

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. 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. It is important 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.

There should be realism about what the NHS can offer, and further discussion around the roles played by both family and the state in providing care. 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 pressures on hospital beds in the UK.

Public health and inequalities

Obesity: 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 and promotion of nutritious food rather than HFSS promotions must be considered along with policies such as the sugary drinks tax. The College is a founding member of the Scottish Obesity Alliance and supports a holistic whole system approach being taken to tackle obesity, including the involvement of Government departments covering planning, education, environment and transport as well as health. At this time the College is particularly keen to see restrictions of price promotions on food and drink high in fat, sugar and salt (HFSS) and incentivisation of the promotion of nutritious food.

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. 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. We also call for a national licensing authority to be established to ensure the public health licensing requirement is given due consideration, which includes regulating the number, type and operating hours of outlets selling alcohol. In this regard, we are particularly concerned by research showing clustering of alcohol, fast food, tobacco and gambling outlets in deprived neighbourhoods[iv]. The College endorses the more detailed response of Scottish Health Action on Alcohol Problems (SHAAP) to this consultation.

Tobacco: 21% of adults were active cigarette smokers in 2015[v]. Early intervention is key to reduce the harm caused by smoking and deliver a tobacco-free generation by 2034. We therefore ask for political parties to continue to promote the principles of Scotland's Charter for a Tobacco-Free Generation[vi] in order to see further long-term improvements and reduce premature deaths.

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[vii]. 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[viii]. 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[ix]. Research over the years, from the Black Report[x] to Prof Sir Michael Marmot's Institute of Health Equity[xi], has consistently shown that it is vital that action is taken to improve the social and economic conditions in which people live[xii]. We therefore call on political parties 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 political parties to support these measures.

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[i] http://www.rcpe.ac.uk/sites/default/files/integration_in_a_diverse_health_and_social_care_system_-_how_effective_are_integration_joint_boards.pdf
[ii] http://www.rcpe.ac.uk/international/medical-training-initiative
[iii] Scottish Government urged to expand medical school programme for rural and poorer Scots (17 May 2019) http://www.rcpe.ac.uk/college/scottish-government-urged-expand-medical-school-programme-rural-and-poorer-scots
[iv] https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-2321-1
[v] http://www.healthscotland.scot/health-topics/smoking/smoking-prevention
[vi] https://www.ashscotland.org.uk/what-you-can-do/scotlands-charter-for-a-tobacco-free-generation/
[vii] Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B (2012). Research paper. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study *The Lancet online*

[viii] https://www.ashscotland.org.uk/media/6912/18%20Smoking%20and%20mental%20health.pdf
[ix] https://www.nrscotland.gov.uk/files/statistics/healthy-life-expectancy/15-17/healthy-le-15-17-pub.pdf
[x] Gray AM. Inequalities in health. The Black Report: a summary and comment. Int J Health Serv 1982; 12: 349–80. http://www.ncbi.nlm.nih.gov/pubmed/7118327
[xi] UCL Institute of Health Equity. http://www.instituteofhealthequity.org
[xii] UCL Institute of Health Equity. *Working for Health Equity: The Role of Health Professionals*. March 2013. http://www.instituteofhealthequity.org/projects/working-for-health-equity-the-role-of-healthprofessionals