



Royal College
of Physicians



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PHYSICIANS AND
SURGEONS OF GLASGOW



The time is now

An action plan for the 2022
Northern Ireland Assembly
election from the three
royal colleges of physicians

Rebuilding the health and care system in Northern Ireland

April 2022



Ahead of the Northern Ireland Assembly elections in 2022, the three royal colleges of physicians are calling on Stormont parties to commit to:

1. an updated NHS workforce plan for Northern Ireland, focused on recruitment and retention
2. a cross-government plan to tackle ill health and inequalities
3. a pandemic recovery plan that tackles growing waiting lists and diagnostic delays.

The COVID-19 pandemic has disrupted medical education and training, exacerbated ongoing financial pressures, worsened health inequalities and increased NHS workforce shortages across Northern Ireland.

The next executive must:

1. tackle the NHS workforce crisis
2. tackle the patient care backlog
3. tackle health inequalities.

The time is now.



A world-class health and care system

Our doctors work in hospitals and the community across 30 different medical specialties. Hundreds of members of the three royal colleges of physicians work in Northern Ireland, diagnosing and treating thousands of patients every year; their care covers a huge range of conditions, including stroke, heart disease, diabetes, care of the elderly and cancer.

In fact, consultant physicians, trainees and specialty doctors in medical specialties are treating more patients than ever before. As people live longer, and with more complex conditions, this increase in patient numbers is threatening to overwhelm our health and social care system. Two in every five people in Northern Ireland are living with a long-term condition or illness, and this increases with age and in areas of social and economic deprivation.

The past 2 years have been the most difficult in NHS history. Even before the pandemic, [22% of children in Northern Ireland were living in relative poverty](#). The impact of COVID-19 means that this number has already begun to rise, and we can expect to see the long-term effect on health, education, income and wellbeing outcomes in the coming years. The next executive has a chance to make a real difference: decision-making

closer to the people of Northern Ireland should prioritise a cross-government approach to tackling inequalities. Better health leads to a better quality of life.

It is no secret that there is an NHS workforce crisis, not only in Northern Ireland, but across the UK. The next executive should take swift and decisive action to recruit and retain more doctors, nurses and allied health professionals. Northern Ireland is a wonderful place to work, but too often rota gaps and an excessive workload are leading to staff burnout and low morale. A fresh approach is needed, with a workforce and training plan that prioritises staff wellbeing alongside transparent data collection and long-term strategic workforce planning.

Northern Ireland may be a small country, but with the right political will, clinical leadership and public engagement, it could have a world-class health and care system.

The time is now.

Dr Andrew Goddard
RCP president
Consultant gastroenterologist

Professor Andrew Elder
RCPE president
Consultant in medicine for older people

Mr Michael McKirdy
RCPSG president
Consultant surgeon



A workforce plan for the NHS in Northern Ireland

The COVID-19 pandemic has increased pressure on an already stretched workforce. A reinforced, well-supported and diverse medical workforce is required to meet the healthcare needs of the Northern Ireland population now and in the future. While immediate workforce challenges must be addressed, a longer term approach is also necessary.

The next Northern Ireland executive should support doctors to deliver the best care possible by investing in training, education and career development. Efforts must also continue to recruit and retain a world-class workforce to deliver the best possible patient care. The executive should work with royal colleges to address issues around recruitment and retention, such as consultant vacancies, rota gaps and trainee attrition rates. This should also include a renewed focus on international recruitment.

Consultants, trainee doctors and medical students must be encouraged to stay in Northern Ireland through an improved work-life balance and clinical leadership opportunities. Promoting new roles, such as physician associates (PAs), will deliver high-quality multidisciplinary patient care and relieve NHS workforce pressures. The next executive should work with health and social care (HSC) trusts to protect time for clinical research, improving patient care and medical education and teaching. We need to recruit more staff, increase medical school places and focus on wellbeing, flexible working and career development. HSC trusts should show compassionate leadership and prioritise workforce mental health as we begin to tackle the waiting times backlog. A data-led approach is central to the long-term sustainability of the medical workforce, and this must include regular, independently verified projections of the future supply of the healthcare workforce in Northern Ireland. This should include a focus on changing population demographics to better coordinate long-term workforce planning with the future health needs of Northern Ireland.

At a glance

40% of consultant physicians in Northern Ireland will reach retirement age in the next decade.

57% of advertised consultant physician posts in Northern Ireland were not filled this year

26% of senior trainee physicians have felt undermined at work in the past year.

34% of senior trainees feel valued by their trust or hospital managers.

32% of senior trainees work excessive hours.

24% of senior trainees have an excessive workload.

46% of senior trainees regularly feel emotionally drained at work.

21% of senior trainees have protected time for administrative tasks.

23% of senior trainees have access to catering facilities in hospital with hot food provided 7am-7pm.

Three calls to action

- > The next executive should work with HSC trusts to update and implement the [health and social care workforce strategy](#). By listening to staff and prioritising their wellbeing, the executive should develop a shared purpose and vision for health and care that considers the recruitment and retention of doctors, nurses and allied health professionals in an integrated way.
- > The next executive should work with HSC trusts to take a nationally coordinated and strategic approach to workforce planning and data collection. The regular publication of independent assessments of current and future health and care workforce numbers, set against an understanding of changing population demographics, would help to close the data gap and strengthen accountability and transparency on workforce planning.
- > The next executive should expand the number of medical students in Northern Ireland to increase the long-term supply of doctors. In the short term, the executive should work with HSC trusts to invest in support for SAS doctors, recruit and regulate physician associates and give overseas doctors to chance to train in the NHS using the [Medical Training Initiative](#).

A pandemic recovery plan to tackle the NHS backlog

The current challenges in delivering unscheduled care across Northern Ireland has a negative impact on the ability of many medical specialties to provide their usual standard of efficient and effective patient care. We have welcomed the [review of urgent and emergency care services](#).

Waiting lists for many medical specialties continue to grow; there is a clear disconnect between rising demand and limited NHS capacity. The COVID-19 pandemic has caused further delays to screening programmes and chronic disease management. We are committed to working with the next executive to address these issues using a multi-faceted approach.

Service innovation and redesign, including the use of technology, should be encouraged and developed. Decades-old healthcare service delivery models should be re-assessed for their effectiveness. The next Northern Ireland executive should support clinicians to develop innovative solutions to the NHS crisis, especially in rural and remote areas, and should work with HSC trusts to invest in the long-term sustainability of the health and social care system, with a focus on developing effective integrated models of care and improving patient experience and outcomes.

Aside from rota gaps, the biggest concern reported by our doctors is the lack of capacity and staff to transfer people from hospital into community care or back to their own home. Many patients who cannot access social care packages are forced to remain in hospital, resulting in extreme pressure on hospital emergency departments and the ambulance service.

Investing in social and community care is vital to the long-term sustainability of the NHS. Where COVID-19 has brought about positive change, this should be embedded in new ways of working. Ambulatory (day-case) care should be expanded and developed. Learning must be shared between HSC trusts to speed up service transformation in a whole-system approach.

As work continues to implement the [COVID-19 urgent and emergency care action plan](#), different groups of health professionals from across primary, secondary (including physicians) and community care should work together to develop solutions. This applies equally to elective care reform and the development of integrated care systems. This will allow relevant expertise and knowledge to shape effective models of care for the future.

There are significant complexities involved in tackling these issues. The solutions must involve a wide variety of organisations in driving transformational change across health and social care services. It is vital that these issues are addressed both for the good of patients in Northern Ireland, and for the physical and mental wellbeing of our healthcare professionals.



At a glance



41% of people in Northern Ireland are living with a physical or mental health long-term condition or illness. This increases to **69%** of those aged 75 and over.

38% report having concerns about their own mental health in the past year. **27%** exhibited signs of loneliness, – significantly higher than previous years. Those living in the most deprived areas (**38%**) are more likely to show signs of loneliness.

29% have a longstanding illness that reduces their ability to carry out day-to-day activities. This increases to **56%** of those aged 75 and over.

29% report doing 30 minutes of physical activity on five or more days per week.

Health Survey (NI) First Results 2020/21

Three calls to action

- > All political parties should work together to deliver a multi-year budget to transform the health service and expand multidisciplinary team working. This should be an immediate priority.
- > The next executive should prioritise the introduction of the [integrated care system \(ICS\)](#) for Northern Ireland. This should involve closely monitoring the introduction of ICSs in England, noting lessons learned and adapting and rolling out best practice more widely through Northern Ireland. Clinically led innovation and change should be encouraged and supported by HSC trusts.
- > Existing strategies, transformation plans and recommendations eg [Systems, not structures: changing health and social care](#) (2016) should be implemented at pace. The next executive should prioritise data collection, digital technology and regional working to drive up standards.

A cross-government approach to reduce ill health and tackle inequalities

The next Northern Ireland executive should focus on supporting people to live healthier lives, reducing avoidable illness and helping to keep people out of hospital. This includes effective action to tackle obesity, air pollution, smoking and alcohol abuse. Previous successful policies, such as the smoking ban and the soft drinks industry levy, show the impact that interventions can have.

Almost a quarter (23%) of children in Northern Ireland now [live in relative poverty](#). People living in poverty are more likely to suffer from chronic diseases and diet-related problems. The impact of the pandemic over the past 2 years and the growing cost-of-living crisis means that this number is likely to rise. Poverty is closely linked with worse health outcomes and tackling health inequalities must be a priority for the next Northern Ireland executive.

At a glance



People living in more affluent areas can expect to live around 14 years longer in good health than people living in more deprived areas.

12% of adults smoke cigarettes. **22%** of those living in the most deprived areas smoke compared with **7%** of those living in the least deprived areas.

65% of adults and **26%** of children are living with overweight or obesity.

58% of drinkers report drinking at least once a week.

Northern Ireland health inequalities annual report 2021

The next executive should take a cross-government approach to tackling health inequalities, supported by performance measures and outcomes that can be implemented across all public sector bodies. Evidence suggests that at most, [only 20% of a nation's health and wellbeing is dependent on healthcare services](#): we know that the NHS alone simply doesn't have the levers to make the changes needed to improve health outcomes, and we need everyone to play their part in closing the inequality gap.

Three calls to action

- > The next Northern Ireland executive should develop a cross-government approach to tackling health inequalities, bringing government departments together to reduce ill-health.
- > The next executive should work with HSC trusts to invest in specialist, clinically led multidisciplinary weight management services, particularly focusing on socioeconomically deprived areas where rates of obesity in children and adults are highest.
- > The next executive should work with HSC trusts to develop high-quality patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs). This will drive improvements across the whole system, especially in clinical care for chronic long-term health conditions.

About the three UK royal colleges of physicians

The Royal College of Physicians, the Royal College of Physicians of Edinburgh and the Royal College of Physicians and Surgeons of Glasgow are charities committed to the development and delivery of the highest possible standards of patient care in the UK and beyond.

The three colleges work collaboratively to deliver postgraduate training, assessment and continuing medical education in the UK. We advocate on behalf of patients and our fellows and members, campaigning for improvements in patient care and public health.

Each college has fellows and members in Northern Ireland and this action plan reflects their views. This collaborative approach reflects shared concerns about the challenges facing healthcare in Northern Ireland.

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