

Health and Care Bill | Report stage 22 & 23 November 2021

Summary

- The Royal College of Physicians (RCP) supports the general direction of travel but there are several missed opportunities on workforce, health inequalities and research that should be strengthened in the bill.
- The bill is a vital opportunity to establish greater accountability and transparency on the number and type of health and care staff we need to meet patient demand now and in future. **The RCP is calling on MPs to support Amendment 10** to strengthen workforce planning. [Over 60 health and care organisations support this amendment](#) to ensure the secretary of state must publish independently verified assessments of current and future workforce numbers every 2 years consistent with Office for Budget Responsibility (OBR) projections. Strengthened workforce planning is crucial to the ability of the NHS to deliver better integrated care.
- The RCP also believes the triple aim should be amended so that it explicitly references health inequalities. The pandemic has exposed and exacerbated health inequalities that have long existed in our society. Making health inequalities an explicit part of the triple aim would mean the impact of decisions on health inequalities would need to be considered by NHS England (NHSE), Integrated Care Boards (ICBs) and Trusts.
- We are also asking MPs to support **New Clause 57 (NC57)** to give NHS England a statutory duty to publish guidance for NHS bodies on collecting, analysing, reporting and publishing data on factors or indicators relevant to health inequalities.
- Following the success of the COVID-19 vaccine, the Bill is also an opportunity to prioritise clinical research and cement the UK's place as a global leader in that space. The current duty for ICBs to promote research should be strengthened so that the bodies for which ICBs are responsible have a duty to 'conduct' research.

Health and care workforce

Parliament must take the opportunity to strengthen workforce planning in the Bill. Workforce is one of the biggest limiting factors for the government's ambitions on health and care. A lack of staff is a key cause of burnout among healthcare workers, and is why the Nightingale hospitals were not used. **According to the RCP Census in 2020, 48% of advertised consultant posts went unfilled across the UK.** This is the highest proportion of unfilled posts in almost a decade – a 33% increase in the proportion of unfilled consultant posts since 2013. The Bill is a vital opportunity to strengthen workforce planning so we understand how many staff will be required now and in future to meet patient demand.

Clause 34 places a duty on the Secretary of State to publish a report once a parliament describing the system in place for assessing and meeting workforce needs. This will bring welcome clarity to workforce planning, but given the scale of the challenge does not go far enough. **The duty as currently proposed will not tell us whether we are training enough people now to deliver health and care services in future.**

The RCP is [one of over 60 health and care organisations supporting Amendment 10](#) so that every 2 years the Secretary of State must publish independent assessments of current and future workforce numbers consistent with OBR long-term fiscal projections. The Health and Social Care Committee also recommended that the Bill includes a requirement for objective, transparent and independent reporting on workforce shortages and future staffing requirements.

The RCP supported an amendment for biennial assessments of current and future workforce numbers at committee stage, but the Minister instead referred to the work by Health Education England's (HEE) to take a 'longer-term look at workforce' in its refresh of 'Framework 15'. **The current Framework 15 was first published in 2014, last updated in 2017, and yet we have no agreed, publicly available assessment of workforce numbers now nor into the future.** The findings of the HEE consultation could be fed into regular published assessments of the future health and care numbers required so the assessments take account of changing drivers. But Framework 15 will not solve the ongoing data gap on health and care staffing numbers to inform strategic workforce planning decisions at all levels.

The Secretary of State for Health and Social Care said in his recent evidence to the select committee that 'we need a much longer-term approach' to workforce planning. The RCP fully supports a move to long-term strategic thinking on the workforce – but we need to take action now to feel the benefit in future. The ONS estimates that by 2040 the cohort of over 65s potentially requiring geriatric care will make up 24% of the population. At the same time, there is a growing trend for part-time working, with a July survey of RCP members showing that the **majority (56%) of medical trainees entering the NHS are interested in working part-time.** This will have significant implications for workforce planning in 10 years when they begin to qualify as consultants. It's also estimated that over the next decade 41% of consultants will retire (taking average retirement age of 62.4 years). A document on workforce planning responsibilities that is only published at a maximum of every 5 years will not tell us whether we have enough staff to meet demand, and is too infrequent to be sufficiently responsive to societal shifts or unexpected external events.

Regular, independent and public workforce projection data will not solve the workforce crisis. **But it will provide strong foundations to take strategic long-term decisions** about funding, workforce planning, regional shortages and the skill mix required to help the system keep up with rising patient need, based on evolving changes in patient demand and in working patterns among staff, such as a growing proportion of doctors working part-time. **Amendment 10 will ensure we understand the staff numbers needed to deliver the work the OBR estimates we will carry out in future.**

The non-legislative approach to workforce planning has not worked. Projections enable the system to plan and policy makers to scrutinise. **We urge MPs to [support Amendment 10](#) to increase transparency and accountability on workforce planning, and provide the foundations for understanding how many staff we need to meet demand.**

Reducing health inequalities

The pandemic has exposed and exacerbated health inequalities that have long existed in our society. [Research from the Health Foundation estimates that](#) working age adults in England's poorest areas were almost four times more likely to die from COVID-19 than those in the wealthiest areas.

The provisions in the bill to "have regard to the need to reduce inequalities" in access and outcomes **are no significant change from the existing duties on CCGs** – and not enough progress has been made on tackling health inequalities

under those duties. Despite the NHS Act 2006 mandating the secretary of state to “have regard to the need to reduce inequalities”, the least deprived people can expect to live in good health for two decades more than the most deprived. The bill is an opportunity to make it a much higher priority in NHS decision-making.

The RCP supports calls for the triple aim to be amended so that it explicitly includes health inequalities. The triple aim as currently drafted means NHS England, ICBs and other NHS organisations will have to consider the effects of their decisions on the health and wellbeing of the population, quality of care and sustainable use of NHS resources. These shared aims will provide a framework for decision making. Amending the triple aim to include health inequalities would mean NHS bodies have to take account of health inequalities when making decisions, sending a clear signal about this being a priority at all levels.

New Clause 57 (NC57) proposes to give NHS England a statutory duty to publish guidance for NHS bodies on collecting, analysing, reporting and publishing data on factors or indicators relevant to health inequalities. The bill currently says NHS England ‘may’ publish guidance on how ICBs should carry out the duty under ‘Clause 19: 14Z35’ to reduce inequalities in access and outcomes for patients, **but it is not a requirement**. Given that under ‘Annual report: 14Z56’ ICBs must report on how they discharge their duties on health inequalities, the RCP believes NHS England should be mandated to publish guidance on what data NHS bodies should collect and how it should be analysed and reported.

The ‘duties as reducing inequalities’ should also be amended to include a requirement for ICBs to set up systems to identify and monitor inequalities in health between different groups of people within the population of its area. The existing 14Z35 duty will only be effective if systems can identify where local inequalities exist and monitor any changes to them. The data collected will support targeted service improvement and evaluation.

But more must be done beyond legislation to reduce health inequalities - access to services and outcomes once someone has become ill are a small part of the picture. Our health is a product of our environment, **which is why we have been calling for a cross-government strategy to reduce health inequality, led by the prime minister, that addresses the causes of ill health**: employment and unemployment, low pay, poor housing, inadequate education, air pollution, unhealthy food, smoking, alcohol, homelessness and more.

14Z40: Duty in respect of research

The success of the COVID-19 vaccine trials in Oxford shows what can be achieved when research is prioritised. Research benefits patients, improves outcomes and reduces mortality rates.

Research also benefits clinicians and the NHS: 67% of doctors [surveyed](#) by the RCP said dedicated time for research would make them more likely to apply for a role. CQC analysis shows that NHS staff working on sites with higher clinical research activity levels are more likely to recommend their own organisation. Currently, research is not mandatory, and is therefore often seen as an optional extra, rather than a key part of routine patient care. The RCP, alongside the ABPI, Cancer Research UK, Association of Medical Research Charities and others, are calling for the **bill to mandate that ICBs ensure that the NHS organisations for which they are responsible conduct clinical research**.