



Royal College
of Physicians



NHS reality check Update 2018

March 2018

In September 2016 the Royal College of Physicians (RCP) made it clear that the NHS was *Underfunded, underdoctored, overstretched*.¹ We said that patients and NHS staff deserve better, and that we need a new plan for health and social care – a plan designed to meet the UK’s health and care needs in the long term and to value, support and motivate NHS staff.



In the winter that followed, doctors and NHS teams were overwhelmed by rising levels of demand. We asked our members to tell us about their experiences, and in March 2017 we published *NHS reality check: Delivering care under pressure*.²

Once again, in winter 2017/18 the ‘NHS winter crisis’ was a mainstay of news items. Behind the headlines, hundreds of thousands of healthcare professionals kept the system going against the odds.

But the cracks did appear: weekly statistics from NHS England showed bed occupancy rates of around 95%, 10% above the recommended safe level. The number

of people admitted, transferred or discharged from A&E within 4 hours of arrival fell to 85% in December.³

We asked our members to tell us about their experiences of delivering care under these conditions. Repeating the questions we asked them last year, this report gives voice to over 1,500 doctors who are feeling the strain.

The data clearly shows that pressure has increased over the past 12 months. NHS staff, who have benefited from some of the best medical education in the world, are not able to provide the standard of care they have been trained to deliver.

‘I cried on my drive home because I am so frustrated and distraught at the substandard care we are delivering. I am torn between trying to keep my head down and just do what I can to help, and feeling ashamed to be part of a service that is no longer fit to serve people when they need it most. I have always loved medicine and feel truly privileged to be a doctor; I just wish I could practice what I have learned in an environment that is conducive to caring and healing our patients.’



This cannot continue. We need to act decisively to deal with staff shortages in the short term, and develop a long-term plan to make sure the NHS is, and remains, fit for purpose.

'We have known about the lack of junior doctors and nurses for years. Social care has been an issue for 25 years.'

Our findings



64% of doctors believe that patient safety has deteriorated over the past year – **10% higher than last year**



93% experienced staff shortages across the team – **9% higher than last year**



84% believe that the workforce is demoralised – **2% higher than last year**



85% cite rising demand for their service over the past year – **7% higher than last year**



80% are worried about the ability of their service to deliver safe patient care in the next 12 months – **6% higher than last year**



47% cite lower quality care over the past year – **10% higher than last year**



56% experienced delays in transfers of care from their service – **4% lower than last year**

Reducing the pressure: recommendations for action

- > In the short term, we need to make the UK more accessible and attractive to doctors from other countries. The government must relax visa restrictions for the healthcare workforce and build on successful schemes such as the Medical Training Initiative.⁴
- > In the long term, government, NHS organisations, royal colleges, professions, trade unions, regulators, higher education institutions and think tanks need to work together to make sure the NHS has the workforce and resources it needs. The RCP looks forward to working with our partners to develop the forthcoming health and care workforce strategy for England.⁵
- > Funding for health and social care must match growing patient need, and there must be more investment in public health initiatives that reduce that need.⁶



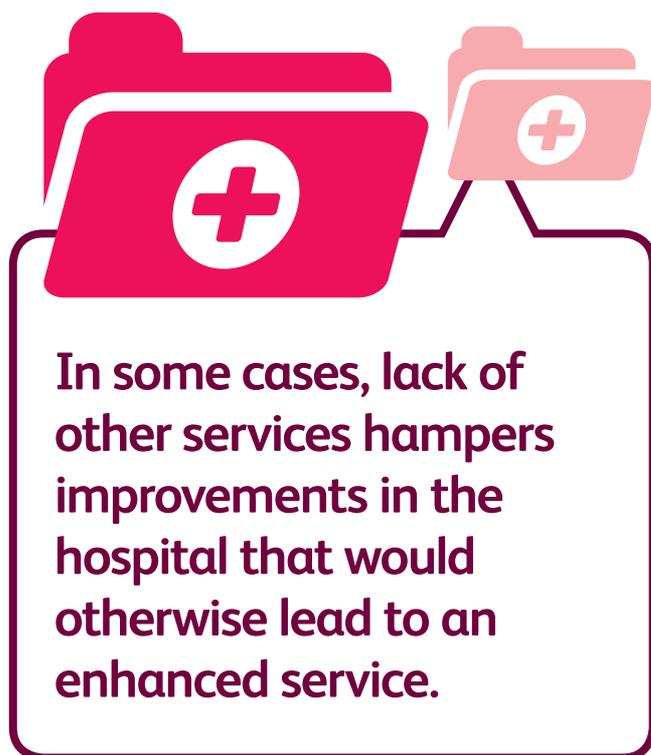
The impact of an ageing population and increasing complexity

The survey showed fewer doctors experienced delays in transfers of care from their service this year, which is supported by NHS England data.⁷ While this is good news, social care services remain under high pressure.

For many years government action has been wholly inadequate. An October 2017 House of Commons briefing⁸ said that ‘the combination of a growing and ageing population, increasingly complex care needs, reductions in funding to local government and increases in care costs’ have led to unprecedented funding pressures.

Many of the comments we received concerned the impact of this situation on secondary care. Doctors described a growing number of older patients, increased multimorbidity, and reduced social care services.

‘We are seeing a huge rise in the number of frail older people coming to the emergency department. Our ability to cope with this influx is compromised by a lack of front line staff, rehabilitation staff, social workers and social care. Many of our community hospital beds have been closed, so frail older people who are too unwell to stay at home with support have no alternative to a large district general hospital far from home. All attempts at ‘intermediate care’ close to home have been stopped. All rehabilitation now takes place in one community hospital, miles from patients’ homes. We’ve had to take staff away from clinics to look after acute admissions, meaning waits of up to 6 months for new appointments in some cases.’



In some cases, lack of other services hampers improvements in the hospital that would otherwise lead to an enhanced service.

‘We have an excellent team and excellent management. Everyone is under pressure but the support means people are willing to put in the extra time to ensure patient safety. That said, the delays in social care are causing a huge amount of institutionalisation and distress to our older patients and their families.’

The government’s green paper on proposals to reform care and support for older people is urgently needed. We believe it must take a broad view, including residential homes and home care provision, but also wider community-based support that enables people to live well at home.

‘All of us need to plan for infirmity and a need for social care. The majority of people haven’t thought about or discussed social care – often in the face of progressive illnesses, or simply getting old and infirm. The hospital wing of the NHS isn’t there to bail them out.’

The relationship with managers and the NHS team

In a system pushed to the limit, everyone is under pressure. That includes NHS managers, both clinical and non-clinical. They are expected to meet efficiency and other targets set by government, at the same time as dealing with reduced funding.

‘The problem with raising concerns is that they are recognised, but it is difficult for the management to then address them. The issues with empty posts and lack of beds is widespread and difficult to fix.’

NHS Providers is well aware of the problems these pressures are causing. It has called for government to make realistic assumptions about demand growth and efficiency savings.¹⁰ The RCP supports this call, and will work with NHS Providers to make the case to government.

We received many comments about managers. Although some doctors did recognise they were in a difficult position, on the whole the comments were negative. Respondents felt managers either did not understand the pressure clinical staff were under, or that management had different priorities.

‘There is a complete disconnect between the senior executive managers and the people who work in the clinical services. Although concerns are repeatedly raised they are brushed off and ignored, and further demands to save money are made. The scale of the problem is so enormous, and the culture of ‘save money’ so pervasive, that it is hard to imagine how it can be solved without dramatic changes in attitude.’

An environment of distrust, misunderstanding and suspicion is bad for patients. It means the hospital team is not working well.

‘Managers do not understand the pressures clinical staff are under. It leads to disengagement and deterioration in teamwork, resulting in an additional negative impact on quality of care for patients. Staff simply cannot deliver what is expected of them under current circumstances. We are not robots. We are human beings with limits.’

Our *Improving teams in healthcare*¹¹ resources reinforce the role of effective team-working in reducing medical errors, increasing patient safety and improving mortality rates. We will work with Health Education England to implement some of our recommendations.

We urge all teams to immediately consider how they could improve their working. For example, organisations could introduce Schwartz Rounds.¹² They are a structured forum where all staff – clinical and non-clinical – come together regularly to discuss the emotional and social aspects of working in healthcare.

Schwartz Rounds can help staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend these rounds feel less stressed and isolated, with increased insight and appreciation for each other's roles.

‘Our hospital unfortunately does not put safety at the heart of its actions. Largely, perhaps entirely, this is not because the managers are bad people, [because] they aren't. But they have no understanding whatsoever of what medicine is. They don't know how to make a diagnosis; they don't know about uncertainty in diagnosis; they don't know how we manage patients.’

The impact on retention

In December 2016 the RCP published *Keeping medicine brilliant*,¹³ which provided an evidence base to support new ways of assessing and improving doctors' morale. It made various recommendations, following consultation with over 500 doctors at all levels of training.

Following this survey, our consultant physician wellbeing survey 2017,¹⁴ and high profile cases of doctors being prosecuted for making errors when under extreme pressure, we are increasingly concerned about low morale.

‘Morale is falling. I am seeing consultants of my age [50–55] planning their retirement. I am fed up of being asked to do more and more, especially [at] evenings and weekends.

I am horrified by the number of medicine trainees who are considering on leaving the specialty. We are haemorrhaging talent.’

If we are to recruit and retain the doctors the NHS needs, we must improve morale by reducing the pressure. We need to recruit more doctors from outside the UK and develop a robust plan for the future. We need to make sure funding for health and social care is adequate to meet patient need, and there must be more investment in public health initiatives that reduce that need.

We must make sure the environment in which doctors work is supportive and enables them to meet and retain professional standards. As we said in our response to the Department of Health consultation, *Promoting professionalism, reforming regulation*, regulation ‘should put prevention before cure by emphasising support for registrants' professional development’.¹⁵

‘I do not think that my organisation is able to deliver safe patient care regardless of the current situation. It is the GMC that created the environment of hyper-defensive medicine, harming thousands of patients every day.’

We also need to make sure a medical career is attractive and fulfilling, with time for Supporting Professional Activities. That is the aim of RCP initiatives such as the chief registrar scheme,¹⁶ and we will continue to develop and support these sorts of projects.

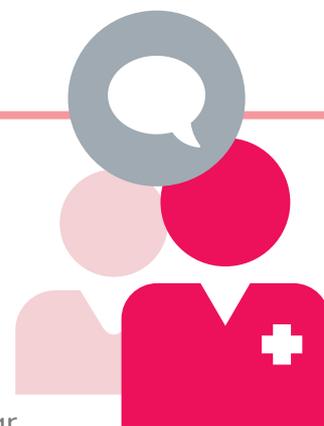
- > **56%** of doctors undertaking research do not have protected time for it
- > **54%** of doctors undertaking leadership do not have protected time for it
- > **45%** of doctors undertaking education and training do not have protected time for it

The RCP will also publish guidance for organisations on retaining doctors who are approaching retirement. Along with resources such as *Improving teams in healthcare*, we aim to improve retention by enhancing the working environment.

‘I was previously thinking of retiring in another 3 years, but I don't want to go through another winter, so I may retire next year at 60.’

Speaking out and raising concerns

- > 50% believe that doctors in their organisation are confident about speaking up – 3% higher than last year
- > 46% know who their ‘freedom to speak up guardian’ is – 25% higher than last year – but only 31% of them think their guardian has improved the culture of transparency and raising concerns



In 2015, Sir Robert Francis' *Freedom to speak up* review recommended that every trust appoint someone to the role of freedom to speak up guardian.¹⁷ The guardians are intended to work with trust leaders to ensure that effective local processes are in place to help and support staff to raise concerns about patient safety.

Our survey shows that almost half of doctors now know who their freedom to speak up guardian is. But less than one-third of them think the guardian has improved the culture of transparency and raising concerns.

The RCP will send this data to the National Guardian¹⁸ to help them understand how the system is working. We will seek to work with them as they develop best practice to encourage and enable staff to speak up safely.

The silver lining

Despite the pressure they have been facing, doctors and their colleagues have kept the system going. It is testament to their dedication and professionalism that the crisis hasn't spiralled out of control.

Some doctors had positive things to say. They demonstrated that none of the problems are unsolvable if organisations and teams work together, making the most of everyone's strengths.

‘That I don't think patient safety has deteriorated is a tribute to the trust, its staff and their determination to maintain safety in the face of the usual winter crisis.’

‘[I see] lots of innovation to manage the greater demand and better integration with social services.’

‘Our trust management has been proactive and supportive throughout these most recent winter pressures.’

It is this practice that we must work together to harness and spread throughout the NHS if we are to tackle the issues raised by our members. To do that we need a shared vision of health and healthcare in the UK, and the 70th anniversary of the NHS provides an excellent opportunity.

That is why the RCP is launching a major new programme of activity exploring the challenges facing doctors, patients, medicine and the NHS. *Our Future Health* will explore health dilemmas through difficult and high profile conversations platforms between RCP members, doctors, patients, carers, policymakers and other stakeholders.

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About this report

RCP members were asked to respond to an online survey between December 2017 and January 2018. 1,591 responded, a response rate of 4.7%. 75% were consultants and 12% were at specialist training grade.

About the RCP

The RCP aims to improve patient care and reduce illness, in the UK and across the globe. We are patient centred and clinically led. Our 34,000 members worldwide work in hospitals and the community across 30 different medical specialties, diagnosing and treating millions of patients with a huge range of medical conditions.

