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.

This response is on behalf of the Academy's SAS Committee. It does not represent the views of the wider Academy of Medical Royal Colleges.

If you are happy to provide your name please do so. (person filling in the form)	Dr Vinita Shekar Dr Vaishali Parulekar
Where are you based?	London ☐ Northeast and Yorkshire ☐ Southeast ☒ East of England ☐ Southwest ☐ ☐ Midlands ☐ Scotland ☒
Are you responding on behalf of a group, organisation, or network?	Yes ☒ No ☐
If 'yes', what organisation or group are you responding on behalf of?	The SAS Committee of the Academy of Medical Royal Colleges.
Roughly how many people were involved in the conversation that informed this submission?	
Can you tell us a little about the group involved in the conversation that informed this submission?	The Academy SAS Committee represents SAS doctors in all 4 nations, many of which are International Medical Graduates (IMGs). The SAS doctors are a diverse group of doctors comprising Staff Grade, Associate Specialists, Specialty Doctors, Specialist Doctors. LED doctors comprises clinical fellows, trust grade doctors and trust grade registrars. The committee has representation from SAS leads of all 24 Medical Royal Colleges and Faculties in the United Kingdom, members of trainee groups, lay patient

	representative and other relevant stakeholders. We work collaboratively to identify the needs, interests and views of the SAS/LED workforce and promote the development and positive profile of this group of doctors. We strive to enhance support, training, wellbeing, recruitment, and retention of this group of the SAS/LED workforce.	
Which of the following would you primarily classify yourself as? (Please select one)	NHS Assembly member ☐ NHS staff ☒ Carer or volunteer ☐ Patient or member of the public ☐	VCSE partner ☐ Local government or other public services ☐ Commercial partner ☐ Academic partner ☐ Other ☐
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 emergence of the modern NHS is the result of a series of policy learnings and is an incremental untidy process. The NHS is described as Britain's best loved institution, Blair describes it to be one of the country's greatest achievements. The genesis of the NHS goes back to the 19th century where access to healthcare was only for civilised societies Before the second world war, under the Local Government Act, the municipal hospitals were serving only the taxpayers. In 1930, the notion of medical benefits of the National Health insurance scheme was extended to dependants of workers. The experience of the Second World War resulted in the publication of the Beveridge report by the war time coalition government that had the ambition for an acceptable minimum standard of living in Britain below which no one nobody fell. It insisted on eradicating the five giant evils of want (poverty), disease, ignorance, squalor, and idleness. Since its inception, the developments within the NHS reflect the changes in diffusion of power, desperate attempts to improve quality and quantity of healthcare with limited resources and its influence on the relationship between government, the medical profession and patients. While the NHS has flourished with improved treatment options, introduction of new drugs, vaccinations, and technology, it is now facing additional challenges of increased demand with a shortage of workforce and acute pandemic such as COVID-19. The impact of such challenges has been substantial and wide-ranging from deficient health funds, high levels of staff absences, inability to retain staff and burnt-out staff. Despite these challenges, together we have shown commitment, resilience, humanity, ability to adapt, survival skills and digital transformation of services making us stronger and fit for modern NHS and this needs to be celebrated. As we recover from the pandemic with a hope for better future, there remains a challenge of recovering from long waiting lists and training the next generation of doctors, The demand of not just the recruitment of its medical workforce but also the balance between training, service delivery and wellbeing of our medical workforce has never been so high among the top priorities for the NHS leaders. While we continue to focus on the quality of training for doctors in training and their wellbeing as young members of the medical workforce, it is also important to focus on the medical workforce of SAS and LED doctors who have always proven to be not only the largest but also an important and much relied upon group of our medical workforce. The diversity of the SAS and LED workforce in regard to their cultural backgrounds, experience, perspectives and values is their inner strength that can be invaluable for the benefit of our diverse population.

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.	Since the COVID-19 pandemic, the NHS is facing one of its greatest challenges in regards to not just the balance between demand and service but also retaining the current staff. This creates the pressure of recruiting a medical workforce that is well trained and fit for purpose. High-quality patient care remains a top priority in the eyes of all who are contributing to patient care by any means. Slow progress is being made that comes with its own challenges e.g., recruitment of international medical graduates (IMGs) to fill the gaps at all levels not just in secondary care but also primary care. Another area of progress is digitalisation of services in the NHS that is fit for a modern NHS. Improving the access to genomics testing, and diverse diagnostic pathways is another area of progress that will allow better opportunities with research and education in understanding of human diseases and ultimately its management that is compliant with the individual patient perspective.
3. Today, in which areas do you think the NHS most needs to improve? Please feel free to include more than one area.	The Kennedy Review[1] conducted by the Royal College of Surgeons of England demonstrated continued obvious casual discrimination, bullying, harassment, belittling and humiliation that still occur too frequently in the NHS. Some doctors feel excluded from opportunities to develop, lack of voice, fear blame, perceive injustice and lack support in the workplace with no feeling of belonging in the wider NHS. The areas which the NHS most needs to improve are as follows: - Inclusive NHS facilitating a feeling of belonging among SAS and LED workforce that includes all International Medical Graduates and dentists working in secondary care. - Equity of opportunities for training for the SAS/LED workforce - Equity of opportunities for local management and leadership roles - Raising the profile of the SAS and LED workforce among NHS leaders, media and public - Recognition of roles performed by SAS/LED in the workplace that includes educators, mentors, appraisers, trainers, researchers and many more. The GMC's 2019 SAS/LED survey[2] showed that 30% of SAS doctors and 23% of LE doctors had been bullied, undermined or harassed in the last year. A considerable proportion of both SAS and LE doctors responded 'no' or 'not sure' when asked if they know how to raise a concern relating to this. Over a third of SAS doctors and almost a quarter of LE doctors didn't always feel that they are treated fairly. The much-awaited publication of the NHS workforce plan should have a strategy to address issues faced by the SAS/LED workforce at local, regional, and national level. We recommend that this should include

[1] Baroness Helena Kennedy QC to lead diversity review at Royal College of Surgeons of England — Royal College of Surgeons (rcseng.ac.uk)

[2] Insight paper - SAS and LEDs - final (gmc-uk.org)

	representation of SAS/LED at all levels of management and leadership posts locally, regionally and nationally. There are many doctors in training who choose to leave training and either move abroad or explore alternative careers e.g., becoming SAS/LEDs. This is partly due to poor morale and lack of confidence in training programmes and the hierarchical nature of local leadership. This makes working environments toxic and unhealthy leading to early burnouts and early retirements. All local, regional, and national management roles should be open to the SAS/LED workforce. Appropriate person specifications should be created for all management and leadership roles and that should be able to identify a most appropriate person for the job. An optimal healthy and inclusive working environment should be a basic right for all the workforce. While there are wellbeing resources enforced at all trusts, they are underutilised to avoid judgments and its long-term implications of working within the same team for longer periods of their employment. Equality, diversity and inclusion should be practiced by giving all NHS organisations a voice and seeing their opinions in practice. The modern NHS is privileged to have a diverse workforce from different ethnicities, backgrounds, and cultures, that mirrors the current diverse patient population. This diversity should be considered a backbone of the NHS rather than a resource to fill the gaps in service.
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?	The National Health Service has evolved over the last few years. There are several important cogs in the complex machinery of the healthcare service, its staff being the most important. This dedicated staff needs to be recognised, respected, valued, supported, and rewarded. There should be funding made available for developing people and investing in their physical and mental wellbeing. Staffing is the single largest cost within the health system, and investment into their wellbeing, professional development and career progression will make the future NHS sustainable. In its report from June 2022 on health and social care workforce[3], the House of Commons Health and Social Care Committee reported that an extra 475,000 jobs will be required in health and 490,000 jobs will be required in social care by early 2030s. The current NHS faces the most challenging years in its history, with recruitment and staffing shortages in primary and secondary care, dissatisfaction amongst current staff, low staff morale and hence retention, and increasing retirements. All this is also compounded by the depleting funding pot, Brexit, pay erosion, industrial action by staff groups and other allied health care services, and long-term sicknesses, some of which are a result of the unprecedented crisis of the Covid 19 pandemic, which has left lasting repercussions. The current workforce crisis in the NHS is putting patient safety at risk. Some of the big contributors to it are real terms pay cuts and issues around pensions, that are pushing doctors to consider reducing their hours or retire early. This means a significant loss of experienced senior staff, along with valuable skills and expertise to patient care and crucial mentoring and training to more junior doctors.

[3] Workforce: recruitment, training and retention in health and social care - Health and Social Care Committee (parliament.uk)

	To summarise, the ongoing impact of the pandemic and Brexit, lack of resource across the health system, inadequate planning, and chronic under-resourcing, increasing workload, bureaucracy, high pension taxes, and demoralising pay erosion leaves the staff with a sense that they cannot deliver high-quality and safe care for their patients. This results in burnout, sickness, and early retirement.

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?	The most important focus of the future NHS should be improvement of staff experience including recruitment and retention in both primary and secondary care, effective service delivery and excellent patient care. These are not mutually exclusive. It is imperative to not just focus on restoring services but to rebuild a more robust health service structure through good vision, short- and long-term goals to overcome shortcomings and inequalities, make improvements towards streamlining services, use of modern technology, new and more effective ways of communication and effective service delivery. NHS leadership should have representation of the entire cross-section of the medical workforce, who have insight and experience of complete understanding of the clinical needs and services and how best to deliver them realistically. The future NHS should strive to work on the principles of social justice and equity. In many ways, inequality and undermining prevents the NHS from achieving its full collective potential and excellence in healthcare. Workforce plans and strategy should be adaptive, ambitious yet realistic, based on current trends and data, with both short- and long-term vision, and deliverable action plans. Given recent national medical workforce data and surveys, it has never been more urgent for our leaders to act and create an organisational culture where everyone feels the sense of belonging – not just inclusion. The new models of care will only become a reality if we have enough staff with the right skills, values, experience, behaviours, and training to deliver them. We need to develop a workforce able to work across different settings, with flexible transferable skills. Healthcare may need to be more personalised, and patient centred, more focussed on prevention, with many services delivered in the community, out of hospital, to offload huge burdens from secondary care and reduce long waiting lists. It will be enabled by modern technology and delivered by professionals of different grades, from different organisations collaborating and working in teams, with shared goals.

6. What would need to be in place to achieve these changes and ambitions?	**Recruitment:** This includes recruitment and training of new qualified medical and allied health professionals, and international medical graduates (IMGs). There should be more medical school places to increase the number of home-grown doctors. **Retention:** Funding their career progression and development, along with appropriate and commensurate remuneration. **Retirement:** This includes work on succession planning, local and national retire and return policies in place, and flexible working in later careers. The GMC Workforce report[4] was published in October 2022. The report analysed workforce trends in the medical register and is a valuable resource and tool for policymakers, stakeholders, and employers across all four nations. Some of the important points are as follows. • Although overall the medical workforce is growing, it is important to recognise the variation across the registered groups – trainees, GPs, specialists, SAS, and LE doctors. • Growth in GPs over the last five years is at 7%, significantly lower than the overall growth in licensed doctors of 17%. • Specialists have grown at 11%, but with wide variation across the different specialties. • SAS and LE doctors' group has grown by 40%. Both the SAS and LED groups have huge potential in the current workforce crisis and can be appropriately placed, based on accurate data. LEDs are a valuable resource of untapped potential which can be utilised to make a stable workforce. LEDs are employed on short to medium term non-standard local contracts to fill local service gaps. Where possible and appropriate, employers should employ permanent SAS grades rather than short term LEDs. Mechanisms should be put in place to offer permanent SAS contracts to senior LEDs after

[4] Workforce report 2022 - GMC (gmc-uk.org)

	two years in the post and transition them to national terms and conditions. This will automatically convert a large non-permanent group into a robust stable workforce of skilled and experienced doctors, benefitting hugely to tackle the current challenges, and build a stronger and more robust NHS medical workforce.
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?	• The Interim NHS People Plan outlines the significant role allied health professionals will play to support the demands the NHS will face in the next ten years and to help deliver the ambitions of the NHS Long Term Plan. The development of AHPs has been a big success story of the NHS, ensuring the right workforce, with the right skills, in the right place to deliver high-quality care. AHPs with a variety of valuable new skills will form a bigger part of the future NHS. • National Clinical excellence awards are awarded to consultants who demonstrate sustained commitment to patient care, maintain high standards of clinical and technical aspects of service, and provide patient focussed care. This is an excellent way of valuing their contribution and rewarding their clinical and non-clinical care. These should be extended to other groups of staff such SAS, with creation of local, regional and national award/reward schemes for celebrating their hard work and achievements.