The NHS is in a difficult place, with all parts of the health and care system struggling to meet growing demand, poorer patient flows, staffing shortages, and lengthening waiting times. However, we know that it is not the model that is broken, rather services are under pressure because funding is being outstripped by demand. This 'demand and capacity mismatch' means that people cannot access the care and support they want when they need it.

It is increasingly true that what happens in one part of health and care impacts other parts. Impossible workloads in primary care, a lack of NHS community services, staff and capacity issues in adult social care, and mental health support, the reduction in specialist nursing in the community and schools, record numbers waiting for ambulances or at the hospital front door, and delays in getting patients home after time in hospital mean that people are waiting longer and deteriorating as they do so, and often receiving the wrong care, in the wrong place.

We know that the next government will be operating within tight fiscal constraints, and nobody believes there will be a significant increase in the NHS budget. It will therefore face difficult choices about cutting services or revising people's expectations about the services or care they can receive.

There is a shared sense too that we cannot afford another five years of managed decline as this would mean continuing on the path towards a broken model. The NHS was established in 1948 and its 75th birthday feels like a good point to take stock, to recalibrate, rebalance and renew. Our immediate challenge is to ensure that the NHS has a better frailty score for its 80th birthday than it does today.

The Academy cannot fix the UK's faltering health and care system, but in this pre-election year, it can bring its influence to bear both privately and publicly. And while the Academy’s main focus is maintaining standards in post-graduate medical education and training, it was also clear from the discussions that members are keen to see the Academy continue to speak on generic or cross-cutting issues which affect the whole of the medical profession.
Members have attended a number of policy-focused events in the past fortnight. The Academy’s Parliamentary Event was well attended and generated a wide-ranging discussion about what needs to happen. Separately, there have been two talks, one by Isabel Hardman, journalist and author, and one by Chris Smyth, Whitehall editor for The Times. At Policy Day itself the audience divided into three separate groups to discuss policy priorities against the three overarching policy objectives:

— Shaping care delivery
— Rebalancing the NHS
— The future workforce

While there were some outliers and some inevitable cross-over in themes — there was also remarkable agreement on what members want the Academy to focus on.

**Shaping care delivery**

The Academy work should

— Highlight that health inequalities are growing and must be tackled by ensuring equitable access to care
— Highlight that societal expectations must be managed too. The NHS cannot be the back-stop for all of society’s problems – this is too often the case at the moment
— Ensure doctors are central to the debate on how, where and what care is delivered. And by whom.
Academy Policy priorities

Rebalancing the NHS

The Academy work should:

— Encourage and direct policymakers across the UK to focus more on the prevention agenda as a means of reducing the burden on the NHS in the years ahead. At the same time, patients should be encouraged to take ownership of their own health

— Continue to call for social care to be properly funded, without it we will not be able to fix the NHS

— Enable and support innovation. For example breaking the barriers between types of care or ensuring the benefits of new technology are realised and adopted where it is safe and appropriate to do so.

The future workforce

The Academy should:

— Actively participate and help shape the proposals set out in the Long-term Workforce Plan, ensuring necessary funding is properly considered

— Work to heal the wounds that have emerged in the aftermath of the pandemic and the current industrial action — ensuring doctors once again feel valued and supported. This might mean creating a new charter for trainees which employers are mandated to adhere to

— Recognise that the role of the doctor is evolving and we need to keep up. Helping doctors identify the unique value that only they can bring to healthcare, so that they can work at the top of their licence and be good team leaders who are comfortable carrying risk.

Conclusion

While there were no specific pieces of work asked for, the above gives a clear mandate for some distinct policy asks of Government. Where appropriate the Academy will focus its policy and supporting communications work on achieving the objectives set out above on behalf of its members and the wider medical workforce.