



# Association of Anaesthetists

## The Long Term Plan and the Future of the NHS

The Association of Anaesthetists, the national membership body for the largest medical speciality in the NHS, representing over 11,000 consultant and trainee anaesthetists in the UK and Ireland, commends the aspirations in The Long Term Plan for the NHS. The plan shows a willingness to do things differently and an acceptance that there are difficult problems – such as the rationing of services – that need to be tackled if real progress is to be made. The Association's mission is to improve patient safety and quality of care in anaesthesia, and we offer our responses on the plan – and the future of the NHS - from that perspective. We believe it is important to test the aspirations of the plan against the current realities within the NHS, which include shortages of anaesthetists and of essential drugs for anaesthesia.

### Workforce

The forthcoming workforce strategy will be key to the implementation of the recently announced Long Term Plan for the NHS (<https://www.longtermplan.nhs.uk/>). Viewed in isolation, it is hard to see how the Long Term Plan will be implemented.

The recent Royal College of Anaesthetists' Workforce Census indicated insufficient new consultant anaesthetists joining the NHS anaesthetic workforce to meet the future patient demand predicated by the Centre for Workforce Intelligence. The data published in 2016 showed for the first time, Anaesthesia had a 90% fill rate. This means that 10% of posts were not filled. As two thirds of patients staying in hospital have contact with anaesthetists - who make up the largest group of hospital doctors and 16% of NHS consultants – any shortages will be felt by all patients. Unless this shortage is addressed by 2033, there could be a shortfall of 33% in the consultant anaesthetist numbers required to maintain expected levels of safe and effective healthcare. In addition a 28% increase in the number of consultants aged over 50 years is forecast. The Association has highlighted the impact of an ageing workforce in our August 2016 report *Age and the Anaesthetist* ([https://anaesthetists.org/Portals/0/PDFs/Misc/Anaesthesia\\_News\\_August\\_2016\\_age\\_and\\_the\\_anaesthetist.pdf?ver=2019-05-15-005846-417](https://anaesthetists.org/Portals/0/PDFs/Misc/Anaesthesia_News_August_2016_age_and_the_anaesthetist.pdf?ver=2019-05-15-005846-417)) and the risk presented by loss of experienced clinicians retiring early. One of the points raised in the publication is that of the lowering of the lifetime pension allowance to £1million. With the current contract, many people will reach this level of contribution in their mid to late 50s. Some may continue working but leave the pension scheme; others may elect to retire at this point and yet others may move to working less hours.

Clinicians who are from, or who have trained in, the European Economic Area and beyond make up an important part of the anaesthetic workforce. While we are reassured that the Government recognises the contribution overseas doctors make to the health service, the decision of these professionals to leave the UK, whether through choice or as a consequence of Government policy, would have a serious impact on a workforce already stretched to the limit.

We are encouraged to see the plan calling for the breakdown of barriers that have traditionally developed between different hospital specialities. As the largest specialty, anaesthetists work in many different parts of the hospital including surgery, critical care, trauma and obstetrics and, as such, can have a key role in delivering collaborative ways of working.

Much emphasis is placed in the plan on the role that apprenticeships may be able to play in the NHS workforce of the future. However, the plan does not then go on to clarify where this method of training will apply. Any changes that are made to the training of NHS staff needs to be robustly quality assured to make sure that standards of care are not changed to their detriment.

We are pleased that the plan acknowledges that there is a long time delay between announcing more places at medical schools and qualified doctors appearing in hospitals. It takes a minimum of nine years to train an anaesthetist. It is crucial that while the workforce is increasing, more is done to address the current issues with the retention of those already in post. Based on recognition of the barriers posed by inflexible rota, more modern flexible working practices are badly needed within the NHS to retain experienced and highly trained doctors. We have addressed this in our *Age and the Anaesthetist* ([https://anaesthetists.org/Portals/0/PDFs/Misc/Anaesthesia\\_News\\_August\\_2016\\_age\\_and\\_the\\_anaesthetist.pdf?ver=2019-05-15-005846-417](https://anaesthetists.org/Portals/0/PDFs/Misc/Anaesthesia_News_August_2016_age_and_the_anaesthetist.pdf?ver=2019-05-15-005846-417)) report. Consultant jobs as they are currently



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arranged may not, in the long term, be attractive to the next generation of doctors. What is needed is a review of the amount of healthcare likely to be required not in terms of 'whole time' jobs, but in terms of 'days worked'. Training 10-20% more doctors, more of whom work less-than-full-time, is more likely to provide the quality of life that generations x and y expect.

Addressing these issues will be crucial if anaesthetists are to be able to play their part in the ambitious plans for the NHS outlined in the plan.

## Efficiency and Productivity

The aims of the efficiency and productivity programme, announced in the plan and to be delivered over the next two years, are to be largely welcomed. We are pleased to see the aim of making the procurement process easier and more transparent and welcome the inclusion of 'Procurement savings by aggregation of volumes and standardising specifications' as one of the ten aims of the programme. However we are concerned that these changes have been announced with no details of how the end users comments on how the system works in reality, will be used or how any issues with the system will be addressed. We would expect guidance on these areas to be in place before any substantial changes were introduced.

We agree that the digital transformation of the NHS has a key part to play in improving the efficiency and productivity of the NHS. We fully support the aim that 'by 2023/24, a 'digital flag' in the patient record will ensure staff know a patient has a learning disability or autism' and would recommend that mechanism could also be used to address some of the issues encountered in anaesthesia (such as digital flags for those with a difficult airway or those with an allergy).

The aim of enabling patients to be able to access electronic copies of their patient record is welcomed but needs to be supported by full access for NHS staff to integrated records and diagnostic systems. The plan also highlights the importance of rapid access to care in time critical situations. In these instances, services supported by anaesthetists and critical care teams are essential to good patient outcome.

## Wellbeing

The Association actively supports the health and wellbeing of the anaesthesia workforce and is pleased to see the announcements in the plan about the extension of the Practitioner Health Programme.

However, we believe more needs to be done to support the wellbeing of those working in the NHS. The Association has considerable experience of supporting the well being of doctors, and is campaigning to increase awareness of the impact of fatigue on the medical workforce. In 2014, we produced a guideline on the issue of Fatigue (<https://anaesthetists.org/Home/Resources-publications/Guidelines/Fatigue-and-Anaesthetists>) and in 2016 launched the #FightFatigue campaign aimed at supporting healthcare professionals with practical, everyday solutions which help to raise awareness, change attitudes and improve working conditions (<https://anaesthetists.org/Home/Wellbeing-support/Fatigue/Help-Fight-Fatigue>)

Nearly three quarters of respondents to a 2017 survey of trainee anaesthetists reported that fatigue had a negative effect on their physical health or psychological wellbeing - a problem that is likely to be shared by other healthcare professional and which needs addressing if the recruitment and retention of doctors required to deliver this plan is to be achieved. We would like to see the inclusion in the work that follows the publication of the Long Term Plan commitment to addressing the issue of fatigue in the NHS.

We are pleased to see that the Plan acknowledges that growing the workforce is also dependent on retaining the current workforce and recognises that addressing the issue of retention is both an urgent priority now and one that will remain over the coming years. We believe that addressing issues such as fatigue has a role to play in this.



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Equally, recognition of the impact of age on the anaesthetic workforce and practical changes to improve the well being of older clinicians would be a positive step to retention.

We welcome the assertion that suicide reduction will remain an NHS priority over the next 10 years. Anaesthetists have traditionally been considered at greater risk of suicide, possibly due to work related stress, easy access to (and knowledge of) potent drugs or both. Early access to support is crucial in the NHS achieving its target. We are pleased that the expanded Practitioner Health Programme will allow access to specialist mental health support and would like to see this scheme extended to Scotland. The Association of Anaesthetists established a working party in response to the number of reports of suicide amongst anaesthetists and intensivists. The Group carried out a survey of Association members in 2018 and in 2019 aims to produce new guidance for hospital departments and staff, to increase suicide awareness and offer support and resources in the event of the suicide of a colleague.

Further developing the open and just culture required in healthcare depends upon people feeling safe at work. Addressing bullying and harassment within the NHS has the full support of the Association of Anaesthetists. We welcome the commitment in the plan to address harassment and bullying. The Association's trainee committee has developed initiatives (#KnockitOut) to tackle this problem and is collaborating with other specialties.

## Environment

The Association has established an Environment and Sustainability Committee and is working closely with the Sustainable Development Unit and CSH. We are pleased to see the target for a 2% reduction in the carbon footprint of the NHS by changing anaesthetic practice and hope that working collaboratively towards this target will secure the engagement of all anaesthetists in this societal challenge. We recognise that anaesthetists' actions have an impact on the environment and regard sustainability and climate change as a key strategic issue. We look forward to working with NHS England and other stakeholders to develop practical solutions and advice for clinicians and Trusts.

## Proposed legislative changes to support the long term plan

A number of legislative proposals have been forward by the Government in order to help implement the proposals in the long term plan.

- It is important that any changes don't have a negative impact on patient choice and that any choice is meaningful
- The NHS has undergone a significant amount of structural change in recent years and we are pleased to see that the changes suggested are incremental. Organisation change is disruptive and likely to cause upheaval to a workforce that is already under significant pressure. Stability is needed in order for new ways of working to become fully embedded.
- Any changes that do take place need to be fully scrutinised in a robust and transparent way and care needs to be given that they do not increase variations in care.
- Mergers should be rejected if they offer no benefit to patients
- We believe that any exemption of services from the CMA's remit should only be extended to NHS services and private services should remain covered by the CMA.
- The proposals suggest the use of a 'best value test' in procurement matters. This needs to be fully defined and make reference to patient outcomes and not just cost. It also needs to include information on whether best value is being obtained from resources in respect to their impact on workforce, recruitment and retention and needs to give consideration to staff wellbeing.
- The suggested merger of NHS England and NHS Improvement is a positive step with regards to wider integration of services. We would support the removal of barriers which currently prevent CCGs, Local Authorities and NHS England working more closely together and would like to see a move to a more collaborative, joined-up and co-ordinated system.
- We agree with the Royal College of General Practitioners that the proposed duty for CCGs and NHS Providers to promote a 'triple aim' (better health for everyone, better care for all, efficient use of resources) should also include a fourth aim – cultivating the workforce.
- There are currently significant shortages in the anaesthesia work force and we are supportive of any moves to address this. We recognise that this may include the expansion of the Physician



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Associate (Anaesthesia) role, but remain concerned that the profession is not yet regulated. The Association urges Government to introduce statutory regulation of these roles as a priority.