

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol ar Graffu ar Gynllun y Gaeaf ar gyfer Iechyd a Gofal Cymdeithasol 2021 i 2022 Llywodraeth Cymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Scrutiny of the Welsh Government's Health and Social Care Winter Plan 2021 to 2022](#)

WP 03

Ymateb gan: | Response from: Coleg Brenhinol y Meddygon | Royal College of Physicians

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13 January 2022

# Scrutiny of the Welsh Government's Health and Social Care Winter Plan 2021 to 2022

## RCP Cymru Wales response

**Name of organisation:** Royal College of Physicians (RCP) Cymru Wales

**Lead contact:**

**Contact details:**

The Royal College of Physicians (RCP) Cymru Wales welcomes this short inquiry into the [Welsh Government's winter plan](#). We would be delighted to organise oral evidence from consultant doctors, trainee physicians or physician associates if that would be helpful.

In October 2021, the RCP launched [Snowed under?](#) a statement endorsed by 17 medical royal colleges and faculties which called for national action on workforce shortages, health inequalities and the NHS backlog. This position paper called on the Welsh government to:

- value the NHS workforce with a national recruitment, retention and staff recovery plan
- tackle avoidable illness with a cross-government strategy on health inequalities
- reduce the impact of the NHS backlog on patient safety and medical education.

This paper is submitted alongside our response to inform your inquiry.

Winter pressures are exacerbated by the growing NHS workforce crisis: there is a huge shortfall in doctors, nurses, allied health professionals and social care staff. To plan for predicted patient demand in a decade, the Welsh government should work with NHS Wales to double the number of medical school places in Wales. This means creating an additional 350 medical school places every year, and phased in gradually, equates to 70 spaces every year for the next 5 years.

While critics may argue that training more doctors costs too much money, the NHS Wales spend on agency and locum staff is eye-watering. 59% of consultant physician posts in Wales were not filled this year. That's 3 in every advertised 5 posts remaining empty – and in 63% of those cases, it was because there were no applicants at all. It is clear that a lack of workforce across all health and care professions will continue to limit how we deal with winter pressures. Increased investment in the NHS cannot improve patient care if we don't have the staff to treat patients.

## What are our members telling us?

According to the most recent [RCP membership survey \(8–11 January 2022\)](#), almost two thirds (63%) of respondents in Wales said they had felt overwhelmed at least once while at work in the past 3 weeks. One in six (17%) told us they felt overwhelmed almost every day.

This is likely due to high levels of staff absence which is still putting immense strain on exhausted and demoralised staff working under the extreme pressure of rising COVID-19 cases coupled with usual winter illnesses. With so many people off work, over half of respondents (52%) in Wales had been asked to cover rota gaps at short notice in the previous three weeks, and almost a third (30%) had been asked 3 times or more, adding yet further stress to their working days.

While staff absence has been felt acutely during the pandemic, much of the pressure on medical staff stems from workforce shortages that existed long before COVID-19. Even before the pandemic, over half of consultant vacancies in Wales went unfilled. Availability of workforce remains the limiting factor to both morale and the performance of the NHS.

*'The pressure on the service is immense ... morale is generally low because of staff shortages and the relentless pressure.'*

*'There are multiple gaps in the consultant and senior trainee doctor rotas with both long-term vacancies and acute sickness.'*

*'Staffing shortages are significant which puts pressure on those left behind and makes those needing to take time out feel guilty.'*


*'There's too high a workload for too few staff while covering the medical take, despite [clinicians] working hard to try to fill the gaps. I feel like my [medical] training has been put to one side which means I'll be less skilled and less useful in the future.'*

A second [RCP membership survey \(18–21 December 2021\)](#) found that 1 in 10 physicians in Wales were taking time off work, whether due to COVID-19 or annual leave. These absence numbers, combined with an exhausted workforce trying to deliver normal care alongside the usual winter increase in activity, led to doctors in Wales telling us that:

*'Staff fatigue is really significant with low work morale.'*

*'Our COVID-19 work has to run in parallel to our routine work. [A lack of staff] to cover sick leave and other absences will put a huge strain on existing tired NHS workers.'*

A third [RCP membership survey \(30 Sept–4 Oct 2021\)](#) found that almost half of respondents (46%) in Wales said their organisation was not at all prepared for winter. 37% felt personally unprepared, and almost two thirds (63%) were feeling tired or exhausted. A third (33%) were demoralised, 44% were pessimistic and 28% were worried. Only 9% were optimistic about the future. From doctors



responding to this survey, we heard concerns about a lack of engagement between health boards and clinicians and a sense of hopelessness:

*'I feel that the leadership of my organisation is out of touch with what is happening on the ground and that there is no communication about the organisation's plans for the next few challenging [winter] months.'*

*'Morale has deteriorated. We are dealing with unprecedented demand from patients, a massive waiting list that is impossible to deal with, and no solutions as we go into winter. The hospital has been completely full since July and it has been a terrible summer - like a normal January with endless bed pressures. The joy of my job has gone.'*

## **About us**

Through our work with patients and doctors, the Royal College of Physicians (RCP) is working to achieve real change across the health and social care sector in Wales. Our 40,000 members worldwide (including 1,450 in Wales) work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions. We campaign for improvements to healthcare, medical education and public health.

We organise high-quality conferences and teaching that attract hundreds of doctors every year and our work with the Society of Physicians in Wales showcases best practice through poster competitions and trainee awards. We work directly with health boards, trusts and Health Education and Improvement Wales (HEIW), we carry out hospital visits, and we collaborate with other organisations to raise awareness of public health challenges.

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[wales@rcp.ac.uk](mailto:wales@rcp.ac.uk)

[www.rcp.ac.uk/wales](http://www.rcp.ac.uk/wales)

[@RCPWales](https://twitter.com/RCPWales)



# Snowed under?

NHS doctors across Wales call for national action as they prepare to work through a second COVID-19 pandemic winter

October 2021

## The Welsh government must work with NHS Wales to:

- value the NHS workforce with a national recruitment, retention and staff recovery plan
- tackle avoidable illness with a cross-government strategy on health inequalities
- reduce the impact of the NHS backlog on patient safety and medical education.

## Recommendations

1. Create a national action plan to develop and retain the current NHS workforce, alongside an increase in medical school numbers and postgraduate training places. This should be supported by investment in the NHS estate and targeted at the specialties and places where we will need doctors in 10–15 years.
2. Take a cross-government approach, led by the first minister, to tackle inequalities that contribute to avoidable illness in adults and children – not just in physical health, but mental health, housing, education, transport, rural healthcare, the criminal justice system, digital access and income, among other social determinants of health.

3. Implement an ambitious plan to tackle waiting lists and the NHS backlog. Do not just ask clinicians to ‘do more’, but expand social care provision, invest in e-prescribing, diagnostics and infrastructure, and support the workforce to adopt new technologies to harness innovation, improve resilience and ensure the NHS is prepared for future crises.

## This document is endorsed by:

1. Academy of Medical Royal Colleges Wales
2. Royal College of Anaesthetists
3. Royal College of Emergency Medicine
4. Royal College of General Practitioners
5. Royal College of Ophthalmologists
6. Royal College of Pathologists
7. Royal College of Paediatrics and Child Health
8. Royal College of Physicians
9. Royal College of Physicians of Edinburgh
10. Royal College of Psychiatrists
11. Royal College of Radiologists
12. Royal College of Surgeons of Edinburgh
13. Royal College of Surgeons of England
14. Faculty of Forensic & Legal Medicine
15. Faculty of Intensive Care Medicine
16. Faculty of Public Health
17. Faculty of Sexual and Reproductive Healthcare



# Dan y don?

Meddygon GIG ledled Cymru yn galw am gynllun gweithredu cenedlaethol wrth iddynt baratoi i wynebu ail don o COVID-19 dros y gaeaf

Hydref 2021

## Rhaid i lywodraeth Cymru weithio gyda GIG Cymru i:

- › werthfawrogi gweithlu'r GIG gyda chynllun cenedlaethol ar gyfer recriwtio, cadw ac adfer staff
- › mynd i'r afael â salwch y mae modd ei osgoi gyda strategaeth drawslywodraethol ar anghydraddoldebau iechyd
- › lleihau effaith ôl-groniad y GIG ar ddiogelwch cleifion ac addysg feddygol.

## Argymhellion

1. Creu cynllun gweithredu cenedlaethol i ddatblygu a chadw gweithlu presennol y GIG ochr yn ochr â chynnydd yn nifer yr ysgolion meddygol a'r lleoedd hyfforddi ôl-radd: wedi'i gefnogi gan fuddsoddiad yn ystad y GIG ac wedi'i dargedu at yr arbenigeddau a'r lleoedd lle bydd angen meddygon arnom mewn 10-15 mlynedd.
2. Cymryd dull trawslywodraethol dan arweiniad y prif weinidog i fynd i'r afael ag anghydraddoldebau sy'n cyfrannu at salwch y mae modd ei osgoi mewn oedolion a phlant – nid yn unig o ran iechyd corfforol, ond iechyd meddwl, tai, addysg, trafnidiaeth, gofal iechyd gwledig, y system cyfiawnder troseddol, mynediad digidol ac incwm, ymysg ffactorau cymdeithasol eraill sy'n effeithio ar iechyd.

3. Gweithredu cynllun uchelgeisiol i fynd i'r afael â rhestrau aros ac ôl-groniad y GIG – nid yn unig gofyn i glinigwyr 'wneud mwy', ond ehangu darpariaeth gofal cymdeithasol, buddsoddi mewn e-bresgripsiynu, diagnosteg a seilwaith, a chefnogi'r gweithlu i fabwysiadu technolegau newydd i harneisio arloesedd, gwella cydnerthedd a sicrhau bod y GIG yn barod ar gyfer argyfyngau yn y dyfodol.

## Mae'r ddogfen hon wedi'i hardystio gan:

1. Academi Colegau Meddygol Brenhinol Cymru
2. Coleg Brenhinol yr Anesthetyddion
3. Coleg Brenhinol y Llawfeddygon
4. Coleg Brenhinol Llawfeddygon Caeredin
5. Coleg Brenhinol y Meddygon
6. Coleg Brenhinol y Meddygon Caeredin
7. Coleg Brenhinol Meddygaeth Frys
8. Coleg Brenhinol y Meddygon Teulu
9. Coleg Brenhinol yr Offthalmolegwyr
10. Coleg Brenhinol y Patholegwyr
11. Coleg Brenhinol Pediatreg ac Iechyd Plant
12. Coleg Brenhinol y Radiolegwyr
13. Coleg Brenhinol y Seiciatryddion
14. Cyfadran Gofal Iechyd Rhywiol ac Atgenhedlu
15. Cyfadran Iechyd Cyhoeddus
16. Cyfadran Meddygaeth Fforensig a Chyfreithiol
17. Cyfadran Meddygaeth Gofal Dwys