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Ymchwiliad i'r Adolygiad Blaenoriaethau ar gyfer y Pwyllgor Iechyd, Gofal  
Cymdeithasol a Chwaraeon

Inquiry into the Priorities for the Health, Social Care and Sport Committee

Ymateb gan: Colleg Brenhinol Meddygon Caeredin

Response from: Royal College of Physicians of Edinburgh

## The National Assembly for Wales

### Priorities for the Health, Social Care and Sport Committee

#### Response from the Royal College of Physicians of Edinburgh

1. The Royal College of Physicians of Edinburgh (RCPE) is an independent clinical standard setting body and professional membership organisation, which continually aims to improve and maintain the quality of patient care. Founded in 1681, we support and educate doctors in the hospital sector throughout the UK and the world with over 12,000 Fellows and Members in 91 countries, covering 30 medical specialties.

2. Physicians are leaders within healthcare teams and engage in difficult discussions about prognosis and treatment options. Our members have identified three key priority areas to inform the health goals of the incoming Welsh Government in 2016. These measures will ensure safe, patient-centred, high quality medical care (1) and improved public health. For more information on any of these issues, please contact us directly: [REDACTED] or [REDACTED].

#### Health and wellbeing

3. The RCPE has worked to improve public health for nearly 350 years and promotes health and wellbeing for all.

4. Obesity: 58% of all adults in Wales are overweight (2) compared to 39% globally (3) and 62% of the UK (4). Prevention is both better for patients and more cost-effective than treatment. However, action is also necessary to assist those who are already overweight or obese. The costs of obesity to both the NHS and patients are high (5), financially and in terms of avoidable suffering. Being overweight increases the chances of developing diabetes, heart disease, cancer and arthritis, and has the potential to lead to reduced mobility, disability and social isolation.

5. It is vital that the public can make informed choices about food. While a balanced diet will help avoid obesity, a poor diet which does not meet recommended dietary requirements and results in overweight/obesity could be described as 'modern malnutrition' (6). Preventative measures such as reduced food portion or pack sizes must be considered along with policies such as the sugary drinks tax.

6. The RCPE supports fully embedding physical activity for health into primary care, secondary care, social care and health education,(7) as well as in the health and social care workforce and workplace. This would include ensuring secondary care staff provide guidance on the recommended minimum levels of physical activity for health, offer brief advice and brief intervention, and signpost to community resources.

7. Alcohol: Problems associated with alcohol continue to be a challenge for the NHS in Wales. We agree with other health organisations that the alcohol industry should have a reduced role in the formulation of alcohol policies to help ensure public health remains the priority. The alcohol industry should be strongly encouraged to contribute to the reduction of alcohol harm by sharing knowledge of sales patterns and marketing influence. The implementation of Minimum Unit Pricing (MUP) remains a priority for the RCPE and we ask the Welsh Government to support this.

8. Tobacco: 20% of adults were active cigarette smokers in 2014 (8). While this figure is gradually falling, we ask the Government to continue to support Stop Smoking Wales and targeted initiatives in order to see further long-term improvements and reduce premature deaths. We also call for a

dementia prevention strategy which recognises that smoking is a major risk factor (9) for developing dementia, and thus would be a crucial part of any prevention work.

9. Mental health: There is a well described link between mental and physical health and wellbeing, (10) and we therefore support extending the integrated and holistic view taken in the Mental Health (Wales) Measure 2010. The Measure is intended to ensure that where mental health services are delivered, they focus more appropriately on people's individual needs. Around 30% of people with a long-term physical health condition also have a mental health problem. The evidence also shows that that people with mental health issues are dying early due to associated physical behaviours and that, for example, stopping smoking improves mental as well as physical health (11). Mental health promotion should be given more prominence with respect to physical health due to the burden of morbidity and reduced life expectancy

10. Inequalities: There are currently significant differences – up to 10 years – in life expectancy between the most affluent and the most deprived areas in Wales (12). Research over the years, from the Black Report (13) to Prof Sir Michael Marmot's Institute of Health Equity, (14) has consistently shown that it is vital that action is taken to improve the social and economic conditions in which people live (15). We therefore call on the Government to pursue policies which will address social determinants of ill health and improve circumstances which lead to poor health or social exclusion, including disability.

11. The RCPE is committed to working with other organisations and professional bodies to embed action on the social determinants of health across the workforce. We ask the Government to support these measures.

12. Overtreatment: Issues such as the overuse of clinical treatments and interventions (16) and the overuse of antibiotics (17) remain high profile and we call for partnership-working between clinicians and the Government to ensure tackling these issues remains a priority and best practice is followed to maintain the efficacy of some of our most clinically valuable medicines.

### **Workforce planning and training**

13. Workforce planning: The RCPE supports increased availability of consultant-delivered care, including at evenings and weekends, where there is potential to improve quality of care for patients with the appropriate staff and services in place. It is essential that an evidence-based approach to extended working is taken, recognising the importance of a multi-professional approach and an appropriately phased implementation. We call on the Government to recognise that this cannot be delivered without additional resource, increased medical staffing, clinical time, and increased support from services such as radiology; pathology and allied health professionals (AHPs).

14. Collaboration is vital between the Government and clinicians to build upon the emerging evidence in this area, such as the findings of the RCPE's expert workshop on extended working. The medical workforce faces a number of challenges and the RCPE recognises the need for safe and sustainable staffing levels throughout the NHS. We need to ensure that we continue to recruit and retain a world class workforce to deliver the best possible patient care (18). The RCPE is committed to working with the Welsh Government and other allied organisations to address issues around recruitment and retention such as consultant vacancies, rota gaps and trainee attrition rates, as a matter of priority. We are also committed to working with partner organisations to promote innovative ways of working in the NHS. The roles of Physician Associates, Advanced Nurse Practitioners and other examples of physician extenders should be further examined to create a workforce fit for the future.

15. Political parties must commit to developing and implementing minimum staffing levels for all professions within hospital settings, based upon best evidence (1), along with improved workforce planning which reassesses the size and structure of the consultant workforce taking account of such changes as the rise of part-time working, extended working, and the needs of an ageing population.

16. The College is committed to promoting the highest clinical standards and implementation of robust, evidence-based medical practice. Standards must be measurable and the associated scrutiny proportionate in order to be effective. Improving patient flow across health and social care remains vital in this regard, both in terms of patient safety and quality improvement (19). Patients must be treated in the right place, and as quickly as possible. This requires the right numbers of staff and mix of skills across health and social care.

17. Training: Excellent training is essential to provide excellent patient care. Doctors in training provide a significant level of core hospital services and care, and are key in identifying concerns in service provision and standards of patient care. Our trainees will become future NHS leaders and the RCPE is committed to supporting them throughout their careers.

18. The RCPE calls for the incoming Government to ensure that: UK wide training standards, as regulated by the GMC, must be met throughout Wales; development of Shape of Training should be conducted in Wales with input from the RCPE and implementation must be appropriately evaluated; medical Royal Colleges need to be able to devise curricula according to patient need, independent of government involvement; training and service are inherently linked and both must be supported in order to deliver high quality patient care. Full adoption of the RCPE's Charter for Medical Training (20) provides this environment.

19. All medical units admitting acutely ill patients must be staffed by doctors in training at registrar level possessing the MRCP (UK) examination, or equivalent Staff, Associate Specialist and Specialty (SAS) grade doctors, working under the direct supervision of consultant staff, all on robust and sustainable rotas. A healthy working environment must also be ensured by, for example, a zero tolerance approach to bullying, harassment or undermining behaviour.

### **Health and social care**

20. Frailty: Current projections suggest that the number of people aged 65 and over will increase in Wales by 50% by 2037 (21) and a significant problem faced by older people is frailty. Frailty is progressive and impacts adversely on life experience (22). We call on the incoming Government to continue exploring new models of approaching patients with frailty which will assist in routinely identifying those living with frailty and signpost them to the most appropriate support, including self-management or care in a community setting.

21. Long-term conditions: Managing patients with long-term or chronic conditions is one of the biggest challenges facing the NHS in Wales and collaboration between health and social care has great potential in this regard. We ask the next Government to actively support primary and secondary care to work effectively in partnership with social care. It is important that, where appropriate, patients are treated in a community setting and are empowered to be active participants in their own care where possible, and that patients fit for hospital discharge can do so without delay.

22. We call on the Government to ensure that consultants and other members of multidisciplinary teams have adequate time for patients with long-term or chronic conditions to promote patients'

understanding of their own care, and for patients to have improved access to specialist nursing care. An important part of providing high quality patient care is ensuring that patients are well informed and have accurate expectations of their treatment and care: effective and compassionate communication with patients will remain a key priority for the RCPE.

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