Association of Anaesthetists Briefing

Health and Care Bill: Evidence to the Public Bill Committee

August 2021

The Association of Anaesthetists is made up of almost over 10,000 anaesthetists in the UK, Republic of Ireland and internationally. We seek to promote patient care and safety, and make advances in anaesthesia through education, publications, research and international work. Along with colleagues in intensive care, anaesthesia is the largest speciality in the NHS.

The Health and Care Bill covers a wide range of issues and includes a number of measures that the Association welcomes. In this summary we provide comments on a number of the standout provisions in the Bill that are of most relevance and interest to the Association and its members. Most notably, we join calls to include in the Bill stronger measures on NHS workforce planning. There are shortages across the anaesthesia workforce and the Association is concerned about the impact this will have on the future of the profession, and, if action is not taken, how the shortage might impede our ability to tackle the backlog in elective surgery cases.

Workforce

While a provision in the Health and Care Bill to require the Secretary of State for Health and Social Care to publish a report once every five years detailing how workforce needs would be assessed and met is welcome, the Association of Anaesthetists does not believe this will be enough to tackle what is a serious workforce problem across our health service This point was picked up during the debate on the Second Reading of the Bill by Jeremy Hunt MP (South West Surrey), the former Health Secretary and current chair of the Health and Social Care Select Committee. Hunt said that "The truth is that we have a short-term emergency with workforce burnout, so I urge (the Health Secretary) to look at the simple and sensible solution... to legislate for Health Education England to have a statutory responsibility to publish annual independent workforce projections across the health and care system for the next five, 10, 15 and 20 years."

There is presently an anaesthetist workforce shortage of over 1,000,[1] and yet, this year, across the UK, 700 potential trainee anaesthetists have not been given posts due to a lack of available places.[2] The Association is highly concerned about what this might mean for the future of the profession. These doctors are critical to the NHS recovery and future workforce needs. We believe there is a very real risk that many of them, in whom we have already invested time and money in training, will be lost to the profession forever as they will seek alternative careers or move to work abroad in the future.

In addition, there is an uneven workforce shortage *across the country*, which means targeted local planning, training and recruiting is vital if this aspect of the workforce challenge is to be met. The removal of the Local Education and Training Boards as is being considered in this Bill must be replaced with a system to ensure the needs of local communities are not lost. Moreover, the 2021 annual report from the Chief Medical Officer made an important point about how challenges to recruitment and retention can have a disproportionate effect on deprived communities, where the

[1] The Royal College of Anaesthetists, *Workforce Census 2020* (https://www.rcoa.ac.uk/training-careers/working-anaesthesia/workforce-planning/medical-workforce-census-report-2020).

[2] https://anaesthetists.org/Home/News-opinion/News/Health-Secretaries-We-urgently-need-more-training-posts-for-anaesthetists-to-help-manage-this-pandemic-future-pandemics-and-the-huge-backlog-of-surgical-procedures

workforce gaps are often more pronounced.[3] We urge the Public Bill Committee to seek assurances (in the Bill) that these important local factors are taken into account when seeking to address workforce challenges.

This is the underlying point - the NHS needs an annually reviewed, long-term strategic workforce plan, and this must be included in the Bill. It will help us to meet the challenges mentioned above, and others. We are pleased to see such calls have been made by various stakeholders and practitioners. The Association endorses the Health and Social Care Select Committee's recent recommendation to include "objective, transparent and independent annual reports on workforce shortages and future staffing requirements that cover the next five, ten and twenty years (including an assessment of whether sufficient numbers are being trained)" within the Bill. [4] We therefore support Amendment 2 moved by Anne Marie Morris MP (Newton Abbot).

Anaesthetists were burned out and spread thinly even before having to go above and beyond the call of duty during the pandemic. The Association has been campaigning on fatigue and burnout in recent years. Our Fight Fatigue campaign sets out practical changes which can be made in every hospital, such as access to rest facilities and coffee break rooms, in addition to providing a more comprehensive mental health and suicide prevention support. We hope that the Government uses this opportunity to reassure anaesthetists, and all others across the NHS workforce, that their wellbeing is a priority (in the Bill), and that wellbeing will be an important part of the proposed future reports on workforce needs that the Secretary of State will be required to prepare.

The Association believes that without a detailed and specific focus on addressing workforce challenges, including in anaesthesia, the Government's ambitions in the Bill, the NHS Long Term Plan, and the desire to tackle waiting lists – with over 5.3 million people that we know of[5], in need of treatment – will not be met safely or in good time.

Suggested amendments

Clause 33, page 40 (Report on assessing and meeting workforce needs)

- Line 6, Leave out "at least once every five years" and insert "annually"
- Line 7, At "assessing and meeting the" insert "short-term and future five-yearly"

Clause 77, page 67 (Abolition of Local Education and Training Boards)

- Line 38, at end insert –

  (2) "Health Education England and the Secretary of State will have a duty to ensure that the function of these Boards to assess local workforce recruitment and planning needs remains."

Procurement regulations

We welcome the Bill's provisions to put in place a regulatory framework on procurement to ensure transparency in decision making. We must ensure that climate and environmental sustainability

[3] Chief Medical Officer's Annual Report 2021, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1004527/cmo-annual_report-2021-health-in-coastal-communities.pdf

[4] Health and Social Care Committee, *Workforce burnout and resilience in the NHS, and social care*, https://committees.parliament.uk/publications/6158/documents/68766/default/

[5] Institute for Fiscal Studies, *Could NHS waiting lists really reach 13 million?*, August 2021, https://ifs.org.uk/publications/15557

impacts are included in decision making around procurement in the NHS. Anaesthetists are playing a vital role in decarbonising the NHS, particularly around safe and sustainable disposal of anaesthetic waste and committing to reducing use of anaesthetic gases, such as nitrous oxide and desflurane.[6] The challenges are widespread and need to be met with a long-term vision. The Association would therefore welcome a commitment in this Bill to include climate considerations in the regulation of NHS procurement of goods and services. This, we believe, would help deliver the Government's stated ambition of creating a "truly net zero health service".

We must also ensure resilience is built-in to the procurement regime. The well-documented concerns of frontline workers when securing PPE during the first wave of the pandemic, for example, could be avoided by placing a greater emphasis on resilience of supply.

Suggested amendments

Clause 68, page 61

- line 37, after "procurement", add "including an assessment of the environmental impact of procurement decisions"

Other

The Association welcomes the introduction of the Health Services Safety Investigations Body (HSSIB) and its focus on improving patient safety and institutional learning, as opposed to attributing blame on individuals. We would urge the Public Bill Committee to seek further assurances that the powers of the Body is kept to this important duty.

Contact

For more information or questions surrounding this evidence, please contact the Advocacy and Campaigns Team by emailing Colton Richards, Advocacy and Campaigns Manager: coltonrichards@anaesthetists.org

[6] https://anaesthetists.org/Home/Resources-publications/Environment/Our-environmental-work/Environment-and-sustainability-committee