

Staffing levels in the NHS during the coming winter period

House of Lords, oral question
26th October 2017

About the BMA

The BMA (British Medical Association) is a voluntary professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care.

Key points

- **A recent BMA report has shown the NHS staffing crisis laid bare¹** – patient care is at risk because of a chronic shortage of doctors across most areas of medicine. Particularly concerning is the drop off at each stage of doctors' training. Our report found that:
 - Applications to UK medical schools have decreased for the third year in a row
 - Applications to the foundation programme have decreased, with the lowest number in recent years applying in 2016
 - Nearly three quarters of all medical specialties had unfilled training posts in 2016
 - Fewer trainees are moving directly into specialty training and instead choosing to take a career break
 - Dozens of specialties are facing recruitment shortfalls year on year
- **Doctors are struggling with unsustainable workloads** – because of understaffing and chronic underfunding, the workforce's morale and wellbeing has plummeted, often leading to stress and burnout.
- **Staffing and funding crises are exacerbated during winter months** – there is an ever-increasing demand for health services across the NHS, and demand is now so great all-year-round that the system is unable to cope with a seasonal spike in demand.

Background: NHS at breaking point

NHS Providers has warned that "*we're in the middle of the longest and deepest financial squeeze in the history of the NHS*". Trusts are "*struggling to recruit and retain enough staff to ensure the safe, high-quality care that patients expect and deserve*".

A recent BMA survey revealed that two-thirds of hospitals doctors, and almost half of GPs, are reporting vacancies in their departments and practices. Acute staffing shortages in key areas (such as emergency medicine and radiology) have seriously comprised patient care, with many people facing delays in treatment that could have a real impact on their health outcomes. Many doctors (71% of survey respondents) said they felt patients' access to the health service had become more difficult in the last year.²

¹ British Medical Association report, 'The state of pre and post-graduate medical recruitment in England', Sept 2017. Accessible at: www.bma.org.uk/-/media/files/pdfs/collective%20voice/policy%20research/education%20and%20training/state-of-medical-recruitment-sept-2017.pdf

² British Medical Association Quarterly Survey, Q2 2017. Accessible at: www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/quarterly-survey/quarterly-survey-results/quarterly-survey-q2-2017



These pressures, described by the NHS Confederation as “*intolerable*”, have resulted in overworked staff choosing to leave the NHS at a time when it needs them most. At the same time, the number of people applying to UK medical schools has decreased for the third year in a row – by more than 13% since 2013.³

The BMA has warned that we haven’t seen the necessary investment to meet this challenge; instead two-thirds of NHS trusts are in deficit. All of the indicators point to a health service that simply cannot keep up with demand, and we have urged the Government to make the necessary provisions, both in the long-term and short-term, to support service provision in the face of increased demand – throughout the year as well as at particular crisis points.

Seasonal spike in demand

Recent figures from NHS England⁴ have shown that the NHS has been under continued pressure in the last year, with more people being admitted to A&E and more people waiting for treatment. Therefore, it is unsurprising that the system is unable to cope with the extra burden it faces during the seasonal spike in demand during the winter months.

Last year the NHS faced the worst winter on record leaving patients facing unacceptable delays for care: beds at full capacity, daily breaches in A&E, and critical operations being cancelled. In Q3 (October to December 2016), bed occupancy was at 90.6%, and A&E had 23,000 more admissions than the year before.

BMA recommendations

The BMA welcomed NHS England’s recent announcement regarding a package of contingency actions to combat the pressures on frontline services this winter, which included an expansion in training for A&E consultants and a new ‘National Emergency Pressure Panel’. However, we advised that steps to address the recruitment and retention crisis in emergency medicine must not be considered in isolation.

We know that many training places are going unfilled, meaning that creating additional A&E training places will not, alone, solve the root causes of the staffing crisis in our A&Es. We have also urged that any new emergency pressure panel should adopt a system-wide approach, in recognition that general practice and social care also face acute pressures during the winter period.

Fundamentally, if we are to avoid another dangerous, and predictable, scenario this winter, the NHS needs additional capacity – more beds, staff and funding. The UK is spending significantly less than other leading European economies on health,⁵ and the subsequent funding pressures from this underinvestment mean we have fewer beds and fewer doctors than countries like France and Germany. Whilst the BMA has welcomed recent government NHS spending announcements, including NHS England’s pledge to increase general practice investment, the current investment is inadequate and is having a direct impact on the service the NHS can provide to patients.

The Government should increase the percentage of GDP it spends on health to meet the average spent by other leading European economies (from 9.8% to 10.4%).⁶ It has been projected that this would see an increase of £14.6bn going into the health service, over the next five years, to

³ British Medical Association report, ‘The state of pre and post-graduate medical recruitment in England’, Sept 2017. Accessible at: www.bma.org.uk/-/media/files/pdfs/collective%20voice/policy%20research/education%20and%20training/state-of-medical-recruitment-sept-2017.pdf

⁴ NHS England, Performance statistics, Oct 2017. Accessible at: www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/08/Monthly-performance-statistics-summary-Oct17.pdf

⁵ Leading EU economies were identified using GDP per capita as a proxy for the level of development: Germany; France; Belgium; Denmark; Austria; Netherlands; Ireland; Italy; Sweden and Finland

⁶ OECD, Health and Finance Data, 2015, <http://stats.oecd.org/Index.aspx?DataSetCode=SHA>

pay for thousands more doctors, nurses and other NHS staff, as well as thousands more beds. This funding would help the NHS to provide the services doctors wish to deliver, and their patients deserve.

In the short-term, the BMA supports calls for immediate cash injections to deal with the impending, increased pressures on the NHS over the winter period. NHS Providers has warned that patient safety is at risk without this immediate funding, which they have suggested should be in the region of £200 and £350 million.⁷

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⁷ NHS Providers, *Patient safety will be risked this winter without immediate funding and capacity boost for the NHS*, September 2017