Evidence for LSE-Lancet Commission ‘The Future of the NHS’

Name of Organisation/Individual: The British Medical Association

Name and Job Title of person/s submitting evidence: Jon Ware, Head of Health Policy

Role organisation/individual plays within the NHS?

The British Medical Association (BMA) 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.

From your/organisation’s perspective what are the biggest challenges facing the NHS in the immediate future and also looking forward over the next 20 years?

The National Health System (NHS) in England is struggling to cope with unprecedented patient demand and years of crippling financial restraint. Cuts to acute beds and the chronic underfunding of health and social care has resulted in patients facing unacceptably long delays for treatment. With bed occupancy at record highs, social care on the brink of collapse, and patients unable to reliably access general practice, the NHS is at breaking point.

There are a number of immediate and long-term challenges that must be addressed. These include:

1. Funding

Although the government has recently promised to increase funding for the NHS, the BMA does not believe this increase will be sufficient. The 3.4 per cent real-terms increase remains less than the long run average growth in health spending, which is 3.7 per cent, and analysis by experts at the Institute for Fiscal Studies (IFS) demonstrates that a rise of at least 4.1 per cent is needed to keep pace with changes in demographics, rising multiple morbidities, and other factors. In addition, the rise does not include public health, capital investment or medical education and training. Factoring in a lack of growth in these areas, the overall increase will be closer to 3 per cent. In addition, the funding rise will not benefit social care, which is severely underfunded, and which has a massive impact on the NHS.

The BMA continues to call on political parties to match or exceed the average health spend of other comparable European countries as a proportion of Gross Domestic Product (GDP). In 2017, the average health spend as a proportion of GDP for the 10 leading EU countries was 10.1 per cent (compared to 9.7 per cent in the UK). While the additional funds announced in June will increase the

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1 UK Government (2018) Prime Minister sets out 5-year NHS funding plan
2 BMA (2018) What does the funding announcement mean for the NHS?
3 The Health Foundation (2018) Accelerating improvement in the NHS
4 The Health Foundation op cit; The Institute for Fiscal Studies (2018) Securing the Future, Funding Health and Social Care to 2030
5 BMA (2018) What does the funding announcement mean for the NHS?
6 BMA (2017) BMA position on health spend
7 OCED (2017) Health expenditure and financing
proportion of the UK’s GDP spent on health, health spending will remain behind many other European countries, including France, Germany and Sweden.

Further, the 44 STPs (Sustainability Transformation Partnerships), which are meant to bring about innovative service change to deliver a clinically sustainable health service that will generate cost savings, are not realistic. Particularly because the STF (Sustainability and Transformation Fund) has largely been used to plug provider deficits rather than support system change. The BMA estimates that there is a £9.5 billion shortfall in funding for STPs, and the Vanguard scheme funding will also end in 2018, which will mean local areas will be expected to develop or continue implementing new models of care without new funding to make this possible.

The new funding announced in June 2018 creates an opportunity to properly fund the transition to integrated care. However, because the funding announced is less than required, it is likely that problems with regard to prioritising system transformation will persist.

Further information on the BMA’s position on health spending can be found in What does the funding announcement mean for the NHS?, BMA Briefing on NHS England’s Refreshed Planning Guidance, BMA position on health spend, Pre-Budget consultation and BMA briefing: NHS funding.

2. The NHS workforce

The UK population is growing and the number of people with multiple long-term conditions is set to increase. As a result, doctors are doing more complex and intense work in environments that are understaffed and under-resourced. There are currently chronic staff shortages across all professions, and increasing rota gaps. Doctors of all grades are consistently asked to take on additional responsibilities, work increasingly longer and more intense hours, act across specialties and look after inappropriate numbers of patients.

While medicine remains a popular career choice, many doctors find working in today’s NHS too taxing on their health and wellbeing and are subsequently leaving to seek alternative employment opportunities either at home or abroad, considering early retirement or leaving the profession altogether. Fewer than 3 in 10 doctors say that their hospital/GP practice can usually provide cover for absences or unfilled vacancies. Around half (48 per cent) say that their workplace can sometimes provide cover and 23 per cent that they cannot usually provide cover. In addition, 4 in 10 surveyed EU doctors have reported that they are considering leaving the UK following the EU referendum result. This will place even greater pressure on the medical workforce.

The medical workforce finds itself caught in a vicious cycle which risks the ability of the NHS to deliver a safe and reliable service. Improving recruitment and retention in the medical workforce will require long-term approaches and making jobs genuinely attractive to a modern workforce. However, the immediate needs of the service must also be addressed in the short-term.

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9 BMA (2017) BMA position on health spend
10 BMA (2017) Pre-Budget consultation
11 BMA (2017) BMA briefing: NHS funding
13 BMA (2017) Future of UK health care at risk as more than four in ten European doctors considering leaving UK following Brexit vote
The workforce is the most important aspect of any organisation. Adequate numbers of trained, motivated and healthy staff, with the right skills delivering care in the right places is what is needed for the NHS to continue delivering the highest quality care among any health system in the world.

The quality of continuous education and training, for both medical trainees and throughout a doctor’s career, plus fair terms and conditions of service, flexible working arrangements and an employer focus on the health and wellbeing of staff will have a long lasting and positive impact on recruitment and retention, and on patient care and value for public investment.

Further information can be found in the BMA’s response to Facing the facts, shaping the future – a draft health and social care workforce strategy for England to 2027, Pre and post qualification training and development of doctors, and the State of medical recruitment.

3. Quality

Working in a severely pressurised environment, without adequate resources, capacity or support, is putting both doctors and patients at risk. The CQC (Care Quality Commission) 2017 State of Care report warns that health and care services are stretched and that some services have deteriorated. In 2018, the BMA surveyed almost 8000 doctors, 78 per cent of whom believe the inadequacy of resources significantly affects the quality and safety of patient services. In addition, 95 per cent of surveyed doctors stated that they are occasionally or often fearful of making a medical mistake in their daily workplace. The primary reason for errors is felt to be pressures/lack of capacity in the workplace (89 per cent) and system failings in the workplace (59 per cent). Three in 10 doctors feel errors are likely due to them being asked to work outside their scope or competence.

Nevertheless, the CQC has reported that the quality of care across England remains mostly good, owing to the admirable efforts of NHS staff to deliver compassionate care in challenging circumstances. This assessment is again reflected in the findings of a recent survey conducted by The King’s Fund. That survey found that while public dissatisfaction with the NHS is at its highest since 2007 (29 per cent), reasons for dissatisfaction relate primarily to resourcing issues. For example, lack of funding and staff, long wait times, government reforms to the health service, and inefficient use of funds were listed as the top five reasons for dissatisfaction. Meanwhile, reasons for satisfaction with the NHS centered on quality. Quality of care provided, positive feelings about NHS staff and the range of services were amongst the top five reasons provided for satisfaction.

Creating positive cultures within organisations and teams that support collaborative working among professionals and across sectors will be key to maintaining the quality of patient care. There must also be a sustained commitment to tackle bullying and harassment and to move toward a no-blame culture that fosters continuous learning and improvement.

Further information can be found in Working in a system under pressure, the BMA’s weekly analyses of trust-level data (the winter situational reports) published by NHS England, Pressure points in the NHS.
General practice is often referred to as the cornerstone of the NHS; the foundation on which a world-renowned health service is built enabling the delivery of high quality care, free at the point of access, to the whole population. It is inherently flexible and adaptable and has always risen to meet new challenges like increasing demand, and a steady stream of ever evolving regulatory arrangements and management system changes.

However, general practice has had to do this against a backdrop of chronic underfunding and a failure by Government to address the urgent challenges facing primary and community care services. As a result, the foundation on which the NHS sits is cracking and can no longer withstand the weight it is expected to bear.

In 2005/06, the proportion of the NHS budget devoted to general practice (excluding drugs reimbursement) was 9.6 per cent, however, that figure has dropped to a mere 7.1 per cent in 2018/19. This decline in funding has been compounded by an increase in the total number of patient registrations of more than two million since 2013, inevitably leading to an increase in workload and further cost implications.

The commitments set out in the GPFV (General Practice Forward View) to invest 2.4 billion in general practice over the coming four years are wholly insufficient to either restore the share of NHS funding allocated to general practice to 2005/06 levels, or reach the BMA’s 11 per cent target, which leaves a funding gap of £3.7 billion in 2017/18.

In any event, the GPFV does not look to be on track to deliver the full potential of its funding commitments and the NHS England Refreshed Planning Guidance for 2018/19 appears to confirm that there will be no further increase in spending on general practice beyond the commitments made in the GPFV. Although the 2017 Autumn budget states that there will be a 4 per cent increase from April 2018, it will be counterbalanced by the 36 per cent increase to ‘sustainability’ for trusts and a 7 per cent increase in funding for specialised services.

This appears to continue a trend of falling overall investment in general practice. Although it is possible that general practice will benefit from the additional funding announced in June 2018, this is yet to be confirmed.

With inadequate resources to fund an expanded workforce, manage workload levels safely, and meet growing public demand, the proportion of patients waiting more than two weeks for an appointment...
has risen to a record high of 20 per cent – up from 12 per cent five years ago. In addition, nine out of ten GPs report that their workload is unmanageable, and increasing numbers of practices are applying to close their lists.

From March 2016 to March 2017, the total number of FTE (full time equivalent) GPs fell by 678 (-2.3 per cent). General practice is experiencing one of the most severe recruitment and retention crises in decades. In addition, whilst more GPs appear to be entering training, GP recruitment still falls short of the annual recruitment target of 5000 initially set by Government in 2015/16.

Furthermore, efforts by GPs to work at scale by developing primary care networks are not being properly funded. Recurrent funding is required to make these ventures sustainable, and there should be greater focus on enabling greater collaboration and supporting the expansion of the primary care workforce rather than organisation mergers.

To address these issues, the BMA has called for Government to use its planned review of long term NHS funding to address historic underinvestment in general practice. The BMA has also called for a renewed focus on workforce planning, recruitment and retention, the removal of the unsustainable burden of indemnity payments, the reduction of risks related to practice premises, greater transparency and accountability on how GPFV funding is being spent, and a wholesale review of the GPFV.

Further information regarding the BMA’s position on General Practice can be found in The general practice forward view: two years on, Saving General Practice and BMA briefing: GP recruitment and retention.

5. Public health

Despite published intentions to improve public health in the FYFV (Five Year Forward View), planned cuts to local authorities are continuing, averaging 3.9 per cent a year to 2020/21. These budget reductions are leading to unacceptable variation in the quality and quantity of services available to the public. This is likely to have a detrimental impact on population health, increase future demand for treatment services, and risks widening health inequalities.

Current funding of £3.2 billion, down from £3.3 billion in 2017/18, will not be enough to meet growing population health needs. Greater investment is needed to tackle public health issues, including smoking, alcohol, poor diet and physical inactivity, which have been estimated to cost the NHS more than £18 billion per year.

27 BMA (2017) Analysis of GP patient survey 2017
28 BMA (2016) Patient safety under threat from pressures in General Practice
29 General and Personal Medical Services, England as at 30 June 2017, provisional Experimental Statistics
31 BMA (2018) BMA briefing: GP recruitment and retention
32 NHS England (2014) Five Year Forward View
33 BMA (2018) Feeling the squeeze: The local impact of cuts to public health budgets in England
34 UK Government (2018) Public health grants to local authorities: 2018 to 2019
The BMA has called on the Government to reverse cuts and make further funds available to meet health needs of local populations, establish common, minimum standards for the provision of public health services to address local variation in quality and quantity and to recognise the evidence that prevention and early intervention is cost-effective.\textsuperscript{36} The new funding announced in June 2018 presents an opportunity to do so. However, even though the Government specifically addressed public health in the announcement,\textsuperscript{37} no detail has been provided as to how much (if any) funding will go to public health.

Further information regarding the BMA’s work on improving public health \textit{Feeling the squeeze: The local impact of cuts to public health budgets in England},\textsuperscript{38} \textit{Preventing ill health},\textsuperscript{39} \textit{Adult social care},\textsuperscript{40} and the \textit{Public and population health webpage}.

6. Social care is on the brink of collapse

Social care is an increasing area of concern for the BMA. To look after individuals well, doctors need social care to be sufficiently funded and adequately staffed. In addition, improved integration between health and social care services is needed to ensure patients move between the two services easily. We believe that the significant pressure in social care is a direct result of inadequate resourcing.

Social care funding has fallen significantly short of what is required and resultant failures within the social care system are impacting negatively on a stretched, overworked and underfunded NHS.\textsuperscript{41} From 2009/10 to 2016/17 gross spending by councils on social care fell by 7 per cent due to cuts to local authority budgets.\textsuperscript{42} As a result, 25 per cent fewer people are accessing social care services.\textsuperscript{43}

According to the Nuffield Trust, The King’s Fund, and The Health Foundation, despite the £2 billion funding boost delivered by the 2017 Spring Budget and the introduction of the council tax precept, there will be an estimated annual social care funding gap of £2.5 million by 2019/20.\textsuperscript{44} This gap must be filled, to ensure people can get the support they need and to avoid adding further pressures onto the NHS.

Further information regarding the BMA’s work on social care can be found in \textit{Adult social care},\textsuperscript{45} and \textit{Pre-Budget consultation}.\textsuperscript{46}

7. Mental health

\textsuperscript{36}BMA (2018) \textit{Feeling the squeeze: The local impact of cuts to public health budgets in England}
\textsuperscript{37}UK Government (2018) \textit{Prime Minister sets out 5-year NHS funding plan}
\textsuperscript{38}BMA (2017) \textit{Feeling the squeeze: The local impact of cuts to public health budgets in England}
\textsuperscript{39}BMA (2017) \textit{Preventing ill health}
\textsuperscript{40}BMA (2017) \textit{Adult social care}
\textsuperscript{41}BMA (2017) \textit{Pre-Budget consultation}
\textsuperscript{42}The Kings Fund (2017) \textit{The Autumn Budget: Joint statement on health and social care}
\textsuperscript{43}The Kings Fund (2017) \textit{The Autumn Budget: Joint statement on health and social care}
\textsuperscript{44}The Kings Fund (2017) \textit{The Autumn Budget: Joint statement on health and social care}
\textsuperscript{45}BMA (2017) \textit{Adult social care}
\textsuperscript{46}BMA (2017) \textit{Pre-Budget consultation}
Across the UK, people of all ages with mental health problems face significant challenges in accessing the services they need. Too often, they receive little or no support. This has led to a vast amount of unmet need, substantial levels of preventable morbidity and avoidable deaths.

Doctors have repeatedly raised concerns about the state of mental health services and the need to improve the outcomes for their patients suffering with mental health problems. This will require a comprehensive transformation programme, moving to a more proactive and preventative approach to mental health across the NHS.

Even though mental health problems are the single largest source of burden of disease in the UK (28 per cent), a disproportionately small amount of the total CCG budget is spent on mental health (13 per cent in England).\(^47\) As a result, mental health care providers are struggling to keep up with demand. In addition, nearly 10 per cent of mental health care staff posts are reported to be vacant, leaving trusts unable to staff services safely and there is little sign of the promised increase in mental health therapists linked to general practice.\(^48\) CQC inspection reports for all 54 mental health trusts in England have identified an increased risk to patient safety as a result of problems with staffing.\(^49\)

The BMA welcomes recent mental health funding announcements in England, but notes that some funds are not reaching front line services.\(^50\) This is particularly problematic in the case of CAHMS (Children and Young Person’s Mental Health Services), which are struggling to meet increasing demand, resulting in increased waiting times. Without increased funding allocated from central government, CCGs will continue having difficulty increasing their spending on mental health services. The BMA continues to call for increased investment in mental health services in the context of increased funding for the NHS as a whole.\(^51\)

The gravity of the mental health problems facing England were also discussed during the funding announcement. Again,\(^52\) no detail has been provided as to how much (if any) additional funding will go to mental health.

Further information on the BMA’s position on mental health can be found in Lost in transit? Funding mental health services in England, BMA Briefing on NHS England’s Refreshed Planning Guidance, Out of area beds hits record levels, Far from home, far from hope, and Talking therapies - the waiting game.

8. The transition to integrated care

The BMA has consistently called for greater integration and collaboration between different parts of the health service.\(^53\) However, while the BMA agrees in principle with a more joined-up approach, including greater collaboration within the health service, and between health and social care, the way

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\(^{47}\) BMA (2018) Lost in transit? Funding mental health services in England

\(^{48}\) Nuffield Trust (2017) The NHS Workforce in numbers

\(^{49}\) The King’s Fund (2018) Mental health funding gap widens further

\(^{50}\) BMA (2018) Lost in transit? Funding mental health services in England

\(^{51}\) BMA (2017) BMA position on health spend

\(^{52}\) UK Government (2018) Prime Minister sets out 5-year NHS funding plan

\(^{53}\) BMA (2017) Models for collaborative working
in which transformation plans are being rolled out lacks transparency and adequate funding. The BMA also has significant concerns about the impact of ACOs (Accountable Care Organisations).

Since the publication of NHS England’s Five Year Forward View (FYFV) in 2014, local areas have been encouraged to develop new approaches to the way they deliver healthcare and better integrate services around patients. STPs (Sustainability and Transformation Partnerships, formerly Sustainability and Transformation Plans) announced in December 2015, set out how the FYFV was to be delivered locally and marked a decisive shift away from competition by requiring NHS organisations to collaborate with each other and with local partners.

Unfortunately, guidance from NHS England and other national bodies made clear from the outset that the primary focus of STPs was not to be improving patient care, but achieving cost savings to meet overstretched NHS budgets. STPs were asked to detail the funding they would need by 2020/21 compared to how much they would have, setting out their overspend if no changes were made (‘do nothing deficits’). Combining health and social care, these deficits add up to £26 billion. STPs were then required to demonstrate how they would achieve financial balance.

Although the majority of STP plans provide some detail surrounding the savings they propose, methods vary, and it is not always clear how savings will be achieved. In addition, a number of STPs include their share of the STF (Sustainability and Transformation Fund) in their plans to fill financial gaps. In 2017/18, only £1.1 billion of the £2.9 billion set aside for the STF was allocated to the transformation of services. This is concerning, as this means that a large portion of the STF will be used to plug deficits, rather than enable transformation.

To put changes in place and deliver projects within the STPs, funding is required. An investigation conducted by the BMA in February 2017 found that STPs require at least £9.5 billion of capital funding to make the necessary changes. However, there has been no indication that new funds will be allocated to fill this gap. The BMA believes that it is vital that upfront transformation funding is provided to enable services to address long-term challenges and successfully integrate community and public health services.

The BMA has also continually stressed that the overriding aim of integrating health and care services must be to provide better quality care to patients and not to deliver savings. Even though most STP plans do consider how to provide a more seamless, integrated patient experience, the fact that savings of £26 billion are expected of STPs inside of five years is extremely concerning in terms of impact on patients.

Another key concern surrounding the transition to integrated care is the failure to amend existing legislation which actively discourages collaboration and promotes competition. Retaining this existing legislation creates risks for NHS bodies, who are being asked to collaborate whilst simultaneously complying with existing legal responsibilities built around competition requirements.

In order to enable integration and collaboration, the Government should repeal Section 75, National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations which enforce competition within the NHS. The government should also legislate to provide a statutory footing for STPs and ICSs (Integrated Care Systems). This will ensure future changes are subject to proper

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54 BMA (2018) ACO member briefing
55 BMA (2017) Capital crisis: STP money fails to materialise
parliamentary review and enable better cooperation amongst participating organisations who no longer need to prioritise their own responsibilities.

Finally, the BMA does not support the creation of ACOs as a means for integrating care. The BMA has repeatedly raised the following concerns regarding ACOs.

a. ACOs, like ICSs and STPs, have no legislative basis. As such, it is unclear where accountability within the new care models will rest. This is especially concerning in the case of partially or fully integrated ACOs, which will necessitate significant change.

b. The current procurement framework in England requires that public procurements over €750,000 be put to tender. This means that an ACO, which combines multiple services into one contract, risks opening whole health economies to privatisation. As a result, health services could be run for profit, removing much needed funding and investment from the NHS. The BMA strongly supports the ongoing provision of a publicly funded and publicly provided NHS and calls for the Government to clarify what safeguards will be in place to ensure that ACOs do not enable an increase in the role of commercial providers.

c. Thus far, there has been a lack of clarity surrounding the way NHS staff will be employed within an ACO. As such there is a risk that doctors will be employed outside of national terms and conditions.

d. The ‘fully integrated’ ACO model, in which general practice becomes part of the ACO contract, is incompatible with retaining GP’s independent contractor status, which underpins fair and consistent health service delivery in England.

e. The ‘partially integrated’ ACO model may limit the services that general practices can be paid to provide, as primary care services which fall outside of core general practice may fall under the scope of the ACO.

f. Given the implications they have for the NHS, there has not been sufficient consultation with NHS staff or the public on the development of new care models. The BMA welcomes the announcement of a new consultation on ACO’s in 2018 however notes that this is yet to be published, and has called on NHS England and the Department of Health and Social Care to ensure that this and future consultations allow proper scrutiny of the proposals, with maximum transparency and opportunity for patients, doctors, and other health and care professionals to raise concerns.

Further information regarding the BMA’s position on the transition to integrated care can be found in the BMA’s briefing on Accountable Care Organisations, the BMA’s guidance on the Accountable care contract, the BMA’s response the to the UK Government Department of Health consultation, Competition law and the NHS, Lords debate on motion to annul Section 75 regulations, 24 April 2013, Bed numbers in England by STP, BMA briefing: NHS Sustainability and

57 BMA (2018) ACO member briefing
58 BMA (2018) ACO member briefing
59 BMA (2018) ACO (MCP/PACS) contracts
60 BMA (2017) Accountable care models contract: proposed changes to regulations
61 BMA (2016) Competition law and the NHS
62 BMA (2016) Lords debate on motion to annul Section 75 regulations, 24 April 2013
9. Brexit

The challenges posed to the NHS by Brexit are considerable: from the workforce and Northern Ireland to regulation and research, there is barely a part of the health service that will be unaffected by the UK’s decision to leave the EU. The BMA opposes Brexit in its entirety, believing that Brexit poses a major threat to the NHS and the nation’s health. In addition, the BMA believes that:

a. The UK should remain in the European single market;
b. There should be open border arrangements with free movement of healthcare and medical research staff;
c. The UK should remain a member of Euratom to ensure the protection of supply of radioisotopes;
d. The UK should adopt the European Clinical Trials Directive; and
e. There should be a second public vote on Brexit.

The ongoing uncertainty and insecurity arising from Brexit is having a destabilising effect not just on the medical workforce, but on the wider health system, access to established networks, the sharing of best practice and collaborative working. With less than 12 months to go before the UK leaves the EU, the BMA has called on negotiators on both sides of the table to agree a Brexit deal that provides certainty for doctors and health services across Europe, this will require:

a. Permanent residence for highly skilled EU doctors and medical researchers who currently live in the UK – on whom the health service relies.
b. A flexible immigration system, which meets the needs of the UK health service and medical research sector.
c. Preservation of reciprocal arrangements, including mutual recognition of professional qualifications and measures that protect patient safety.
d. Ongoing access to EU research programmes and research funding, to maintain the UK’s world-leading science and research base.
e. Assurance that Brexit will not hinder the UK’s ability to play a leading role in European and international efforts to tackle global health threats.
f. Consideration of the unique impact Brexit may have on the health service in Northern Ireland.

Further information regarding the BMA’s work on the impact of Brexit on the health and care system can be found in Healthcare first – a Brexit blueprint for Europe.

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63 BMA (2016) BMA briefing: NHS Sustainability and Transformation Plans
64 BMA (2017) Capital crisis: STP money fails to materialise
65 BMA (2017) Delivery costs extra: can STPs survive without the funding they need?
66 BMA (2017) Healthcare first - a Brexit blueprint for Europe
The BMA is attempting to develop solutions to the problems facing the NHS. As the only organisation to represent all doctors working across all sectors of the UK the BMA is uniquely placed to do so. That is why the BMA has launched ‘Caring, supportive, collaborative: a future vision for the NHS’. This project aims to be an honest conversation with our profession about the sort of NHS doctors want to work in.

On 3 May 2018, the BMA launched a survey inviting members to help shape our future vision of the NHS. Just under 8,000 members completed this comprehensive survey. The survey revealed that 74 per cent of doctors say that financial targets still override patient care, 93 per cent of doctors want GPs and hospital doctors to work together in a collaborative and coordinated manner, and 49 per of doctors practice defensive medicine because they are working in a blame culture. Over the coming months, the BMA will analyse these results as we look to create a future vision for the NHS.

The BMA will also attempt to develop and implement solutions to the challenges facing the NHS by lobbying the NHS and government regarding the new funding announced in June 2018. The BMA will argue for investment in the medical workforce, increased bed capacity, primary care, mental health, capital investment, and social care.

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67 BMA (2018) Future vision for the NHS: all member survey
68 BMA (2018) Future vision for the NHS: all member survey