

Rt Hon Sajid Javid MP

Secretary of State for Health and Social Care
Department of Health and Social Care

Sent via email

22 April 2022

Dear Secretary of State,

I am writing to you to ask that you urgently revise your position on the workforce planning amendment to the Health and Care Bill when it returns to the House of Commons on Monday 25th April, and to act on the overwhelming consensus in support of this new legal duty that would provide a mechanism for attaining clarity about the number of healthcare staff we need now and into the future.

COVID-19 has highlighted and exacerbated the demands on the workforce, with burnout leading to significant numbers of doctors considering leaving the profession or reducing their hours. The BMA has [estimated](#) that the NHS in England is currently facing a shortfall of the equivalent of around 46,300 full-time doctors – based on the OECD average of 3.7 doctors per 1,000 people compared to comparator EU nations. Even more worryingly, [previous Health Foundation and Institute for Fiscal Studies projections place the shortage at around 84,000 by 2043](#). Clearly, there is an urgent need for drastic action to address the huge workforce shortages across the system, and throughout the passage of the Bill we have warned that its current drafting will not achieve this.

That is why, alongside [more than 100 organisations](#), the BMA has championed [this amendment to the Health and Care Bill on workforce planning](#) that would ensure there is a legal duty for the Government to be transparent about current and future numbers of health and care staff versus how many are needed in England. By rejecting this amendment, many will be left questioning: what is the Government trying to hide?

The strength of feeling behind this amendment is abundantly clear – you have heard from cross-party parliamentarians, the Health and Social Care Select Committee, and a more than 100-strong coalition of organisations championing the voices of those working in the system who all say this duty is desperately needed. We are all absolutely clear: this amendment is essential to overcoming unsafe staffing and understanding the numbers of healthcare staff who are needed to keep pace with the safe care patients in England need and expect, now and in the future.

I would like to deal with the reasons the Government has stated that this amendment is not necessary. You have said that we do not need it because DHSC has commissioned NHS England to produce a 'long-term workforce strategy'. However, your department has provided no confirmation whether this strategy will be regularly refreshed or if it will include modelling on the numbers of staff needed across the health and care system to meet population demand for services. A one-off plan without numbers

Chief executive officer: Tom Grinyer



is not sufficient – and, from previous experience, the last DHSC-commissioned NHS workforce strategy, the ‘People Plan’, did not include forecasts on staffing numbers. [According to Baroness Harding](#), who chaired the plan, this was not because ‘Government disagreed with the numbers...[but] because we could not get approval to publish the document with any forecasts in it’. This sentiment has been echoed by numerous others who have formerly been at the helm of the NHS, including Lord Simon Stevens – the non-legislative approach for tackling unsafe staffing has not worked and this Bill must address that.

Secondly, I would like to tackle very short-sighted concerns about the cost of this policy. These independent assessments are a help not a hindrance – they are central to enabling the NHS to make the best use of public money. Indeed, [in a letter to the Prime Minister](#), the coalition backing this amendment highlighted that in 2019/20, £6.2bn was spent on agency and bank staff in hospitals in England. Staff shortages are a false economy: strategic increases in substantive staff would reduce reliance on locums and, in fact, provide cost savings in the long run.

Lastly, [Amendment 29B](#) has put forward important compromises in response to the Government’s stated concerns during early stages of the Bill’s scrutiny about the regularity and timeframe of this reporting duty – for example, concerns around bureaucracy. That is why Baroness Cumberlege’s revised wording has tackled these head-on, amending the maximum length of projections to 15 years to align with the Government’s own HEE commission; revising the regularity of the assessment from publication every two years to three; and removing the requirement for assessments to be independently verified.

What you have before you now is an amendment that has universal backing from the healthcare sector and which has been adapted by those listening to, and addressing, your concerns. I can see no reason for you to reject it now. This final stage of the Bill’s scrutiny is your last chance to demonstrate you are prepared to listen to frontline staff, and we are urging you in the strongest possible terms to support its inclusion in the Bill. Regular, independent public workforce projection data will not solve the workforce crisis, but a national assessment of the health and care staff numbers needed now and in future to meet demand *will* provide strong foundations to begin putting the workforce back on a sustainable footing and support more strategic spending decisions.

Yours sincerely,



Dr David Wrigley
Deputy Chair of BMA Council