BMA submission to Labour National Policy Forum Consultation: Prevention, early intervention and better public services for all

About the British Medical Association

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Q1: How can Labour ensure our public health services prevent worsening population health, ensure pandemic preparedness, address widening health inequalities, and offer early intervention programmes that reduce pressure on our communities and other services (in conjunction with wider social policy)?

The BMA welcomes the Labour party's focus on population health and health inequalities.

The country was getting sicker long before COVID-19 reached the UK. The pandemic, and the government's inadequate response, made things significantly worse. Predictably, the most disadvantaged have been most acutely impacted. Whilst health continues to improve for the those in the richest parts of the country, people in deprived areas are now expected to live with ill health for longer during their shorter lives. [1]

As well as immense personal cost, poor health is putting the NHS and its workforce under unsustainable pressure and holding back the economy. The current situation, however, is avoidable. It is within the power of government, with the right prevention policy, to turn things around.[2]

Given the severity of the situation, **Labour should prioritise health equality** and set out the detail of how a future Labour government would improve the country's poor population health and reduce widening health inequalities.

In our view, Labour should prioritise four key areas of action:

1. **Establishing a mission for population health and health equity with clear goals and a cross-departmental strategy for action.**

To significantly improve population health and reduce inequalities, health needs to be a primary focus for the whole of government and prioritised in policy development across departments. Labour's plan for a mission led approach to government could be a core means of delivering this.

A health mission could make a real difference. The last cross-departmental health inequalities strategy, enacted by the Labour government between 2009 and 2010, is known to have had a positive impact. [3] Labour's current missions' strategy, however, places responsibility for health and

[1] https://www.bma.org.uk/media/6527/bma-the-country-is-getting-sicker-report-december-2022.pdf
[2] https://www.bma.org.uk/media/6527/bma-the-country-is-getting-sicker-report-december-2022.pdf
[3] https://www.bmj.com/content/358/bmj.j3310

health inequality almost exclusively on the NHS, meaning the vital role of the rest of government is in danger of being overlooked.

Whilst the NHS has a role to play by, for example, diagnosing and treating illness earlier – especially among underserved disadvantaged groups – the UK desperately needs more primary and secondary prevention to prevent ill health in the first place by addressing the underlying causes – the wider determinants – and by intervening early when the most preventable risk factors, such as smoking and obesity, are already manifest. Given the wide variety of influences on our health, neither the NHS nor the Department for Health and Social Care (DHSC) can achieve this alone and the role of professional Public Health services, which are almost all outside of the NHS, as well as wider public services, is vital.

As you will be aware, what makes us healthy or unhealthy sits largely outside of what goes on in the health and care system: only around 20% of a person's health outcomes are attributable to their ability to access good quality healthcare.[4] Instead, it is widely recognised that health is primarily determined by socioeconomic factors like sufficient income, good quality housing, decent employment, and educational opportunities. Inequalities in these wider determinants of health are estimated to account for around 50% of health outcomes. [5] Commercial factors, such as the promotion and price of alcohol and unhealthy food, also contribute.

2. Strengthening regulation of the tobacco, food, alcohol and gambling industries.

Along with the Obesity Health Alliance, Alcohol Health Alliance and the Smoke Free Action coalition, the BMA is calling for a stronger approach to tackling the harms caused by tobacco, alcohol and unhealthy food and drink. Poor diet, alcohol use and smoking all significantly increase the risk of developing several long-term health conditions. They also perpetuate health inequalities. While rates of smoking, for example, have declined overall in recent years, they remain stubbornly high in more deprived areas.[6]

Legislation, such as the Soft Drinks Levy, demonstrate the potential of public health regulation to rapidly drive change and improve health outcomes. Current measures, however, do not extend far enough. To prevent ill health, a future Labour government should introduce fiscal measures to incentivise the reformulation of unhealthy food and drink products, phase out marketing of unhealthy items and restrict promotional tactics used to sell them, from banning advertising of unhealthy food to children and restricting multibuy offers. A future Labour government should also commit the UK to being smoke free by 2030, implementing the recommendations of Javid Khan's independent review.

Gambling is having a severe and increasing impact on the financial and mental health of a large percentage of the population and disproportionately affects those who are least able to afford it. The BMA has called for improved regulation and a public health and cross-government approach, emphasising prevention, independently funded research better regulation and restricted advertising, as well as increased funding for early diagnosis of addiction and effective treatment.

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[4] www.bma.org.uk/media/6228/bma-valuing-health-report-final-web-oct-2022.pdf

[5] www.bma.org.uk/media/6228/bma-valuing-health-report-final-web-oct-2022.pdf

[6] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/articles/likelihoodofsmokingfourtimeshigherinenglandsmostdeprivedareasthanleastdeprived/2018-03-14

3. **Restoring the public health grant and expanding the number of public health specialists.**

Specialist Public Health services have a central role to play both in improving population health and ensuring the country is better prepared for public health emergencies, including pandemics. However, over the last decade, the public health system has been stripped of the resources to make best use of professional expertise, to protect and improve the public's health, to prevent illness and to inform the commissioning of local, regional and national health services.

Nationally, in the four years leading up to the pandemic, Public Health England's budget was reduced by 5%.[7] Additional resources were provided to cope with Covid-19, but funding for the UK Health Security Agency (UKHSA) – which partially replaced PHE – was abruptly cut in 2022. 40% of staff lost jobs and key programmes were suspended. Locally, the public health grant received by councils has been cut by 24% on a real terms per person basis since 2015, leading directly to a reduction in both primary and secondary prevention services and specialist capacity.[8]

It is widely acknowledged that underfunding and understaffing of public health affected our response to Covid-19. The abrupt withdrawal of pandemic funding now jeopardises our preparedness for future pandemics. Over the last 100 years the world has experienced 4 influenza pandemics, with an occurrence every 15-30 years. Many experts predict a higher risk of pandemics in the future. The Covid-19 pandemic is unlikely to be the last pandemic in our lifetime.

To strengthen the public health system, Labour should:

- Restore the value of local authority public health grant. The Health Foundation estimate that restoring the grant to its historical real-terms per person value – accounting for both cost pressures and demand – would require an additional £1.5bn a year in 2022/23 price terms by 2024/25.[9]
- Ensure that the two main national public health bodies – UKHSA and OHID – have an operating budget exceeding the prior operating budget of PHE.
- Expand the number of public health specialists to 30 per million of the population, in line with recommendations by the Faculty of Public Health. Currently there are between 15 and 24 per million across the nations of the UK, representing a shortfall of 20-50%. [10]
- Mandate the appointment of a properly trained and qualified Public Health Consultant, independent of local or central government, to each ICB, to ensure that local commissioning is done on the basis of the needs of the whole ICS population and is prioritised to reduce health inequalities.

4. **Boosting public services, social security and wages to ensure that everyone has access to the fundamentals of a healthy life.**

To prevent the country getting even sicker, it is vital that government finds a way to ensure everyone has access to the essential building blocks of a healthy life - be it a nutritious diet, a warm,

[7] https://www.bma.org.uk/media/5980/bma-covid-review-report-4-28-july-2022.pdf
[8] https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed
[9] https://www.health.org.uk/news-and-comment/charts-and-infographics/public-health-grant-what-it-is-and-why-greater-investment-is-needed
[10] https://www.bma.org.uk/media/5980/bma-covid-review-report-4-28-july-2022.pdf

damp-free home or quality care and support. This means reversing the damage caused by austerity by expanding budgets for public services so they can more adequately meet essential needs; and exploring reforms to ensure that both social security and wages from work guarantee everyone access to the income they need to stay healthy and well.

Millions of pounds have been cut from public services and social security since 2010, and people are dying younger as a result.[11] The Glasgow Centre for Population Health has linked 335,000 deaths to austerity in the five years before the pandemic.[12] With the cost-of-living crisis pushing up the cost of essential items and the value of both social security payments and wages failing to keep up, the fundamentals of a healthy life are out of reach for an increasing number of people.

Q2: What should Labour do to strengthen primary care (including all primary healthcare professions) and to shift healthcare where possible into the community, while ensuring high quality hospital services?

An appropriately funded, planned and fully staffed primary care service would not only improve patient care but reduce demand and cost across the rest of the system. Primary care is central to ensuring people are and remain well and has an essential role as gatekeeper to access to the rest of the healthcare system. The delivery of more care in the community can help people access care closer to home and avoid having to attend hospital. This will significantly reduce overall costs as hospital care is vastly more expensive than primary care. There is evidence that strong primary care provision, which allows for continuity of care to be maintained, reduces patient mortality, acute hospitalisation, and use of out of hours services.

Currently there are simply not enough staff in General Practice. England has a severe shortage of GPs; as of January 2023 (latest data), we have the equivalent of 2,078 fewer fully qualified full-time GPs compared to September 2015 . Over the last year alone, the NHS has lost 402 individual (headcount) GP partners and 244 salaried, locum and retainer GPs.

While the current model of General Practice has enormous potential, it has gone from one envied around the world to one chronically understaffed, underfunded and made inefficient by successive poor national policy decisions. This needs to be addressed. **The BMA would like to see a commitment to preserving the independent contractor model and to working with the profession to improve it and free up time for patient care by addressing bureaucracy and unnecessary micromanagement.**

The independent GP contractor model allows for the long-term relationship between patient and GP to be built and maintained, as partners often remain stable presences in their communities and patients' lives for decades. It also allows for rapid innovation and experimentation in delivery of new services, for example, the provision of diabetes clinics, which reduce outpatient need, benefit patients, and reduce pressure on secondary care. However, due to high workload and the intense pressures which come as part of working in a system so poorly resourced, **GP partner** numbers are in fairly rapid decline. General Practice in England has seen a decrease of over 5,000 full-time GP partners since 2015, driving the overall decline in GP numbers.

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[11] https://www.bma.org.uk/media/6527/bma-the-country-is-getting-sicker-report-december-2022.pdf

[12] https://www.gla.ac.uk/news/headline_885099_en.html

Traditionally, a career in General Practice offers doctors autonomy, the ability to provide continuity of care, variety, and the ability to work as part of a team - the key principles that attract them to become GPs in the first place. It is entirely possible to reinvigorate the profession using these principles as a basis, but it will require significant commitment from the Labour Party to work with the BMA, the RCGP and NHSE to reinforce these and allow the independent contractor model to evolve and thrive. Rapidly committing to and planning for an increase in the number of fully qualified GPs is vital. It will be essential for Labour to work with the profession to ensure that becoming a GP is an attractive and viable career, in order to grow and retain the GP workforce.

Acknowledging the Labour Party's policy to double the number of doctor training places, the Labour Party should make a specific commitment to increasing the number of GPs, as part of a long-term investment in increasing the NHS workforce and in the health and wellbeing of the nation's population. This must be accompanied by a workforce strategy, containing specific workforce supply and patient demand modelling, to ensure that the appropriate number of future staff are being recruited and trained long into the future. The BMA would like to see a commitment to such a strategy that is independently verified and fully funded. There must also be immediate implementation of measures to retain existing staff—we cannot afford to lose even one GP and the longer the chronic workforce shortages persist, the longer amount of time and the more public investment it will require to fix.

Q4: What should Labour include in a Women's Health and Wellbeing Strategy?

The BMA welcomes the Labour party's intention to publish a Women's Health and Wellbeing Strategy. In developing its strategy, we call on Labour to ensure that all plans to improve women's health and wellbeing:

- **Consider women's health across the life-course**.

Unlike a disease-orientated model, a life-course focus recognises and addresses the unique and changing needs of women, from preconception to early years and adolescence, working age, and into older age. There should be a particular focus on the transition between life stages, such as adolescence to adulthood and during the menopause, where large differences can be made in improving physical and mental health and wellbeing.

There must be sufficient education, training, resourcing and support for healthcare professionals to deliver the services that women need throughout their lives. This is especially important in primary care which is likely to be the first point of contact for those experiencing women's health issues.

- **Puts women's voices at the centre of their health and care, including voices that have historically been marginalised**

Women's experiences of healthcare, as well as their healthcare outcomes, are shaped by their identities and lived experiences. A Women's Health Strategy must take into consideration the healthcare needs of all women, particularly those who have been historically marginalised, including asylum seekers and refugees, migrants, women with disabilities, victims of domestic abuse, women from ethnic minorities, women in prison and LGBT+ women. Negative experiences of the health and care system are often exacerbated for women in these groups.

In addition, there must be a commitment to targeted efforts to engage with women in the most vulnerable and under-served groups in society, to inform policy and strategy, to ensure this meets the needs of all women.

With these underpinning principles in place, the BMA has also identified three key focus areas for a Labour Party Women's health strategy to address:

1. **The commissioning of sexual and reproductive health services must be integrated**

Addressing the fragmentation of sexual and reproductive health (SRH) commissioning is essential in order to provide the integrated, holistic care that women need across their life-course. Fragmentation of SRH commissioning has resulted in disjointed care. Women may have to attend different appointments for essential SHR services, for example for cervical screening, contraception fitting or psychosexual health services, at different times and locations.

2. **Increased investment in sexual and reproductive health services**

Labour's Women's Health Strategy must reverse historic public health spending cuts as well as providing financial backing to implement any plans it recommends. As noted in response to Q1, between 2015/16 and 2022/23, the public health grant to local authorities was cut by 24% in real terms. Some of the largest reductions in spend have been experienced by SRH services, for example a 13% decrease of contraceptive budgets between 2015 and 2017/18. This has resulted in reduced access to vital services, disproportionally affecting the most vulnerable women.

3. **Improving support for women's health in the workplace**

Labour's strategy on Women's Health and Wellbeing needs to look beyond health care settings and address the wider factors that impact on women's health. With more women in employment for more of their life, supporting women's health in the workplace must be a key priority. According to the ONS, from October to December 2022, 15.66 million women aged 16 and over were in employment in the UK. This is 108,000 more women than in the year before and 1.7 million more than the decade before. Furthermore, in the decade following changes to the state pension age in 2010, ONS data suggests that the number of women working later in life has increased at a faster rate than for men. From 2010 to 2020 the proportion of older women (aged 60 to 64) in work increased by 51% compared to only a 13% increase for men.

Women's health issues such as heavy menstrual bleeding, fertility treatment and menopause can impact a women's ability to participate in the workplace. Ensuring adequate support for women experiencing these issues is essential to retaining women in the workforce. For example, the BMA's menopause survey[13] found that senior doctors have reduced their hours or left medicine due to difficulties they faced when going through menopause. Addressing the physical and mental health impacts of dealing with menopause in the workplace is crucial for the retention of women in the wider workforce. This should include tackling the stigma around the menopause, better access to flexible working, adjustments in the workplace and support for mental health and wellbeing. The future government should set national standards on the support employers should offer their staff during the menopause. They should review whether the law is currently protecting people from menopause-related workplace discrimination.

There must also be adequate funding and resources to ensure women have equitable access to occupational health and wellbeing support services in their workplace.

The BMA supports stronger protections against sexual harassment in the workplace, including the introduction of a duty on employers to implement stronger protective measures and reduce the

[13] https://www.bma.org.uk/media/2913/bma-challenging-the-culture-on-menopause-for-working-doctors-report-aug-2020.pdf

burden on individuals who have experienced harassment, and the associated impacts on mental health and wellbeing.

The BMA supports the approach that all employers should take 'all reasonable steps' to prevent harassment. This would mirror the Equality Act 2010, which requires that employers take all reasonable steps to ensure that they have prevented discrimination on the basis of protected characteristics. This must be supported by a comprehensive statutory Code of Practice. The Code should provide more detailed guidance on what is likely to work to prevent sexual harassment and harassment at work than the current employment Code of Practice from the EHRC, which just advises having an equality policy, making staff aware of it, providing training, and acting on complaints.

Women shoulder the vast majority of responsibility for both childcare and the care of aging parents and other relatives and this needs to be acknowledged and reflected in workplace policies and government support. Childcare in the UK remains costly and difficult to access for those who work unsocial hours or shift work. The challenges in the system can lead to those with caring responsibilities, disproportionately women, being limited in how they can participate in the workplace or can lead to them leaving the workforce entirely. This can be addressed by reducing the significant childcare costs and implementing workplace policies that are more supportive of those with caring responsibilities. As the Women's Health Strategy report said, the challenges that carers face can have a negative impact on health and wellbeing, leaving those with caring responsibilities experiencing burnout and having less time to focus on their own health needs.

Q5: How can Labour ensure public service buildings are designed to meet the needs of all their users?

Years of underinvestment and austerity have led to widespread decline in public service buildings across the UK, with a dearth of capital funding and investment preventing expansion, improvement, or even basic maintenance. This has eroded the capacity of those buildings to support the delivery of high-quality services or to accommodate demand. More must be done to reform, refurbish, and rebuild public service buildings to ensure service users and the staff that work in them can enjoy safe and healthy access

Nowhere is this need more apparent than in the UK's health services. The BMA's 2022 report *Brick by Brick* established new and damning evidence of the poor state of healthcare estates across the UK and the ways in which this negatively impacts doctors and patients.[14]

Using the findings of a BMA member survey, analysis of capital spending, and research into maintenance backlogs across the UK, this report set out a range of recommendations for urgent investment and improvement of hospitals and GP practices, which sit alongside the BMA's other key calls for reform of healthcare estates. These essential priorities, policies, and actions - that we believe the Labour Party should commit to - are set out below.

1. **Assessing the full extent of the decline of the UK's crumbling healthcare estate**

More needs to be done to assess the state of all healthcare estates systematically, to ensure that the true extent of their shortcomings are known, to help target investment where it is most essential, and to provide a transparent, independent review of what action is needed. This should take the form of urgent, comprehensive, and independent assessments of the condition of healthcare estates in England, Northern Ireland, Scotland, and Wales.

[14] https://www.bma.org.uk/media/6579/bma-infrastructure-1-report-brick-by-brick-estates-dec-2022.pdf

The experiences shared by our members – including flooding, mites in beds, and mouldy walls – are powerful statements of how badly the UK's healthcare estates have declined. These testimonies are underpinned by the fact that 38% of respondents to our survey said that the overall physical condition of their workplaces is poor or very poor.

2. **Urgently investing in the healthcare estate, to ensure safe environments for doctors, staff, and patients – including addressing ever-growing maintenance backlogs**

Immediate investment is needed to address all maintenance backlogs across the estate, but long-term commitment of capital funding is essential if the UK's healthcare facilities are to be fit for purpose now and fit for the future. We recognise that this will require significant expenditure, but strongly believe that this must be seen as an investment, not a cost.

We estimate that maintenance backlogs – the cost of repairs needed to the public healthcare estate, excluding GP practices – currently sits at nearly £14 billion across the UK and at £10.2 billion in England. Maintenance backlogs for GP practices are difficult to calculate, but previous estimates indicate at least £2 billion is needed in England alone for remedial repairs.

A consequence of these backlogs and of wider shortfalls in capital investment mean that healthcare estates are frequently unsafe, with our members having reported serious risks to their safety and that of their patients due to poorly maintained facilities. These risks include examples of sewage pipes leaking into wards and, grimly, onto patients and staff, as well dangerous electrics necessitating the evacuation of patients.

3. **Assuring that all facilities are safely ventilated is an essential IPC (Infection Prevention Control) measure to protect the public's health**

Urgent investment and improvements to ventilation across public sector estates are needed. This is specifically important in settings where respiratory viruses and vulnerable individuals are likely to be highest, for example in health and social care settings.

Increased airflow in buildings and on public transport remains one of the most effective IPC measures to protect people from respiratory viruses and it is essential that estates are prepared for a further wave of COVID-19 or a future pandemic. Compounding wider concerns around their safety, 67 percent of respondents to our IT and estates survey said they were not confident that the buildings they work in can support appropriate ventilation or IPC measures.[15] As highlighted in the BMA's in response[16] to the Government's 'Living with COVID-19' strategy, failure to ensure adequate ring-fenced funding for improvements to ventilation puts the public, healthcare workers and patients at risk.

4. **Ensuring healthcare estates are fit for patients and have the capacity to care for them quickly, efficiently, and safely**

Urgent investment is needed to increase bed capacity and clinical space in hospitals and GP practices. The UK has only 2.3 hospital beds per 1,000 inhabitants, the lowest of any G7 country, and a marker of how limited capacity in our hospitals is. A consequence of this shortage of beds is the phenomenon of 'corridor care' – with patients treated in hallways or even storerooms where official

[15] https://www.bma.org.uk/media/6579/bma-infrastructure-1-report-brick-by-brick-estates-dec-2022.pdf
[16] https://www.bma.org.uk/advice-and-support/covid-19/what-the-bma-is-doing/bma-briefing-living-with-covid-19-response#:~:text=The%20Living%20with%20COVID%20strategy,fresh%20air%20in%2Fmeeting%20outdoors

beds are unavailable, often with risks to patient safety. Likewise, a lack of beds in hospitals compounds the wider problem of delayed discharges, with too few beds occupied by too many patients for too long.

GP practices also frequently lack the necessary number, size, and configuration of rooms in order to see patients as quickly, safely, and appropriately as GPs want to.

The size and layout of hospitals and GP practices can also severely limit the training and education of medical staff. 84 percent of respondents to the BMA's IT and estates survey answered that they found it difficult to find spaces for education or training at their workplaces. If the rapid expansion of medical education is to be successful, urgent action is clearly needed to expand physical capacity too.

5. **Building sustainable healthcare estates that cut emissions and allow health services to hit net zero**

The UK's healthcare estates must be properly supported to hit their Net Zero targets, including improvements to their energy efficiency and their low-carbon infrastructure.

However, BMA research from 2021 has shown that progress on making healthcare estates greener has stalled since 2019. While this situation is likely due to the understandable prioritisation of other issues during the COVID-19 pandemic, the need for green health services cannot be ignored.

Given the condition of healthcare estates across the UK, capital investment to make buildings more energy-efficient – via improving insulation, modernising heating systems, and switching to renewable energy sources and modes of transport – is required.

Improving environmental sustainability within primary care also remains a critical challenge, with GPs frequently lacking the capital or the financial support to make necessary improvements to their practices. Dedicated funding programmes – including interest free loans – must be explored to ensure GP practices can make the progress needed.

Sustainable transport options are critical to greener public services and warrant greater investment and expansion. This includes the provision of EV (electric vehicle) charging points within healthcare and wider public estates, given the growing popularity of EVs.

6. **Ensure that public service buildings are designed to meet the diversity of their workplace**

Improvements are required to ensure that public service buildings are accessible and meet the needs of their workers. To enable mothers to return to work, workplaces should have suitable breastfeeding facilities, such as access to a quiet room and access to fridges to store milk. Gender neutral toilet facilities should be available in all public service buildings. Public service buildings must be made fully accessible. Labour must ensure that as well as implementing the necessary changes for people with physical disabilities, a range of people with disabilities are also consulted to ensure that those with a diverse range of needs are able to fully participate in public life. Finally, wider availability of workplace nurseries, such as NHS nurseries, would enable more parents to return to work. This is particularly important for public sector areas with workforce shortages, such as healthcare.

7. **Healthcare estates need to be able to accommodate and support the use of modern equipment and technology**

Without drastic improvements to the condition of healthcare buildings, the capacity to use new and emerging technology within our national health services will be intrinsically limited. Therefore, any future Government must urgently address this increasingly unsustainable deficiency in the UK's healthcare estates.

Throughout the UK, healthcare estates are all too often incapable of properly accommodating the use of modern equipment and technology – as emphasised in our reports *Brick by Brick* and *Getting IT Right*, which both keenly illustrated the critical deficiencies holding back our health services' use of technology.[17]

The survey of BMA members underpinning the two reports found that 83% of respondents said the condition of their workplace limits their ability to use modern equipment or technology in some way. Many of our members have pointed to basic failings like broken power sockets, mobile computers lacking batteries meaning they cannot be moved, and internet blackspots as hindering their work.

Q6: What are the specific implications of policy proposals in this area for (a) women, (b) Black, Asian and minority ethnic people (c) LGBT+ people, (d) disabled people and (e) all those with other protected characteristics under the Equality Act 2010?

Taken together, we believe that the proposals set out will have the overall effect of reducing health inequalities and the relatively poorer health outcomes experienced by groups who share protected characteristics. The proposals should also align with the aims of the Equality Act to tackle unlawful discrimination, advance equality of opportunity and foster good relations between groups who shared protected characteristics. The specific implications of each individual policy proposal on all groups who share protected characteristics will need to be determined by a detailed equality impact assessment as the policy proposals are developed and refined, including seeking the input of groups who share protected characteristics and the organisations that represent them. This process should be transparent to the public, with the results made publicly available.

[17] https://www.bma.org.uk/media/6578/bma-infrastructure-2-report-getting-it-right-dec-2022.pdf