The Royal College of Physicians of Edinburgh ("the College") is pleased to respond to the House of Commons Health Committee’s call for evidence on the impact of the Comprehensive Spending Review on health and social care.

**Workforce**

The College continues to welcome investment in the NHS; however the reduction in training budgets for healthcare workers means that the sustainability of the workforce is in question. At a time when around one third of medical students are revealing that they are reviewing their career plans¹ and around 50% of doctors completing Foundation training² are not entering specialty training programmes, the ambition to have enough doctors to run a truly seven day service is in question.

The paucity of recruitment to general practice combined with a high retirement rate will make the delivery of care closer to home increasingly difficult. Unless there is a perceived drive to increase recruitment into the established healthcare professions the quality of the future workforce will undoubtedly decline. The proposal by Heath Education England to create new professions lacks supporting evidence and denies the effectiveness of the workforce that is already working under increasing and potentially intolerable pressure.

The importance of GP engagement to ensure transformation and transition of service to community based models is critical. For this to be achieved in the near future, projects will need pump-priming to ensure the necessary resources are available. Spending cuts should avoid these areas of development.

**Service Delivery**

The NHS is under increasing stress and although reports from the Commonwealth Fund³ demonstrate the high quality of service being delivered, this was balanced against the percentage of GDP being spent on health. Therefore outcomes are good considering the level of resource that has been made available. Absolute indicators of health outcome such as mortality rates associated with cancer are not so encouraging, as was seen in the recent ‘Health at a Glance 2015’ from the OECD.⁴

The link and ease of flow between hospital care and the transfer of care to the community is vital to ensure hospital beds are used appropriately. This issue will become ever more important with an

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ageing population. The integration of social care within hospitals should use beds more efficiently, leading to financial savings. This will help support admission avoidance schemes.

Social care for the neediest has been shown to be of mediocre and poor quality on too many occasions. Any review must ensure funding and scrutiny is of a level to ensure the quality of care in the community is of a much better standard than that currently provided. This will also help to ensure those with deteriorating health can be cared for in the community rather than being admitted into hospitals.

Mental Health services have often been treated as the ‘poor cousin’. The incidence of mental health illness has increased without a commensurate increase in resources. This must be factored into a review of spending.

**Seven day working**

A high class, innovative, caring, seven day a week service throughout the UK with a motivated, enthusiastic work force should be the aim. However seven day working can only be achieved by ensuring that there are sufficient numbers of healthcare professionals with adequate training available across the whole week. This has to include all members of the multi professional health and social care team to provide the effectiveness of care that only comes from this multilayered approach.

**Funding and savings**

Fair access for all without prejudice should not be jeopardised. Significant savings should be achievable by procurement procedures being overhauled as the current processes can be wasteful and do not reward local knowledge and innovation. To achieve efficiency savings the NHS may have to begin setting priorities at both local and national level, and consider the level of services it provides. One of the risks of severe financial pressures is becoming inward looking and protective, coupled with a stifling of ambition and innovation.

As noted in our other submissions to the Committee, along with the UK Faculty of Public Health, the Academy of Medical Royal Colleges and others, the College opposes the Department of Health’s recent decision to reduce the ring-fenced public health grant to local authorities. We believe this is a false economy and the cuts to local authority preventative services will generate additional future costs to both the NHS and local authorities. Funding for the major public health issues aimed at reducing disease incidence by preventative strategies is critical; including alcohol misuse, obesity, exercise and hypertension. The various National screening programmes need to be protected, expanded and new ones validated.

*18 January 2016*