

A Manifesto for Surgery: Recommendations for the next UK Government



Royal College
of Surgeons

ADVANCING SURGICAL CARE

November 2019

Overview

Voters across the country are heading to the polls on 12 December at a critical time both for the NHS and for the UK's relationship with the European Union.

With political parties finalising their election manifestos, the Royal College of Surgeons of England (RCS) has set out its priorities for whichever party or parties form the next government. We call on them to:

- 1. Develop a five-year plan to tackle lengthening waits for operations**
- 2. Protect patients, staff and standards in future Brexit negotiations**
- 3. Abolish the NHS pensions 'tax-trap'**
- 4. Support the recommendations of the Commission on the Future of Surgery**
- 5. Improve the oral health of children and older people**

Although the RCS always maintains strict impartiality in political matters, we are keen for the voice of patients and surgeons to be heard at this moment of national importance, and look forward to continuing this work with the next government.

1. Develop a five-year plan to tackle lengthening waits for operations

Following a damning [report](#) in June from the Public Accounts Committee on the increasing number of patients stuck on waiting lists for operations, the RCS is calling on the next Government to forge a five-year plan to tackle the waiting list backlog. NHS England's Long Term Plan proposed major new initiatives to improve and invest in primary and community care, and we believe similar attention and investment is now needed for the hospital sector.

Recent figures (published November 2019) show that only 84.8% of patients were seen within 18 weeks. This is the worst performance for 11 years, and far below the statutory target of 92%. The last time this legal standard was met, was in February 2016.

When waiting lists are high, the independent sector is sometimes used to reduce long waits. We are keen that if operations do take place in the independent sector, they are subject to equivalent regulations and standards, so that patients are kept safe. For that reason we support the Independent Healthcare Provider Network's call for **a single dataset about an individual consultant's clinical practice to be made available across the independent or NHS hospitals** in which they work. This should include information about a consultant's practising privileges, indemnity cover, scope of practice, the identity of a Responsible Officer and appraisal status.

Patients experiencing long delays for treatment may suffer with their condition

A Manifesto for Surgery: Recommendations for the next UK Government



Royal College
of Surgeons

ADVANCING SURGICAL CARE

November 2019

deteriorating, causing additional distress and/or unemployment, and potentially increasing costs for the health service over the medium term. If an operation is warranted and needed, why delay to such an extent? The RCS is calling for a five-year plan from government to tackle lengthening waits for operations. This needs to include:

- **Protecting, and upholding patients' rights to a maximum wait of 18 weeks:** Alternatives to the 18-week referral to treatment standard are being piloted by NHS England, and we await the results of these pilots with interest. However, in the meantime it is important that any government protects patients' rights to receive treatment in a timely fashion. Patients are entitled to expect a maximum waiting time. The 18 week standard, as set out in statute in the handbook to the NHS Constitution, should not be retired unless and until an alternative is shown to be more beneficial to patients.
 - **At least 3,000 extra beds for patients:** Bed occupancy rates now frequently breach recommended standards for patient safety, with these breaches being worryingly high during the winter period. A commitment to extra beds would help address this and allow a greater number of patients to access timely care.
 - **An improved workforce strategy:** The delivery of elective care for patients requires a sustainable and well-supported workforce. The next government must therefore ensure that the forthcoming NHS People Plan
- takes full account of pressures on the wider surgical team (i.e. nurses and doctors in other specialties relevant to surgery). Given the timeframe needed to train clinicians in UK medical skills, the next government should ensure that an ethical overseas recruitment programme is at the heart of workforce planning. This should be based on the World Health Organisation's (WHO) Code of Practice for International Recruitment.
- **Improvements to hospital infrastructure:** The RCS supports NHS Providers' 'Rebuild Our NHS' campaign and is particularly keen to see a multiyear NHS capital funding settlement, a commitment to bring the NHS capital budget into line with comparable economies, and an efficient and effective mechanism for prioritising, accessing and spending NHS capital based on need. This is not just a question of money for new hospitals, but about fixing the maintenance backlog.
 - **A sustainable social care system:** The RCS believes that improvements in elective care access require significant improvements to the social care system. We are therefore calling on all parties to set out their plans to deliver a sustainable social care settlement. Much-needed reform to social care would help reduce Delayed Transfers of Care and preventable emergency admissions for older people, which often affect the number of hospital beds available.

A Manifesto for Surgery: Recommendations for the next UK Government



Royal College
of Surgeons

ADVANCING SURGICAL CARE

November 2019

2. Protect patients, staff and standards in future Brexit negotiations

Although the RCS remained neutral during the 2016 European Union referendum, we have long been an active commentator on EU legislation relating to healthcare. Surgeons are disproportionately likely, compared with other medical specialties, to have trained in the European Union, and many of the clinical supplies, medical devices and implants they use, come from the continent. The surgical profession, and our patients all stand to be affected by changes to the UK's relationship with the EU.

31 January is the new date on which the UK would, by default, crash out of the EU, if a deal is not agreed in the meantime. We remain concerned by the prospect of no-deal for patients. As we previously said in [August](#), the 'duty of candour' that medical professionals are bound by, compels us to report that we are unable to reassure patients their health and care would not be negatively affected by a no-deal exit.

The RCS is also clear that the implications of a no-deal exit from the EU for the NHS and wider health and care system must be considered at the highest levels of the next government's decision making. A failure to do so could have huge consequences for the lives and wellbeing of millions of people. This applies as much to the position at the end of the end of a transitional or implementation period as to the immediate situation after exit day.

The RCS is therefore keen to ensure that, should the next government pursue a policy of leaving the EU, the best interests of patients and clinicians are placed at the heart of future negotiations. In particular, we would like to see the next government:

- Protect and seek to retain members of the surgical workforce who come from EU member states. Ensure that appropriately qualified healthcare staff from EU member countries can continue to work for the NHS with minimal barriers to entry in the event of any new immigration system
- Ensure the increasing number of overseas staff being recruited from non-EU countries are recruited ethically, in accordance with WHO guidelines
- Preserve and seek to further improve the regulation of medical devices and implants. Ensure continued reporting and monitoring of safety concerns, at least to equivalent standards as those already established by the EU
- Support and protect research communities, prioritising continued international collaborations that underpin surgical research

3. Abolish the NHS pensions 'tax-trap'

The RCS has serious concerns about the impact of recent changes to pension taxation rules on the NHS Pension Scheme, and in turn on patient access to surgery.

Under tapered annual allowance rules introduced in April 2016, many clinicians are in effect 'paying to work' if they take on additional sessions. The incoming government must take swift action to address this, particularly as we head into a challenging winter period.

The pension tax rules have a particular impact on those who agree to work extra weekend shifts on Waiting List Initiatives

A Manifesto for Surgery: Recommendations for the next UK Government



Royal College
of Surgeons

ADVANCING SURGICAL CARE

November 2019

(WLLs), which are typically used to address waiting list backlogs. The current pension tax situation has led to doctors receiving large and unpredictable tax bills for agreeing to undertake this essential extra work, thereby creating a significant financial disincentive. This is all the more concerning in light of the record number of people on the NHS waiting list (which reached 4.41 million in August 2019).

A YouGov survey¹ of surgeons, commissioned by the RCS and published on 29 October 2019, found that:

- 69% of consultant surgeons have reduced the amount of time they have spent working in the NHS as a direct result of changes to pension taxation rules.
- 68% of consultant surgeons are considering early retirement because of the pensions tax situation.
- 66% of consultant surgeons who undertook extra operating sessions in the last year to reduce surgical waiting lists say they will not take on extra sessions this year.
- 61% of consultant surgeons have been advised to refrain from taking part in waiting list reduction initiatives.
- 64% of consultant surgeons have been advised to work fewer hours in the NHS to avoid 'crippling and unpredictable' tax bills.

We believe the situation is too pressing to follow the usual timeframe for consultation. Instead of waiting on the

government's consultation which was published in September, the next government should take decisive action immediately to address the problem.

4. Support the recommendations of the Commission on the Future of Surgery

The RCS sponsored an independent [Commission on the Future of Surgery](#) in 2017, which [reported in December](#) last year. In light of its recommendations the RCS is calling for:

- **A comprehensive registry of surgical procedures and devices.** While government is presently awaiting the outcome of the Cumberlege Review following the vaginal mesh scandal before proceeding, the RCS is clear that any registry which emerges should not be confined to surgical mesh alone. A comprehensive registry would cover which operations were being carried out, using which types of procedure, whether they were assisted by robots or not, and what implantable devices were left inside patients. This would produce a significant dataset for research on outcomes, and improve patient safety by ensuring anything left inside the human body during a procedure is tracked.
- **A robotics strategy across NHS England** to ensure surgical teams who operate such equipment are appropriately trained, and that there is equity of access to patients around the country. Robots are already assisting surgical teams in

¹ YouGov hosted an online survey of the Royal College of Surgeons of England's membership. Fieldwork ran from 7 October

2019 – 14 October 2019. The survey was completed by 1,890 members of the Royal College of Surgeons of England.

A Manifesto for Surgery: Recommendations for the next UK Government



Royal College
of Surgeons

ADVANCING SURGICAL CARE

November 2019

operating theatres with over 100 in use in the UK. However, the RCS is concerned that Trusts are rushing to procure this expensive equipment without any strategic planning around the country.

- **Secure patient data sharing across different NHS systems**, providing immediate access to records across the NHS and building anonymised data sets to track propensity to disease among different groups in the population.
- **Research investment** in liquid DNA tests, which could help detect cancers through a simple blood test and in Artificial Intelligence to assist clinical teams with diagnosis. Investment in genomic medicine will also enable us to establish which patients respond best to which treatments, transforming the NHS from a sickness service to an early diagnosis and prevention service.

5. Improve the oral health of children and older people

The Faculty of Dental Surgery at the Royal College of Surgeons has been campaigning about the need to improve children's oral health for a number of years. Nearly a quarter (23.3%) of five year olds in England experience tooth decay, and the problem remains the leading cause of hospitalisations amongst five to nine year olds by some distance. This is despite the fact that tooth decay is almost entirely preventable by brushing twice a day with fluoride toothpaste, regularly visiting the dentist and reducing sugar consumption.

In August the Faculty published a position statement setting out a series of

recommendations for improving children's oral health, including:

- A national supervised tooth brushing programme should be introduced in England, as similar initiatives have already proven successful in reducing child tooth decay in Scotland and Wales.
- The soft drinks industry levy must be maintained, and the Faculty supports proposals to extend this to sugary dairy drinks.
- Commitments made in previous Child Obesity Plans to introduce new restrictions on advertising and promotions for high sugar products should be delivered in full.
- The School Food Standards should be updated with a focus on reducing sugar consumption, and schools should ultimately be encouraged to become sugar free.
- Children's access to NHS dental services must be improved, including through the implementation of a new dental contract placing greater emphasis on prevention.

In addition, the Faculty is keen to highlight the oral health issues faced by older people. In 2017 the Faculty published a report which estimated that 1.8 million older people in England, Wales and Northern Ireland could have an urgent dental condition, and highlighted that poor oral health has been linked to wider conditions such as malnutrition and aspiration pneumonia.

A Manifesto for Surgery: Recommendations for the next UK Government



Royal College
of Surgeons

ADVANCING SURGICAL CARE

November 2019

In order to improve older people's oral health the Faculty recommends that:

- All health and social care professionals who work regularly with older and vulnerable people should receive training in oral care.
- Access to domiciliary dental treatment must be improved for older and vulnerable people who are unable to attend a dental practice.
- A new Adult Dental Health Survey must be commissioned to improve our understanding of the oral health needs of older and vulnerable people.

The Royal College of Surgeons of England is a professional membership organisation and registered charity, which exists to advance surgical standards and improve patient care.

www.rcseng.ac.uk