



# Recovering the healthcare workforce and service for our patients



Academy of Medical Royal Colleges and Faculties in Scotland



Scotland

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*“Action to address workforce recovery must begin immediately, to support remobilisation, and to allow capacity for renewal and transformation through innovation. Only then will we be able to create the sustainable healthcare service that patients in Scotland will need for the future.”*

The Academy of Medical Royal Colleges and Faculties in Scotland and BMA Scotland have worked together to identify the actions which we believe are most urgent in supporting the workforce to recover from the mental and physical demands of working during the Covid crisis, and to help ensure that we have a workforce which is fit and prepared to remobilise the health service, to innovate and transform for the future, to be able to handle the usual winter pressures, and to be ready for any future Covid waves.

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## Get in touch

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# Overview

The Covid pandemic has magnified a number of problems that already existed in our health service. These include:

- workforce shortages,
- high levels of stress and burnout,
- poor staff wellbeing,
- health inequalities, and
- demand that outstripped capacity, resulting in increased waiting times for patients.

Our workforce is now extremely fatigued. Many are suffering from psychological distress and mental health disorders, and there is a huge backlog of patients waiting for care across all specialties. While treatment has continued for most patients in the highest risk P1 and P2 groups, there are high levels of morbidity among patients in lower risk groups, which impacts on their function and quality of life. Also, due to reduction in our diagnostic capacity, there is a burden of undiagnosed pathology yet to manifest.

Acknowledged workforce shortages and workload pressures in Primary and Secondary care which pre-date the pandemic are now extreme due to high levels of expressed patient demand. Lengthy waiting lists for OPD appointments and reduced availability of hospital based procedures and investigations are adding to patient demand on General Practice at a time when the service is struggling to increase chronic disease management activity and assist with both the Covid Vaccination Programme and delivery of the Community Covid Pathway.

Significant advances in the use of technology and innovative approaches to redefining patient care pathways have occurred as a response to the Covid pandemic. Joint working across the primary and secondary care interface has been evident and a collaborative approach between primary and secondary care to developing patient pathways is essential if the opportunities of new ways of working are to be realised. We need to capture and build on these advances with a focus on innovative approaches that improve the care of patients and how we deliver that care.

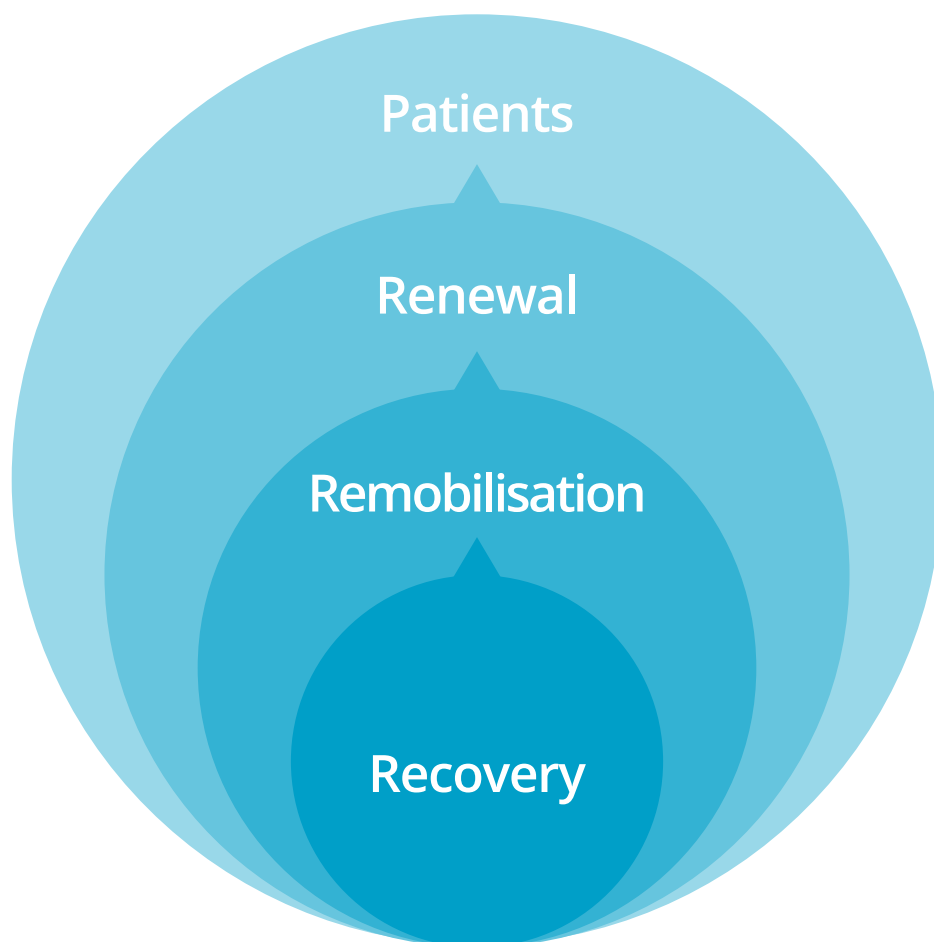


# Need for workforce recovery before remobilisation and renewal

There is an acceptance, at Scottish Government level and within most Health Boards, that the workforce must be given time for recovery, and various strands of work are focusing on this. It will be essential that Health Boards do not become too performance driven and are given some license to allow the workforce to recover, while also gradually renewing and remobilising services.

The need for workforce recovery and the remobilisation and renewal of services are inextricably linked and should be seen as intersecting areas. However, the workstreams and initiatives are currently largely being treated independently by Scottish Government, Health Boards, and political parties.

Action to address workforce recovery must begin immediately, to support remobilisation, and to allow capacity for renewal and transformation through innovation. Only then will we be able to create the sustainable healthcare service that patients in Scotland will need for the future.



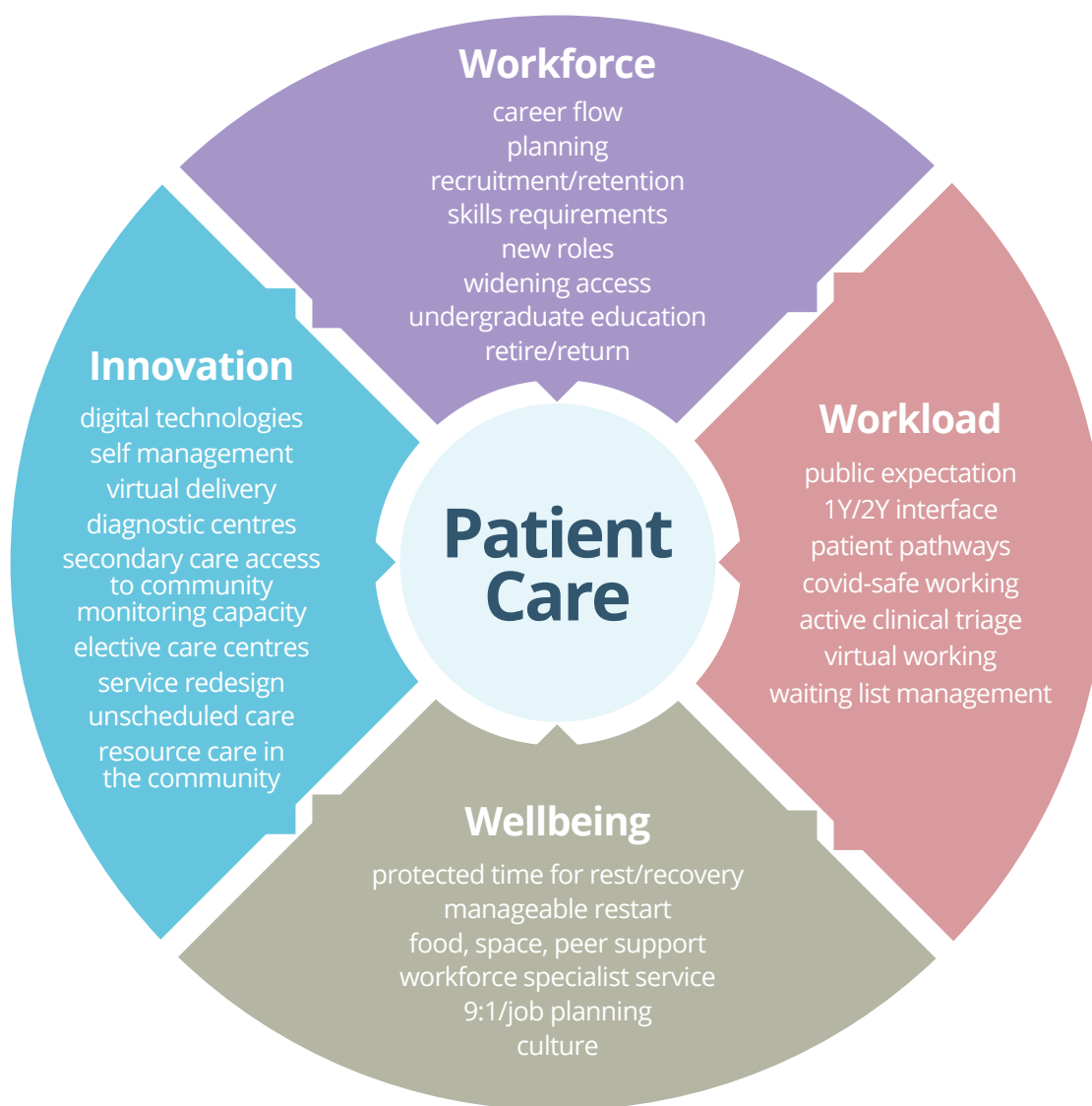
In order to ensure the best care for patients, recovery of the workforce is needed to enable remobilisation and renewal of services.

## Taking action

There are four key initiatives and factors that individually and collectively impact on patient care. They are all interconnected and interdependent on each other. It is only through a focused, coordinated approach that we will be able to deliver our expectations of patient care.

The following diagram attempts to illustrate the key initiatives and factors which individually and collectively impact on patient care, both now and in the future. It aims to demonstrate that there is a relationship between each of the categories of workforce, workload, wellbeing and innovation, it is intended to help discussions about how we ensure these various strands of work and thinking are joined up appropriately, while always retaining the ultimate focus on patient care.

The subsequent narrative describes some of the key actions which we believe must be considered to ensure that workforce recovery is built into the pursuit of each of the related initiatives.



Interconnected initiatives and factors – Patient care



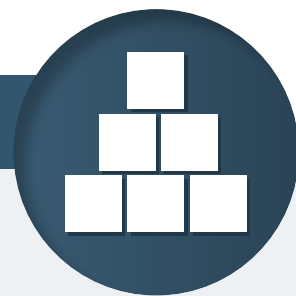
# Workforce



- Ensuring all healthcare workers are able take annual leave, and there is capacity within the system to cover those on leave.
- Prioritisation of training for doctors in training and time within job plans for trainers to train. This will be essential to our recovery ensuring we have a flow of qualified doctors and other healthcare professionals able to help tackle the demand.
- Prioritisation of coordinated, workforce planning to ensure that both the retention and recruitment career flows are really being addressed.
- We need to improve our approach to appraisal in a consistent way across Scotland – learning from the Covid experience about what is essential and supports wellbeing.
- Teams which have been subject to so much change and challenge over the past year need time to reflect and share and plan ahead, the reinstatement of Protected Learning Time in general practice would provide such as opportunity.
- The option of mini- sabbaticals should also be considered-working in a different environment can be refreshing, and beneficial to the service.
- Flexibility in approach to job plans- ensuring adequate SPA time for professional duties such as training, quality improvement, examining, innovation and leadership, and in particular option to do Supporting Professional Activity (SPA) time at home.
- Continued support for remote working will allow more members of the workforce to contribute and, where used appropriately, will increase efficiency and reduce workload for others.



## Workload



- > Our patients deserve honesty. Rather than making false promises about backlogs and waiting times, NHS Scotland needs to manage public expectations with openness and transparency with clear communications.
- > Prior to Covid, doctors were on average working 10% over their contracted hours. It is unrealistic to expect further increase in output with current staffing levels. We should not be placing demands on healthcare workers to work overtime to reduce waiting lists.
- > A clinical framework, with timely communication with patients, is essential to identify and deliver urgent (both elective and unplanned) care – based on clinical priority. This should take place in parallel with workforce recovery.



## Wellbeing



- > Collate all of the wellbeing resources available across multiple sites into a single hub, such as the Promis National Wellbeing hub, will facilitate appropriate use.
- > Expanding examples of good practice, such as the GGC Mental Health check, to other health boards.
- > Ensure clinical psychology services are easily accessible and sustained.
- > Adequate time for team reflection and peer support.
- > Advertising and signposting to the interim Workforce Specialist Service to ensure it is widely visible. Ongoing collation of feedback and review for continual improvement and long-term development.
- > Ensure access to food, drinks and rest spaces.

## Innovation



- > We must work closely with the Centre for Sustainable Development – transforming the way services are delivered is essential, but cannot happen if the workforce is either buckling or just not there. Until the workforce has been allowed to recover, ‘transformation’ and ‘significant change’ cannot be achieved. Transformation of services must be a collaborative exercise fully involving Primary Care, and General Practice in particular, if detrimental workload and workforce retention consequences on that part of the system are to be avoided.

## Conclusion

The Scottish Academy and BMA Scotland will continue to work with the Scottish Government and NHS Scotland to ensure that all possible actions are explored and implemented to enable the healthcare workforce to recover from the experience of dealing with the Covid pandemic, and is equipped and ready to manage future demands and needs during the Autumn and Winter of 2021 and beyond. This paper describes why the range of interconnected initiatives and commitments to remobilise and to renew and transform our health and care services in Scotland are all entirely dependent on workforce recovery.