

# Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar y [gweithlu Iechyd a Gofal Cymdeithasol](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Health and Social Care Workforce](#)

## HSC 09

### Ymateb gan: | Response from: Coleg Brenhinol yr Anesthetyddion | Coleg Brenhinol yr Anesthetyddion

Evidence Submission from the Royal College of Anaesthetists Welsh Board to A Healthier Wales Workforce Strategy for Health and Social care

#### About the Royal College of Anaesthetist's Welsh Board

The Royal College of Anaesthetists (RCoA)<sup>1</sup> is the third largest medical royal college by UK membership. With a combined membership of over 24,000 fellows and members, we represent the three specialties of anaesthesia, intensive care and pain medicine.

Our Welsh Board is focused on supporting and implementing the RCoA's strategy in Wales which aligns closely with the Healthier Wales Workforce Strategy. Its main objective is to promote high standards of training and practice in anaesthesia in Wales, while maintaining a cohesive and consistent approach to all aspects of RCoA core business across the UK. With the increasingly divergent healthcare system in Wales the board acknowledge and ensure active engagement with Welsh Government.

**The extent to which HEIW/SCW's workforce strategy and broader work on workforce planning and the commissioning/delivery of education and training, will ensure that we have a health and social care workforce which is able to meet population health and care needs, and support new models of care and ways of working, including optimising the use of digital technology and the development of Welsh language services.**

#### An Engaged, Motivated and Healthy Workforce

Ensuring that the healthcare workforce is supported and valued is paramount for meeting population and health care needs. Prior to the pandemic, our members – particularly anaesthetists in training- were already reporting signs of burn-out, including poor mental and physical health, disengagement from work, and working without adequate nutrition or hydration<sup>2</sup>. The pandemic has exacerbated this trend, with our members reporting that their mental health and wellbeing has been significantly impacted due to the pressures they have faced on the COVID-19 frontline<sup>3</sup>. Worryingly, a recent RCoA poll showed that nearly 1 in 5 anaesthetists we surveyed had considered leaving the profession which raises serious concern for the healthcare service in being able to function safely and effectively<sup>4</sup>.

Our specialty is not alone in facing these challenges however, anaesthetists of all grades play a critical role in the care of two-thirds of hospital patients, including those affected by COVID-19 therefore there needs to be the right incentives put in place to ensure that anaesthetists can continue to deliver excellent patient care without detriment to their wellbeing. Some data from Wales suggest that during the pandemic Welsh anaesthetists fared slightly better with mental

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<sup>1</sup> <https://www.rcoa.ac.uk/>

<sup>2</sup> <https://rcoa.ac.uk/sites/default/files/documents/2020-09/Welfare-Morale2017.pdf>

<sup>3</sup> <https://rcoa.ac.uk/policy-communications/policy-public-affairs/views-frontline-anaesthesia-during-covid-19-pandemic>

<sup>4</sup> <https://www.rcoa.ac.uk/news/one-three-anaesthetists-suffering-mental-health-problems-caused-pandemic>

health and wellbeing (compared to anaesthetists in London) therefore the initiatives in the strategy should be followed through to ensure that the Welsh anaesthetists stay motivated and engaged with their work to deliver excellent patient care.

#### Seamless Workforce Models

The RCoA strongly recommends the introduction of perioperative care pathways encompassing components such as shared-decision making; preoperative assessment; help to get ready for surgery through exercise, nutrition, and smoking cessation; discharge planning; multidisciplinary working and follow-up after surgery<sup>5</sup>. Perioperative care can have a transformative impact on the lives of patients, improving their overall health, reducing complications after surgery, and helping them get back home or back to work sooner. It also promotes the 'quadruple aim' of improving the health of the population, improving quality and patient experience of care, improving staff experience, and reducing the cost of care. Preoperative care can be used to embed prevention into routine clinical practice. The time available to patients to prepare for surgery is a 'teachable moment', where a patient can be encouraged by their GP, surgeon and perioperative team to make positive and lasting changes to their lifestyle.

The aim of perioperative care is to deliver the best possible care for patients before, during and after major surgery. Perioperative care is a natural evolution in healthcare using existing skills and expertise within the NHS to provide an improved level of care throughout the perioperative period.

Critical care capacity should be a key priority for building back an NHS that can cope with future pandemics and surges, for example through the expansion of postoperative care units and the adoption of the enhanced care model to improve patient flow, support operative scheduling and release capacity within critical care for the patients who need it most<sup>6</sup>. A written submission has been made by The Faculty of Intensive Care Medicine (FICM), Welsh Intensive Care Society (WICS) and Wales Critical Care and Trauma Network (WCCTN) which calls for increased critical care capacity in Wales.

#### Building a Digitally Ready Workforce

RCoA welcomes the strategy's ambitions for digital innovation, however there must be care taken when developing these innovations for the delivery of patient care as some patients may not have the access to certain technology therefore would need to avoid the risk of creating health inequalities.

#### Workforce Supply and Shape

The strategy includes the important issue of ensuring a sustainable workforce as there are critical shortages in many areas, particularly in anaesthesia. The anaesthetic profession across the UK, but particularly in Wales, has considerable workforce gaps.

The RCoA's Workforce Census (2020) shows that Wales has a shortfall of 100 anaesthetic consultants<sup>7</sup> (translating to a 17.8 percent of the workforce). In percentage terms, this is the largest shortfall in the UK and over 70,000 surgical procedures in Wales will need to be delayed every year until it is filled<sup>8</sup>.

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<sup>5</sup> <https://cpoc.org.uk/about-cpoc/what-perioperative-care>

<sup>6</sup> <https://www.ficm.ac.uk/critical-futures-initiative/enhanced-care>

<sup>7</sup> <https://www.rcoa.ac.uk/sites/default/files/documents/2020-11/Medical-Workforce-Census-Report-2020.pdf>

<sup>8</sup> 94 consultant anaesthetists are required to fill current workforce gaps in Wales. The average anaesthetist across all grades treats 750 patients per year

Additionally, the wider team of SAS anaesthetists, operating department practitioners, anaesthetic nurses, and anaesthesia associates needs to be in place too. Once more our latest census shows worrying trends in this regard – for example, there is a shortfall of 54 SAS anaesthetists (28.9 per cent of the workforce) in Wales.

The entire anaesthetic team has been critical to the COVID-19 response and, so too, will be a driving force behind the NHS's recovery efforts – from the recovery of elective surgery capacity, to pandemic 'future proofing' of critical care, to leading perioperative care across the entire surgical pathway.

We welcome the recent steps that HEIW has taken to close the anaesthetic workforce deficit and the agency's commitment to review the workforce as part of its future workforce commissioning recommendations<sup>9</sup>. We are now calling on the Government and HEIW to go further still and commit to publish a national anaesthetic workforce strategy, that is underscored by population needs modelling and matched by investment for its delivery.

A stronger, larger workforce would ensure that NHS hospitals could better sustain the increased workload during pandemics without a detrimental impact on the business as usual activity and the wellbeing of staff. Perioperative care will also be more effective with an adequate workforce capacity across all of health and social care.

In particular, there needs to be investment in a larger and more flexible workforce – this should include anaesthetists and intensivists, but very importantly nurses (a profession for which recruitment is difficult as the strategy mentions), particularly critical care nurses, the shortage of which has limited the expansion plans of many departments during surges.

The strategy aims to overall improve the retention of our current workforce, as well as attracting new people into the health and social care workforce. This aligns closely with the RcoA's workforce campaign<sup>10</sup> of which one of the aims is to address the retention challenge. A survey carried out on retention issues in anaesthesia found that the following would encourage anaesthetists to stay working in the NHS for longer or return after retiring:

- being able to work flexibly and less than full time to have better work-life balance
- reduced or no overnight on-call work
- contract flexibility
- being able to adjust clinical practice or the environment to account for physical changes with age
- having supportive colleagues and managers that are respectful and appreciative
- advice about pay, pension and taxation issues

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<sup>9</sup> <https://heiw.nhs.wales/news/heiw-response-to-the-royal-college-of-anaesthetists-rcoa-medical-workforce-census-report/>

<sup>10</sup> <https://www.rcoa.ac.uk/policy-communications/policy-public-affairs/anaesthesia-fit-future>