

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Effaith yr ôl-groniad o ran amseroedd aros ar bobl yng Nghymru sy'n aros am ddiagnosis neu driniaeth](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment](#)

WT 11

Ymateb gan: | Response from: Coleg Brenhinol y Meddygon | Royal College of Physicians

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13 January 2022

**RCP Cymru Wales**  
Royal College of Physicians  
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# Impact of the waiting times backlog in Wales

## RCP Cymru Wales response

**Name of organisation:** Royal College of Physicians (RCP) Cymru Wales

**Lead contact:**

**Contact details:**

The Royal College of Physicians (RCP) Cymru Wales welcomes this short inquiry into the impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment. We would be delighted to organise oral evidence from physicians if that would be helpful.

### Key points


1. **There are not enough staff available to bring down NHS waiting lists:** The waiting times backlog is partly the result of a huge shortfall in doctors, nurses, allied health professionals and social care staff. The Welsh government should work with NHS Wales to double the number of medical school places over the next five years.
2. **Health inequalities should be tackled through a comprehensive, funded cross-government strategy:** Tackling the causes of avoidable ill-health will reduce the waiting times backlog – the NHS and social care can only pick up the pieces when people get ill. We need to keep people healthy in the first place.

### Our response

#### **1 A sustainable health and social care workforce**

This pandemic has taken its toll on our workforce. Health and care staff are exhausted; many are reaching burnout. In the coming years, an ageing population with long-term illness, growing obesity, advances in genomics and new technologies will all mean increased demand for doctors. Hospital activity – both emergency and elective – is steadily rising, and the backlog is not getting any smaller. It's an incredibly difficult time to be working in medicine.

The UK Academy of Medical Royal Colleges has produced a [list of short-term actions that may help to reduce workforce pressure in the short term](#). In the long term, we need to train more health and social care professionals. Over the next 5 years, the Welsh government should double the number of medical school places in Wales to ensure we have enough doctors to meet patient demand in 10–15 years: this means creating an additional 350 medical school places every year – almost double the number of places available now. Phased in over five years,



this equates to an extra 70 spaces every year for the next 5 years. However, in September 2020 we saw only 25 new spaces created at Cardiff University, and in September 2021, only 12 spaces.

While critics may argue that training more doctors costs too much money, the NHS Wales spend on agency and locum staff is eye-watering. 59% of consultant physician posts in Wales were not filled this year. That's 3 in every advertised 5 posts remaining empty – and in 63% of those cases, it was because there were no applicants at all.

Between 1 August 2020 to 31 July 2021, Hywel Dda University Health Board (UHB) alone spent [almost £29 million on agency staff](#). If these numbers are replicated across all seven health boards, the cost to the Welsh NHS could be as much as £200 million a year, or around 2% of the entire Welsh government health and social services budget.

There are some very difficult choices ahead to try and reduce waiting lists and put the NHS back on a sustainable footing. But what is clear is that a lack of workforce across all professions will continue to limit the recovery plan. Increased investment in the NHS cannot improve patient care if we don't have the staff to treat patients.

Our recent paper [Ending the postcode lottery](#) was endorsed by 22 organisations in November 2021. It calls for an independent NHS Wales Executive, separate from Welsh Government (as recommended by the 2018 parliamentary review) which could drive improvements at a national level. A national approach to recruitment, retention and staff wellbeing from a body with single employer status could attract high quality candidates into permanent roles.


We must also do all we can to hold on to our existing staff, including by offering flexible working and embracing changes such as the move to virtual outpatient appointments (where appropriate). Such initiatives have been a lifeline for many patients and will be essential in tackling the backlog. Health boards should also continue to invest in new healthcare roles such as physician associates.

**We need:** A clear, funded, long-term workforce action plan to develop and retain the current NHS and social care workforce, alongside an increase in medical school numbers and postgraduate training places: targeted at the specialties – such as general internal medicine, care of the elderly and old age psychiatry – where we will need more doctors to meet patient demand in a decade.

## 2 A cross-government strategy on health inequalities

The pandemic has highlighted the link between inequality and poorer health outcomes, and it's now vital that we face up to the impact of long-term chronic illness on our society. Many of the barriers to truly integrated health and social care exist outside the structures of the NHS – expanding the workforce, tackling health inequalities and increasing social justice funding must be achieved through cross-government action, led by the first minister.

Health inequalities [costs the Welsh NHS £322 million](#) every year. Currently we don't know how the Welsh government will meet its aim to '[eliminate inequality in all of its forms](#)' or '[rebalance the inequalities which have become apparent through this pandemic, and sadly for too many, have also been exacerbated](#)' – how will different government departments ensure joined-up



thinking, how will they measure performance and outcomes, and how will a fragmented approach work in practice? A cross-government strategy could set existing commitments in context and provide some clarity about shared milestones and measures.

**We need:** A cross-government strategy to tackle the inequalities that contribute to avoidable illness: not just in physical health, but mental health, housing, education, transport, rural healthcare, digital access, and income, among other social determinants of health.

### **About us**

Through our work with patients and doctors, the Royal College of Physicians (RCP) is working to achieve real change across the health and social care sector in Wales. Our 40,000 members worldwide (including 1,450 in Wales) work in hospitals and the community across 30 different clinical specialties, diagnosing and treating millions of patients with a huge range of medical conditions. We campaign for improvements to healthcare, medical education and public health.

We organise high-quality conferences and teaching that attract hundreds of doctors every year and our work with the Society of Physicians in Wales showcases best practice through poster competitions and trainee awards. We work directly with health boards, trusts and Health Education and Improvement Wales (HEIW), we carry out hospital visits, and we collaborate with other organisations to raise awareness of public health challenges.

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