

Written evidence submitted by the Royal College of Surgeons of Edinburgh (DHS0012)

The Royal College of Surgeons of Edinburgh (RCSEd) is the oldest of the medical Royal Colleges. First incorporated as the Barber Surgeons of Edinburgh in 1505, the College is now one of the world's largest surgical bodies, with almost 30,000 members and fellows in over 100 countries worldwide.

Despite our Scottish roots and international reach, around half of our members and fellows are based in England. We therefore support the professional development of a significant part of NHS England's surgical, dental surgical and perioperative capacity.

The sole focus of RCSEd is patient care, so we actively engage with policy makers and influencers to improve outcomes for clinicians and patients, providing valuable clinical expertise and frontline experience alike. This forms the basis for our response below.

Policy Area: Care of patients and service users.

Government commitments under review:

- 1. Our aim is that, by 2024, 75% of adults will have registered for the NHS App with 68% (over 30 million people) having done so by March 2023.*
- 2. By increasing digital connection and providing more personalised care, we can support people to monitor and better manage their long-term health conditions in their own homes, enabling them to live well and independently for longer.*
- 3. Roll out integrated health and care records to all people, providing a functionally single health and care record that people, their carers and care teams can all safely access, enabled by a combination of nationally held summary data and links to locally held records, including shared care records.*

The RCSEd does not have any data on the uptake of the NHS App, nor any strong opinion as to the adequate funding, positive (or otherwise) impact on patients or whether it is appropriate.

The College does believe that commitments two and three are appropriate and are interlinked. The availability of digital health and care records both across the NHS and to patients themselves allows for better communication and self-management of medical issues. This is particularly important to the College when it comes to managing issues whilst patients are waiting for surgery. Being able to share information means that the surgical team will then be aware of what mitigation measures have been taken and any complicating factors.

Neither commitment includes a specific deadline, nor any figures as to what constitutes success. Perhaps the greatest mitigating factor is the dated and mismatched nature of NHS ICT systems. Until these are unified the integration of health and care records will be haphazard. Funding of the replacement of NHS ICT systems has not been specified.

The commitment is appropriate and – if it can be achieved – will be hugely beneficial to patients. The level of ambition is entirely reasonable and addresses a major need. However, it requires more investment in the underlying architecture of ICT systems to be effective. Further, it requires far more specificity in the commitments to be able to measure their impact.

Policy Area: The health of the population.

Government commitments under review:

4. *Through the Data for Research and Development programme we will invest up to £200 million to transform access to and linkage of NHS health and genomic data sets for data-driven innovation and inclusive clinical trials, whose results will be critical to ensuring public confidence in data access for research and innovation purposes.*
5. *NHS Digital will develop and implement a mechanism to de-identify data on collection from GP practices by September 2019.*

The RCSEd has no data on either clinical trials, nor de-identification of data from GP practices. We cannot therefore offer informed commentary on the progress of the government towards these commitments.

Policy Area: Cost and Efficiency of Care.

Government commitments under review:

6. *We will streamline contracting methods both to leverage NHS buying power and simplify the process of selling technology to NHS buyers (ongoing).*
7. *We will consolidate routes to market and strengthen our commercial levers for adopting standards through a new target operating model for procurement. This will include embedding standards as part of procurement frameworks, supporting NHS procurement teams to prioritise adherence to standards. Consolidation of the number of frameworks will encourage market entry and more choice in some markets, incentivising vendors to follow NHS standards.*

The RCSEd has no involvement in procurement of services for the NHS. We cannot therefore offer informed commentary on the progress of the government towards these commitments.

Policy Area: Workforce literacy and the digital workforce.

Government commitments under review:

8. *We will co-create a national digital workforce strategy with the health and care system setting out a framework for bridging the skills gap and making the NHS an attractive place to work.*
9. *We will enable recruitment retention and growth of the digital, data, technology workforce to meet challenging projected health and care demand by 2030 through graduates, apprentices and experienced hires creating posts for an additional 10,500 full-time staff.*

Commitments 8 and 9 are both yet to be met. There is no timeframe for commitment 8 and a distant one – 2030 – for commitment 9. For commitment 8, NHSX announced in December 2021 that a digital workforce strategy would be established by October 2022. This does not seem to have occurred, but this may have fallen victim to the significant churn in the DHSC Ministerial team during 2022 and potentially the disruption caused by the decision to fold NHSX and NHS Digital into NHS England.

In addition, the recent rise in inflation and discussion of potential belt-tightening by the government means that resources are likely to be deployed to frontline staff and services, which could have a knock on effect to backroom staff such as digital, data and technology staff. The lack of a strategic workforce plan for those roles means that this is often overlooked or unseen.

The commitment to a strategic digital workforce plan is appropriate. The NHS is held back by a lack of workforce planning across the board, and that includes in its digital arm. However, that workforce plan needs to be based around a more united NHS digital space, with significant funding to upgrade legacy IT systems and the ability to link up different NHS computer systems across units and geographies, and the workforce to support and enable that to happen. It is unclear whether the figure of 10,500 new staff is linked to this aim or how it has been arrived at.

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