



# Scottish Parliament Election 2021

A manifesto for  
recovery and  
resilience



# The Royal College of Anaesthetists' manifesto for the 2021 Scottish Parliament Election

To inform the development of our manifesto priorities, we consulted with our members living in Scotland and our partners working across the wider health and care sector.

They told us the next Parliament needs to:

- ✓ address anaesthetic workforce shortages
- ✓ support the health and wellbeing of NHS staff
- ✓ put clearing the elective surgery backlog at the heart of the COVID-19 recovery
- ✓ prioritise the public's health by taking action on obesity
- ✓ make digital working the best it can be.

## Dear candidate

Anaesthesia is the UK's single largest hospital specialty – 16 per cent of all hospital consultants are anaesthetists – playing a vital role in the care of two-thirds of all hospital patients.

Anaesthetists provide anaesthesia and pain management to all patients before, during, and after surgery. They make sure that patients are fit and ready for their procedure and have the best possible outcomes afterwards. They also lead the clinical management of intensive care units, occupy key NHS management roles as medical or clinical directors, and play a vital role in emergency, trauma, obstetric, and cancer care – amongst others.

During the pandemic, the central role of the anaesthetist in routine perioperative and critical care has become more apparent than ever. Anaesthetists across Scotland and the rest of the UK have stepped up to support the NHS at its time of greatest need, treating the sickest COVID-19 patients while helping to maintain cancer, maternity, and other urgent and planned services.

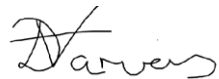
This has come at a great personal cost for many of our members, placing in sharp relief the workforce shortages across our specialty and highlighting the need to prioritise the health and wellbeing of staff as the NHS continues to respond to and recover from the pandemic.

With the election fast approaching, the Royal College of Anaesthetists (RCoA) in Scotland is putting forward our priorities for change. In this manifesto we lay out five themes our members are telling us they most want to see action on over the course of this new Parliamentary session.

As a candidate in this election, we welcome your feedback on our priorities and would be keen to meet to discuss any or all the points we have raised. To get in touch with us, please email [advocacy@rcoa.ac.uk](mailto:advocacy@rcoa.ac.uk) or visit our elections campaign page [here](#).

Thank you very much and we look forward to hearing from you.

Best of luck with your campaign!



### **Dr Daphne Varveris**

Chair, Scotland Board  
Royal College of Anaesthetists





# 1

## Address anaesthetic workforce shortages

### The RCoA in Scotland is calling on the Scottish Government to:

- work with NHS Education for Scotland to publish a **national anaesthetic workforce strategy**, which addresses shortages across the entire anaesthetic workforce, underscored by population-based needs modelling
- work with the RCoA to develop a **national retention strategy** for anaesthesia that includes supporting staff with their mental and occupational health needs, providing more opportunities for learning and development, and more options for flexible working.



### Why are we calling for this?

The anaesthetic profession in Scotland faces significant shortages. The RCoA's Workforce Census (2020) shows that Scotland has a 'real consultant gap' of 11.7 per cent – meaning that Scotland is currently 'missing' just over 100 anaesthetic consultants that patient demand requires.<sup>1</sup> This shortage means that over 70,000 surgical procedures in Scotland will need to be delayed every year until it is filled.<sup>2</sup>

In addition, the wider team of SAS anaesthetists,<sup>3</sup> 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, we currently have a 18.5 per cent 'real SAS gap' in Scotland.<sup>1</sup>

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 Scottish Government's increases in core training places for anaesthesia over the past several years, which has helped to partially close the gap between demand for places and supply.<sup>4</sup> We urge the Government and NHS Education for Scotland to continue this effort and go further still by publishing a national anaesthetic workforce strategy that is underscored by population needs modelling and matched by investment for its delivery.

A key part of solving the workforce challenges our specialty currently faces is to better retain the talented and experienced anaesthetists we already have. Our census shows that prior to the pandemic, retention was a significant challenge facing anaesthesia at all grades, with one in eight fully trained anaesthetists choosing to leave Scotland. The pandemic has exacerbated this trend, with recent College research showing that one in five anaesthetists are now considering leaving the profession due to COVID-19 pressures.<sup>5</sup> The RCoA believes we need to address this retention crisis across anaesthesia as a matter of urgency.

# 2

## Support the health and wellbeing of NHS staff

### The RCoA in Scotland is calling on the Scottish Government to:

- develop and roll out a package of **wellbeing support measures** for NHS staff in Scotland, including ensuring the provision of basic amenities (rest facilities, parking, somewhere to buy food) and dedicated psychological support for staff
- mandate that every Health Board have '**Freedom to Speak Up Guardians**' to support staff to speak out if they feel they otherwise cannot.



### Why are we calling for this?

Realistic Medicine advances the ethic of reciprocity, which is the recognition that the health service must care for its staff not only because it's the right thing to do but also because it will help them provide the best care to patients.<sup>6</sup>

The RCoA shares that perspective. 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>7</sup>

The pandemic has worsened 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>8</sup> Our specialty is not alone in feeling like this – NHS staff across the system are exhausted and in need of more support.

The next Parliament can build on work that the NHS in Scotland is currently doing to support staff, and prioritise wellbeing for our NHS people as a key plank of COVID-19 recovery measures and long-term NHS workforce planning.

# 3

## Put clearing the elective surgery backlog at the heart of the COVID-19 recovery

### The RCoA in Scotland is calling on the Scottish Government to:

- commit to **identifying the full extent of the elective surgery backlog** and commit funds and other resources to tackle it
- work with the RCoA to develop guidance/new policy **to turn 'waiting lists' for surgery into 'preparation lists'** to improve the long-term health and wellbeing of people waiting for surgery.



### Why are we calling for this?

The pandemic has created a step-change in the number of people waiting for elective surgery across Scotland and the rest of the UK.

Data from Public Health Scotland show that over 130,000 non-urgent operations were postponed in Scotland in 2020.<sup>9</sup> Data also show that the total number of planned operations in Scotland in December 2020 was down 35 per cent compared to December 2019 – showing the extent of the crisis.<sup>10</sup> Clearing this backlog to pre-pandemic levels is likely to take years.

This is so serious that we are now calling on the Scottish Government to place clearing the backlog at the heart of its COVID-19 recovery planning by publishing a national strategy to deal with the backlog, backed by ringfenced funding for its delivery.

This strategy must be underpinned first and foremost by a clear commitment to support NHS staff to rest and recuperate from the trauma and intense workload of this past year and to help staff access any support services they may require. As a College we are unequivocal: there will be no service recovery without staff recovery first.

Additionally, we believe that supporting patients to optimise their health while they are waiting for their surgery should also be a key part of this elective backlog strategy – helping patients be ready for when the NHS is ready for them.

One way to do this is through prehabilitation programmes that help people get ready for surgery through things like physical exercise, smoking cessation, psychological support, nutritional support, or other healthy lifestyle interventions. Evidence shows that prehabilitation reduces complications, avoids on the day surgery cancellations, gets people out of hospital quicker, and can encourage positive behaviour change in the long-term.<sup>11</sup>

Anaesthetists are leading Scotland's prehabilitation effort. We're now calling on the Scottish Government to work with the RCoA to make that aspiration a reality and develop new policy that will turn 'waiting lists' for surgery into 'preparation lists.'

# 4

## Prioritise the public's health by taking action on obesity

### The RCoA in Scotland is calling for:

- a commitment from all political parties to **deliver the Restricting Food Promotions Bill**
- a commitment from local government to make **the '20-minute neighbourhood model'** a central principle in town and country planning – ensuring that our communities have local access to healthy, affordable food and daily physical activity opportunities.



### Why are we calling for this?

Obesity is a leading public health concern in Scotland and across the UK. In Scotland, over 66 per cent of the adult population is overweight or obese, and 30 per cent of children are at risk of being overweight.<sup>12</sup> It is not an exaggeration to say that with regards to its prevalence and impact on the public's health, junk food is the new tobacco.

Obesity and poor diet are linked with type 2 diabetes, high blood pressure, high cholesterol, and increased risk of respiratory, musculoskeletal and liver diseases and certain cancers. We also know that people with obesity are at a higher risk of a poor outcome from COVID-19.

The causes of obesity are complex and multi-factorial. Poverty and inequality are key drivers of ill-health and obesity. While Scotland has made notable progress on addressing poverty within some groups – such as pensioners – 19 per cent of working age people and 24 per cent of children in Scotland currently live in poverty.

The current obesogenic environment also makes it difficult for families and individuals to make healthy choices about the food they consume and the physical activity they can do.

We welcome the Scottish Government's current commitments to halve child obesity rates by 2030 and to restrict the marketing of unhealthy foods, as outlined in the Restricting Food Promotions Bill. We understand that the Bill needed to be postponed due to COVID-19, but we urge the new Parliament to take it up again with urgency in the new session.

In addition, we believe that government should act to make it easier for people to be more active. That's why we are also urging local authorities across Scotland to commit to the '20-minute neighbourhood model' where feasible. This is a model of town planning which seeks to give people the ability to meet most of their daily needs within a 20-minute return walk from home, with access to safe cycling and local transport choices.

We are encouraged that the Scottish Government has committed to working with local authorities to embed '20-minute neighbourhood' principles into local planning decisions as part of the pandemic response to help people thrive locally. We encourage the new Parliament to build on this progress.

# 5

## Make digital working the best it can be

The RCoA is a member of the Scottish Academy of Medical Royal Colleges and Faculties – the coordinating body for Scotland’s medical community across the health system.

We join the Academy in calling for the new government to **make digital working the best it can be** by:

- Investing in NHS IT infrastructure and practical IT support to ensure reliable, efficient, safe systems
- Improving IT connectivity across the NHS to improve information sharing, consistency and quality of care
- Embedding videoconferencing as a usual means of conducting meetings, consultations, and follow-up
- Ensuring software systems are fit for the future and consistent across the country
- Ensuring active work is undertaken to mitigate against digital exclusion for patient groups who struggle to access healthcare in remote ways



### Why are we calling for this?

Digital technology is changing the face of how the NHS delivers its services at every level, across the whole system. The pandemic has accelerated that transformational digital change, bringing both opportunities to deliver better patient care and challenges regarding implementation.

For example, while primary care has seen a huge increase in remote appointments, there are concerns that social factors, such as insecure housing, lack of broadband access, and domestic abuse are preventing some of our most marginalised from accessing the care they need.

Scotland’s Digital Health and Care strategy (2018) has outlined an ambitious plan to make Scotland a world leader in using digital technology to achieve better health and care integration, self-management, and prevention.<sup>14</sup> While we have made significant progress in embedding digital platforms into health and care, we know that challenges remain around data protection, digital exclusion, standards, and consistency across NHS organisations and local government.

Without technology that is fit for purpose and accessible for all, we cannot achieve joined up care for our patients in the right place at the right time. We’re now calling on the new Government to make digital working in the NHS a priority over the course of its tenure.





# Tell us what you think

## The RCoA in Scotland thinks the next Scottish Parliament needs to:

- ✓ address anaesthetic workforce shortages
- ✓ support the health and wellbeing of NHS staff
- ✓ put clearing the elective surgery backlog at the heart of the COVID-19 recovery
- ✓ prioritise the public's health by taking action on obesity
- ✓ make digital working the best it can be.

We'd love to hear from all prospective parliamentary candidates about any or all of our priority areas.

Please let us know what you think by emailing [advocacy@rcoa.ac.uk](mailto:advocacy@rcoa.ac.uk) or by tweeting us at [@RCoANews](https://twitter.com/RCoANews).

**Thank you and we look forward to hearing from you!**



# References

- 1 [RCoA Medical Workforce Census Report 2020, RCoA.](#)
- 2 94 consultant anaesthetists are required to fill current workforce gaps in Wales. The average anaesthetist across all grades treats 750 patients per year.
- 3 The NHS employs a significant number of doctors who are neither consultants nor trainees. These are collectively known as SAS (Staff Grade, Associate Specialists and Specialty Doctors) grades. They make up 22 per cent of the non-trainee anaesthetic workforce.
- 4 [Workforce Data Pack 2018.](#)
- 5 [One in three anaesthetists suffering with mental health problems caused by the pandemic, RCoA.](#)
- 6 [Chief Medical Officer's Annual Report 2017-2018: Personalising realistic medicine, NHS Scotland.](#)
- 7 [A report on the welfare, morale and experiences of anaesthetists in training: the need to listen, 2017, RCoA.](#)
- 8 [View from the frontline of anaesthesia 2020, RCoA.](#)
- 9 [Coronavirus in Scotland: Waiting lists spiral as surgery postponed, The Times.](#)
- 10 [Cancelled planned operations, Public Health Scotland.](#)
- 11 [Impact of perioperative care on healthcare resource use, Rapid research review, CPOC.](#)
- 12 [The Scottish Health Survey 2019, A National Statistics Publication for Scotland.](#)
- 13 [Protecting Scotland, Renewing Scotland, The Scottish Government, 2020.](#)
- 14 [Scotland's Digital Health and Care Strategy: enabling, connecting and empowering, Scottish Government.](#)

## About the Royal College of Anaesthetists

The Royal College of Anaesthetists is the professional body responsible for the specialty throughout the UK. We are the third largest medical royal college in the UK by membership. With a combined membership of 23,000 fellows and members, we ensure the quality of patient care by safeguarding standards in the three specialties of anaesthesia, intensive care and pain medicine.

### Royal College of Anaesthetists

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