



## VIEWS AND REVIEWS

### BMJ ACUTE PERSPECTIVE

# David Oliver: The NHS's understaffing is its Achilles' heel

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I've long stopped believing any soundbites about NHS staffing or funding if they come from the Department of Health or Number 10. I'd like to see a truly independent body for all NHS statistics.

The House of Lords' April report on the NHS's future<sup>1</sup> criticised serial government claims that "4000 new doctors and 9000 new nurses" have been recruited, without these mantras being grounded in coherent planning about how many are needed or acknowledging those who leave or go part time.<sup>2,3</sup> The Lords' report was also highly critical of the UK's track record in planning for future staffing—and the fact that the UK already has some of the lowest per capita numbers of clinical staff in OECD member states.

One misleading soundbite is the claim that 1500 new medical school places will make us "self sufficient with all the doctors we need."<sup>4</sup> NHS England has also said that we're "on track" to recruit an additional 3500 general practice trainees. But 12.2% of GP positions are currently vacant,<sup>5</sup> and many GPs are considering part time roles, career breaks, or early retirement.<sup>6</sup>

For medium term planning in the NHS, the only current recipes are NHS England's *Five Year Forward View* and the emerging local strategic transformation partnerships.<sup>7,8</sup> Chuck in some social care money (which doesn't nearly compensate for sustained recent cuts)<sup>9</sup> and early attempts to reverse what NHS England acknowledges to be "historical underfunding" of primary care, and that's the entire menu.

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The Achilles' heel of any transformation plan is staff recruitment, retention, and—especially—workforce planning. The community nursing workforce is seriously depleted,<sup>10,11</sup> with severe shortages in key areas of hospitals prompting a recent strike vote.<sup>12</sup> Allied health professionals, including paramedics and therapists, also face serious recruitment and retention problems.<sup>13,14</sup>

Staff with a background in hospitals can't all seamlessly shift to community working, which requires different skills, mindset, and adjustment to a new culture. And the fallout from Brexit is already threatening our complacent reliance on overseas staff.<sup>15</sup>

As for hospital medicine, 44% of the consultant physician posts advertised were unfilled last year.<sup>2</sup> Rota gaps are endemic and morale often poor among junior and senior doctors, with fewer entering core or higher specialty training.<sup>16</sup> And we've failed to plan adequately for a workforce that's increasingly female, flexible, and less than full time.

Understaffing begets poor morale—further damaging recruitment and retention. Employers can do more to support staff. But, in a nationally funded system, we need better workforce planning and more accurate numbers. The Lords' report and the Nuffield Trust<sup>17</sup> have made a series of sensible recommendations. Let's adopt some of them.

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