The BMA

Cite this as: *BMJ* 2022;376:o2<http://dx.doi.org/10.1136/bmj.o2>

Published: 04 January 2022

2022—the year of recovery?

The government must grasp that the NHS is nothing without its workforce, writes Chaand Nagpaul

Chaand Nagpaul *BMA council chair*

Looking at the year ahead, incredible medical progress has been made over the past 12 months in understanding and managing covid-19. We now have a range of effective vaccines that have significantly reduced levels of illness and death and we are better at managing covid infections, with lower levels of hospital admissions, length of stay, ICU admissions, and deaths relative to infection rates.

We also have the bitter experience of two years of the pandemic, having amassed much knowledge about past actions, mistakes, and what could have been done differently. We are in a stronger position to draw upon the learning of the past and it is vital that the UK governments and health bodies make the right decisions to safeguard and provide stability for health services this coming year.

With collective determination, I very much hope that 2022 can be the year of recovery.

Key to recovery is bringing down soaring covid infections. While covid hospital admission rates are lower than this time last year, they are still significant, and rising, and resulting in soaring NHS staff absence. It's hard to grasp the scale of the challenge of six million patients waiting for treatment, leave aside even greater numbers who have yet to receive clinic appointments. With a health service with bed occupancy already above safe limits in most NHS Trusts, every covid admission is displacing another patient who could be treated.

While the booster vaccination programme is all-important, it is vital that the government takes a twin track “vaccine plus” strategy with coherent measures to reduce infection rates in the community. You simply can't have one without the other to get on the front foot with the virus.

But we also need 2022 to be the year in which the government grasps that the NHS is nothing without its workforce. The government must open its eyes and see that we are doctors who are physically and mentally fatigued, with many likely to reduce their hours or leave the NHS altogether. The government must pull out all the stops to retain staff by investing in our wellbeing, including providing a safe working environment with proper personal protective equipment to prevent us coming to harm at work.

It means ministers being honest with the public about the scale of the challenges ahead, with realistic timescales of clearing the backlog and an end to political soundbites and unachievable expectations. It is unacceptable for politicians and the media to scapegoat doctors for the state of the health service due to historic underinvestment. The government and NHS leaders need to visibly show they have our backs and defend the workforce in the face of

unjustified media attack as was the case when GPs were vilified last year regarding access to face-to-face appointments.

This year also brings the prospect of significant new investment in the NHS from April, in the form of the NHS Health and Social Care levy. It is vital that this extra public contribution, when people's finances are already strained, is used responsibly and effectively on the right priorities, not squandered by ill-judged political motives. We call on the government to engage with doctors and other healthcare workers, and make sure this money is used to support us to be able to deliver the care that patients and the nation needs.

Looking forward, the BMA's own surveys show that doctors do not want a return to the “old normal.” We need a health service that is built to manage surges in demand so that in future pandemics we do not cease all routine services en masse resulting in collateral suffering to millions. We need a service that finally has the workforce, beds, and facilities that comparable nations take as a given. We need a service that uses technology to its fullest to make more efficient use of our time and supports patient empowerment equitably. For example, having interoperable data between GP practices and hospitals and enabling electronic prescribing of prescriptions by specialists for patients to collect from their local pharmacy. The “new normal” should put an end to the totally false division between primary and secondary care, with its bureaucracy, silos, and shifting of cost and workload, in which we can genuinely operate as one collective team looking after our patients within our communities.

And we need a compassionate health service. One that pats you on the back for doing your level best amid inordinate and unfair pressures, rather than one that instils fear of blame when you get it wrong for factors outside your control. A service which treats its workforce according to its own values of fairness and equality as they apply to patients.

In 2022, we must build the foundations of a sustainable NHS, which has the capacity and resilience to accommodate the unexpected, and put an end to the unpredictable snakes and ladders world we've inhabited for far too long.

The question for our political masters, and those leaders responsible for running our health services, is whether they will fulfil their moral duty to build on past learning to end avoidable suffering, and make 2022 the year of recovery.

Competing interests: none declared

Provenance and peer review: not commissioned, not peer reviewed