MPs struggle for answers from leaders on solving the NHS workforce crisis

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If insanity is doing the same thing over and over again and expecting different results, then the health and social care committee of MPs must be feeling rather disturbed by now.

Throughout their inquiry into NHS and social care staffing, they have heard evidence from frontline workers about how staffing shortages have been impacting their working lives and care standards.

Leicester based GP Emma Hayward told them she had never seen so many colleagues so close to burnout or working while they were burned out as in the past couple of years. Workload, she said, had become so tough that a day in general practice felt like being “pelted with rocks.”

But the committee already knew that excessive workload was damaging patient care and staff retention—its inquiry into burnout and resilience in the NHS and social care last year had made that very clear.

So, at the final evidence session in its latest inquiry on Tuesday 7 June, “When will the NHS get the sufficient number of staff to meet demand?” seemed like a very reasonable—and predictable—question.

During the evidence session, the MPs got the chance to quiz NHS England’s chief executive Amanda Pritchard followed by the man with overall responsibility, the health secretary Sajid Javid.

But no matter how many ways the committee tried to extract an answer to this fundamental question about NHS capacity, it never got an answer. And by the end of the near two hour session, it still wasn’t clear if they ever would.

An exchange between the committee’s chair, the Conservative former health secretary Jeremy Hunt, and Pritchard gave a flavour of the discussion.

Hunt asked when the NHS would get the extra 2000 midwives and 500 obstetricians recommended not only by his committee, but also echoed by the Ockenden review of maternity service failings at the Shrewsbury and Telford Hospital NHS Trust. Since the review was published, he said, the NHS had lost 552 midwives (between March 2021 and March 2022) so “what precisely is happening to make our maternity units safer?”

Pritchard responded by setting out how she would reply. “Let’s talk about the wider challenge around maternity services,” she began and then proceeded to talk about “increasing investment.” This “isn’t just a “this year thing.” It’s very much something that’s been now,” she said. She talked numbers—£95m last year and £127m this year were invested in maternity services. “A lot of that goes directly into additional establishment,” she said.

Hunt tried again, “I understand the money’s going up, but the midwives are going down—and that’s the worry. So why is that happening? And what are you going to do to stop that?” he asked.

Undeterred, Pritchard continued where she left off. “So, we’ve seen 1692 additional midwifery roles recognised in establishments, 181 full time obstetric roles, but there is a difference between having the role and having the skilled person available to fill that role, which I think is the distinction we’re drawing.”

If Hunt was irritated, it didn’t show. He reframed the question simply, “When do you think the number of midwives is going to start going up?”

Surely now she’d give him something? But no, Pritchard took the question as a cue to talk about increasing midwifery training places by March 2023.

Top civil servants are absolutely brilliant at ploughing on regardless—it’s something to behold. The skill, of course, is to say lots of words but nothing significant and Pritchard is a master, all wrapped up in the mould of someone eager to be helpful.

Ever the diplomat, Hunt resorted to asking if her department could supply an answer in writing instead. One with facts and figures and deadlines would be good, but the committee won’t be holding its breath.

An hour and a half into the session the plan for getting a handle of numbers of staff required by specialty was still not clear. Labour’s Rosie Cooper asked Javid, “Am I right in saying that you have agreed that the figures will be published?”

“It is something I would like to do,” he said. “We will certainly publish the conclusions.” Beyond that—the full breakdown of figures and staffing gap analysis—would be a matter for “cross government agreement.”

Towards the end of the session, a weary Cooper had had enough. Would any patient, GP, or other healthcare professional listening to the committee’s discussion get assurance that their inquiry would, ultimately, make a difference? she asked.

The question was rhetorical, surely? She had long given up the aim of getting sensible answers to the most important question hanging over the future of the NHS.

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