Energy, social care, pay: Truss’s first 100 days

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Sidelined in leadership debates, health is suddenly centre stage. One of Liz Truss’s first splashy acts as UK prime minister (doi:10.1136/bmj.o2166) is expected to be the transfer of billions of pounds from NHS budgets to social care. The new health secretary for England, Thérèse Coffey, is also deputy prime minister—if nothing else, this is an elevation for the health portfolio in the cabinet. Will it mean anything more?

Getting social care back on its feet will aid in the safe discharge of patients from acute care and prevent admissions at the front end of the NHS. But the drain on NHS funding comes at the worst possible time, after a summer crisis with ambulances queuing outside hospitals, a massive backlog in elective care, imminent winter pressures, and preparations for a covid resurgence.

With a general election just two years away, waiting lists will loom as a toxic issue at the polling booth. To make any headway with the backlog it’s clear that staffing demands drastic action. And this starts with proper funding of pay rises. Truss once argued that doctors’ pay should be cut by 10%. Whatever her stance now, NHS trusts are grappling with a £1.8bn shortfall in salaries (doi:10.1136/bmj.o2092). Honouring the unfunded element of this year’s pay rises will leave hospitals unable to afford to fill empty medical posts and so will hit efforts to tackle the elective care backlog. Finding the money to pay staff also hits infrastructure investment, including the new diagnostic equipment desperately needed to cut waiting lists.

Even as the NHS scrabbles to fund pay rises, staff are faced with a pay cut in real terms, and unions are talking tough (doi:10.1136/bmj.o2166). Burnt-out junior staff are at the sharp end, with the lowest pay deal of all (doi:10.1136/bmj.o2118). At the other end of the career spectrum, Truss has pledged to “sort out” the pension problems driving senior doctors from the NHS (doi:10.1136/bmj.o2166). For Partha Kar (doi:10.1136/bmj.o2143) this is the crux of the problem: “Without consultants doing the procedures the waiting lists won’t get shorter.”

Will a government led by Truss have a more open and transparent culture than during the pandemic years? As we prepare for the public inquiry into covid, questions are being prepared about the opacity around scientific advisers to the government. Our UK covid inquiry series continues this week with a paper asking why scientific advisers, such as SAGE’s, have so little autonomy (doi:10.1136/bmj-2022-070572).

NHS finances and public sector strikes will figure high in Truss’s first 100 days, but the energy price crisis must surely be tackled in the first week. Clinically vulnerable people are already being admitted to hospital after having their energy supplies disconnected (doi:10.1136/bmj.o2156). And the effect on children’s health of living in fuel poverty is both immediate and long term. Adults living in cold homes put their respiratory and cardiovascular health at risk, but for children it can lead to a lifetime of health inequalities (doi:10.1136/bmj.o2129).

Michael Marmot and colleagues’ bleak assessment is an urgent call for action.

2 Chipman A. How an “unfunded” pay deal will affect doctors, patients, and the NHS. BMJ 2022;378:doi: 10.1136/bmj.o2092.