Dealing with the NHS staff recruitment and retention crisis

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‘Crisis’, some may argue, is a frequently overused term. For the NHS, however, the recent numbers seem to confirm what many fear. Here the author discusses the issues and some solutions.

Recent NHS statistics are alarming. In July 2019, a record number of accident and emergency (A&E) patients waited more than four hours to be seen. As experts warned the health service was ‘struggling to cope’, NHS performance statistics revealed 275 526 patients were seen after the targeted time last month compared with 208 083 in July 2018, an increase of almost a third (32.4%). This is also the highest number for July since current records began in August 2010. Of these, 436 patients waited more than 12 hours – almost 200% higher than in July 2018.

The figures show overall admissions at A&E departments have also hit records levels – rising 6% in a year to reach 2.27 million last month. A record number of people are also waiting for routine operations in England, and around 4.4 million people were waiting to start treatment in June. In some hospitals the waiting lists have recently risen by more than 50%.

A perfect storm

The 2019 figures seem to be the result of numerous factors that have created a ‘perfect storm’ for the retention and recruitment of clinical staff within the NHS. These include significant rota gaps in hospitals together with the difficulty in recruiting GP partners, the infamous pension taper crisis and Brexit-related uncertainty – all of which result in reduction of morale and/or burnout, with consequent moves abroad or early retirement.

The long dispute between the government and the junior doctors, which led to strikes and the imposition of the much-unloved junior doctor contract, has undoubtedly resulted in a further dip in morale. The previously appreciated doctors’ messes have largely been done away with and on-call accommodation for junior doctors has deteriorated (they are also now often expected to pay for the privilege of using the facilities). It hardly seems surprising that disillusionment has become widespread.

What is to be done?

What can be done to resolve this deteriorating situation? The offer from Matt Hancock, Secretary of State for Health and Social Care, of a 3% pay increase per annum to junior doctors over the next three years hardly seems adequate when current starting salaries in London law firms are over £100 000 per annum (trainee doctors currently have a starting salary of £22 636, rising with experience to reach £30 000 within four years). Similarly, senior doctors’ pay after years of austerity no longer seems generous compared with that of other professions such as lawyers or accountants.

Restoring morale

A significant pay rise for clinicians and a review of the way in which rewards for excellence are allocated seems to be in order. The loss of the ‘firm structure’ as a result of the introduction of the modernising medical careers (MMC) reforms of 2005 has had a negative
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The scale of the NHS pension crisis is also becoming clear. Several surveys indicate that almost half of all senior doctors plan to stop doing overtime or retire early because of the punitive way their pensions are taxed: most notably the reduction of their annual allowance and the deeply unloved pension taper. The tapered allowance, introduced in 2016, lies at the root of the current crisis. It was designed to prevent tax avoidance in the private sector but the rules are complex and some doctors have received huge unexpected tax bills after exceeding the limits, effectively paying more to work longer. The 50/50 solution, whereby half a pension is accrued in exchange for half the contributions, has been abandoned; while Chancellor Sajid Javid’s promises on ‘pension flexibilities’ to avoid punitive tax charges still lack clarity about how they are to be achieved. In the meantime, doctors are increasingly having to employ financial advisors to guide them through the pension maze. Without a rapid resolution of these issues, more early retirement by senior NHS clinicians can be expected.

Is artificial intelligence the solution?
Matt Hancock believes that the creation of an artificial intelligence (AI) lab, which will bring together some of the industry’s best academics, specialists and technology companies to work on the biggest challenges in healthcare, will help. This lab is proposed to sit within NHSX, the new organisation that will oversee the digitisation of the healthcare system, in partnership with the Accelerated Access Collaborative. Potentially, AI can play an important role in giving staff of the future the ‘gift of time’ to care for more patients, as outlined in the Topol Review;’ but this is all a considerable way off.

A review of the scope of provision of NHS services
A more immediate solution might be for the Department of Health to undertake a serious review of the scope of care the NHS should provide. While the principle of ‘free at the point of delivery’ should be preserved, it does beg the question of exactly which services taxpayers should pay for. For example, if obesity is becoming an epidemic should the NHS pay for gym membership, or even a week’s break at a ‘health farm’, for individuals over a certain size and weight? The bill would be astronomical. The same goes for cosmetic surgery and other ‘aesthetic’ treatments such as botulinum toxin and filler injections. There is no clear guidance about the provision of these and many other currently available therapy options that might be considered marginal to any demonstrable health gain.

Summary
The current crisis in the recruitment and retention of junior and senior clinicians who see better opportunities abroad, in other professions, or in early retirement, provides a chance to re-evaluate medical staffing issues throughout the NHS.

The situation is not helped by the fact that those who choose to leave can often be re-employed in the private sector at a significantly higher salary, while those who stay on undertake extra work, including teaching, specialty administration and mentorship, only to be rewarded by a punitive tax bill. The time has surely come for a root and branch review of doctors’ salaries, training and working conditions, as well as an in-depth discussion about the nature and scope of NHS provision. The NHS may still be regarded as the ‘envy of the world’ as a means of delivering healthcare to an entire population, but its current attractiveness to its clinical staff leaves a lot to be desired.

References
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