

Weathering the storm: vital actions to minimise pressure on UK health services this winter





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Summary

What is set to be the worst winter on record will increase strain on an already exhausted workforce and has the potential to derail the recovery of UK health, care, and public health services. Urgent action is needed, and the BMA is calling on government and health service leaders to:

- **Communicate honestly with patients and the public** about health service pressures and how long it will take to clear the backlog of care
- **Retain existing staff and maximise workforce capacity including by:**
 - **Protecting the health, safety, and wellbeing of staff**, including by taking a zero-tolerance approach to violence and abuse and providing PPE that ensures proper protection from infection
 - **Cutting red tape, remove unhelpful targets and barriers, and reduce unnecessary bureaucratic workload**
 - **Ending punitive pensions taxation rules and taking additional measures to maximise workforce capacity** including restrictive immigration rules for international doctors
- **Promote responsible public health policies** to keep people safe and healthy and help manage demand on services
- **Direct resources to where they are needed most** to manage health service demand

The BMA's [Rest, Recover, Restore: Getting UK health services back on track](#) report (March 2021) outlines specific short-, medium- and long-term strategies to enable health service recovery – stressing the need to give overworked doctors, nurses and other health and care staff the time and support they need. These recommendations remain as important as ever, but over the winter period, the BMA is calling for urgent action to prevent a potentially catastrophic backslide which could hinder an already fragile recovery.

This report outlines reasonable and practical interventions that should be implemented immediately to minimise pressure on services over the winter period and protect patients and staff.

Introduction

Health, care, and public health services across the UK are bracing for the worst winter in their history. There are record numbers of patients waiting for care and treatment. Flu season and the high burden of Covid cases across the UK is causing strain on health services and leading to the devastating reality of crippled emergency departments.

The hallmarks of winter pressures are being seen far earlier than expected this year, with doctors reporting that health services are already beginning to buckle under intense pressure.

GP practices are fighting to overcome their own backlogs of care, while battling to care for an ever-growing number of patients with an ever-decreasing pool of GPs. All in the face of unfair and unfounded attacks in the media.

In hospitals, reports suggest that ambulances are once again queuing outside emergency departments and staff are being forced to see patients in corridors due to a lack of beds, all while waiting lists continue to rise. One Trust chief has recently warned their hospital is ceasing to function,¹ while a survey of NHS leaders in England has found that nine in 10 chief executives, chairs, and directors believe the pressures on their organisation have become unsustainable.

Doctors, nurses, and other frontline staff who have been exposed to the worst of the pandemic for nearly two years, are now bracing for a brutal winter all while attempting to deliver more and more care to tackle mounting waiting lists.

Health services will not be able to ensure patient safety this winter or protect the fragile recovery of elective services without a well-supported, healthy, and safe workforce. Many doctors now feel not only exhausted, but also undervalued and demoralised. It is therefore an imperative that governments, health service leaders, and employers across the UK take urgent action to support and protect patients, doctors, and NHS staff this winter.

Increasing strain on UK health services is leading to record high waiting lists

Health services across the UK have faced successive months of growing demand and a rising backlog of care, alongside declining performance against key targets and catastrophically high waiting lists compared to pre-pandemic levels.

In England the waiting list reached an alarming, record high of 5.8 million people in September 2021. At the end of September, across Wales the total waiting list hit nearly 670,000 for non-urgent care and in Northern Ireland, more than 470,000 patients were waiting for a first outpatient appointment or inpatient admission. In Scotland more than 490,000 patients were waiting for a new outpatient appointment or to be admitted for treatment at the end of June.

The waiting lists across the UK do not show the total backlog of care within the system, as there is hidden unmet need of those patients that require care but have not presented for a referral for symptoms or who have had procedures cancelled and have not re-presented. The BMA estimates that in England since the start of the pandemic until September 2021, there have been close to 4 million fewer elective procedures and 27 million fewer outpatient attendances, compared to levels prior to the pandemic. Although some of these will be reflected in the higher waiting lists, many of these patients will not have yet sought care.

In England, A&E attendances have reached pre-pandemic levels, with almost 2.2 million patients visiting emergency departments in October 2021, the same level as in pre-pandemic October 2019. However, a record high of over 7,000 of these people were waiting over 12 hours following a decision to admit in emergency departments this October, almost 10 times the number waiting more than 12 hours in October 2019. In Wales out of the 85,000 attendances in October 2021 nearly 9,500 were waiting more than 12 hours from arrival, and out of the 130,000 attendances in Scotland, nearly 2,000 spent more than 12 hours waiting from arrival. Nearly 7,400 patients out of the 63,000, attendances were waiting over 12 hours from arrival in Northern Ireland in September 2021.

Compounding this problem is the fact the UK has far fewer hospital beds per 1,000 people than any other comparable health system. Consequently, bed occupancy rates regularly surpass 85 percent, the level hospital leaders broadly see as the point beyond which safety and efficiency are at risk and eliminating surge capacity.

Coming into the pandemic, England had an average occupancy of 90.2% of general and acute overnight hospitals beds in 2019-20 and regularly exceeded 95% in winter. Similarly, pre-pandemic acute overnight occupancy rates in Scotland were above safe levels, at 86.7%, and just at the threshold of being unsafe at 85.5% percent in Wales. While the pandemic has seen a drastic fall in bed occupancy rates as a result of infection control procedures and rapid discharge arrangements, data for the first two quarters of 2021-22 indicates that levels are on the rise again in England.

Critically, addressing these challenges falls to an already exhausted workforce, with England facing an ever-decreasing pool of GPs, with over 1,700 fewer fully qualified full time equivalent GPs since 2015. Yet there were more than 3 million more GP appointments booked, including appointments for Covid vaccinations, in October 2021 compared to October 2019. In secondary care there were almost 100,000 current vacancies in September. These pressures are exacerbated by COVID-19 admissions and deaths remaining unacceptably high, with over 8,000 patients across the UK in hospital with COVID-19, over 900 of whom were in mechanical ventilation beds on November 19th 2021.

Figure 1: Pressures across the UK

NORTHERN IRELAND

474,545 patients were waiting for a first outpatient appointment or inpatient admission at end of September 2021

7,396 patients were waiting more than 12 hours from arrival in A&E in September 2021

422 people were in hospital with COVID-19 on Friday 19 November 2021

SCOTLAND

493,328 patients were waiting for a new outpatient appointment or to be admitted for treatment at end of June 2021

1,946 patients were waiting more than 12 hours from arrival in A&E in September 2021

785 people were in hospital with COVID-19 on Friday 19 November 2021

WALES

668,801 patients were on the waiting list for care at the end of September 2021

9,484 patients were waiting more than 12 hours from arrival in A&E in October 2021

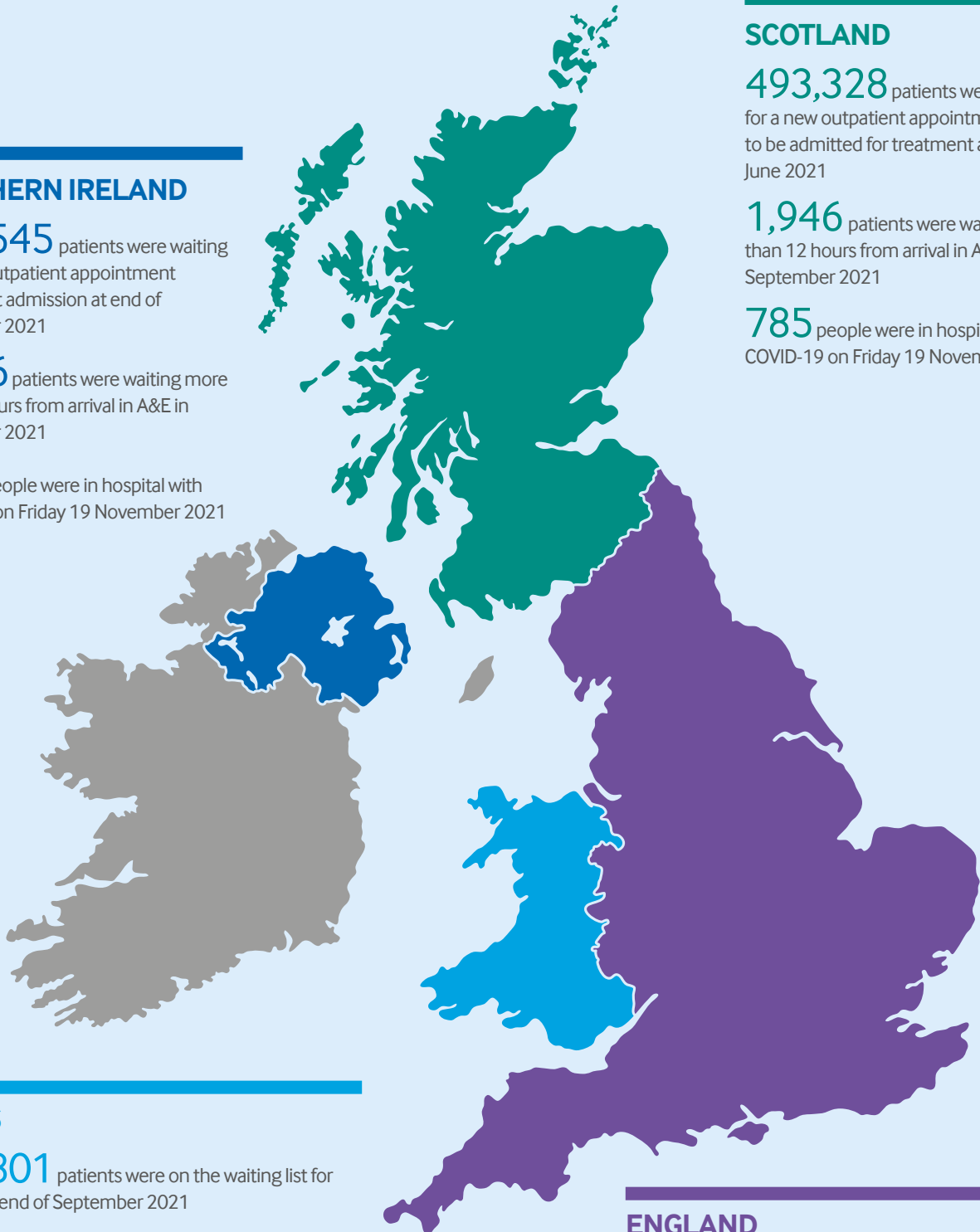
536 people were in hospital with COVID-19 on Friday 19 November 2021

ENGLAND

5,834,421 patients were on the waiting list at the end of September 2021

7,059 patients were waiting more than 12 hours in A&E following a decision to admit in October 2021

6,310 people in hospital with COVID-19 on Friday 19 November 2021



What the BMA is calling for

Urgent and comprehensive action must be taken to support doctors and NHS staff through this winter and help ease demand on services. This is in the interest of patient safety, staff wellbeing, and protecting the health service's nascent recovery of elective care.

Therefore, we call on all governments, system leaders, and employers across the UK to, across the next three months:

- **Communicate honestly with patients and the public** about health service pressures and how long it will take to clear the backlog of care
- **Retain existing staff and maximise workforce capacity including by:**
 - **Remove punitive pensions taxation rules that penalise doctors who take on additional hours to care for patients**
 - **Protecting the health, safety, and wellbeing of staff**, including by taking a zero-tolerance approach to violence and abuse and providing PPE that ensures proper protection from infection
 - **Cutting red tape, remove unhelpful targets and barriers, and reduce unnecessary bureaucratic workload**
 - **Ending punitive pensions taxation rules and taking additional measures to maximise workforce capacity** including restrictive immigration rules for international doctors
- **Promote responsible public health policies** to keep people safe and healthy and help manage demand on services
- **Direct resources to where they are needed most** to manage health service demand

Communicate honestly with patients and the public about health service pressures

Patients and the public deserve complete honesty about the state of health services and what is being done to address historic and mounting pressures and workforce shortages. Realistic and transparent estimates of how long it will take to clear the vast backlog of care must be communicated publicly. They must have access to the information and advice they need to make the best decisions about if, when, and how they seek care in the interest of their own safety and of those providing services to them.

Some governments in the UK have taken a supportive and arguably realistic approach to communicating the gravity of the situation regarding NHS services and patient access – including in Scotland's Joint Statement to General Practices from Cabinet Secretary for Health and Social Care and the British Medical Association¹. In Wales, the Help Us Help You campaign² and in England, the NHS `Help Us Help You` campaign encourages the public to use NHS 111 to get urgent medical advice to help reduce pressure on emergency departments.

Public campaigns are critical and clear guidance on if, how and when to access services or whether self-care is advised is essential to helping manage demand and avoid simply moving patients to other highly pressurised parts of the system. However, the effect of NHS 111 on numbers of attendances at emergency departments is variable³ and for every person triaged away from an emergency department, that's a GP, a mental health worker or community nurse, for example, that needs to be there to give patients the care they deserve – vital staff the NHS simply doesn't have enough of.

1 <https://www.sehd.scot.nhs.uk/publications/DC20211005BMSG.pdf>

2 <https://ctmuhb.nhs.wales/patient-advice/nhs-111-wales/help-us-help-you/>

3 <https://www.nuffieldtrust.org.uk/files/2017-02/winter-pressure-nhs-111-final-web.pdf>

We call on all governments and system leaders across the UK to:

- **clearly and honestly communicate to the public:** the public need to be made aware of the immense pressure health services are under, the time will take to clear the backlog of care and be given the information they need to **make the best decisions about how to access care safely.**
- **refrain from targeting or apportioning any blame for NHS performance on staff:** the NHS workforce, which has kept – and is keeping – health services across the UK going under, is facing increasing and undue criticism due to delays in care. The present situation is due to system-wide pressures and historic workforce shortages, not individual services or professions, and any attempt to imply otherwise should be firmly rebuked. In particular, the recent spate of negative rhetoric maligning GPs and practice staff – who have provided outstanding levels of care throughout the pandemic while delivering an incredibly successful vaccination programme – must end.
- **launch large-scale, targeted patient information programmes:** to help ensure patient safety and limit pressure on services, information programmes are needed to support people to make the best decisions about if, when, and how they should access care this winter. This should have a clear focus on providing resources to patients on self-care, as well as guidance on which services are the most appropriate for specific conditions. UK governments have launched nationwide advertising campaigns (notably 'Hands, Face, Space' and 'Together we'll keep Wales safe') throughout the pandemic and this capability can and should be harnessed again.

Retain existing staff and maximise workforce capacity

Protect the health, safety and wellbeing of staff

Growing numbers of health and care staff are being subjected to violent verbal and even physical attacks in their places of work, due in part to anger and frustration over delayed care and overstretched services.

Reports show that significant numbers of emergency department staff are considering leaving their roles for less stressful positions due to the hostility they face.⁴ While wider hospital services – and their staff – remain under intense pressure.

Likewise, the BMA's previous Viewpoint Survey found that two-thirds of GPs (67 percent) said that their experience of abuse, threatening behaviour or violence had got worse in the last year, with half (51 percent) saying they had been personally verbally abused, and 67 percent witnessing violence or abuse against other staff.⁵

Burnout of staff was a significant concern even prior to the pandemic⁶. But recently doctors have been suffering severely from stress and work-related anxiety, even more so than prior to the pandemic. The BMA's latest Viewpoint Survey found that more than half (57 percent), were currently suffering from depression, anxiety, stress, burnout, emotional distress or other mental health condition, that related to their work or study, and over one in four (27 percent) said that this was worse during the last month (September 2021).⁷ This is reflected in the fact that mental health issues are consistently the highest reported category of sickness absence,

4 <https://www.theguardian.com/uk-news/2021/oct/10/nhs-staff-face-rising-tide-of-abuse-from-patients-provoked-by-long-waits>

5 BMA Viewpoint Survey, July 2021

6 <https://committees.parliament.uk/publications/6158/documents/68766/default/>

7 BMA Viewpoint Survey, September 2021

of the more than 2 million full time equivalent days lost in July 2021 across all staff groups, over 550,000 were due to anxiety, stress, depression or another psychiatric illness which accounts for around 28 percent of all recorded sickness absence that month.⁸

Improving staff wellbeing is likely to improve patient outcomes. Research has found that better staff wellbeing is associated with better patient health outcomes, for example lower standardised mortality figures⁹.

Everyone working in health and care services has a right to a safe work environment that promotes and supports their health and wellbeing. Therefore, over the next three months, we call on Governments, health and care systems, and employers to urgently act in order to:

- **protect staff and take a zero-tolerance approach to violence and abuse:** staff must be protected from any forms of abuse or violence (including verbal abuse and that which comes via email/online), with steps taken to provide or enhance security measures where appropriate, and to take swift action against instances of verbal or physical attacks on staff. This should include assessments of staff security in hospitals and direct assistance to GP practices wishing to undertake security improvements. Likewise, a zero-tolerance approach to bullying in the workplace must be taken by employers.
- **protect staff from infection:** employers must take steps to reduce infection risk in healthcare settings, in line with BMA recommendations. As part of this, all frontline staff must have access to sufficient and appropriate personal protective equipment, including respiratory protective equipment when treating confirmed or suspected covid patients when treating confirmed or suspected covid patients. Newly published infection prevention and control guidance still does not adequately reflect the need for protection from airborne transmission of COVID-19, continuing to leave staff at risk as we head into winter.
- **cater for the physical needs of staff:** all staff must be given sufficient rest breaks and time off between shifts, with access to safe changing and rest areas, as well as to nutritious food and water to allow them to recharge, have restorative sleep, and stay healthy. We encourage all employers to adopt the BMA's [Fatigue and Facilities charter](#).
- **challenge and correct political and media rhetoric regarding the dedication of NHS staff:** their efforts deserve to be duly recognised and failing to do so risks both further undermining staff morale which in turn can affect patient safety and also presents a false picture to the public
- **ensure staff have access to occupational health services:** NHS staff must be able to access consultant occupational physician-led occupational health services, receive up to date physical and psychological health risk assessments, and be provided with reasonable adjustments where necessary. They must also be supported to raise concerns if they feel their health, safety or wellbeing – or that of their patients – is at risk. Scotland's winter planning includes funding earmarked for staff wellbeing, focussing on physical and emotional needs – an approach which should be adopted across the UK¹⁰
- **offer guidance on and rapid access to psychological support services:** guidance and access to mental health support services for staff have to be offered readily, either through an occupational health team or on a self-referral and confidential basis – we encourage all employers to adopt the [BMA's Mental Wellbeing charter](#).
- **safe, accessible, and affordable transport to and from work:** many doctors have reported longstanding issues with transport to and from their places of work, particularly at night. As days shorten and more and more staff arrive and leave work in darkness, steps must be taken by employers to ensure the entire workforce is enabled to do so safely. This

8 <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/april-2021-to-june-2021-provisional-statistics>

9 <https://www.rcplondon.ac.uk/file/2025/download>

10 Source: <https://www.gov.scot/news/over-gbp-300-million-new-winter-investment-for-health-and-care/>

should encompass discounted or free access to public transport to and from work, proper lighting of all car parks and bus stops, assistance in leaving work where needed, and ensuring free parking is available for all staff where it is not already.

- **staff must be permitted to take leave wherever practical:** all healthcare workers need the opportunity to take time to properly rest and recover so they and the service can get through this winter. They must be permitted to take leave as far as is possible and practical.

Cut red tape, stop unhelpful targets and barriers and reduce unnecessary bureaucratic workload

It is essential that doctors and all frontline and clinical staff are able to devote their time, energy, and talent to the delivery of care this winter – they cannot and must not be expected to participate in non-essential or back-office programmes at the expense of direct patient care.

- **pause any new initiatives that do not directly contribute to overcoming winter pressures or expanding capacity:** health services need to be concentrating as much of their energy and resources on frontline care as they possibly can, therefore, any non patient facing initiatives or programmes should be paused. Similarly, the promise of any additional funding to better manage demand cannot be contingent on implementation of burdensome measures with no short-term impact.
- **balance the ongoing recovery of elective services and public expectation with the need to manage immediate, frontline pressures:** ambitious targets have been set for elective activity across the NHS in England with the Government stating an aim of 30 percent more elective activity by 2024-25 compared to before the pandemic¹¹, with the aim of tackling waiting lists and backlogs in care. However, unless frontline services are protected elective care may be forced to be paused yet again – risking wasting the valiant efforts made to increase elective activity.
- **afford GPs the trust, autonomy, and flexibility to act in the best interests of their patients.** This includes reducing the burden of regulation within the system, significantly reducing bureaucracy and duplication and empowering GPs with resource and decision-making capacity locally. Practices must equally be supported to care for all patients by allowing GPs to prioritise those who need care the most – rather than through ‘improvement’ initiatives, performance management targets and oversight meetings. For example, QOF (Quality Outcomes Framework) should be suspended in England as it has been in Scotland since 2016 and in Northern Ireland.
- **employ dedicated staff to take on administrative duties** to avoid doctors being diverted away from direct patient care. Steps should be taken to employ appropriate staff on a seasonal basis to ease the workload of doctors and clinical staff, to allow them to focus on their clinical practice. A 2018 BMA survey found that one in three doctors felt that a lack of administrative support affected their ability to deliver safe patient care, and four in ten doctors said that they spend over an hour a day on work that could be carried out by non-clinical staff.¹² A 2020 BMA survey found that nearly nine in ten consultants felt that some of the administrative or clerical tasks they undertook could be carried out by a non-clinical member of staff, yet around two in three stated that their department had reduced the availability of administrative or clerical staff to consultants in the last two years.¹³

11 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1015736/Build_Back_Better-Our_Plan_for_Health_and_Social_Care.pdf

12 <https://www.bma.org.uk/media/2035/bma-caring-supportive-collaborative-survey-report-sept-2018.pdf>

13 BMA consultants survey on bureaucracy, The BMA (August-September 2020)

- **pause all unnecessary mandatory checks and compliance training**, maintaining only those strictly and demonstrably necessary for ensuring safe patient care. Minimise the burden of appraisal and revalidation which can take a significant amount of time away from providing direct patient care appraisal. The revised streamlined and less bureaucratic approach to appraisal introduced in 2020 should be maintained.
- **Reinforce collaboration between primary and secondary care**. In the face of growing numbers of patients waiting for care and treatment and rising workloads for doctors, more must be done to ensure that primary and secondary care are working effectively together to limit duplication and reduce unnecessary bureaucratic workload. This can be done with initiatives such as enabling direct booking into community diagnostics, putting in place more effective systems for managing patient queries, and addressing other issues at the primary/secondary care [interface](#).

Ending punitive pensions taxation rules and taking additional measures to maximise workforce capacity

Growing numbers of doctors are considering leaving the profession or reducing their hours of work, often towards the end of their careers. BMA surveys indicate that two-thirds of UK doctors over 55, and one in eight aged between 35 and 54 are considering retiring within three years. A BMA Scotland survey shows that more than 45 percent of the 261 consultants who responded are considering retiring in the next five years. Of those, more than half report that is earlier than their normal pension age. Further to this point, 53 percent of surgeons in Wales have been advised (e.g., by an accountant or financial adviser) to work fewer hours in the NHS.

At a time when waiting lists are at their highest, health services need as many doctors working as many hours as possible – therefore action is desperately needed to ensure no doctor is penalised for working extra hours and providing further contributions to supporting the NHS. In addition to this, retired doctors looking to return to clinical practice must also be given guarantees that they will not be penalised with large tax bills if they return to work

This situation can only be addressed with urgent and comprehensive action from governments, health service leaders, and employers:

- **support staff to control unmanageable workload**: according to a September 2021 BMA survey¹⁴, two thirds of doctors said that they work additional hours over and above their contractual or agreed requirement within the last month, and one in five said they were never able to take their breaks in full in the last two weeks. Another recent BMA survey found that 44% of consultants find their workload unmanageable¹⁵. There is a workload crisis in general practice with 70% of GPs reporting a higher workload than before the pandemic, with the family doctors on average working 11 hours each day¹⁶. Controlling workload and preventing burnout is crucial for staff retention and to ensure doctors and other clinical staff are practicing safely.
- **act to address punitive tax and pensions rules**: a tax unregistered scheme, as introduced for the judges in response to similar issues with recruitment and retention within the judiciary, is needed within the NHS to ensure that doctors are able to work as many hours as possible this winter, without facing major financial disincentives. As an urgent mitigation, employers need to offer the option for doctors and other higher earners within the NHS to be paid the full value of the employer pension contributions if they are left with little option but to opt out of the scheme as a result of pension taxation system. Such ‘recycling’ of employer’s pension contributions is commonplace in the private sector and is cost neutral to the employer. Existing tax and pensions rules – including the annual and lifetime

14 BMA Viewpoint survey, September 2021.

15 BMA tracker survey 2020.

16 <https://www.pulsetoday.co.uk/news/workload/gps-working-average-11-hour-day-major-survey-reveals/>

allowance – have been a major factor in doctors choosing to either retire early or to reduce the number of hours they work.¹⁷ A recent survey by the Royal College of Physicians found 27% of consultants were planning to retire within the next 3 years with 42% of those planning to retire in the next 18 months.¹⁸ Previous surveys have indicated that 86% of those planning to retire early cite pensions as one of the reasons for their decisions¹⁹.

- **streamline processes for staff to join, remain, or return to the workforce:** including retired doctors, refugee doctors, international medical graduates, and those coming back from parental leave – to ensure as many staff as possible are available to the NHS this winter. It is imperative that lessons are learned from previous attempts to recruit staff back into roles to support the pandemic response; for example, by ensuring flexible and remote working wherever possible, bolstering HR capacity to optimise and hasten the return-to-work process. Drop any mandatory training that is not necessary to ensure patient safety.
- International doctors must be supported to concentrate on patient care without having to worry about their immigration status, by granting those who are already on a path to settlement, automatic indefinite leave to remain.
- **provide support for childcare:** the UK's costly and inflexible childcare system has led to many parents leaving the workforce and the many problems with the system have been compounded by the pandemic. In 2020, parents in the UK faced the highest net childcare costs across the OECD²⁰. Finding childcare that works around changing shift patterns is difficult to start with, winter bugs and Brexit leading to fewer child carers from abroad entering the UK has made the situation more difficult. Funding should be provided to employers to provide emergency access to childcare for staff where required, as well as to expand NHS nursery spaces where this is possible quickly
- **protect training time wherever possible:** junior doctors and medical students must be assured that their efforts to support the delivery of care this winter will not disproportionately impact on their future careers due to time away from formal training and education and knock-on consequences/delays. In particular, trainees who have already had their progression impaired by the impacts of the pandemic must be protected from further undue detriment. HEE's (Health Education England) COVID-19 Training Recovery Programme Interim Report includes a number of commitments that should be implemented now to protect trainees and mitigate against further disruption to training programmes.

17 <https://www.bma.org.uk/news-and-opinion/pensions-inequity-fuels-doctor-retention-decline>

18 <https://www.rcplondon.ac.uk/projects/outputs/covid-19-and-workforce-desire-flexible-working-become-norm>

19 <https://www.rcplondon.ac.uk/news/pension-tax-driving-half-doctors-retire-early>

20 <https://www.oecd.org/els/family/OECD-Is-Childcare-Affordable.pdf>

Promote responsible public health policies to keep people safe and healthy and help manage demand

The BMA has consistently highlighted the importance of maintaining infection control measures alongside promoting vaccine uptake to reduce transmission of the virus, protect the health of the public and ensure the NHS is not overwhelmed. Whilst we are encouraged that the booster programme has picked up speed in recent weeks, there remain concerns that cases and admissions to hospital are at persistently high levels. Relying on vaccination alone over winter is likely to be insufficient to prevent health and public health services from being overwhelmed by any future spike in cases. An approach which combines vaccination with other measures should be taken, including:

- **promoting vaccine uptake:** improving vaccination uptake, especially among groups or in areas where uptake is lower remains crucial to reducing morbidity and mortality from COVID-19, and therefore pressure on health services.
- **ensuring and improving ventilation wherever possible:** proper ventilation of enclosed spaces is a vital means of reducing infection risk and, as a consequence, potential hospitalisation with Covid-19. All possible and practical steps should be taken to improve ventilation across the entire NHS estate and each UK government should act to improve ventilation in public transport and public buildings, as well as encourage the private sector to do the same in workplaces, entertainment venues, and restaurants and citizens in their own homes.
- **ongoing requirements to wear a mask in enclosed public spaces:** mask wearing has been shown to help reduce the spread of Covid-19 in enclosed spaces such as public transport, shops, healthcare settings and in communal areas in educational settings, where adequate ventilation and distancing are often not possible. Therefore, public health messaging and guidance should stress the importance of mask-wearing this winter including the additional protection to the wearer of an FFP2 mask or equivalent.
- **improved public messaging and education on the continued risk of Covid-19:** it is imperative that public messaging emphasises that the virus continues to circulate and that practising social distancing and meeting outdoors or in well-ventilated remains the best way to reduce risk of infection and keep yourself safe.
- **strengthen guidance on – and enforcement of – Covid-secure standards:** greater guidance and support for businesses and educational settings to create sustainable, COVID-secure environments, as well as enforcement of standards is needed.
- **Improved support for those needing to self-isolate:** so that no one is forced to make unacceptable choices between paying for essentials like food and housing, or risking further spread of the virus, those needing to self-isolate have to be supported according to their need.
- **Additional financial and staff resources for local public health and health protection teams:** local public health teams are vital to managing the Covid-19 pandemic and they need proper financial support and staff to enable them to continue to play a central role in testing and contact tracing, as well as having the capacity to deliver surge testing and other activities needed to rapidly bring local outbreaks under control.

Direct resources to where they are needed most

We welcome additional funding, across a variety of different areas, which has been announced to help the NHS through winter and to assist in the recovery of elective services.

In England, while no specific money has been announced to aid hospitals through winter, several recent funding announcements have dedicated money to the NHS – with at least £5.4 billion to support efforts to tackle waiting lists and deliver Covid-19 care and £250m for general practice.²¹

The Northern Ireland Executive has announced a winter package including money to aid elective recovery, protect emergency services, and support social care.²²

In Scotland, an investment of new, multi-year winter funding of over £300 million has been announced, with a focus on recruiting new staff, expanding care home capacity to reduce pressure on hospitals, and supporting general practice.²³

A Health and Social Care Winter Plan for 2021-22 has been announced in Wales, to be supported by £248 million of Covid-19 recovery funding and a £40 million investment in social care, with a priority to support recruitment and retention of the workforce.²⁴

New money must reach and have an impact on the frontline. A significant proportion of any winter funding must also be allocated to supporting the workforce through the coming months. Money targeted at expanding bed numbers or diagnostic capacity, for example, will only be meaningful if there is sufficient workforce to staff them safely.

Specifically, we call on Governments, health service leaders, and employers to take the following actions:

- **prioritise workforce in all winter funding decisions:** supporting the wellbeing and retention of the NHS workforce must be an ultimate priority this winter. While expansion of the workforce remains a key medium- and long-term priority, it is impossible to recruit or train enough doctors to help the NHS through this winter – therefore every effort must be made to keep those we have.
- **provide funding for short-term staffing solutions:** health, public health and care systems will need to support employers and GP practices to secure temporary locum support, particularly where there are acute workforce shortages.
- **dedicated winter funding must be provided across the UK:** health services in all four UK nations must be given specific extra resources to tackle the additional challenges posed by winter pressures, alongside support for elective recovery.
- **make capital funding available for urgent repairs to hospital estates and GP premises:** so that patients and staff can safely use them, resources must be made available to ensure rapid repairs and remedial works can be undertaken across the NHS estate. The maintenance backlog across the NHS remains enormous and now sits at more than £9 billion in England alone²⁵ – as this grows, so does the risk to those who use and work in them.

21 The UK Government has announced that the £5.4 billion funding is broken down into:

- £2.8 billion for COVID-19 costs including infection control measures
- £600 million for day-to-day costs
- £478 million for enhanced hospital discharge
- £1.5 billion for elective recovery, including £500 million capital funding

22 <https://www.health-ni.gov.uk/news/minister-spells-out-health-service-winter-plans>

23 <https://www.gov.scot/news/over-gbp-300-million-new-winter-investment-for-health-and-care/>

24 <https://gov.wales/written-statement-health-and-social-care-winter-plan-2021-22>

25 <https://digital.nhs.uk/data-and-information/publications/statistical/estates-returns-information-collection/england-2020-21>

- **adequately support social care:** all UK governments must ensure social care is properly supported financially, to ensure it is able to provide safe care to those who need it, while also helping to reduce pressure on hospital and GP services, as well as ensure timely discharge from hospital. Scotland’s winter plan has, for example, proposed a number of welcome ideas to support social care, including increasing pay for social care staff to improve retention, and to enhance joint working between health and social care.²⁶ In England, the UK Government should also continuously monitor the impact of mandatory vaccination on the social care and healthcare workforce and, if necessary, consider whether alternative measures to this policy – such as enhanced PPE and regular testing – are necessary to ensure safe staffing levels.

²⁶ <https://www.gov.scot/news/over-gbp-300-million-new-winter-investment-for-health-and-care/>



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vital actions to minimise
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