

From the President  
Dr Fiona Donald FRCA

Churchill House  
35 Red Lion Square  
London WC1R 4SG

**Tel** 020 7092 1615/1614

**Email** [president@rcoa.ac.uk](mailto:president@rcoa.ac.uk)

**Web** [www.rcoa.ac.uk](http://www.rcoa.ac.uk)

**Twitter** @RCoANews

Professor the Lord Darzi of Denham OM KBE PC FRS

By email: [a.darzi@imperial.ac.uk](mailto:a.darzi@imperial.ac.uk)

[darzi2024evidence@dhsc.gov.uk](mailto:darzi2024evidence@dhsc.gov.uk)

22 July 2024

Dear Professor Lord Darzi,

We welcome the news that you have been appointed to lead an independent investigation into the state of the NHS. We are grateful for the invitation to the Expert Reference Group and look forward to working together. Ahead of this meeting, we want to highlight two key issues that we believe must be addressed in order to get the NHS back on its feet:

- The need to tackle avoidable inefficiencies in the surgical pathway
- Anaesthetic workforce shortages

### **Addressing inefficiencies in the surgical pathway**

Each year around 135,000 on the day surgical cancellations take place, estimated to cost the NHS £400 million annually in lost operating theatre time. Additionally, complications occur in 10-15% of operations, resulting in extended stays in hospital, with patients often spending one or two days longer than necessary in hospital after surgery. Overall, 45% of hospital costs can be attributed to 3% of patients, often those with complications. Frequently these occur due to patients arriving on the day of surgery in an unfit state or with one or more unaddressed co-morbidities such as anaemia or diabetes.

The RCoA hosts the Centre for Perioperative Care (CPOC), which aims to address these issues by optimising the surgical pathway from the moment someone contemplates surgery until full recovery. This can be done through simple but effective interventions such as turning waiting lists into 'preparation lists'. This involves pre-screening patients as they enter the surgical waiting list, then if necessary, offering prehabilitation programmes, including support for exercise, smoking cessation, or other interventions. Preparation before surgery can reduce complications by 30-80% and length of hospital stay by one or two days.

The NHS is already trying to introduce these measures, but implementation is patchy. Barriers include a lack of funds for set-up costs. For example, some NHS trusts have claimed they are unable to establish services due to financial constraints, despite acknowledging the long-term cost savings they would bring.

## Anaesthetic workforce shortages

Anaesthetists play a leading role in the multi-disciplinary perioperative team so are key to implementing these interventions – as well as efforts to address the elective backlog. However, as you may be aware, there is a large and growing shortage of anaesthetists across the UK. Our most recent data from 2022 revealed a UK-wide shortfall of 1,900 anaesthetists (15% below what is needed to meet current demand). Given that most operations require an anaesthetist to take place, this is restricting the ability of the NHS to tackle waiting lists. We estimate that current workforce shortages are preventing roughly 1.4 million operations and procedures from taking place per year. Unless urgent action is taken, we predict that the NHS could be short of 11,000 anaesthetists by 2040, potentially preventing 8.25 million operations and procedures. This represents a severe restriction on NHS capacity.

The NHS needs more doctors, including anaesthetists, and the first part of the solution is to train more. The 2023 NHS Long Term Workforce Plan contained a pledge to double medical school places from 7,500 in 2023 to 15,000 in 2031/32. However, as you know, medical school is only the first stage of the medical training pathway and must be matched with plans to increase the number of specialist training places, for which there is an immediate need.

Many doctors are caught in bottlenecks between stages of the training pathway. For doctors who have completed their foundation training, there are 6.5 times as many applicants for core anaesthetic training as there are places available.

Whilst we cannot welcome all these doctors into anaesthesia, we do have the capacity to train more but the problem is funding. There has not yet been a pledge of Government money to implement the extra training places. In anaesthesia we know the system could take on a minimum of 59 extra core training places, and 81 extra higher training places immediately.

We believe that addressing anaesthetic workforce shortages and embedding better perioperative care across the NHS will help to reduce waiting lists, provide better care for patients, and ensure the long-term sustainability of the NHS.

We would be keen to discuss these matters further, either online or in person. If this is possible, would you be able to suggest a few potential dates that would work for you? We would also be happy to show you examples of surgical pathways that are already delivering for patients in the NHS.

Yours sincerely,



Dr Fiona Donald  
**PRESIDENT**



Dr Claire Shannon  
**PRESIDENT ELECT**