

66. As I have written elsewhere, one of the things I learned in my time as Health Secretary and wish I had understood better at the outset was the importance of workforce planning. This was not something I implemented while Secretary of State because it took me some time to appreciate the full picture. I was also not advised to place more emphasis on this because the NHS had a longstanding habit of relying on immigration to fill any gaps. However, with a two million shortage of doctors globally according to the World Health Organisation, this was not a sustainable position in the long term.
67. I believe we needed to go further. The consideration of the number of doctors and nurses which the UK needs to train has not historically received the priority it deserves. Rather than being subject to short-term consideration in negotiations between the Department of Health and the Treasury around spending reviews, it requires a longer term, strategic, view.
68. I have previously advocated a change in this system so that independently verified estimates are published of the number of doctors and nurses likely to be needed. Although I have previously suggested that this role could be undertaken by some form of independent body, I have in fact been able to bring about some important change more quickly since becoming Chancellor of the Exchequer. Following my Autumn Statement of 2022, publication of independently verified NHS workforce estimates is now Government policy, and is subject to the same democratic scrutiny as any other such policy. I hope that such an approach will help to ensure that the NHS has the resources it needs to face the challenges of the future, including any pandemic to come.

Section 6: Key lessons learned

69. I understand that the Inquiry will be interested in my own views as concerns the key lessons and conclusions concerning planning, preparedness and resilience to be drawn from our experience in the pandemic.
70. As I have set out above, I share the view that a greater diversity of expertise and challenge – including from practitioners from other countries (including countries with recent experience of SARS and/or MERS outbreaks) – would have assisted the framing of plans emanating from the exercises I have outlined above. To minimise the risk of groupthink materialising, I consider that the furtherance of transparency, the