

APRIL 2021

BUILDING THE FUTURE NHS: CRITICAL LEARNINGS FROM THE PANDEMIC

Our guests were:



Andy Hardy – Chief Executive Officer, University Hospitals Coventry and Warwickshire (UHCW) NHS Trust



Richard Beeken – Interim Chief Executive Officer, Sandwell and West Birmingham NHS Trust



Zak McMurray – Medical Director, Sheffield Clinical Commissioning Group



Eilish Midlane – Chief Operating Officer, Royal Papworth NHS Trust



Stephen Dunn – Chief Executive Officer, West Suffolk NHS Foundation Trust



Jimmy Quinn – Managing Director, Meridian Productivity



Jane Tomkinson – Chief Executive Officer, Liverpool Heart & Chest Hospital NHS Foundation Trust



Paul Brown – CFO, Staffordshire & Stoke on Trent CCGs



Frederic Faes – Associate Chief Analyst



This roundtable was **chaired by Darren Adam** from Leading Britain's Conversation (LBC)

Introduction

There is recognition that when something as significant and catastrophic as COVID-19 occurs, there is a real and pressing need to ensure lessons are learned with a view to minimise the impact of such situations in the future.

We brought an esteemed range of leaders working within the NHS on **23rd April 2021** to discuss this very point, as well as an assessment of the NHS right now as we emerge from lockdown and following what is widely considered to be a successful vaccination programme so far, the public perception of the NHS, the inequality in ways that the pandemic has affected staff with some suffering from PTSD and others who have been prevented from doing their normal day to day work and are incredibly motivated to start treating patients again, and the 1% pay rise that has been announced for all NHS staff.

Many know that COVID-19 has had an unprecedented impact on the NHS; from the large numbers of people contracting the disease that required high levels of care, to the urgent need for equipment such as ventilators and PPE.

On the ground, this meant that staff had to be redeployed to areas such as Intensive Care to meet demand, which meant that many services and treatments had to be cancelled such as elective care.

The full effects of this pandemic are yet to be seen; but there was unanimous agreement on the challenges ahead, including:

- The huge backlogs and waiting lists – data from NHS England reveals there are 4.4 million patients waiting for care
- The “hidden” demand – the result of patients not being able to be referred to services that were suspended and patients feeling reluctant to seek care as a result of the pandemic
- The financial challenges – lack of visibility over the medium and long term financial arrangements
- Tired and exhausted staff
- Patients who were diagnosed with COVID-19 that now require high levels of community care
- The need to focus on prevention and community services (in the wider sense), in the backdrop of significant pressure to restore elective care
- The mental health challenges posed by the pandemic
- The risk of reverting back to inefficient and unproductive ways of working

On courage, strength, sacrifice and determination

All guests were in agreement that the NHS as a whole, rose to the challenges posed by COVID-19 in a way that was truly remarkable. The courage, strength, sacrifice and determination to ensure the challenges posed by the pandemic were met in the best possible way was clearly observed by all speakers.

The UK is considered to be leading the way in terms of the vaccination programme, whilst money (contrary to the period before the pandemic) has been made widely available, allowing some of the usual barriers to providing care being removed.

Further, the considerable shift towards virtual care and the need for consultations to be done remotely was seen to be a hugely positive change that has allowed care to be provided in a more efficient way.

In the backdrop of a shortage of PPE and ventilators as well inpatient capacity, all guest speakers agreed that the NHS avoided the worst as a result of systems working together. The relationship between commissioning and the provision of care has been improved, with real collaboration and engagement between different parts of the NHS being one of the hallmarks of great success during the pandemic. Different systems were forced to join up and work towards a common and shared goal; perhaps the most visible aspect of this to the public being the creation of the Nightingale hospitals that were built and deployed incredibly quickly. There was also recognition that on the whole, staff have been supported during this very challenging time, including by the public who have historically shown great levels of admiration for the NHS, as demonstrated in the 2012 Olympics and more recently, the regular Thursday evenings that were dedicated to NHS staff working at the frontline of health and care, symbolised by the Clap for Carers.

Is the public's positive perception of the NHS at risk?

The pressures ahead are significant. This includes the large numbers of patients who are waiting for care, and will continue to wait for care, which our speakers agreed could affect how the public view the NHS. At the same time, it could be argued there is a recognition among the public and by politicians that the recovery phase will take time, and will need to be funded, albeit there is a large mountain to climb.

To what degree though is this an oversimplification of the public perception, that is, either, one loves the NHS or one thinks it is completely hopeless? One guest speaker expressed the risk that the public perception is perhaps more nuanced than we might think, in an age of social media and the uptake in its use to express opinions. Either way, there was a recognition that the public's perception of the NHS will be an important theme as we look ahead to a world beyond the pandemic.

There are other significant challenges too. One guest speaker highlighted some of the difficulties with the vaccination programme, such as the high number of DNAs that could be attributed to some of the myths currently circulating as well as mixed messages regarding the efficacy of the vaccine.

In addition, the pandemic has affected people in different ways. This has been true for staff working in the NHS as well; how this is addressed in the backdrop of many staff calling for time off is a considerable challenge facing the NHS. The care and wellbeing for staff has always been a priority for NHS leaders, particularly during the pandemic when many have been working in areas such as critical care when at one point, there were significant numbers of patients requiring complex and urgent treatment and support. One of the most important ways of dealing with this that all guest speakers agreed with, has been listening to staff and responding to their own individual needs as opposed to granting what some considered to be tokenistic gestures such as an extra day of leave which might also create significant operational challenges.

Operational challenges do exist though, as a result of the pandemic. This includes some staff who were deployed to other areas of work in an attempt to handle extra demand, wanting to remain in those areas, whilst others who have always worked in critical care having experienced large levels of trauma which needs to be managed in a way that balances staff wellbeing and service needs in the backdrop of a large focus on recovery and addressing the backlogs and waiting lists.

Many staff accrued large amounts of leave during the pandemic and are now wanting to take that time to fully recover in a way that truly allows them to switch off and recuperate, whilst others need regular time over a longer period to reflect, discuss experiences and galvanise together. Other members of staff are calling for caution from leaders with regards to addressing the backlogs and waiting lists, and to not expect the same levels of discretionary effort that was witnessed before the pandemic. It was noted that these factors need to be considered in the recovery plans that are being developed, as well as the fact that staff need the necessary time to catch up on their career development and professional training that had to be compromised as a result of the pandemic.

A looming time bomb

These challenges exist in addition to the challenges posed on mental health services. The pandemic has affected not only the physical health of many people, but also their mental health, and whether mental health services will be able to cope with this demand was questioned. One of our guest speakers expressed significant concerns, taking into account that mental health services were struggling even before the pandemic, calling this challenge a "looming time bomb". There are a considerable number of patients that are being sent to places far away from their home into privately managed inpatient care facilities. This was echoed by another guest who mentioned that half of their patients on one given day were experiencing mental health issues that were primarily the result of, or were exacerbated by, COVID-19.

The 1% pay rise

So what has been done to address staff concerns?

In March 2021, the government recommended a 1% pay rise for all NHS staff. Many have called this far too little, in the face of a pandemic that has required huge amounts of effort from NHS staff who have gone above and beyond to care for those most affected by COVID-19.

Our guest speakers expressed their views on this, with some highlighting the fact that the country as a whole has, and will continue to struggle economically as a result of the pandemic. Therefore, it might have been better to have a tiered approach that grants lower paid workers in the NHS a higher pay rise as compared to those earning the most. At the same time, there was a recognition there are many other opportunities to show staff appreciation beyond the pay rise, such as health and wellbeing offers and genuinely listening to staff.

Sleepwalking into the winter

All guest speakers were asked what they would like to see, going forwards. These included time and patience from politicians with regards to the backlogs and waiting lists and an ability to explore the art of what is possible, as well as a longer term planning horizon that at the moment, only runs until September 2021. This means there is a real risk of sleepwalking into the winter without the necessary preparation work being done. Others referred to the need to focus on health prevention that would address the health inequalities that exist, and more local determination and the need to remove the inherent contradiction between calls for this and greater levels of system working and centralised decision making that inhibits innovation. One of the biggest frustrations for one of our guests is the lack of clarity over how much money as a total, is available and then allowing local systems to work within that available budget. Instead, last minute availability of capital is a re-occurring theme that leads to inefficiency and waste that needs to stop as a matter of urgency.

So, what can be learned from COVID-19?

One of the significant positive developments that has come from the pandemic has been the move towards virtual care. On the ground and based on the experiences of one clinician, despite there being some difficulties experienced by older people in using technology, many are actually very tech-savvy and very comfortable with the move towards virtual appointments. Giving patients choice and allowing flexibility, is one of the things that our guest speakers agreed is important when looking to build the future NHS.

On a related subject, one of the guest speakers expressed the value of technology with regards to keeping family members informed of their loved ones through access to electronic patient records and a dedicated helpline which eased the pressure on staff working on inpatient wards whilst improving the patient experience.

In addition, much learning and sharing of best practise has taken place as a result of COVID-19, which our guest speakers look forward to seeing more of in the future; indeed, much of this was facilitated by the removal of organisational walls and disincentives that also directly benefitted patients, such as the ability to discharge earlier into more appropriate settings.

With regards to managing the NHS workforce as we look to building the future NHS, it was agreed that really listening to staff through surveys and focus groups is crucial, as well as investment in staff psychological support, a greater level of focus on well being and the need to manage the recovery process in a sensitive way, was noted.

Another pandemic?

In addition to the above, our guest speakers also explored whether the NHS is better equipped should there be another pandemic. It was agreed that on the whole, the NHS is in a stronger position before the pandemic, due to industry infrastructure that is now in place and the vaccination programme that is currently underway that truly shows what can be achieved. At the same time, staff have learned an incredible amount having had to work in different areas of the NHS which was felt to be a positive factor should the worst happen, despite the need to ensure that what has been learned needs to be captured for future generations. A lot has also been learned about emergency and business continuity planning that will serve to ensure the NHS is better equipped to deal with another pandemic.

This roundtable brought together leaders within the NHS to discuss and explore a range of pertinent and pressing themes as we look to build the future NHS. The challenges ahead will be difficult, but there is a belief that much has been learned from the pandemic that all speakers agreed should be taken forward, but the question remains:

To what degree will the positive public perception of the NHS remain in light of the growing backlogs and waiting lists, which needs to be balanced with some staff in the NHS who have been stretched to their limits?