NHS
South West
Clinical Senate

Clinical Senate Council Meeting

Thursday 16th July 2020
South West Clinical Senate Council: Capturing Beneficial Changes made during level 4 response to COVID

Deliberative Topic

What beneficial innovations/changes have occurred in specialty and patient pathways as a result of the response to COVID 19?

What has been the impact of these innovations/changes, what is needed to sustain them and what hasn't worked so well?

Overview

The NHSEI national Medical Directorate asked clinicians nationwide to respond to the above questions, to understand beneficial improvements and innovations to clinical pathways during the Covid-19 response (March-June 2020).

A preliminary response based on council members' written responses was submitted to the national team in June.

At its July Council meeting, the Clinical Senate reviewed this feedback further to consider which changes and innovations in the South West have improved services and how they should be sustained in the longer term.

The following recommendations are for systems to consider and bear in mind when planning service recovery, next stage response to the pandemic and organisational strategy going forward;

1. **Maintain Positive Behaviour Change and Shared Decision Making**
2. **Continue Rapid Digital Transformation**
3. **Resource the Future**
4. **Prioritise Staff Health and Wellbeing**
5. **Make good use of the patient and public voice**
6. **Seek Opportunities to mitigate against an increase in Health Inequalities**

Recommendations

1. Maintain Positive Behaviour Change and Shared Decision Making

The response to the COVID-19 pandemic in health and social care systems across the South West was characterised by the rapid development and implementation of new services and new ways of working. This was enabled by widespread collaboration, fostered by a sense of common purpose, and a willingness to streamline and, on occasions, relax established governance and control processes.

File path:

Innovation and experimentation have flourished and new leaders have emerged. As systems return to business as usual, the supportive elements of this permissive regime should be retained, particularly those that encourage and support continued shared decision making.

Where positive changes have been enabled by the redeployment of staff or the cessation of routine services, careful consideration should be given to the potential loss of momentum as systems move to recover non-covid services and re-establish BAU reporting and governance frameworks.

2. Continue Rapid Digital Transformation

Many of the positive outcomes from the COVID-19 response have been reliant on technology. Staff and systems have embraced new ways of working enabled by technology and there is growing confidence in health professionals using digital platforms to support the shared management of patients across primary, secondary and community care.

As systems enter the recovery phase, they should ensure they utilise the increased digital maturity seen during COVID to continue to support the digital transformation of services. Systems should consider how pathways can be redesigned with the benefit of technology rather than digitising existing services by simply adding technology to existing pathways.

The many environmental benefits afforded by the use of technology should also be quantified and embedded in the wider Greener NHS ambition.

It should be noted that maximising the benefits of the digital transformation of services will require training for both staff and patients or clients.

Remote consultations are also not suitable for all clinical presentations and may be difficult for some cohorts of patients to access. Blended approaches to care pathways should be established to mitigate against the potential impact on widening inequalities.

3. Resource the Future

The response to COVID-19 was supported by an unprecedented injection of resources; both financial and human. COVID specific responses were also resourced by the redeployment of staff and equipment from non COVID areas. There is a recognition of the increased resources required to restore non-COVID services in parallel with responses to both contain and treat the virus.

The pandemic has demonstrated the importance of cohesive, adequately staffed public health and infection, prevention and control teams and the centrality of responsive, accessible social care in protecting NHS resources during a pandemic. Collaborative working across systems has also seen the development of a wide range of mutual aid responses which have benefitted traditionally under-resourced areas of health and social care.

Resource planning and targeted investment will be required going forward to make health and social care sustainable. The increased reliance on digital platforms will require infrastructure and training investment whilst there must also be training and development of the Infection Prevention Control and

Public Health workforce and adequate investment in social care. The Clinical Senate has previously commented on the compelling business case for investment in domiciliary care.

4. Prioritise Staff Health and Wellbeing

The response to COVID has delivered both challenges and opportunities for the health and well-being of staff.

Frontline staff have experienced extraordinary levels of stress and innovative approaches to increase the resilience of staff have emerged, however there is some evidence of these now being withdrawn. Services have been maintained in some cases by staff working at a level that cannot be expected to continue in recovery, or in future waves.

The move to remote working where possible has delivered welcome flexibility for many staff but for some staff this has brought its own stressors of loss of social interaction and inadequate environments. The environmental benefits to this shift in behaviour through reduced travel amongst other factors however have been substantial.

The longer-term impacts of remote working should be kept under review and staff health and wellbeing should be prioritised when planning the return of services. Resilience training and flexible support will be essential to sustain the workforce in restoring non COVID services alongside preparations for further waves of the pandemic. Specific support will be required for clinicians in training grades whose training has been disrupted.

Increased familiarity with digital platforms should also be exploited to improve access to training and continuing professional development where face to face contact is not essential.

5. Make good use of the patient and public voice

The speed of the implementation of new ways of working in response to COVID has meant that co-design and seeking the views of patients and users has not been seen as a priority. Whilst unsolicited feedback from patients suggests support for many of the changes, particularly the emergence of telephone and video consultations, for some patients the reduced opportunities for face to face consultations has increased their sense of isolation or presented a barrier to seeking help. This in turn can lead to the late presentation of preventable or treatable conditions. The learning and technological advancements from the Covid-19 response should be tested with patients to ensure changes to services do not widen gaps in access to care.

The societal response to COVID has also seen a huge increase in the number of people volunteering. This resource has been vital to the support in communities but at times the system has struggled to appropriately deploy both lay and professional volunteers, resulting in missed opportunities. Preparations for future waves of the pandemic should address the resources required to rapidly deploy a substantial volunteer workforce.

6. Seek Opportunities to mitigate against an increase in Health Inequalities

The COVID pandemic has illustrated the powerful impact of the wider determinants of health on both access to services and health outcomes. Nationally determined, universally applied policies undoubtedly have a benefit at a population level but often at the expense of profoundly negative impacts for individuals. The prioritisation of the resources of the NHS towards containing and responding to the COVID pandemic has been at the expense of timely and effective interventions for non COVID conditions that will result in a legacy of diminished health outcomes and a widening inequalities gap.

Increased understanding and recognition of health inequalities and the prioritisation of interventions to reduce the gap is required across health and social care and its workforce. There should be clear public messaging and communication with patients to ensure there is a realistic expectation of what can be achieved as services are restored.

Design of future services should also consider how to maximise the continuation of other services during a pandemic or other level 4 response.

Next steps

The intention is that these recommendations will be shared with the Stephen Powis' office at a national level, with the regional medical directorate and across the 7 systems in the South West as well as PHE, HEE and other Clinical Senates for use in other regions.