FINAL REPORT V1.0

NHS
South West
Clinical Senate

Written Thought Piece

Reimagining the NHS… the next 75 years.

How can we build a sustainable NHS that enables innovation, and supports the restoration of evidence-based interventions, amid its many challenges, post COVID-19 pandemic?

29 June 2023
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1.0   Background and Introduction

In 2017, "The NHS is facing an existential crisis[1]" was a shocking headline in the Open Access Government. Six years later the sentiment remains the same and is echoed in recent articles by The Kings Fund[2] [3], the British Medical Association[4], and in the national media. There is increasing high demand across both primary care and secondary care. In primary care, people complain of not being able to get a GP appointment. Whilst in secondary care this demand presents as increasing attendances at Accident & Emergency, delayed hospital handovers[5], Delays in Transfers of Care (Delayed hospital discharge) experienced by patients who are medically fit but unable to return home, high bed occupancy levels, lengthened ambulance response times; by Trusts already dealing with significant elective recovery following the COVID pandemic, workforce challenges, and more recent industrial action which has further impacted capacity.

The Operations Pressure Escalation Levels (OPEL)[6] is a method used by the NHS to measure the stress, demand, and pressure and hospital is under, with OPEL 4 representing the high escalation level where a hospital is "unable to deliver comprehensive care" and patient safety is at risk. Notably, some Trusts in the South West region have been at OPEL 4 status for long periods stretching into months.

Every year it is reported that the NHS is facing significant 'winter pressures' to the point that it has become "normalised" for the NHS to operate under these extreme conditions. This situation cannot continue, and something needs to be done now to halt and change the current trajectory of the NHS. The Institute of Government's report *The NHS Crisis: Does the Sunak government have a plan?*[7] cites the Royal College of Emergency Medicine which 'estimates that between 300 and 500 people per week are dying as a result of the delays in urgent and emergency care'[8].

When the NHS was created 75 years ago things were very different; life expectancy and public expectations were lower and the range of interventions available were comparatively limited. It will require courageous leadership to take the necessary and bold actions to create an NHS that will be fit for the next 75 years.

This report presents the output from the South West Clinical Senate Council meeting on 29 June 2023, attended by Council members, clinical leaders from NHS England South West, integrated care systems, and representatives from the South West Clinical Senate Citizens Assembly.

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[1] NHS is facing an existential crisis | Open Access Government
[2] An NHS in crisis: patients are now waiting longer for almost every type of emergency care | The King's Fund (kingsfund.org.uk)
[3] Is the NHS in crisis? | The King's Fund (kingsfund.org.uk)
[4] An NHS under pressure (bma.org.uk)
[5] AACE report published: Hospital handover delays potentially causing significant harm to patients - aace.org.uk
[6] Operational Pressures Escalation Levels Framework (england.nhs.uk). Operations Pressure Escalation Levels (Opel) is a method used by the NHS to measure the stress, demand, and pressure a hospital is under.
[7] NHS-crisis-does-government-have-a-plan.pdf (instituteforgovernment.org.uk)
[8] A&E delays causing up to 500 deaths a week, says senior medic | NHS | The Guardian

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2.0   The Questions

The South West Clinical Senate explored the following question:

- How can we build a sustainable NHS that will enable innovation and support the restoration of evidence-based interventions (to reduce harm) that were suspended during the COVID-19 pandemic?
- What models of care could help address this?

3.0   Themes

The discussion in the meeting generated several "position statements" for change which are grouped into broad themes. These are offered not as a comprehensive blueprint for radical change in the NHS but as stimuli to provoke discussion and further development with other audiences.

These are:

Public Health and Prevention
- Recognise and promote investment to address the wider determinants of health.
- Design environments that support independence across all life stages
- Prioritise investment in interventions that maintain health rather than treat illness.
- Consider person orientated rather than disease orientated health screening.

Managing Risk
- There should be a narrative that promotes a public understanding of the risks and choices in healthcare.
- Risk assessments should be based primarily on managing risks for patients rather than risks for the service or staff.
- Risks should be shared across systems rather than sitting with individual organisations within a system.
- Risk matrices used to prioritise access to services should be redesigned to adequately reflect the long-term impact for children and young people.

Workforce
- Training for healthcare professional roles should identify core components common to all roles (cf. apprenticeship levels)
- More attention should be given to the development of generalists.
- Career pathways should facilitate progression both within professional roles and conversion to other roles where there are overlapping skills.
- The curricula for training of senior clinical professionals should include skills required for service design and system leadership.
- Employment models should facilitate mobility across organisations and settings.
- Pay and reward strategies for health and social care should be aligned.
- Consideration should be given to understanding the impact of contributory factors such as the 'working environment' on productivity.

- The newly created roles in the NHS provide a creative solution which should be flexibly utilised to fill in gaps where they have relevant skills.
- Highlight the importance and benefit of the multi-disciplinary team, and this way of working with other colleagues and professionals for the benefit of the patient.
- Recognition needs to be given to the role and impact of each individual member of the workforce to organisational culture, and consideration should be given to the importance of individual ownership -so that there is greater understanding and modulation of the individual's impact on others, within systems.

Carers

- Informal carers should be embraced, valued and supported as partners in care.

Service Design Principles

- Services should be designed to deliver:
  - The right care for the individual
  - At the right time
  - In the right place
  - By staff with the right skills
- All pathways of care should maximise the delivery of care in the home or local community.
- Services should transition from consultant led to consultant delivered specifically in relation to acute hospital inpatient decisions.
- Senior decision makers should be deployed early in patient pathways.
- Services should exploit the benefits of technology but provide support or alternatives for those who are digitally excluded.
- Services should support self-referral/determination where ever possible.
- Partnerships at a system level that make accessible the skills and capacity in the independent sector should be supported.
- General practice should be fully integrated into systems of care.
- Services should be co-designed and co-produced with the patient 'at the heart of everything'[9].
- There needs to be greater collaboration between the NHS and social care.

Patients

- Work needs to be done to understand the most frequent and/ or most expensive patient cohorts to support the NHS make decisions to optimise the use of its resources.

Use of resources

- Funding models should promote the desired characteristics of the new service rather than create perverse incentives.

Communicating with the Public

- The discourse with the public should:
  - Reinforce the importance of self-help.
  - Encourage shared decision making.

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[9] The NHS Constitution for England - GOV.UK (www.gov.uk)

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- Promote an understanding of the risks and limitations of the service.
- Encourage open and realistic conversations from an early age that explore death and dying.

Environmental Factors

- Radical change will require sustained action over more than one electoral cycle. There should be cross party agreement on the fundamental changes required to sustain the NHS that allows democratic influence without political interference.

Digital and Information Technology

- Consideration should be given to the efficacy of the patient-facing decision tools to triage and direct patients to receive care from the appropriate place, for their needs.
- There are issues of interoperability across the different IT systems that are used in the NHS, that need to be addressed. This has created a barrier to information sharing across organisations, increasing clinical risk, and resulting in multiple entry of information (duplication) across the System.

Sharing Best Practice, Learning, and Innovation

- A mechanism needs to be developed to consistently share best practice and innovation across the NHS, to allow the spread of knowledge and adoption of what works.
- A compilation of good practice examples from the South West region will be presented in a separate document and may form content for the conference.

4.0 Next steps

The purpose of this written thought piece is to provoke conversations in a range of fora not just at the Senate Conference which is scheduled in September 2023. Outputs from the conference will be published in a report which will be shared with the NHS England South West Regional Medical Directors, and other regional stakeholders. The report will also be published on the South West Clinical Senate's website.

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Signed off: Dr. Sally Pearson, Chair of South West Clinical Senate

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Appendices

Appendix 1: Links to speaker presentations

Please click here for the link to the presentations listed below

Title	Speaker
A System perspective	**Dr. Nigel Acheson,** Chief Medical Officer, Devon ICB
Key Reflections from the Elective Care Conference	**Dr Vinay Takwale,** Medical Director, NHS England – South West
Reflections from an Urgent and Emergency Care pathway perspective	**Dr. Emma Redfern,** Consultant in Emergency Medicine, AMD Patient Safety, University Hospitals Bristol and Weston NHS Trust
Reflections from the Citizens Assembly: A Patient and public perspective	**Nick Pennell,** Chair of the Citizens Assembly

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Appendix 2: National Institute for Health and Care Excellence (NICE)[10] guidance and resources

This is not an exhaustive list of NICE guidance and resources but are those that are felt to be relevant to one or more of the themes discussed in this Thought Piece.

1. **Improving productivity and recovery of core services:** NICE has developed a web resource (https://www.nice.org.uk/productivity) that pulls together relevant NICE guidance and recommendations, aligned to the 2023/24 NHS priorities and the NHS Long Term Plan objectives: Urgent & Emergency Care, Community Health Services, Primary Care, Elective Care, Cancer, Diagnostics, Mental Health, People with Learning Disabilities/ Autism, Workforce and Reducing Health Inequalities.

2. **Improving Population Health/ Reducing Health Inequalities:** NICE recommendations can help Systems ensure that the care that they provide is effective, consistent, makes efficient use of resources and minimises the impact of health inequalities on people's health. For more information, see: https://www.nice.org.uk/about/what-we-do/nice-and-health-inequalities which includes NICE mapping to Marmot Framework, and supports the implementation of Core20PLUS5 priority areas for improvement for adults and children & young people.

3. **Supporting Shared decision making:** NICE has developed guidance and tools to support shared decision making where the healthcare professional works with the patient, to reach a decision about care and support that they receive. See useful links below:
   a. NICE Shared decision making webpage
   b. Guidance document: Overview | Shared decision making | Guidance | NICE)
   c. Patient decision aids: Making decisions about your care | NICE and the public | NICE Communities | About | NICE
   d. Frameworks: Overview | Standards framework for shared-decision-making support tools, including patient decision aids | Guidance | NICE)

4. **Supporting adult carers:** NICE has developed guidance which provides recommendations for good practice to improve outcomes for adult carers based on evidence of effectiveness and the views and experiences of carers, service users and practitioners. It identifies good practice in providing support that enhances the well-being and life experience of adult carers. See links below:
   a. NICE Supporting adult carers guideline.
   b. Quality standard: NICE quality standard for supporting adult carers

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[10] NICE | The National Institute for Health and Care Excellence

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Appendix 3: Further reading – articles and blogs

NHS backlog data analysis (bma.org.uk) [June 2023]

NHS staff shortages in England could exceed 570,000 by 2036, leaked document warns | NHS | The Guardian [March 2023]

An NHS in crisis: patients are now waiting longer for almost every type of emergency care | The King's Fund (kingsfund.org.uk) [February 2023]

The NHS crisis - decades in the making - BBC News [January 2023]

Sunak tells health leaders 'bold and radical' action is needed to get NHS through crisis | UK News | Sky News [January 2023]

Why is the NHS in its worst ever crisis? | Financial Times (ft.com) [January 2023]

A&E delays causing up to 500 deaths a week, says senior medic | NHS | The Guardian [January 2023]

NHS-crisis-does-government-have-a-plan.pdf (instituteforgovernment.org.uk) [January 2023]

'Intolerable' NHS crisis to continue until April, health leaders warn | NHS | The Guardian [January 2023]

Britain's NHS faces huge challenges in 2023 (economist.com) [January 2023]

The King's Fund responds to the latest NHS performance stats | The King's Fund (kingsfund.org.uk) [January 2023]

Is the NHS in crisis? | The King's Fund (kingsfund.org.uk)

(PDF) THE EFFECTS OF WAITING TIME AND SATISFACTION AMONG PATIENTS VISITING MEDICAL OUTPATIENT DEPARTMENT OF A TERTIARY CARE HOSPITAL PLACE AND DURATION OF THE STUDY (researchgate.net) [April 2022]

Two NHS trusts spent a third of the year on highest 'Opel 4' pressure alert (nationalhealthexecutive.com) [December 2018]

NHS is facing an existential crisis | Open Access Government [February 2017]

How hospital activity in the NHS in England has changed over time | The King's Fund (kingsfund.org.uk) [Dec 2016]

Understanding pressures in general practice | The King's Fund (kingsfund.org.uk) [May 2016]

Tackling the growing crisis in the NHS | The King's Fund (kingsfund.org.uk) [April 2016]

Health in 2040: projected patterns of illness in England - The Health Foundation [July 2023]

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