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How is the ambition for NHS transformation being impacted by COVID-19's 'new normal'?

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GK Strategy is frequently asked to outline the landscape of healthcare spending and reform, what services will see increased demand over the next decade and whether the coronavirus pandemic will accelerate or inhibit wider transformation within the NHS. We are also asked how the role of private providers might change and how they can best anticipate and address changes in commissioning and service delivery.

In this blog we examine these questions to show where there is alignment between COVID related changes and longer-term plans to develop a more sustainable healthcare system.

2020:

The year of vision, reactive change and false starts

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Keeping pace with funding changes and system wide reforms within the NHS is challenging.

The NHS Long-Term Plan (LTP) – the blue print for the future of the NHS in England – outlines the ambition to deliver a new healthcare model for the 21st century, emphasising preventative healthcare that uses re-engineered services to deliver integrated support and care closer to communities. Additionally, it highlights plans to improve care in specific services, ranging from cancer to maternity care and mental health.

Accompanying the plan was an additional £33bn in revenue spend (with some allocated to capital expenditure) by 2023/24. This funding increase became law via the NHS Funding Act 2020. The legally enshrined year-on-year funding increases for the NHS are welcome for NHS managers, providers of health services, and the public at a time when there is real concern about the Treasury's ability to keep public expenditure at the rate seen in 2020 post-COVID.

When trying to gauge which services will proliferate in the future, the implementation frameworks that accompany the LTP are a good place to start. These cover wide ranging topics – but for each service reform or condition prioritisation, stakeholders should be equipped with a general impression of what the health system is moving towards and wants to achieve. Additional consideration will therefore be required to envisage what plans mean in practice for commissioning and service delivery.

One flagship commitment in this regard is Universal Personalised Care, an initiative designed to empower and improve the quality of life for millions of people. However, it is undoubtedly a new means of delivering care with increased control given to patients over choice and spend. This means that a broader range of non-traditional services that contribute to the wider determinants of health – such as social prescribing – will increasingly be NHS-funded. An expansion of the workforce and a more joined up approach between different services will also be required.

Over time it is expected that the NHS will employ 3-4 link workers in every Primary Care Network (PCN) to organise NHS social prescriptions for patients referred to them by GPs and others. It is important to monitor and review the type of support and governance that this new model will entail, but the overarching aim is to deliver care closer to people's homes and shift away from the current medicine-based clinical culture of the NHS.

Factors inhibiting NHS transformation

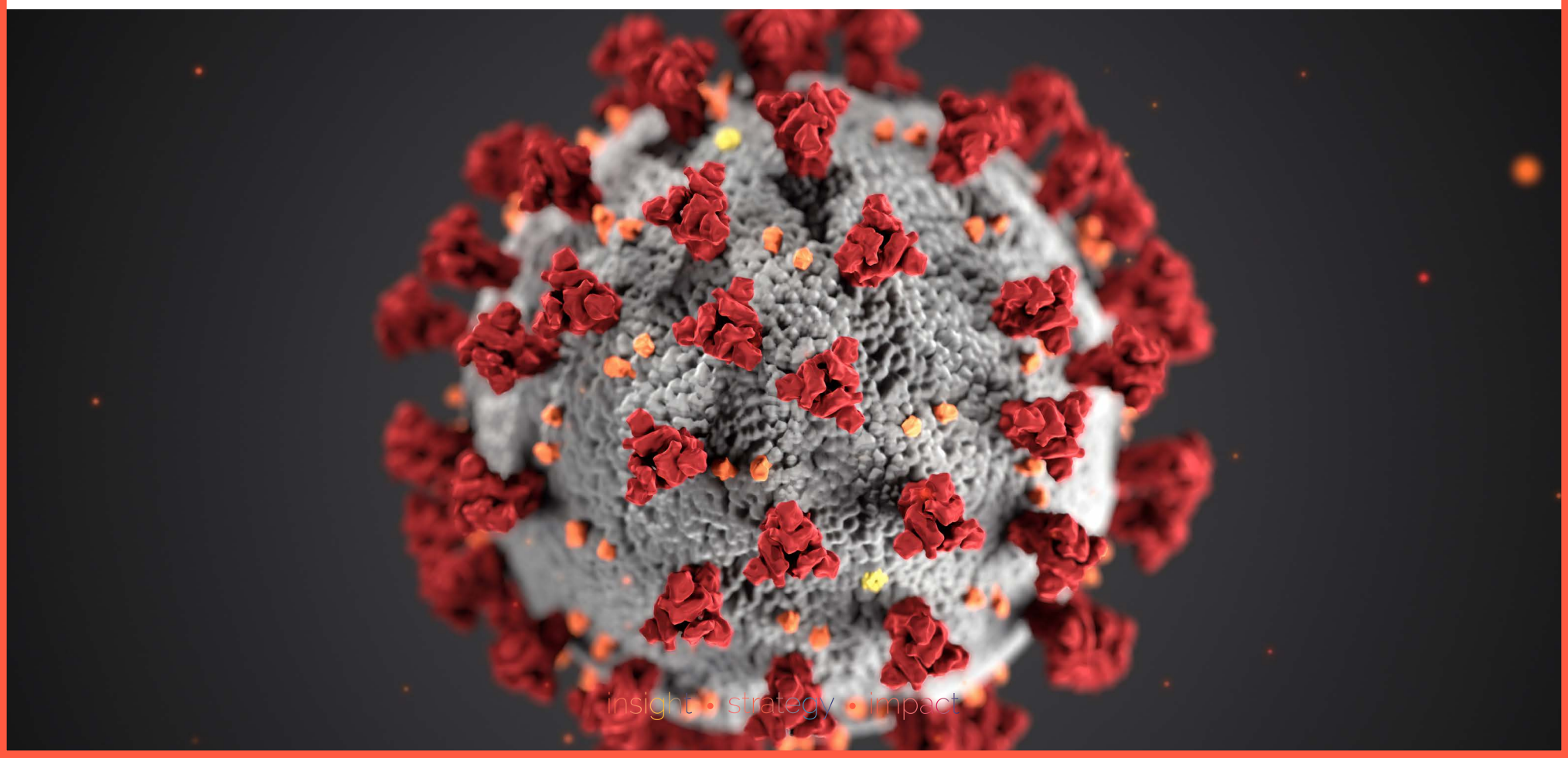
Universal Personalised Care is just one ambition in the LTP, and whilst NHS England can point to progress against some of the objectives in the Plan, there are outstanding decisions pending that will influence its overall chances of transforming the health system.

Firstly, capital expenditure is still an issue. Improvements in the NHS' workforce skills and capacity, as well as physical and digital infrastructure is reliant on a settled funding arrangement. This year there has been an NHS interim people plan and stop-gap funding made available for urgent improvements required to NHS estates.

What is really needed – as acknowledged by the Health Secretary – is an updated Health Infrastructure Plan that includes a five-year rolling programme of investment and reforms to how capital funding is accessed and utilised. This plan hinges on the Comprehensive Spending Review (CSR) and then an updated capital funding strategy. Given the uncertainty around public finances, the speculation is that the CSR may not be multi-year, which will hinder the NHS' ability to expand the workforce and infrastructure that underpins the transformation and integration of healthcare.

Secondly, the status and rules that govern emerging Integrated Care Systems (ICS) are still uncertain. ICSs involve NHS organisations within a defined geographical area partnering with local councils and others to manage resources, deliver care, and improve the overall health of the population they serve. Progress towards ICSs is crucial in enabling the greater integration of health and social care services in England, as well as in facilitating the ambitions outlined by the NHSLTP.

A common truth of successful transformation is a shared understanding of what an organisation is moving towards. There is still uncertainty about the status of ICSs and what legal form they will have. Any formal changes to the structure of the NHS will have to be set out in the proposed NHS Bill that is expected to be tabled in Spring 2021. However, no clear decisions yet have been reached and the development of the Bill will be subject to intra-governmental politics between Department for Health and Social Care and NHS England. This continued uncertainty will inhibit the objective of greater integration of health-related services within an area, heightening the confusion around future commissioning patterns for new and old providers alike.



How COVID-19 has changed healthcare delivery and are the reforms here to stay?

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COVID-19 has impacted the delivery of healthcare far beyond the direct response. The legacy of the positive changes and the weaknesses COVID exposed will be felt long after we have developed better means of controlling and treating the virus. Whilst 2020 has seen a leap forward in digitalisation within the NHS, it has also cruelly exposed the lack of integration between the NHS and the social care system. GK's strategic adviser and former Health Minister, Phil Hope, has identified how attempts to further integrate the NHS and social care services have been lost during the pandemic. Although the Government's Winter Adult Social Care Plan will help protect social care in the short-term, substantial funding and systemic reform are required to bring parity of esteem with the NHS and overall improvements in care.

It has been incredible to observe how innovation and new ways of working within the health system have so rapidly been adopted after years of wondering how and when change would occur. So what is it about the current situation that has been the catalyst for change, and what are the services that have been most affected?

What conditions are needed for rapid change?

When organisations adapt quickly typically there needs to be an undeniable need for change – specifically, a burning platform, leadership aligned on the change required, and the resources available to make it happen.
A real burning platform has been present in 2020. 'Business as usual' risked patient and staff safety. Therefore, new or expanded solutions were needed quickly.

Leadership is dispersed within the NHS, but we have seen many examples of where regional teams have shared a joint response and a vision for how COVID-19 changes can be built into wider transformation plans. For example, NHS England and NHS Improvement leads in London have come together to outline how they will "fundamentally shift the delivery of healthcare in response to COVID-19". This includes more streamlined decision making and governance arrangements, a greater risk appetite, and no return to previous ways of working unless specific permission is granted.

As for funding, £6.6bn was made available for NHS trusts via the Government's emergency coronavirus fund in April. Alongside COVID-specific support, these funds could also be allocated to transform other services in the short-term to support longer standing conditions – for example, the home delivery of medicines.

Adoption of digital technology

The rapid adoption of digital technology within the NHS has been impressive during the pandemic. This included the increased use of triage and/or remote appointments and the increased use of remote services by patients themselves – as exemplified by uptake of the NHS app.

The most obvious example here is the expansion of NHS 111, NHS England's traditional phone triage system. From February, a new 111 online service launched as part of the COVID-19 Clinical Assessment Service. In a short period of time, current and retired GPs were linked in with NHS 111 to assess incoming calls, with patients subsequently booked into practices using the GP Connect system. This process has involved a joined-up approach between NHS England and primary care and has also involved changes to GPs contract increasing six-fold the amount of NHS 111 appointments they needed to take.

The shift this year has seen the majority of general practices switching to a system of 'total triage', with 99% of GP practices using remote consultation platforms.[1] Furthermore, in the summer of 2020, NHS Digital outlined that GP practices have reported delivering 90% or more of appointments virtually. The figure at the end of 2019 was between 10-20% - illustrating just how much more frequently digital technology is being used.

Providing more remote appointments remains an ambition of The NHSLTP , which stated that all patients would have a right to online GP consultations and access to a 'digital-first' primary care offer by 2023/24.[2] Whilst many will welcome this shift to digital, it is not without concerns. Questions have already been raised as to whether new processes established pass quality and safety standards and whether remote consultations hinder the ability of clinicians to make an accurate assessment of patients. The King's Fund goes further, warning that *'Without a careful appraisal of the changes adopted during the Covid-19 pandemic, there is a risk that digital innovation in the NHS repeats past mistakes."*

1. *Nuffield Trust – digital adoption https://www.nuffieldtrust.org.uk/files/2020-08/the-impact-of-covid-19-on-the-use-of-digital-technology-in-the-nhs-web-2.pdf*
2. *Nuffield Trust – digital adoption https://www.nuffieldtrust.org.uk/files/2020-08/the-impact-of-covid-19-on-the-use-of-digital-technology-in-the-nhs-web-2.pdf*

New settings for treatment and care

Other than digital transformation, new physical settings for treating patients have emerged this year – something that aligns with the NHS LTPs objective to shift care away from hospitals.

There have been numerous examples of creative and safe ways of diagnosing and treating patients in the community. There are instances of partnership working in urban areas between NHS trusts and the local council to establish drive-through diagnostic centres at vacated large venues. Solutions such as this have been important in avoiding putting vulnerable patients that need to have regular blood tests in harm's way by asking them to visit a crowded secondary care setting.

The country may not always have stadiums and large car parks to use, but the new processes and the fear of backlog of non-COVID patients whose treatments have been delayed have spurred further planning from NHS England (NHSE). COVID-19 has shone a harsh light on the NHS' diagnostic capabilities and it is expected that approximately 150 new community diagnostic hubs will be rolled out away from acute trusts by March 2021. NHSE has given a blueprint of what will be required of these new hubs and trusts. These will require a mixture of suppliers and providers for delivery. It is thus clear that services to facilitate CT scans, MRI, ultrasound, ECG, and endoscopies will be in high demand.

What changes can we expect to remain and accelerate post the COVID-19 crisis

Whilst some areas of transformation – such as the formal integration between health and social care – has paused during COVID, there are excellent examples of new systems being established. Those who fear that innovations and progress made in 2020 will be lost once the virus is under control should be encouraged by some of the points in this article, specifically:

- That some regional areas such as the NHS in London have embraced the crisis as the catalyst to progress wider integrated care reforms and that a return to previous processes will need to be justified.
- The increase in remote consultation and community care services aligns with ambitions in the NHS LTP and NHS England and NHSX are showing signs of formalising and replicating some of the best practice demonstrated.
- The backlog of non-COVID conditions will present challenges for trusts. Providers that can demonstrate their ability to solve capacity challenges away from the hospital setting are well placed.

GK Strategy are specialists in helping companies to navigate the complex health and social care landscape. If you would like to speak to one of our consultants, please contact joecormack@gkstrategy.com.

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