

Beyond Coronavirus: 'The Future of the NHS'

In rising to the challenge of COVID-19, the NHS has fundamentally transformed itself.

Amidst the horror of daily death tolls unimaginable just a few short months ago, the scale of change within the NHS has been unprecedented in its 72-year history. Borne out of necessity, frustration and innovation, the sheer scale of transformation has occurred at pace. It has fundamentally changed the NHS, perhaps forever, and arguably for the better.

In the past twenty years, the NHS has been subjected to at least six major national plans and ten top-down reorganisations. It has, however, taken a global pandemic to enact the most far reaching reforms of the NHS. This has enabled the health service to go from looking after no confirmed COVID-19 patients six weeks ago, to caring for 19,000 patients per day. As the NHS enters phase two of its response to the crisis, a debate must follow on how the NHS adapted to survive, and how to preserve its extraordinary successes both now and for the future.

"We can never go back to how we used to work."

Professor Charles Knight, Chief Executive, NHS Nightingale London.
April, 2020.

NHS Nightingale – a monument to policy failure?

Much of the media and political focus on the NHS' response to COVID-19 has centred on the fleet of NHS Nightingales that were constructed in anticipation of overwhelming patient demand. The creation of a new 4,000 bed hospital in the London Excel centre, and other new Nightingale hospitals across the country, is indeed a triumph of engineering and ingenuity.

Beyond the headline initiatives, however, the NHS has delivered its own additional in-house capacity. 33,000 extra beds have been created through the timely discharge of medically-fit patients and the unparalleled free reign given to NHS Chief Executive's to reconfigure their hospitals. It is the

equivalent of the UK building 53 new district general hospitals in less than a month.

It is uniformly agreed that the Nightingales must be a temporary phenomenon. The UK should have a healthcare system which means it never has to build intensive care units in converted conference centres.

This will undoubtedly lead to a debate on the NHS' funding and capacity, with the Chief Executive of NHS Nightingale London already signalling that the capital must double the 799 intensive care beds it currently has.

The Nightingales will have roles in the future NHS, but not those originally envisaged by policymakers. The centres have cared for remarkably – and thankfully – few patients. This is, in large part, due to the additional capacity the NHS itself has provided and also because, frankly, the Nightingales were never designed to deal with the complexities that COVID-19 presented to patients and clinicians. But in order to allow normal NHS services to restart, and there is a backlog of some two million cancelled operations, plans are emerging to decant COVID-19 positive patients into the centres to allow 'COVID free' hospitals to restart elective surgeries.

The Doctor will see you now

'Digital transformation' of the NHS has been the buzz phrase of policymakers for nearly two decades.

The behemoth NHS has traditionally been a low and slow adopter of new technologies and innovation. The COVID-19 pandemic has persuaded the NHS to overcome years of perceived inertia in the take-up of new technologies, with the past two months acting as a phase transition, with the health service moving in weeks in what has historically taken years to implement.

Moving routine GP appointments online has long been identified as a helpful innovation to time-poor practitioners. The move to online has been enhanced during the pandemic due to patients either being unwilling, or unable, to travel to health centres and by, most obviously, healthcare concerns for both patients and staff. It has also been aided by investment in new technologies, or the scaling up of existing technologies already working within the healthcare system.

GP centres are reporting a 70% reduction in face-to-face appointments, a change in patient culture which may well outlast the pandemic. Computers, laptops, software, video conferencing facilities and remote access to patient data have all been provided or, in the case of patient data, being utilised to ensure safety and convenience for patients and clinicians.

Hospitals have also uniformly switched outpatient appointments online, which is helping to achieve other wider policy objectives, such as reducing travel to and from hospitals – and thereby aiding the ‘For a Greener NHS’ campaign.

The NHS has traditionally had a troubled history with technology and IT projects but there is a sincere hope that the benefits demonstrated during the pandemic will lead to longer term arrangements.

There’s an app for that

Aligned to the widespread shift online for routine appointments has been the plethora of apps that support the work of NHS staff and empower patients.

The renewed focus on innovation has hastened the adoption of tech start-ups that hitherto have struggled to be procured on the NHS. The past few weeks have shown what can be done when digital transformation is prioritised and appropriate funding is made available.

Recent government focus and enthusiasm for technology and the digitisation of the NHS has undoubtedly helped recent developments. The Health & Social Care Secretary, the Rt Hon Matt Hancock MP, is a well-known tech enthusiast. His decision in 2019 to establish NHSX provided a focal point for data, digital and tech that was split across different parts of the NHS. The appointment of Matthew Gould, a senior and well-respected civil servant, added additional heft to the fledgling organisation.

A £500,000 fund for innovators to bring to market technology that could help people likely to be impacted by self-isolation, including those with mental health issues or requiring social care support, was quickly launched by the Government in late March. An added impetus to this drive was added by

Gould, who rightly recognised that “tech can play an important role in helping the country deal with the challenges created by coronavirus”. Many of the apps that are now finding the NHS a willing customer have been trying to work with it for years. Companies such as Pando, a communications app for healthcare workers, are being downloaded at a rate of 1,000 new users per day. Hosify, a similar messaging app, took 5 years to be accredited by the NHS to be stored on its App Library. It similarly is now adding thousands of new users a day.

“It has taken two and a bit weeks to achieve more than we have achieved in 20 years.”

Martin Marshall, Chair, Royal College of General Practitioners. April, 2020.

Industry is rightly hopeful that this surge in demand for technology and apps heralds a watershed moment for the NHS.

Back into the community

The NHS typically has 20 to 30% of its patients fit and able to leave hospital but who are unable to do so due to a lack of social care support. This is a faultline in UK healthcare that can be traced back to the decision in 1948 to divide health and social care. It certainly has not been solved overnight, but in response to the critical need to free up beds, the NHS simply rewrote its discharge procedures in March.

Where safe and appropriate to do so, patients who no longer needed a bed have been discharged that very day. Community services, who have borne the brunt of thousands of early discharged patients, have in turn adapted to provide care at a scale and pace previously not seen. One NHS Chief Executive in Barnsley highlighted how his community services had made nearly 5,000 at-home visits to frail and vulnerable patients, conducted 10,500 video or telephone consultations, redeployed 150 members of staff and created a 25-strong rapid response team.

This flexibility highlights an additional important factor for the future NHS: it has redesigned ways of working and patient pathways almost in real-time to adapt to the unprecedented challenges it faced. Healthcare will always, rightly, be heavily regulated but where the NHS has used its intuition it has often delivered enhanced patient care by attacking the ‘red tape challenge’ that we so often hear politicians espouse.

NHS of the future

It now seems certain that the NHS will successfully navigate the initial peak of COVID-19 cases. Only one month ago, this was by no means a certainty. The failures in preparedness will be for another day a, inevitably, a public inquiry. That the NHS was not overwhelmed – the stated aim of the government’s strategy – is in large part due to it adapting to an unprecedented challenge when it was needed most.

This has been made possible due to the skill and commitment of NHS staff, but also their willingness and ability to bypass or rewrite ossified regulations, build additional capacity, relieve short-term pressures, upskill staff, embrace innovative new technologies, work in partnership with the independent and private sectors, and bridge the historic boundaries between health and social care.

Serious and long-term questions remain about its funding, capacity and workforce. The NHS entered this crisis with only 141,000 hospital beds and 7 intensive care beds per 100,000 population. Most advanced healthcare economies have reduced bed populations in recent years, though the UK has fewer compared to comparable healthcare systems.

Similarly, to borrow the war rhetoric so often deployed, if the NHS was an army it would have entered the COVID-19 crisis with severely depleted ranks. It is running a vacancy rate of 8% which is simply unsustainable, particularly with an exhausted and stretched workforce now having to deal with COVID-19 and routine treatments.

The current crisis will lead to long-term and far-reaching reform of the NHS which was never envisaged nor designed by policymakers.

NHS leaders are clear, though, that they wish to preserve what has gone well – and that the NHS “should never go back”.

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