

Post-COVID care

Opposition Day debate, Wednesday 24 June 2020

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in voluntary membership, collectively accounting for £87bn of annual expenditure and employing more than one million staff.

Key points

- Coronavirus is putting the NHS under unprecedented strain at a time when demand for health and care services was already at an all-time high. Despite these challenges, trusts across the acute, community, mental health and ambulance sectors have achieved an extraordinary amount over the last few months.
- From expanding critical care capacity and the number of staff who can look after critically ill coronavirus patients and diverting planned care for patients, to placing services online, creating 'mental health A&Es' for patients in crisis and swiftly developing capacity to support rapid discharge of medically fit patients into the community, trust leaders are rightly proud of the significant transformation by the NHS to meet the demands the pandemic has placed upon it.
- Now that the NHS has successfully negotiated the initial peak of COVID-19 related demand, the NHS will need to strike the right balance between coping with COVID-19 related demand and meeting 'ordinary' healthcare demand.
- Trusts have worked hard throughout the pandemic to ensure that both those with, and without COVID-19, continue to receive the care they need. Trusts are acutely aware that ordinary healthcare demands have not simply vanished while the country is dealing with this virus.
- However, we need to be realistic both about what trusts can deliver and how quickly, acknowledging that re-starting services is going to be more complicated than stopping them

and focussing on creating emergency capacity in crisis mode. It will not be possible for trusts to do everything at the speed we would all like: effective prioritisation will be key.

Balancing COVID and non COVID demand

Trusts will have to cope with a growing backlog of cases stemming from both the postponement of operations and pent up demand which has arisen during the crisis. One study suggests that the pandemic has led to the cancellation of an estimated 516,000 surgeries, including 36,000 cancer procedures¹. Although the waiting list has actually reduced in recent months following a drop in referrals, trusts know this reflects unmet demand. Capacity for delivering “normal” services will be impacted by the need for trusts to allow staff time to recover from the first wave of virus, and many trusts will need to keep staff in reserve to cope with a potential second peak. We will shortly be publishing survey findings on trusts’ perceptions on managing capacity and views on establishing a ‘new normal’ for the provider sector.

Maintaining surge capacity

The NHS is going to have to deal with unknown, ongoing levels of COVID-19 related demand at the same time as fully restarting ‘ordinary business’. Trusts will need to be prepared for further waves of COVID-19 and it will be necessary to retain ‘surge’ capacity (for example, ensuring there are enough beds to cope with another wave and that staff vital to managing COVID-19 demand can be redeployed again at short notice).

The need for hospitals to have COVID and non-COVID areas, restricts capacity and productivity for day to day work in many trusts. Wards and operating theatres may need to be kept aside for surge capacity. Whilst it is possible to quickly turn areas into, for example, critical care capacity, mental health trusts will face difficulties separating COVID/non-COVID patients in often outdated estates. The requirements for Infection, Protection and Control (IPC), deep cleaning and physical distancing will impact productivity in all health and care services from the ambulance services, to community-based care and acute hospital care.

¹ BJSS Journals, May 2020, [Elective surgery cancellations due to the COVID -19 pandemic: global predictive modelling to inform surgical recovery plans](#)

Winter pressures

Trusts are also concerned about a difficult confluence of any potential spike in COVID demand with traditional winter pressures. Preparations for winter demand will soon be underway and so trust leaders are urging the Government to consider factors such as winter and the flu season when planning their longer-term strategy. Avoiding another spike in the virus at this time will have a critical impact on trusts' ability to cope with the normal stresses and strains of winter. Alongside these winter pressures, providers will need to manage the backlog of non-urgent elective surgery which was put on hold at the outset of the pandemic.

Creating extra capacity in the health service

On March 21, NHS England struck a comprehensive deal with the independent sector, helping trusts to increase their capacity rapidly.² 18,700 extra clinical staff, 1,200 ventilators and 8,000 extra beds were made available, and private sector capacity was also used to help the NHS deliver other urgent operations and treatments. Trusts welcomed this supportive and collaborative partnership with the independent sector. We believe there is a strong argument to contract this capacity for a further period of time, particularly as we approach winter and the possibility of a second peak. Trusts will also be facing a significant backlog of cases from both postponed treatments and from those which have emerged during the pandemic. Extra private sector capacity could help to alleviate the pressure on NHS trusts by treating those non-COVID patients waiting for routine treatments and operations. As well as private sector capacity, trust leaders welcomed the extra capacity created by the Nightingale and Seacole hospitals and believe that maintaining this extra capacity for the rest of the year is crucial.

Workforce capacity

It is crucial to recognise the needs of frontline NHS staff, who have been working tirelessly to care for COVID-19 patients every day. Trust leaders are acutely aware that many of their frontline staff are exhausted from dealing with the first wave of the pandemic. While it is vital to ensure patients who need care can access it, this must be balanced with a need to support an exhausted healthcare workforce. Trust leaders are concerned that it is unrealistic and unfair to expect healthcare workers to go from coping with one crisis to working flat out to manage the backlog of care that has arisen during the pandemic. Steps must be taken to ensure, protect, and maintain staff resilience: consequently, trust leaders are doing all they can to ensure support is available for staff.

² NHS England, 21 March 2020, [Press release](#)

Addressing pent-up demand

Trusts are deeply concerned at the marked drop in demand for key services such as A&E attendances, cancer diagnostics, neurosurgery and urgent cardiology services they have seen since the outbreak of the virus. Trusts are receiving fewer referrals from general practice for conditions such as suspected cancer. For example, one trust chief executive told us their trust would normally diagnose around 20 colorectal cancers a month; however, in March, they diagnosed none. Figures suggest that people are staying away from A&E, either because of fears of catching the virus or because they do not want to overburden the service. Trust leaders are concerned that decisions not to seek help could lead a delay in diagnosis and deterioration in people's overall health.

Trusts recognise that the "pent up demand" from patients who are not currently presenting or being referred, means they will see significant numbers of patients come forward in the future. The fact that it is very difficult to plan for when these patients will present or be referred is another significant problem in effectively managing the restart of planned care. Trusts welcomed the launch of NHSEI'S launch of the "Help us help you" campaign to make sure people know the NHS is there for those who need it during the pandemic, encourage them to seek help if they are unwell, and avoid delays in getting treatment for serious conditions.³ We would encourage further national level communications with the public on this issue to assure the public it is safe to use the NHS.

Mental health services

The reported drop off in demand since the outbreak of COVID-19 is not limited to the acute sector. Mental health trusts also report that they have seen a significant fall in the number of referrals for services such as CAMHS and IAPT. However, there has been a rise in the number of people presenting in crisis. One mental health trust told us they had seen a reduction in referrals from GPs, but a rise in young people presenting in crisis or having attempted suicide. Trusts are anticipating a significant increase in the demand for mental health services, as people grapple with the economic consequences of the virus, as well as the social and psychological impact of a prolonged, and as yet, undefined period of lockdown and social distancing.

Key to meeting the extra demand for mental health services will be ensuring appropriate funding is available. Mental health trusts have consistently expressed concern that extra mental health funding

³ <https://www.england.nhs.uk/2020/04/help-us-help-you-nhs-urges-public-to-get-care-when-they-need-it/>

has not reached the front line in the way intended and it will be vital to ensure that the required expansion in service provision is fully and promptly funded, on a sustainable basis.

Personal Protective Equipment (PPE)

The provider sector has faced significant challenges during the outbreak, with the supply and distribution of Personal Protective Equipment (PPE) and capacity for testing being particularly problematic. Most trusts report that they are now receiving the right PPE when they need it, but supply is not as consistent and reliable as it needs to be. We would welcome more clarity from the government and health leaders as to when trusts will be given a guarantee that they will have access to 14 days' worth of all PPE supplies in order to safely restart services. This is critical in enabling trusts to plan for those patients being asked to self-isolate for 14 days prior to a planned operation, and vital in enabling trust leaders to plan better to protect their staff and meet future demand for a wide variety of services.

It is vital to ensure that following the secretary of state's announcement on Friday 5 June that all NHS staff, including back office workers, will be required to wear type 1 and 2 masks⁴, sustainable supplies are secured. We welcome moves by the government to secure extra PPE, including the manufacture of 70 million FFP1 and FFP2 masks in the UK over the next 18 months,⁵ but given the rate that trusts will go through masks, it will be vital to ensure sufficient supplies are available when trusts require them.

Testing

The government has been slow to develop an effective, coordinated strategy for testing despite all the work delivered by trusts and the NHS. It is one key area where trust leaders would have liked the health and care system to have been able to perform better as part of the response to COVID-19.

A fit for purpose test and trace programme is vital to guard against a second spike in cases as lockdown measures are eased. Currently, challenges remain to ensure rapid, regular and reliable testing for all patients and staff as part of restarting NHS services, and to create local surge capacity that can respond effectively to protect local communities in the event of local outbreaks.

⁴ Department of Health and Social Care, 5 June 2020, [Press release](#)

⁵ Department of Health and Social Care, 15 May 2020, [Press release](#)

We have welcomed the appointment of Baroness Dido Harding to lead new NHS Test and Trace system and have highlighted the following remaining challenges to her:

- Issues still exist with obtaining routine tests for staff and patients. Without systematic testing of patients and staff, it will not be possible to safely get services up and running for patients who need physical treatment on an NHS site.
- Trust leaders remain unsure as to how the new NHS Test and Trace service, which requires individuals who have been in contact with a person who tests positive for coronavirus to self-isolate for 14 days, will apply to NHS staff who work in environments with COVID-19 patients. This could result in entire teams being off work for weeks, thereby jeopardising service delivery.

Trusts leaders tell us they need the following:

- external testing support and details on when this will happen and how quickly.
- clarity on when the turnaround for test results to be processed will routinely be 24 hours for symptomatic patients and staff – currently the turnaround time for some health and care providers is three to seven days.
- Clarification on whether testing capacity is being made available to support a range of services to recommence, or whether certain services are being given additional priority.

NHS Providers' view

Retaining vital capacity for a possible second peak later this year will be challenging. Trusts will need to strike a balance between resuming some routine services and keeping sufficient space and staff on standby for a subsequent wave of COVID-19. Trusts are keenly aware of their responsibilities to restart 'ordinary' business but managing day-to-day demand alongside a stream of COVID-19 patients, and maintaining surge capacity, will be complex, difficult and challenging, and will require effective prioritisation.

Community service, ambulance and mental health providers have played a key role throughout the pandemic, harnessing innovation to deliver for patients in their own sectors, as well as freeing up space for critically ill patients. However, we need to be aware of the pressure facing these services, particularly given the pent-up demand that the NHS is going to face when services resume.

Whilst the initial wave of demand has lessened in acute hospitals, capacity is hugely stretched in community services and mental health providers are already beginning to report a significant increase

in demand. It will be vital to ensure the NHS is sufficiently prepared to manage pandemic related demand alongside the flu season and typical winter pressures.