House of Lords debate: Role of primary and community care in improving patient outcomes and the need for reform

8 September 2022

The Community Network is the national voice of NHS community providers, hosted by the NHS Confederation and NHS Providers. We support trusts and not-for-profit organisations providing NHS community health services to deliver high-quality care by influencing national policy development, sharing good practice, and promoting a vision of integrated care in the community.

Key points

- Community and primary care services have a key role to play in delivering care close to home, enabling people to live well and independently in their local communities and helping to prevent the deterioration of health and wellbeing.
- Throughout the COVID-19 pandemic, community services have played a vital role, demonstrating flexibility and resilience in the face of unprecedented challenges.
- We urgently need national action to address community workforce shortages. Community providers are working hard to explore local solutions but this must be accompanied by a fully funded long-term workforce plan to meet current and future needs.
- The community sector is grappling with an estimated 1 million people on waiting lists. We urge the government to treat waits in the community sector on an equal footing to backlogs in the acute hospital sector by putting in place sufficient funding and a plan to address them, as well as accelerating work to improve the quality of national data collections in community care.

What are community services?

Community health services play a key role in our health and care system, delivering 100 million patient contacts a year and employing one fifth of the NHS workforce. Community services include:

- adult community services e.g. district nursing and end of life care;
- specialist care for long term conditions such as diabetes and cancer;

- planned community services e.g. podiatry, physiotherapy;
- hospital services e.g. bedded facilities to support treatment, recovery and rehabilitation;
- children's services e.g. health visitors and school nursing; and
- health and wellbeing services e.g. sexual health and smoking cessation.

They also play a vital role in delivering the future strategic ambitions of the health and care system by keeping people well at home, or in community settings as close to home as possible and supporting them to live independently. Both community services and primary care are key to advancing a population health approach – these sectors have unique access to information about local populations, and play an important role in delivering preventative care that can support the reduction of health inequalities.

The impact of community services on individual outcomes and system flow

We know that community providers play a key role in ensuring patients are cared for at home or closer to their home, and that this is better for individuals and their outcomes, as well as for patient flow and capacity across the system. Community providers deliver key services that support the health, wellbeing, and wider outcomes for individuals – for instance, access to children's speech and language therapy can support educational outcomes and social development.

Community services also play a vital role in relieving pressure on the rest of the system, such as supporting the safe and timely discharge of patients from hospital. However, the significant challenges currently facing the community sector are likely to have an impact on other services – for example, if patients are unable to access dental care, physiotherapy or preventative care for long term conditions, they are more likely to present at a later stage and with more complex needs in the acute sector, which in turn increases demand and reduces patient flow through the system.

For those patients in hospital, they rely on the community sector (along with other health and care partners) to manage patient flow through the system, enabling safe and timely discharge, allowing patients to return home as soon as they are ready. However, without the right community and social care capacity in place, delays to discharge can occur. This can negatively impact on patient outcomes and increase care needs as deterioration can occur in the absence of appropriate support and rehabilitation. We understand that work is underway at NHS England to develop a new national rehabilitation strategy that will support an enhanced approach to delivering these services, which play an important role in helping the safe and timely discharge of patients.

Workforce challenges

Having the right numbers and skill mix of community staff is essential to providing high-quality care, keeping people well in their own home or in the community, and reducing additional demand on acute hospitals and other healthcare services.

However, the supply of community staff has not kept pace with increases in demand, and this has been exacerbated by the COVID-19 pandemic. Community service providers are now facing pressing recruitment and retention issues. For example, the number of district nurses fell by almost 43 per cent between 2009 and 2019, despite rising demand for services.

Community provider leaders report significant staff shortages in some key services, including in community district nursing, health visiting, allied health profession roles, speciality registrars, midwives, radiographers, community dentistry and health and care support workers.[1] One community provider leader recently reported a 25 per cent vacancy rate for health visitor posts, while another had a vacancy rate of over 30 per cent for podiatrists (March 2022).

Community health services facing the greatest workforce pressures tend to be those with the largest waiting lists. Our research has found the most affected services include podiatry and children's and young people's speech and language therapy. Community providers report that it will be difficult to address these backlogs within existing workforce capacity and that current levels of workforce shortages will slow down care backlog recovery. In turn, long waits for services in the community create pressure in other parts of the health and care system, and have a wider impact on society and health inequalities.

Our recent report *There is no community without people* sets out a number of solutions that community providers are exploring locally to address staffing challenges, including:

- **Recruitment of new staff:** Expanding and developing new roles in order to attract more staff into the sector; supporting the development of blended roles that span NHS and social care services; developing recruitment partnerships with the further education sector; looking at opportunities to broaden the talent pool by recruiting staff from outside the existing NHS workforce; and working more collaboratively with partners to promote community service careers.

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[1] There is currently no publicly available breakdown of NHS vacancy data for community roles.

- **Retention of existing staff:** Developing career pathways to support the retention of staff working in the community sector; and putting more funding in place for community providers to deliver training and development opportunities.

However, it is vital that these solutions to the workforce challenges are supported by a fully-funded and costed national workforce plan to meet existing and future demand for healthcare. This is particularly true given the emphasis in the NHS Long Term Plan on care delivery in the community.

Tracking and tackling backlogs in community care

The NHS is striving to tackle care backlogs across the acute, mental health and community sectors. There are a record 6.7 million people waiting for hospital treatment. These efforts are being supported by political prioritisation and national funding. The Elective Recovery Plan was announced in February 2022 to tackle the waiting lists for elective care, and includes ambitions to deliver 30 per cent more elective activity by 2024/25 than before the pandemic and to eliminate waits of longer than 12 months by 2025. The plan builds on previous funding announcements to support elective recovery – including £8 billion revenue funding between 2022/23 and 2024/25 and £5.9 billion in capital funding announced in the October 2021 Spending Review.

There are around 1 million people on community waiting lists but to date, no equivalent focus or funding has been assigned to backlogs of care in the community sector.

Persistent issues with collecting high quality national data on community services is a key factor here. There is work underway to improve national data collection and quality, but this is still a work in progress. These ongoing challenges mean the community sector is not prioritised or held to account to national targets in the same way as other provider sectors. For example, waiting times for treatment and pressures on demand are not routinely captured in national and publicly available data, so it is difficult to demonstrate the scale and impact of the backlogs of care. Yet trust leaders tell us that long waits for community services, like musculoskeletal care, can have long term impacts on those waiting. In some cases, a person's condition will deteriorate further while they wait as their mobility is reduced, and they may need more complex and acute care by the time they are seen.

Furthermore, community pathways are generally not covered by the national referral to treatment (RTT) standards, and are therefore not included in national waiting list numbers. Without this parity, backlogs in community health services will not receive the same national recognition and visibility as other sectors.

Developments in community care

Community providers are working to improve and develop models of care delivery including, for example, by maximising urgent community response services to help manage demand on urgent and emergency care. However, further reform is needed to maximise the potential for community services to support individual outcomes and system flow. For instance, there is an opportunity for places and integrated care systems to invest upstream in prevention and shift more care into the community, and support the development of multidisciplinary neighbourhood teams across primary, community and social care. This is in line with wider strategic ambitions for the health and care system around greater collaboration and delivering more care outside of hospital. This type of reform would also support evolving models of delivering care in the community, for instance through urgent community response and virtual wards, both of which require collaborative working across systems.

Conclusion

The community sector has a key role to play in managing both the physical and mental health needs of local populations and makes an important contribution to reducing health inequalities across society. However, the community care backlog is growing as the sector faces increasing volume and complexity of demand at the same time as considerable workforce shortages. A fully funded long-term workforce plan is a key part of addressing some of these challenges. Furthermore, ensuring that the community sector is given access to additional national support and funding to address long waits and backlogs is vital. Failure to address these issues will likely lead to more negative outcomes for patients and exacerbate existing health inequalities.