25 May 2023

NHS Providers response to 'NHS@75: an invitation to have your say'

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 foundation trusts and 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 England in voluntary membership, collectively accounting for £104bn of annual expenditure and employing 1.4 million staff.

Where have we come from?

1. What features, developments or services of the NHS are most important to celebrate and strengthen as we approach the 75th anniversary?

The seven key principles of the NHS, as set out in its constitution, must continue to be upheld and celebrated:

1. The NHS providers a comprehensive service, available to all
2. Access to NHS services is based on clinical need, not an individual's ability to pay
3. The NHS aspires to the highest standards of excellence and professionalism
4. the patient will be at the heart of everything the NHS does
5. The NHS works across organisational boundaries
6. The NHS is committed to providing best value for taxpayers' money
7. The NHS is accountable to the public, communities and patients that it serves

Together, these principles recognise the fundamental importance of the population's health and wellbeing, the need to drive equity and inclusivity in provision of healthcare, and the responsibilities of the government and NHS organisations towards individuals, communities and taxpayers. They are clear and set a robust standard for public expectations and national commitment.

The most recent British Social Attitudes (BSA) survey of the NHS identifies a drop in satisfaction with a number elements of the service, which is understandable in a context of long waiting times for care. However, the overwhelming majority of respondents agreed that the principles of the NHS should

'definitely' or 'probably' apply in 2022. Nine in 10 respondents backed the principle that the NHS should be free of charge when you need it and over 8 in 10 respondents supported the principles that the NHS should be available to everyone and primarily be funded through taxes.

Drawing on these principles, and as we look ahead and shape NHS provision in the years to come, we therefore need to celebrate and strengthen:

1. The patient: Trusts are working collaboratively and innovating to deliver real improvements in patients' experience of accessing the health and care they need in a timely way, through preventing avoidable admissions, managing demand more effectively, building additional capacity sustainably, use technology to deliver more care in community settings. They are committed to listening to patient and community voices, developing services with their views in mind, and to embedding equality, diversity and inclusivity throughout their work. Patient voices, and the views of the public, must remain central as the NHS evolves in the next period.
2. The workforce: People are the NHS's most precious asset. There are also opportunities for change and improvement. Trusts across the country are continuing to push themselves to do the best for their staff, with innovative and future-facing approaches to workforce planning, management, and deployment. This needs to be backed up with a fully funded, long term workforce plan.
3. Clinical and research excellence: The NHS is a world-leading research organisation. The service has been at the forefront of key medical breakthroughs and has helped make the UK a global hub for the medicines and health technologies industries, stimulating economic growth and opportunity. The NHS is primed to pioneer and capitalise on innovation, particularly in artificial intelligence and digital technology, through its world class universities, and the unique patient datasets it generates as a universal service.
4. The role of the NHS within communities: Working with partners and communities, trusts are maximising their role as anchors in the local community and demonstrating how they can maximise their contribution to social, economic and ecological conditions that can shape good health and reduce health inequalities.

Where are we now?

2. Today, in which areas do you think the NHS is making progress?

The NHS is working incredibly hard to deliver safe, high-quality care in a climate of increased operational pressure and years of constrained funding. We have highlighted below a number of key areas where NHS trusts are making progress in responding to current challenges, but these are by no means the only areas.

Backlog and operational recovery in a challenging context

Despite huge operational pressures through one of the most challenging winters ever for the NHS, which saw record high demand and prolonged industrial action, the NHS is making impressive progress in backlog and operational recovery. For example:

- Trusts virtually eliminated 104-week waits by July 2022 and reduced the number of people waiting over 78 weeks by 91% from the peak September 2021 to April 2023. Many trusts have managed to increase activity, exceeding the 2019/20 activity baseline. Alongside the introduction of diagnostic and surgical hubs, implementing improved waiting list management process, mutual aid, sharing lists across systems, and advancing provider collaboratives are just some of the initiatives trusts have taken to improve care delivery.
- In recent months diagnostics activity has increased and in March 2023 the NHS delivered more diagnostic tests than ever before.
- Similarly, activity across the two-week urgent suspected cancer pathway reached an all-time high in November 2022, being 30% greater than the same month in 2019.
- Since the pandemic there have also been surges in demand across urgent and emergency care. At the peak of this, the ambulance sector responded to a significant increase in the most serious category 1 calls – a 44% increase in December 2022 compared to 2019.
- The NHS has made significant progress in improving the collection and publication of data for community services. It has also introduced a response standard for Urgent Community Response (UCR) referrals, and in March 2023, 81% of UCR referrals met the two-hour standard.
- Over 2021 and 2022, mental health services also experienced increases in referrals with the latest data from February showing a rise of 32%. However, services have also delivered more contacts with mental health patients than ever before, with the latest data showing that the NHS is currently in contact with 21% more people than before the pandemic.

Collaborative working

NHS trusts and foundation trusts are at the heart of closer health and care working. They are collaborating to find better ways of working, joining forces with partners to plan and provide for the needs of their communities, improving care for patients and service users. They are doing this both as part of integrated care systems (ICSs), and within provider collaborative arrangements.

Provider collaboration is driving integration and delivering benefits for patients both at scale and at place. It requires commitment, strong leadership and a clear shared vision. It takes time and patience to build the right relationships, to develop and embed collaborative ways of working, and deliver improvements. Collaboration is already having a clear impact. For example:

- For several years, mental health trusts have been working collaboratively to redesign care pathways and improve services. The sector now aims to build on this to improve outcomes and standardise care; reduce health inequalities; improve use of capacity across providers; reinvest efficiency savings into community services; and shift to a population perspective when designing services. Mental health provider collaboratives will also have an important role to play in ensuring mental health is embedded as a priority in system decision-making. Some mental health collaboratives are looking beyond service delivery and at wider organisational management. For example, the South London Mental Health and Community Partnership's nursing development programme has resulted in a 5% increase in nurse retention rates.
- Clinicians are working together to develop shared clinical strategies with an emphasis on improvement and standardisation, while some acute collaboratives are already delivering specific priorities for the ICS. Many acute provider collaboratives are also considering how to improve equity of access to timely, high-quality services for their whole population. Trusts are building on each other's capabilities, understanding that, by playing to each other's strengths and working at scale, they are better able to deliver tangible improvements in efficiency, safety and quality for patients.
- For specialist trusts and providers delivering cutting-edge specialised services to often relatively small numbers of patients across large geographic footprints, collaboration offers a number of opportunities. In particular, there is an opportunity to create communities of clinicians operating in individual trusts and support them to share practice in a systematic way that drives up standards and quality of care and foster a professional environment which supports clinical research and innovation. There is also potential to explore new approaches to deploying highly skilled staff across larger geographies, thereby improving patients' access to specialist care. Furthermore, there is scope to redesign clinical services, transforming pathways of care, and driving education and research across regional footprints, and potentially taking on some commissioning functions.
- Collaboration between community providers has been developing with similar aims to other sectors; to reduce unwarranted variation across services, share best clinical practice and support transformation of services. In many areas, a patchwork of service offers exists, and collaboration at scale presents an opportunity to address the variation in community service provision that can result. As well as collaborating horizontally, community providers also have a significant role to play in vertical collaboratives with wider system partners across primary care, acute and mental health. Some ICSs, such as Sussex ICS, are setting up community and primary care collaboratives at system level to provide a coherent voice for 'care in the community' and ensuring services are sufficiently prioritised in planning and funding discussions.

- Ambulance trusts already operate across several ICS footprints, giving them a unique region-spanning viewpoint. Ambulance trusts are well placed to participate in, and lead, some provider collaborative programmes where it makes sense to do so, such as reducing unwarranted variation in access and quality. In particular, in the urgent and emergency care pathway there are potential improvements which will provide a more integrated experience for patients, which will require collaboration between acute, ambulance and community trusts as well as wider system partners such as social and primary care. For example, Yorkshire Ambulance Service NHS Trust is working as part of the Northern Ambulance Alliance to embed integrated leadership teams within all three ICSs it works across to ensure there is shared knowledge about 999, 111 and other urgency and emergency care protocols. National guidance suggests that ambulance trusts have a role to play in provider collaboratives because of their rich knowledge of local populations, and their experience of working closely with partners. West Midlands Ambulance Service University NHS Foundation Trust is looking to realise the benefits of sharing population health data with partner trusts to help prevent patients needing to be admitted to hospital.
- Trusts are also embracing new models of care with primary care partners – involving a range of models including trust oversight of general practice, engagement with primary care networks or large scale primary care providers. They are equally committed to working closely with local authority partners, including to develop multi-disciplinary teams across mental health and social care.

The focus on health inequalities and trusts' role as anchor institutions.

As anchor institutions, trusts can improve the social, economic and environmental conditions for their local communities, in turn improving population health and reducing health inequalities. System working provides an even greater opportunity for trusts to deliver on these ambitions. That the mission to address health inequalities has been woven into primary legislation in the Health and Care Act 2022 and is embedded into operational guidance such as the elective recovery plan, has been welcomed by trust leaders, and progress is already being made in reframing the way care is delivered in local communities and prioritising tackling health inequalities.

3. Today, in which areas do you think the NHS most needs to improve?

The pressures currently facing the NHS can be traced back over the last decade as the result of five long-term fault lines:

- the longest and deepest financial squeeze in NHS history;
- a growing mismatch in capacity and demand resulting in pressure on national performance standards;

- staff vacancies and the need for better workforce planning;
- an underfunded social care system in need of reform; and
- a health system which is arguably predominately designed around treatment of patients, rather than prevention and early intervention.

These are the areas that politicians will need to grasp and address to enable the NHS to thrive. We need to see a fully-funded long-term workforce plan to recruit and retain staff, capital investment, proper investment in preventive healthcare and social care reform. Historical underinvestment in social care has a serious knock-on impact on the NHS, creating additional pressures on the health service.

4. What are the most important lessons we have learnt from how the NHS has been changing the way it delivers care in the last few years?

The extreme challenge of the Covid-19 pandemic necessitated a number of changes to how the NHS worked. Some of those changes have the potential to be helpful beyond the pandemic context. For example:

- The Covid-19 pandemic prompted a cultural shift in the NHS, with more support for staff, flexibility to innovate and work together with system partners, and make processes more efficient.
- Trust leaders told us how they valued the flexibility granted to make decisions locally. This ability of the NHS to refocus its efforts and resources was vital in the approach to managing the pandemic.
- Trusts led the way in innovating so that they could continue to meet people's needs at a time of pressure, this includes innovations such as using technology to roster staff and maintain critical services, and adopting new ways of working to ensure staff are supported and engaged during the pandemic.
- Many trusts expressed support for the way regulation and oversight and bureaucracy was pared back during the pandemic, particularly the first wave to allow trusts to focus their efforts on responding to Covid-19.
- The move to collaboration, integration and local accountability has brought significant benefits and opportunities to deliver better care for patients and service users
- Investment in staff-led improvement methodologies has also proven its worth. We look forward to the further promotion and development of NHS Impact in support of the ethos of improvement.

More broadly, system working and the development of provider collaboratives are supporting changes to the way care is delivered, with trusts working in partnerships across local areas to deliver care close to home, address health inequalities, and reduce unwarranted variation in service delivery.

Progress has also been made to challenge the stigma of mental ill health, increase awareness of the need to improve care and begin to tackle the lack of equity in terms of treatment and access to mental health services. More individuals are accessing mental health care and treatment than ever before thanks to new services and higher levels of investment. Trusts are doing all they can to help to expand services and provide the best possible care with the staff and resources available. System working provides an opportunity to further pursue equity of treatment for people with mental illness. Mental health trusts now have the opportunity to plan with health and care partners across their systems to work out how, together, they respond to the mental health needs of their local populations in the decades to come.

Above all, it is important to recognise the extraordinary hard work, commitment and resilience shown by the NHS workforce. The Covid-19 pandemic was the biggest challenge in the history of the service, requiring staff to work at increased risk and in vastly different ways. This overhaul in priorities and ways of working, coupled with growing service demand and a care backlog requiring the NHS to run just to stand still, has led to understandably high rates of staff burnout, early retirement, and sickness absence. It is vital to support staff to stay well and stay in the NHS. Along with pay, there should be a focus on improving staff wellbeing and making the NHS a great place to work. Key themes include new ways of working, race equality, speaking up culture, excellent management, staff empowerment, wellbeing, recruitment, retention and collaboration. We would hope and expect that national and local focus will remain on supporting staff, driving the innovation and improvements in patient care which are within the NHS' gift, and ensuring compassionate and inclusive leadership is seen at all levels.

How can the NHS best serve people in the future?

5. What do you think should be the most important changes in the way that care is delivered, and health improved in the coming years?

The Covid-19 pandemic has widened pre-existing health inequalities across society and acted as a catalyst for a renewed policy focus on tackling health inequalities. There is an opportunity to build on lessons learned from the pandemic and to build on the new collective emphasis on reducing inequity in access to healthcare services, experience and outcomes. Trusts acknowledge their role in rising to the challenge of improving health inequalities, especially those which persist in their services, but

would like to see national leaders recognise social inequalities which perpetuate worse health for the most marginalised communities.

It is important to take a holistic view of people's health, recognising that health is shaped by the circumstances people live in, and the impact that quality work, fair pay, housing and education has on the health and wellbeing of the local population.

NHS trusts, in their role as anchor institutions, can work to reduce health inequalities for the people who live and work in the places they serve not only through the services they provide, but in their role as employers, landowners, and purchasers of goods and services. The move to system working and the statutory formation of ICSs provides an opportunity for trusts, and their systems, to look outwards at their local communities' needs and work closely with other local anchors including councils, the education sector and other major employers, to support better health beyond traditional organisational boundaries.

Quality and safety need to be actively upheld and promoted as central to care delivery. Trusts and staff need to be empowered and supported not just to better manage day-to-day pressures but also to continually focus on how to improve the way they deliver care in the future. Within NHS organisations we need cultures of openness and transparency so that staff and patients feel empowered to raise concerns and are reassured that their concerns will be acted upon – while also needing to learn from when care goes right, rather than just learning from when things go wrong.

6. What would need to be in place to achieve these changes and ambitions?

Workforce

The NHS cannot function without its people – we need to invest in the right working conditions to sustain high-quality care for patients. For years, severe workforce shortages across the hospitals, mental health, ambulance and community services have been trust leaders' number one concern with experienced staff leaving, those on lower pay lured to retail and hospitality jobs and senior staff feeling forced out by pension rules. NHS Providers' State of the provider sector report published in November last year showed that almost all (93%) trust leaders were extremely or moderately concerned about the current level of burnout across the workforce, and eight in 10 (80%) were extremely or moderately concerned about workforce morale. Trust leaders are also deeply concerned about the ongoing industrial action, understanding the reasons why staff are going on strike, and being worried about the impact on their ability to deliver safe care.

Urgent action is needed:

- We need to see negotiation from all parties to end industrial disputes so that the NHS can focus fully on key strategic priorities such as tackling backlogs. We continue to urge the government and unions to find a way through the different disputes.
- The long-term workforce plan is essential to enabling the recruitment of staff the NHS needs and must be implemented in full and properly funded. To ensure clarity and accountability, it must also lay out specific projections and figures. We also want to see a commitment to regularly update the plan, covering health and social care, along with the modelling behind it. We need this plan to create national and local recruitment 'pipelines' for the NHS, reducing the reliance on temporary staff and overseas recruits to plug the gaps.
- Improving staff retention is critical given the impact of operational pressures and burnout and evidence of more experienced staff leaving the service early.
- Full implementation of the recommendations in the independent report by General Sir Gordon Messenger and Dame Linda Pollard, Leadership for a collaborative and inclusive future. These recommendations will strengthen and support leadership across the NHS, recognising the important relationship between driving improvement in leadership and management and positive effects on productivity and efficiency.
- Focus on the health and wellbeing of NHS staff. National-level action has to complement and enable local initiatives to reduce stress, improve physical wellbeing and manage workloads. Staff mental health and wellbeing hubs – set up at the height of the pandemic – have had significant benefits and we are concerned about planned funding cuts for this area of work. NHS England's recently published occupational health and wellbeing roadmap (OHWB) is also a welcome step towards national prioritisation of staff wellbeing and empowering healthcare leaders to drive development in OHWB services, but this work is not sustainable without adequate funding.

Investment in social care, prevention and public health

Better support for social care must be at the top of everyone's agenda. The failure to place social care on a sustainable footing has a detrimental impact on patients, communities, staff, and the wider health and care system. While trusts welcomed the £200m package to assist with discharging patients out of hospital and into community and social care settings, they are concerned that this does not offer sustainable solutions. A lack of suitable social care provision was cited by trust leaders as one of the key reasons why demand for children and young people's mental health services is not being met currently. Relieving pressure on the urgent and emergency care pathway and on hospital admissions requires holistic investment across health and social care. As well as improving discharge pathways, it is important to invest in support to help keep people well within the community.

Investment in public health and prevention is vital if we are to address the wider determinants of health and support future generations. Early intervention to ensure people's conditions can be managed and treated at an early stage, can help people remain well for longer and prevent hospital admissions further down the line.

Sufficient funding and investment are needed to maintain and build expertise and capacity where it is needed to deliver public health services. it is vital that over the long-term there is a progressive and sustainable rebalancing of expenditure to increase spending across primary care and community services, as per the original ambitions of the long-term plan before the onset of the pandemic.

Capital investment

There are significant and wide-ranging benefits of investment in health infrastructure. However, many parts of the NHS estate are in extremely poor condition. Trusts need major operational capital investment to drive substantial and long overdue improvements to service capacity, increase productivity, improve the safety and experience of patients and staff, and to prevent the further deterioration of the NHS estate.

Strategic investment is also needed to transform the delivery of healthcare, invest in digital capacity, equipment and modernise the estate. Giving trusts access to adequate strategic capital will deliver the transformation needed to improve patient flow and deliver integrated, high-quality care across the whole system. This requires full consideration of the needs across the acute, ambulance, mental health and community sectors.

As the Public Accounts Committee has recently recommended, the Department of Health and Social Care must publish a long-term capital strategy to meet the needs of a 21st century health and care estate. This would set out how systems are expected to sustainably reduce the capital maintenance backlog, and map out routes for trusts to access capital for strategic transformation of their estate.

7. And finally, do you have one example of a brilliant way in which the NHS is working now which should be a bigger part of how we work in the future?

A focus on organisation-wide improvement over the long term. There are many examples of where this approach is already in place and we are pleased to see the launch of NHS Impact – a national approach to improvement that will be used to support trusts to create the culture and conditions for continuous improvement within their organisations, allowing them to focus on the priorities that matter to their patients and staff, and deliver improvements in experience and outcomes. There are

many places that are already doing this and different approaches to follow. For example, at Leeds Teaching Hospitals NHS Trust, through implementation of improvement methods and empowering staff and patients to co-produce the approach – The Leeds Improvement Method – the quality of care, patient safety and patient experience improved significantly. It also had an impact on financial and operational performance and improved staff experience.

We are pleased to see NHS England has committed to developing a leadership for improvement programme to support trust leaders to embed an improvement approach aligned with NHS Impact, as well as publishing several practical resources. Trusts are clear of the value of a continual improvement approach, but have told us they need support – practical, ongoing support to implement the five components of the NHS Impact approach and in particular, backing to invest over multiple years given embedding improvement is a long-term endeavour, support to build improvement capacity and capability, and a realistic timeline for creating a culture of improvement.