# NHS Capacity During Covid-19 and Beyond

The All-Party Health Group met for the first time in 2021 to discuss NHS Capacity during the Covid-19 pandemic and the anticipated medium to long-term challenges in resourcing the health service.

The event was chaired by Lisa Cameron MP with Chris Hopson (CEO NHS Providers) and Mike Adams (Director RCN England) speaking and providing comments.

**Key messages**

1. The NHS has faced the greatest challenge in its history and it does not end with a drop in Covid-19 cases and hospitalisations. There are long term challenges ahead that we must navigate. This will require investment and innovation.
2. The structure of the health service will be shaped by changes outlined in the NHS white paper of February 2021. Integrated Care Systems will be formalised and act as the model for service delivery. Introducing change and managing this during a time of excess strain on the health care system represents a challenge, however reform could also contribute to efforts to build capacity.
3. The health and social care workforce are physically and emotionally exhausted. Existing staff need a break, and a long-term sustainable workforce plan is needed now more then ever.
4. Plans to address the diagnostic and treatment backlog because of Covid-19 must include effective patient prioritisation and incorporate health innovation. Staff and equipment capacity must be discussed and accurately reflected in plans to address the backlog and in public messaging and expectation setting.

**Current NHS capacity**

1. The NHS has passed the peak of the second wave of the pandemic. However, there are still more patients in hospital then at the peak of the first wave. Intensive care units are still operating well above the level of the same period last year at between 160 and 170% of prior capacity. The way that services are designed and delivered is still dramatically impacted by Covid-19, both positive and negative. We must not underestimate the challenges that the NHS is still facing, in primary and secondary care, in managing the pandemic and delivering the vaccine.
2. The path to restoring services and addressing the backlog in diagnostics and treatment is unclear. Patient pathways, innovation and use of the private sector may all be a part of the recovery. The way forward must be realistic considering workforce and equipment resource, patient safety must be prioritised. This may be further complicated if vaccine delivery is annual or even more regular.
3. The pandemic has highlighted existing gaps in the workforce. Staff isolation, shielding and sickness rates have added to increased patient load and had impacted staff and patient safety. There were 40,000 nursing vacancies prior to the pandemic and shortages in key skills areas for the backlog i.e., radiology, anaesthetics. The workforce during the pandemic has included volunteers and those who have returned to practise, this is not a sustainable long-term staffing solution.
4. The workforce is exhausted and there are signs of post-traumatic stress disorder and burnout. Physical and emotional pressure on staff and students threatens to undermine staff numbers through high rates of absence or leavers.

**The future**

**Workforce**

1. Delivering a vaccination programme, addressing the diagnostic and treatment backlog and running day to day NHS services will require a well-trained, skilled and well supported workforce.
2. The NHS White Paper does not address the workforce. There needs to be a long-term and sustainable workforce plan with a focus on training, recruitment and retention. Push and pull factors on the workforce must be considered including domestic and international recruitment, time to train staff and salaries.
3. Increases in hospital bed numbers, services provided, and equipment will not be effective without the staff to run these services. This must be considered in NHS and government spending plans.
4. The workforce must be fit for the future, considering changes to patient pathways, place of care and health innovation. The moves to digitise many services and patient records must also be reflected in staff skills and current staff may have training requirements.

**Addressing the backlog**

1. In addressing the diagnostic and treatment backlog, resource capacity must be expanded, including resource investment and collaborative working such as continued use of any spare capacity within the private sector. However, there must be the workforce to support this.
2. Pathway redesign, collaboration and health innovation will all be important in restoring services and using the resource capacity available to the best effect.
3. Budget increases to assist the NHS in coping with the Covid-19 pandemic will need to be increased and sustained over the long term to allow for the backlog to be dealt with effectively. Staff and equipment capacity must be discussed and accurately reflected in plans to address the backlog and in public messaging and expectation setting.
4. When considering the backlog in diagnostics and treatment, there must be careful consideration of how the NHS prioritises which patients should be considered urgent. Waiting times are important, but not the only reliable indicator.

**NHS White paper**

1. The white paper published in February 2021 is an opportunity to cement the collaboration in NHS services seen throughout the pandemic and that was taking place informally beforehand. Legislation may reduce barriers to collaboration and add flexibility to local service delivery.
2. Legislation and policy making needs to provide a governance framework and set out responsibilities and accountability in service delivery.
3. Clinical, nursing and allied health care professionals must be represented and included in reform to ensure patient driven and workable outcomes as well as to rebuild trust.

**APHG future work**

The All-Party Health Group will continue to carry out work based on the themes identified in the session as important to NHS Capacity. We will host an event specifically on the NHS white paper as well as an event on the health and social care workforce.

The group will also look for opportunities to feed into the white paper and workforce plans. We will also examine the innovation and pathway changes that have been a positive result of the Covid-19 pandemic and examine how these can be embedded into practise.

**Attendees**

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| **Chair** | Dr Lisa Cameron MP |
| **Speaker** | Chris Hopson, NHS providers |
| **Speaker** | Mike Adams, RCN |
| Attendee | Becky Rice, Policy Connect |
| Attendee | Robert McLaren, Policy Connect |
| Attendee | Rachael Truswell, RCN |
| Attendee | Lawrence Mudford |
| Attendee | Lisa Plotkin, CPOC |
| Attendee | Scarlett McNally |
| Attendee | Sir Paul Beresford MP |
| Attendee | Danielle Frewin, Abbvie |
| Attendee | Gerald Chan, Coloplast |
| Attendee | Roberta Kirosingh |
| Attendee | Mark Loughridge, RCOS |
| Attendee | Tarot Harris |
| Attendee | Fred Dowd |
| Attendee | Gianluca Casali, Johnson and Johnson |
| Attendee | Baroness Masham |
| Attendee | Peter Dowd MP |
| Attendee | Liz Twist MP |
| Attendee | Baroness Finlay of Llandaff |
| Attendee | Kate Hall |
| Attendee | Baroness Walmsley |
| Attendee | Cath Hodgson, BSNA |