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**The NHS in Scotland after the COVID Surge: Now and Next Year**

Following a letter to all NHS Scotland Board CEs and relevant stakeholders, and a subsequent meeting with Scottish Government officials and BMA Scotland representatives (19 May), Scottish Academy was invited (along with BMA Scotland) to set out the issues, concerns, suggestions and observations as the NHS builds back capacity to deal with urgent and routine health care whilst continuing to operate safely in the context of Covid-19. The Scottish Academy and BMA Scotland are committed to continue to work together and each organisation has produced a separate, but complementary initial discussion document.

This document seeks to describe system challenges, principles, and priorities for services within the NHS as we move past the first surge of the disease, when a second surge remains possible, and care must be delivered with COVID19 as a new endemic disease.

1. The Covid-19 pandemic has led to a rapid transformation of services to ensure the clinical needs of patients could be met through a projected surge of very ill patients. This has been remarkably successful in the acute care services but was harder to replicate in community settings such as care homes.
2. However, there is evidence that that patients are not attending with urgent health care needs. In April 2020, for example, Emergency Department attendances dropped by more[[1]](#endnote-2) than half and cancer referrals have dropped by 72%.
3. There is also concern that the elective work that was of less priority is now building up and that there is a risk of increasing indirect patient harm from it being delayed as waiting times become longer. Suspension of screening and chronic disease management has also led to a significant work backlog.
4. There has been a substantial shift to remote medical practice with almost all community secondary care mental health, most primary care consultations and outpatient support for chronic disease management becoming telephone based. This has worked well but will require considerable support to be sustainable whilst social distancing rules remain.

**Where we need to focus our attention/Our areas of concern**

1. **People**

**Our patients**

* The public remain concerned to avoid hospitals and other clinical areas as there is ongoing concern that they will either be bothering a busy system or will be at risk of contracting Covid by attending
* The public may assume services will return to a pre-pandemic model that may not be achievable nor desirable in phase 4
* Mitigating against worsening health inequalities in recognition of the fact that people living in more socio-economically deprived circumstances have been disproportionately impacted by the pandemic in terms of morbidity and mortality.
* The risk of Covid infection continues and will lead to changes in the balance of risks to both patients and staff for all face to face contacts and more specifically for some higher-risk procedures. This will complicate existing systems of patient consent and shared decision making.
* Many patients will continue to be “shielded” or subject to strict social distancing to protect them from infection. This may in turn affect their ongoing health but also need the NHS to adapt services to their needs.

**The healthcare workforce**

* The impact on critical care services and staff during the Covid period has been considerable and is still ongoing. Planning for reintroduction of NHS activity must consider how this relates to use of critical care services which is still stretched nationally.
* The risk of Covid infection continues and will lead to changes in the balance of risks to both patients and staff for all face to face contacts and more specifically for some higher-risk procedures. This will complicate existing systems of patient consent and shared decision making.
* Morale may fall, as tiredness supervenes.
* In particular, more senior doctors >55 years, including those who have returned to medical practice may re-evaluate lifestyle and consider early retirement
* Time for protected personal educational activity, and the training and assessment of others must not be lost or eroded.
* SPA and equivalent time must be protected and enhanced to support the wide range of activities asked of the workforce in education, leadership, research and continued personal development
* NES must reconvene Speciality Training Boards
* Healthcare workers who have worked beyond their job planned sessions during Lock Down must be equitably recompensed in conjunction with the BMA
* There has been a welcome refocus on health and social care workforce wellbeing – this must lead to a permanent reprioritisation of Health Boards addressing the facilities, support and agency of all staff in decision making. The principles of Safer Staffing legislation should guide this change and the performance of Health Boards must include staff wellbeing measures.
* Staff must have clear mechanism to raise concerns regarding their work place and service delivery with clear escalation pathways and Health Board reporting to Scottish Government.
* There must be updated advice to staff from BAME backgrounds and, those who are subject to strict social distancing and those shielding regarding how they should be supported to work safely through the phases of recovery.

1. **The healthcare environment**

* Systems in place in Hospitals and general practice to reduce the risk of infection are time consuming and have led to a dramatic reduction in capacity
* It is now no longer possible for patients to be seated in close proximity in hospital and community waiting rooms, forcing the adoption of new models of care
* Guidance must be issues regarding how healthcare and community settings, including staff rooms, catering facilities and meeting rooms, will operate social distancing.
* There will be required a substantial upgrading of IT facilities to support remote patient contacts.
* It should be recognised that many health workers homes are now their work environment. If there is a second wave or a requirement to self isolate the number of home workers will increase again. Clearer guidance should be developed about supporting home working both in terms of IT resources and connection with colleagues. All NHS doctors should be able to access their workplace desktop at home.

1. **Systems, Processes and Responses**

* A major part of reducing the risk of nosocomial infection is having robust testing processes for staff and patients. This is only just coming into place.
* The NHS was not without problems before the pandemic, including long waits for care, workforce shortages, unsustainable workloads, and concerns for staff wellbeing
* Ensuring we retain the capacity to treat people with Covid-19 and to react to new waves of infection as they develop both in the hospital and community setting.
* IT infrastructure needs updates and replacement to enable reliable virtual healthcare at scale
* Screening programmes have been paused and a backlog of work has built up
* Previous reliance on targets will need reassessed with new measures of success that better capture patient outcomes and overall system performance

**What has already changed, that we can build on.**

* There has been a rapid and effective adoption of remote consulting models such as telephone consulting and NHS Near Me video consulting.
* A new culture of cooperation has led to better communication across the interfaces of care between hospital and the community and between other clinical teams. There has been an increased readiness to use cross specialty collaborative working and systems of interprofessional decision support such as Clinical Dialogue.
* The role and importance of proactive anticipatory care planning has been recognised.
* The existing concepts of Realistic Medicine have become ever more relevant and applicable to clinical care.
* Staff wellbeing is now recognised as being crucial to safe and effective patient care.
* The role of the NHS in care for the socially vulnerable is recognised
* There is a willingness to discuss the effective uses of the finite resources of the NHS
* The public have become interested and engaged in evidence, data and the scientific basis of decision making
* The NHS has never been more valued in its ability to deliver a comprehensive and effective service
* The public have been prepared to volunteer their time and energy for the benefit of society more generally.

**Principles for reintroducing services/Taking things forward, together**

The Scottish Academy endorses the UK Academy of Medical Royal Colleges[[2]](#endnote-3) six principles for restarting the NHS: -

**Principle 1** – There should be clear messaging to the public stressing the need to seek medical help for serious conditions whilst encouraging appropriate self-care

**Principle 2** – Patients should be offered virtual or remote care where safe and appropriate

**Principle 3** – Through a shared decision-making process, patients should be offered evidence based alternative management options, where practical

**Principle 4** – Patients must feel safe and be protected when they need to access direct healthcare in all settings

**Principle 5** – Staff should be enabled, safe and protected to deliver equitable and clinically prioritised care

**Principle 6** – Staff should be supported and provided with training and education that will ensure adequate preparation of current and future staff to deliver services that meet the needs of the population

**Our Priorities for the NHS in Scotland**

**People**

**Our Patients**

1. Re-engaging patients with primary care and willingness to go to secondary care. Publicity and consistent messaging around the NHS being ‘open’; ability to ensure places are safe for patients which explicitly requires them to be safe for staff.
2. A continuation of the public message that the NHS is open to business even if the experience of care may be different and it is still important for people to attend both for routine care and if they have concerning symptoms.

**The Healthcare Workforce**

1. Further work needs to be undertaken to improve the interfaces of care[[3]](#endnote-4) to support GPs and others to provide safe continuing care in community settings and reducing the need for clinic appointments and hospital admissions. This may require a review of existing consultant job plans and IT development to facilitate information sharing and communication.
2. Support for senior leaders must be available
3. Job plans and working patterns that have been changed to respond to the pandemic must not be assumed to continue to operate unchanged to facilitate the reintroduction of increased NHS activity.
4. Ongoing focus on wellbeing must be continued and prioritised as there will be a prolonged aftermath
5. The Occupational Health workforce needs bolstered to support the ongoing impact of the Covid -19 Pandemic on the health of the workforce such as; the use of antibody testing, deployment of staff,  vaccination, and to address the significant Covid-19 related mental health burden.
6. The community workforce needs bolstered to ensure more of a focus on population health and ensure the most appropriate use of the acute sector; the bolstering of community medical and nursing support through redeployment of staff from secondary care should not be excluded from consideration
7. Ensuring medical education can develop and continue so that junior doctors now and in the future are fully able to provide ongoing care.
8. Teaching, education, leadership, and quality improvement are all key to the long-term future of the NHS. There must be resources and capacity for these activities.
9. The burden of 24 hour working shouldered by senior doctors and other individuals in a clinical leadership role during the pandemic response should not be continued to facilitate service delivery alone.
10. We must ensure that we retain senior doctors ( and returners ) within the workforce. These doctors have considerable clinical and leadership skills. A flexible approach to job planning is particularly important in this group.

**The Healthcare Environment**

1. This pandemic has challenged the NHS, Scottish Government, and wider society to adapt and change at unprecedented pace. It is imperative that we learn the lessons from this crisis, so the NHS is even better prepared to deliver care now and in future crisis.
2. Reconfiguration changes developed as part of the response to Covid 19 should be kept under review to respond swiftly to any increase in demand on the workforce whether from Covid or other increased NHS activity. This should be underpinned by high-quality disease surveillance data and workload activity data in primary and secondary care

**Systems, Processes and Responses**

1. There is a clear need for greater capacity of testing, both for antigens for acute infection and antibodies to give an idea of past rates of infection and illness status
2. New testing capacity should be integrated into existing systems to ensure quality control and availability of results both clinically and for epidemiology.
3. Systems need to continue to be developed to enable care for patients with a minimal risk of them contracting the virus.
4. Resources (including time, staff, and equipment) are available to deliver activity, both Covid and non-Covid, bearing in mind the added burden of working within current infection control measures. Many of the highest priority cases will require critical care and capacity to support this and ongoing Covid activity must be available with sustainable working patterns.
5. IT hardware needs to be appropriate to the new needs. This will include fast broadband access, reliable remote access and upgrading computers to run the appropriate software. There will also need to be widespread access to video and audio for remote consulting, with appropriate access to training where required and to accessible and reliable IT support that mirrors clinical working hours.
6. The interaction between health and social care must be more integrated.

**Any policy needs to consider: -**

* What are potential unintended consequences on other parts of the service? (need for pan-NHS response)
* How do we mitigate against the effects of worsening health inequalities?
* How do we bolster interface working? (suggest we fund mandatory groups based on existing best practice)
* There is nothing good about the suffering caused by COVID but it is appropriate to reflect on those things we have learned in the crisis which we can positively take forward. The NHS should always be a safe environment for both patients and staff
* Need for accompanying realistic public engagement around what good care should look like now and the safe and sustainable use of the NHS

The NHS in Scotland, cannot, and should not return to “business as usual”. Considerable progress has been made in a number of key areas, and we must maintain this momentum and build on what has been achieved. Capacity of all health care services over the next 12-18 months will be limited. It is vital that public messaging about this begins now and that the public is fully involved with decision making about priorities for care. Developing the future NHS Scotland requires full engagement and collaborative working between all stakeholders, flexibility, innovation strong leadership and robust workforce planning. Scottish Academy has a vital role to play in advising Scottish Government and is keen to be actively involved.

Dr Miles Mack

Scottish Academy Chair,

May 2020

Further reading; -

Joint Statement on Restarting Planned Surgery <https://icmanaesthesiacovid-19.org/restarting-planned-surgery-in-the-context-of-the-covid-19-pandemic>

FICM position statement on sustainable senior doctor working patterns during COVID-19 pandemic <https://www.ficm.ac.uk/news-events-education/news/ficm-position-statement-sustainable-senior-doctor-working-patterns-during>

1. Public Health Scotland Emergency Care home page accessed 15/5/2020 <https://www.isdscotland.org/Health-Topics/Emergency-Care/> [↑](#endnote-ref-2)
2. Principles for re-introducing healthcare services – Covid-19 <https://www.aomrc.org.uk/> <https://www.aomrc.org.uk/wp-content/uploads/2020/05/Principles_for_reintroducing_healthcare_services_COVID-19_0520.pdf> [↑](#endnote-ref-3)
3. RCGP Scotland Effective Interface module <https://www.rcgp.org.uk/rcgp-near-you/rcgp-nations/rcgp-scotland.aspx> [↑](#endnote-ref-4)