

Developing the long term plan for the NHS

A response from the Academy of Medical Royal Colleges

Context

The Academy of Medical Royal Colleges (the Academy) has been asked by NHS England to aggregate the views of its 24 members from across the medical royal colleges and faculties.

This document sets out a high level response and the separate Appendix - *Speciality specific recommendations* - sets out individual recommendations from its members.

Introduction

The Academy is pleased that the Government has pledged increased investment in the NHS [announced in June 2018]. It also welcomes NHS England's call to colleges, faculties and the wider clinical community to help shape a long term plan to deliver improvements to the way the NHS delivers care.

Overall priorities

The Academy believes that the overall objective for NHS England's strategy for the next 10 years should be to secure equality of access to health and care services across the population and wider health spectrum while focussing on reducing unwarranted variation in both processes and outcomes.

This goal should be used as a benchmark against which to judge proposals for activity and spending.

This will mean concentrating on:

Preventing ill-health – especially among children and the more deprived sections of society

There is clear consensus across the Academy and indeed the whole of health and social care that the future success of the NHS will be dependent upon effective prevention and supporting wellbeing. Colleges and faculties believe that there must be a greater emphasis on and investment in, prevention.

Helping people to stay well benefits everyone and supports the future sustainability of the whole health and social care system. While investment in the NHS is welcome, doing so at the expense



of public health is a false economy. The cuts to local authority public health budgets are likely to increase costs to the NHS in future. Conversely, investment in public health will save the NHS money.

Public Health England and the Faculty of Sexual and Reproductive Health point to evidence that every £1 spent on contraceptive services saves the NHS £9. The Academy believes that any strategy for the NHS, which does not put public health at the heart of its activity, will ultimately fail.

Improving clinical outcomes

More focus should be given to improving outcomes and standards rather than achieving targets. Although the Academy's preference lies in measuring outcomes, targets should not be abolished altogether and do provide a useful measure or proxy in some cases.

The Royal College of Emergency Medicine states that with the right level of investment, the four-hour target, although not a measure of clinical quality, remains a good objective that can accurately measure performance and contributes to patient experience.

Improving clinical outcomes can be achieved by focusing on guidelines and minimum standards as outlined by NICE and the medical Royal Colleges.

The Royal College of Ophthalmologists recommends that NHS England mandates national adoption of NICE guidelines for all specialities.

Reducing inappropriate care and unwarranted variation – across all health, geographical and social areas

The Academy has long championed the need to reduce waste and over medicalisation, most recently through its flagship initiative, Choosing Wisely. All specialities can point to cases of unnecessary tests, treatments and procedures all of which impact negatively on patients and the wider system. Choosing Wisely calls for a patient centred approach which improves the conversations between patients and their clinicians. Shared decision making, which considers in more detail patients' preferences, social circumstances, as well as the harms and risks of intervention, has been shown to significantly reduce inappropriate and unnecessary intervention.

The Royal College of Anaesthetists recommends that 'clinically appropriate alternatives to surgical treatment, including the option of no surgery' should be explicitly discussed with all patients before referral onto a surgical pathway.'

Other programmes such as iRefer created by The Royal College of Radiology and the Getting It Right First Time (GIRFT) initiative also support better clinical outcomes and reduction in inappropriate care and variation. A roll out of iRefer, which streamlines diagnostic pathways and supports the use of appropriate referrals and tests in radiology, should be considered as part of the strategy. In addition, further expansion of the GIRFT programme would be welcome by colleges and faculties.

Integration of services – primary, community and secondary care with social care services

The integration of services across all care settings could be the single greatest contributor to the improvement of patient care and experience. A person's care is often delivered across different settings in a fragmented manner that can be difficult for patients and their families to navigate. This can result in unnecessary cost through duplication of service provision, errors and delays in transfer.



While the Academy supports the principles behind Sustainability and Transformation Plans and Integrated Care Systems, any future investment into new care models must be based on evidence and data.

In addition, significant investment in community and social care services must be delivered prior to the reduction in hospital activity. Additional funding to support this transition is essential to its success.

To facilitate the integration of services, a number of changes and investments must be made to the system.

First, an effective and efficient IT system must be developed. It needs to link primary, community and secondary care and be truly trusted by patients and the public.

Second, there must be fundamental reform of the payment system, which currently rewards activity rather than outcome.

Critically, colleges and faculties are concerned about the absence of social care within the plan. This demonstrates how far we are from a truly integrated system in policy, as well as practice. The NHS and social care (similarly public health) are inextricably linked and should be equally addressed in any strategy.

Clinical priorities

NHS England has set out five clinical priorities:

- Cancer
- Mental health
- Children's services
- Cardiovascular and respiratory
- Health inequalities.

The Academy believes that as set out, the clinical priorities list should be underpinned by the need to reduce health inequalities and it should not be a priority on its own account. While not disagreeing with the principle of having a list of clinical priorities per se - they should be selected where there is clear evidence that there are health inequalities either regionally in terms of access, or internationally in terms of failing to meet global standards. In other words, health inequalities should be the rationale that underpins inclusion on the list and drives improvement and not simply a separate item.

If NHS England accepts this approach, the Academy strongly supports the Royal College of Obstetricians and Gynaecologists and the Faculty of Sexual and Reproductive Health which argue that women's health should be a priority. Public Health England has published evidence showing women's health is worse than most of our European counterparts. One example is the sharp decline in cervical screening, with all the UK's regions falling short of the national target of 80%.

This is a cause of serious concern and the inclusion of women's health on the list should be a priority in terms of effort and resource.

Organisational and service priorities

The Academy believes that there are two clear organisational and service priorities for the NHS, which would improve outcomes for patients.

First, the integration of services through the development of primary and community-based services. Integration is a key priority for all colleges and faculties and is addressed above. Although each healthcare setting should be developed to suit the needs of its population, it is clear that General Practice will be fundamental in supporting the move away from acute settings and into the community. The success of this will be dependent on sufficient investment.

Second, the payment system, which currently creates perverse incentives and are an impediment to the delivery of truly patient-centred care and good clinical outcomes, must be fundamentally reformed.

A payment system which rewards activity rather than outcomes does not encourage multi-disciplinary collaborative work and instead leads to over-intervention and over-medicalisation.

Enablers of Change

The following enablers of change are required to deliver and support better care. They are cross-cutting and need to be resourced:

- Digital health and Information Technology
- Prevention
- Workforce
- Supply
- Appropriate roles
- Valuing staff
- Education and training in its broadest sense including culture and environment
- Headroom for change.

Staff are the engine which powers the NHS and the vast majority of NHS budget is spent on its workforce. Addressing the current challenges facing recruitment and retention should be fundamental in any strategy.

Staff shortages directly affect the quality of patient care and increase avoidable and excessive costs on agency workers.

Workforce shortages and unfilled posts add pressure to the current workforce making it more difficult to retain. Staff, particularly doctors in training, feel overworked and undervalued. When surveyed, junior doctors often say they feel unsupported, that training can be poor, they have unsatisfactory working conditions and want more flexibility. This does not only apply to trainees and newly qualified doctors – the number of doctors retiring early citing similar reasons is also increasing.

The future workforce is an increasing anxiety for Academy members – there is an overall feeling that Government and national bodies are not giving it the focus and prioritisation it deserves. Uncertainties around Brexit increase the urgency and the potential risk to the NHS.

Supporting the whole system

The Academy is aware that health and care works as an interdependent system reliant on the effective working of many different component parts. It recognises too, that if the NHS is to deliver better outcomes for patients, the following areas should be addressed in the plan:

Social Care

The Academy has already addressed its concerns in relation to the absence of social care in the long term plan for the NHS. The Academy is committed to supporting colleagues in the social care sector and believes, as publicly stated in 2016, that any increase in funding should prioritise social care.

The pressures on healthcare will not abate unless adequate social care provision is provided.

Capital funding

The Academy acknowledges that the increase in funding must be prioritised somehow and invested in areas which will produce better care for patients. However, capital funding in certain areas can have wide-ranging benefits at relatively small costs. For example, colleges and faculties conducted a significant amount of engagement work following the junior doctors' strike in 2016. It was clear that not all their concerns were in relation to their contract but also their working conditions. A lack of suitable rest facilities as well as spaces which support learning and study were highlighted numerous times.

Minimum standards for the working environment for all NHS staff should be considered.

Public Health

The ongoing cuts to public health present a risk to the NHS and its future ability to meet demand.

The Academy is disappointed that the increase in funding will not support Local Authority public health budget. This creates a false economy.

Training

Health Education England's budget pays for junior doctors training, the infrastructure of postgraduate medical training and education and training across the whole workforce.

Attempts to fundamentally change the way we deliver care – moving from hospitals into the community – requires significant changes and greater flexibility to the way we train doctors.

The expansion of medical school numbers is going to lead to greater training costs and we would expect HEE to receive the appropriate funding to order to do this.

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