CEO briefing: additional NHS funding

In June 2018, Prime Minister Theresa May announced a 3.4% funding increase for NHS England\(^1\). At the same time, Ian Dalton, CEO of NHS Improvement (NHSI), challenged health leaders to reduce the number of patients spending over three weeks in acute hospital settings in 2018/19\(^2\). We welcome both interventions: in this short paper we set out recommendations for making the NHS’s response count – using the new funding to solve problems in radical ways that move beyond the status quo to create a step change in patient experience.

Solving Dalton’s challenge is the wise place to focus funds this year. Many of the factors that underpin the stubbornly high numbers of acute patients staying over 21 days in hospital reflect broader reasons for current under-performance in the NHS. The root causes range from poor communication and lack of coordination between system partners to too few domiciliary carers and community beds, from inconsistent processes within hospitals to contentious funding arrangements between organisations. We need to find new ways to resolve these issues and galvanise NHS teams to adopt a fresh perspective, to create meaningful change for patients.

1. Use a challenge to tell a better story

People and systems work better together when they are united behind a good story. The Olympics are a good example of this: people come together to deliver a great Games. In another example, prior to 2000, Industry used fears over the Millennium bug to implement wholesale technology upgrades.

In the next nine months, the UK will undergo one of the most momentous changes in its recent history as it exits the EU. There is huge uncertainty associated with this change. The NHS – one of the anchoring national institutions on which the UK prides itself – can use this opportunity to create a galvanising story for 2018/19, demonstrating how it will create value for the country and unite different populations in tackling this change effectively.

So what’s the story? It’s about working together in 2018-19 to create an NHS which is fit for this new world. For example, heads of NHS organisations must show value-creating leadership by working together to build the resilience required for EU exit in March 2019. There are practical risks that require system collaboration: is there contingency to address workforce shortages? Are medical research partnerships strong enough to overcome obstacles to collaboration? Is the medicines supply chain sufficiently robust to deal with potential interruptions? Is there a plan in place for

\(^1\)https://www.hsj.co.uk/finance-and-efficiency/nhs-gets-34pc-a-year-in-major-new-funding-deal/7022674.article

continuing to safely transport patients to hospital if roads leading to entry and exit points to and from the UK are gridlocked? This is about focusing on national priorities to create a compelling narrative for an NHS that confidently and proactively addresses the most pressing challenges/opportunities of our time.

Recommendation for next 9 months

Don’t allow internal legacy structures (e.g. bringing together NHSI & NHS England) to become the story and get in the way of improving services for people. Tell a story that everyone understands – NHS leaders, staff and patients alike – and motivates them to get things done together.

2. Get the staffing sorted

There are over 100,000 vacancies NHS-wide and this year’s spend on temporary staff is predicted to be up to £2.4 billion. The challenge to continuity and performance created by using high numbers of agency staff is significant. It’s time to sort this out in a sensible way, including generating an increase in productivity so that more staff have the support to function at the top of their grade.

Investment in the local health workforce needs to be end-to-end – not just concentrated on the acute sector – to address shortages within GP practices, domiciliary care and care homes. Shortages in these settings are preventing people from staying within their homes, and driving more costly acute needs. We caution against investment of additional funds just to paper over the cracks; this is an opportunity to deliver better services through new workforce solutions.

Recommendation for next 9 months

Focus on retention first: understand which staff are leaving, why they are leaving and where they are going to. We already know some of the most frequent causes of discontent. Not feeling thanked or acknowledged is often mentioned, and yet is easily addressed, even at a system level (see what DohJe is doing in the US to make it easy for patients to thank “healthcare heroes”). For many NHS staff, it is financially unattractive to work past retirement age or to step down to a narrower role. To avoid losing out on this swathe of energy and expertise, implement “retire and return” policies across multiple staff groups.

Next, boost marketing efforts and simplify recruitment processes for Healthcare Assistants and non-graduate posts. Enhance apprenticeship programmes – which enable parallel learning and earning – to provide a new recruitment channel, to

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3 https://improvement.nhs.uk/resources/quaterly-performance-nhs-provider-sector-quarter-3-201718/
enhance retention amongst lower-banded staff, and to encourage upward progression and skills growth. For graduate roles, expand on the proven success of Frontline and early success of Nurse First to attract high-quality, motivated people to social care and nursing work.

3. Focus on what matters to people: patients and local communities

Nobody wants to go to hospital, let alone stay there for over three weeks. By focusing on individual patient journeys, we can arrive at better and more sustainable models of care.

We don’t need to spend time on designing new solutions. Deploying GPs in care homes, and running social activities for lonely older people living on their own, are well known and proven ways of keeping people out of hospital. Our work on urgent care flow, in partnership with multiple acute trusts, has proven that streaming patients at the hospital front door, good overnight ED decision making and well-run ambulatory care are effective ways of quickly directing patients to shorter stay acute services.

On hospital inpatient wards, daily and rigorously running multidisciplinary team board rounds, using SAFER and Red-to-Green methodology, are a proven way of ensuring that value-adding decisions are being made for patients – and ultimately shortening their stay. Clear communication on bed availability between hospitals and community care facilities and care homes, together with good domiciliary care staffing, enable patients to move to suitable locations quickly. These are all well-known practices; the NHS can move on from design and into behavioural change to ensure that these practices are consistently followed.

We also need to avoid focusing on solving problems for old systems. The need for beds and nurses in a system with no urgent care flow is endless: if no one moves, you need more and more staffed beds to cope with the unrelenting demand. Increasing numbers of GPs in surgeries is not the right solution to meet long term complex social care needs. Therefore, we need to target investments at creating capacity to help people to live and thrive more sustainably at home.

Recommendation for next 9 months

Focus investment on solving problems for patients, and start with one of the biggest urgent care user groups: provide elderly patients with regular, preventative care in their own home or residential home. To reduce demand on GP services, facilitate web-based access to primary care and prescription. Whilst Babylon may be causing controversy, its disruptive model is surely travelling in the right direction.
4. Capitalise on momentum to reinvigorate the UK

The UK’s Industrial Strategy aims to put the UK at the forefront of leading industries of the future. With two of the Grand Challenges focusing on Ageing Society and Artificial Intelligence and Data, the NHS needs to be at the centre of this effort. There are exciting and ambitious missions attached to these Grand Challenges. One is transforming the prevention, early diagnosis and treatment of chronic diseases by 2030; another is ensuring that people can enjoy at least five extra healthy, independent years of life by 2035.

The life sciences Sector Deal presents a huge opportunity for the NHS to be at the centre of world-leading medical research and breakthrough treatments. Industry partners will be key to driving this agenda in bringing investment, capability and urgency to the mix.

Coupled with the devolution agenda reinvigorating local economies, and the EU exit-driven impetus to ensure that the UK retains and strengthens its competitive position on the international stage, there is both the investment and political will available to radically transform how healthcare is provided in the UK now.

Recommendation for next 9 months

Accelerate use of the NHS as a test bed for new technologies that will advance healthcare for UK populations and put the UK at the forefront of new industries. For example, there are high numbers of daily repeated decisions within NHS settings which could be transformed using machine learning predictive techniques to achieve better outcomes. These include:

- Improved hospital bed management through RFID or Wi-Fi tracking, combined with machine learning, to accelerate bed turnover, help reduce wasted staff motion, and reduce outliers;
- More reliable prediction of hospital status escalation through use of external datasets – e.g. those of ambulance trusts, GP practices and community providers;
- Improved modelling of ED demand patterns to improve prediction of attendance surges and enabling more evidence-based staff rota planning;
- Reduced readmissions by using patient-level data to predict likely flow through a pathway.

Conclusion

We welcome the Prime Minister’s announcement that the government is committed to a new funding settlement over the next five years, and we also welcome the focus that Ian Dalton has made on reducing the number of patients staying over 21 days in hospital. With the risk of additional funds being absorbed into doing more of the same,
we strongly urge NHS leaders to use this moment as an opportunity to change our approach. Areas which can make a big difference now are: creating an engaging story that unites staff and patients; investing in staff retention and development; focusing on people and communities; and marrying momentum on strengthening the future of the UK with the transformation of the NHS.

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If you would like to discuss this paper further, please contact Caroline.