



8 February 2021

Dear Prime Minister,

NHS recovery priorities

We are writing to you on behalf of health leaders who provide and commission healthcare in England to seek your guarantee that your Government will stay true to its promise to protect the NHS as the immediate threat of coronavirus continues to recede, vaccination takes hold, and the country asks: What's next?

Over the last 12 months, our members have worked tirelessly to support the country as the NHS responds to the pandemic. While the NHS has never been a Covid-only service, the pandemic has impacted on all aspects of its care, with elective and diagnostic activities having been severely disrupted, in particular. Our members share the desire for services to resume without delay and they are actively implementing means of doing so. We await details of the Government's plans to ease the lockdown and we welcome its commitment to prioritise schools reopening but we urge it to be extremely cautious. A further national wave of coronavirus brought about by the premature relaxation of social distancing measures would set the NHS, our people and patients even further back.

With a workforce on its knees and many of the pre-pandemic challenges still very much at play they need your Government both to acknowledge the consequences of the immense pressure their workers have been under so far, and to be realistic and honest with the public about what the NHS can safely deliver moving forward.

Staff recovery

Our people are the heart of our NHS and are key to its resilience. Their skills, knowledge, compassion and dedication have been witnessed throughout this pandemic but a year of intensive pressure, preceded by a challenging winter, has taken its toll on them, both physically and mentally. Staff vacancies still stand at over 87,200 according to the latest figures and sickness absence rates continue to be higher than normal, while the NHS is expected to do more than ever before. Our members are very concerned about the wellbeing of their staff and that many will leave the service if too much is expected of them in the aftermath of the pandemic.



As attention turns to recovering NHS services, a period of decompression and recuperation must be introduced for the workforce so that they can recover too. When the threat of coronavirus momentarily subsided over the summer, the NHS used this time to bring back much of its elective and diagnostic care, but Covid pressures are significantly more intense than they were back then. The NHS cannot recover its services at the same rate of increase when staff are so exhausted and there are over 5,000 more patients with coronavirus in hospitals across the UK right now compared to the peak in hospital patients with coronavirus seen during the first wave.

Our members will continue to do everything they can to look after and protect their workers but in this next phase, it is clear the NHS will need:

- A realistic and steady approach to resuming services disrupted by the pandemic which explicitly recognises the need for our staff to recover.
- Sustained local mental health service support for the workforce beyond the end of March and in addition to what has been offered already, with local leaders being given dedicated funding to come up with their own initiatives for their staff.
- A long-term, costed and funded plan to grow NHS workforce numbers, to give our teams hope that the staffing pressures that they have been working with for many years will now be addressed.

Tackling the backlog

While our members have already been utilising innovative and pragmatic ways to improve productivity and made good progress over the summer and autumn, the need to divert staff, hospital beds and other resources to manage immediate pandemic pressures has still led to a colossal treatment backlog, the size of which has not been seen in twelve years.

Over 4.46 million people were waiting to receive planned routine surgery in England last November and around 192,000 people had been waiting over 52 weeks, compared to just over 1,600 a year ago. Leading think tanks have predicted it will take many years to get through this backlog and that is before the further cancellations seen over December and January are considered, alongside referrals for treatment that have not been made yet.

A new deal between government, the NHS and the public is needed, which is underpinned by clear and honest expectations of what our members in all settings



can realistically and safely deliver. While the NHS Long Term Plan rightly advocates a zero-tolerance approach to patients waiting longer than 52 weeks for their planned treatments, it was written in a pre-Covid era and is no longer an achievable commitment for some years.

To help with these challenges, our members need:

- The forthcoming Budget to include additional investment in acute services to increase bed capacity and create more ‘hot and cold’ sites as the £1bn allocated in the Government Spending Review is not enough. This investment cannot be at the expense of other vital services.
- Further investment must be included in the Budget for primary, mental health, ambulance and community care services. Demand for mental health services is rising and similarly, the pressure on primary and community services to support rapid hospital discharges has contributed to rising demand and acuity of illness: this will only get increase further because of the pandemic.
- To move away from a focus on an unrealistic, in the short-term, 52-week standard for elective treatment to a patient-centred approach that better allows us the flexibility needed to work together to reduce harm to people. In its place, there should be a new way of assessing and monitoring NHS elective activity in this next phase, so that leaders and clinicians are enabled and empowered to focus on their patients who are deemed to be at the greatest clinical need, including avoiding exacerbating health inequalities and inequities.
- A continued and long-term deal between the NHS and the independent sector that builds on what has been made available during the pandemic while appreciating that this alone will not provide the entire solution.

Adapting to the ever-presence of coronavirus

We hope never to experience a repeat of the incredible pressure Covid-19 has put upon the NHS and social care and we strive to get cases to the more manageable levels seen last summer; however, we know the virus will never be completely eradicated, and our members must learn and be supported to adapt alongside it. The risk factors are the new variants of the disease and how amenable they are to the vaccines we have and on reducing transmissibility, the speed that they can be made available to the NHS to roll out, and whether the test, trace and isolate system can finally be at the level we require to detect and prevent the spread of the disease in the community more quickly.



Vaccines are likely to be repeated in some form as the virus mutates; Covid-19 outbreaks will continue albeit not on the same scale; infection control measures within health and care facilities and the impact these have on capacity will remain; and we are just scratching the surface of the long-term impact of coronavirus for many people, which could span several years.

Added to that, up to 10 million people – almost 20% of the entire population – will need either new or additional mental health support as a direct consequence of this crisis and the consequent economic downturn.

For too long, the NHS has operated at the top of its capacity, but this strategy is no longer sustainable. The NHS will need to be supported not just to recover and to restore services, but to expand its capacity, including across mental health services, and to invest in the system preparedness and resilience needed to operate safely and efficiently in a country where Covid-19 may never entirely disappear – and indeed, where other new infections may emerge. Specifically, we need the government to consider:

- The need for investment in mental health services to respond the demand we are seeing in all areas of care.
- A recognition of the impact of Covid infection for the longer term: the creation of specialist ‘Long Covid’ services and expansion of community and primary care-based rehabilitation will need significant investment and will draw staff in the short term from other services.
- A long-term investment in public health, population health management and reducing the long-standing health inequalities that we know have contributed to the levels of infection, harm and death due to Covid in our poorer and ethnic minority communities.
- A plan for the resilience of NHS services and other interventions such as test, trace and isolate and primary care delivered vaccination programmes in the event of another pandemic.

At such a critical moment, we urge your Government to support the NHS to recover and thrive. This starts with an honest conversation with the public about what will happen next, reflecting the physical and mental toll the pandemic has had on its 1.3 million workforce and then, allocating resources in the Budget where they are needed most, both this immediate next phase and beyond.



We would welcome the opportunity to discuss these concerns and opportunities with you and your team. In the meantime, we will continue to work closely with your officials and those in the arms-length bodies to provide support where we can.

Yours sincerely,

Danny Mortimer, chief executive, NHS Confederation

Dr Graham Jackson, chair of NHS Clinical Commissioners and senior clinical adviser to the NHS Confederation

Clare Panniker, chair of NHS Employers policy board, which the NHS Confederation hosts and chief executive of Mid and South Essex NHS Foundation Trust

Julia Ross, co-chair of the NHS Confederation's ICS Network and Joint Healthier Together Lead Executive and Chief Executive of Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

Dr Farzana Hussain, co-chair of the NHS Confederation's PCN Network and clinical director for Newham Central 1 Primary Care Network

Dr Claire Fuller, co-chair of the NHS Confederation's ICS Network and Senior Responsible Officer, Surrey Heartlands ICS



Prem Singh, senior independent trustee for the NHS Confederation and chair of Derbyshire Community Health Services Trust and chair of 'Together We're Better', Staffordshire and Stoke on Trent STP

Paul Jenkins OBE, chair of the NHS Confederation's Mental Health Network and chief executive of Tavistock & Portman NHS Foundation Trust

Dr Mark Spencer, co-chair of the NHS Confederation's PCN Network and clinical director for Fleetwood Primary Care Network