NHS Confederation

Health and Social Care Select Committee Inquiry Submission: Management of the Coronavirus Outbreak

Friday 17 April 2020

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. In England we represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems. We also represent local health boards in Wales, and health and social care trusts in Northern Ireland. We also have a Brussels office where we focus on EU legislation, Brexit, policy and our international engagement. Finally, in England we also run NHS Employers, which supports the health service in its role as the nation's largest employer, negotiating pay, supporting workforce development, and fostering good practice in recruitment and retention.

NHS Confederation role in COVID-19

The NHS Confederation is working closely with our members in the response to coronavirus so that we can relay concerns and offer solutions to the relevant decision-makers in NHS England and NHS Improvement (NHSEI), the Department for Health and Social Care (DHSC), Public Health England (PHE) and other government departments. Our engagement with our members reaches across the breadth of the NHS and is collated daily to inform the work of national bodies and the government. At the same time, we work closely with our partners in other parts of the health and care system to ensure we can provide a 'whole system' perspective. As such, we are well placed to articulate the interests of the whole healthcare system.

In addition, NHS Employers is producing timely guidance for workforce leaders, working with trade union colleagues at a national and regional level, and providing workforce and employment-related expertise into the workforce supply and staff wellbeing activity being led by the national arm's length bodies.

Key points

The NHS encountered COVID-19 coming off the back of a winter of significant pressure, particularly in bed occupancy in general and acute wards, with unprecedented demand from an ageing population and more patients with complex conditions. The challenges posed by COVID-19 have been considerable. However, NHS organisations, supported by the independent sector, have shown flexibility and innovation to significantly increase intensive care capacity to ensure we have the best possible chance of managing the expected surge in demand within the resource available. That is, assuming the public continues to follow the medical advice on social distancing, handwashing and other measures.

There are several key issues for the committee to note:

- **The NHS response**: National and local NHS leaders have worked together effectively to bring about the necessary changes in just a matter of weeks to successfully manage and meet demand on NHS services. More than 30,000 extra beds have been created, while a brand new 4,000 bed hospital has been set up in the Excel Centre in London alongside other new 'Nightingale' hospitals. This and other new ways of working, including redeploying staff to expand critical care capacity, mobilising a vast number of volunteers and working side by side with the independent sector, have been delivered at pace and will help transform the way services are delivered to patients beyond the pandemic.

- **Testing**: The availability of testing continues to be a major concern across the health and care system. Testing capacity has been constrained and only recently did the government commit to expand the number of tests to 100,000 per day by the end of April. It is unclear what the milestones are towards meeting the target, and whether it will be met. Given the vital role that staff testing will play in controlling coronavirus, it is unclear why it has taken so long to ramp up testing capacity.

- **Personal protective equipment (PPE)**: Another key area of concern has been the supply of PPE. There has been government action to address this, but we are still being told by our members that more is needed, and we know this is a key concern among care homes and other social care providers. A key issue is the long-term supply of PPE and whether stock levels will be maintained – this is an area where greater transparency from government is needed.

- **Ventilation**: Given the potential shortage of additional ventilators as the virus peaks, NHS organisations are concerned about the lack of clear guidance about how the

demand and subsequent distribution of ventilators will be managed, and how competing demands will be addressed. There is also growing concern regarding the availability of additional medical consumables related to the provision of mechanical ventilation, especially oxygen, as a result of the increased demand. Our members are increasingly concerned about oxygen flow infrastructure and whether their estate pipes are sufficient to deal with increased demand.

- **Community services**: A concern that has emerged in recent weeks is how robust our community services are given the need to free up beds in hospitals and discharge patients earlier than normal into the community, with these patients often having a higher acuity. CCGs are trying to ensure there are enough staff and medicines across primary and community care for those who need it, but greater awareness and support at national level are needed.

- **Workforce**: Tribute should be paid to the commitment of NHS staff, including the dedication of over 37,000 people who have registered to return, the logistical achievements health leaders have delivered in redeploying staff to expand critical care capacity, and the speed at which new field hospitals have been constructed. NHS staff need support throughout this crisis, including continued government enforcement of social distancing measures to protect staff; clarity on how long-term workforce challenges that will be exacerbated by coronavirus will be addressed; and a rolling support package to help staff through this period of unprecedented and sustained pressure. Tribute must also be paid to NHS staff who have died in the line of duty, many of whom are from Black and Minority Ethnic (BME) groups.

- **Social care**: The scale of the COVID-19 outbreak in care homes and other social care settings has not been adequately managed or monitored. Death tolls published on a daily basis by the DHSC only record hospital deaths, but many deaths are occurring in people's own homes, care homes and hospices. The Government plans to improve the monitoring of the outbreak in social care, expand testing and improve PPE supplies for care staff. These are welcome measures, but the government will need to deliver on these commitments – and at pace – to restore confidence among care providers.

- **Role of systems**: Integrated care systems (ICSs) do not have formal roles in NHSEI's emergency planning measures but have been instrumental in facilitating joint working between the health and care sectors and external partners. Systems have ensured there is a common understanding of the role of community services, primary care networks (PCNs) and care homes when planning for the needs of COVID-19 patients being discharged out of hospital and into the community. The

expectation was that COVID-19 may stall the system transformation outlined by the NHS Long Term Plan, but in many areas, the outbreak has accelerated transformation. It will be important to maintain this when the pandemic is over.

- **Health inequalities**: There is emerging evidence to suggest coronavirus is having a disproportionate impact on staff and patients from BME groups. The Intensive Care National Audit and Research Centre has found that around 34 per cent of more than 3,000 critically ill coronavirus patients were from a BME background. The government and its agency bodies need to explore the emerging evidence to better understand the reasons behind this, and take steps to better protect BME staff.

- **Unmet need**: While health and care organisations are focused on managing the response to coronavirus, there are widespread concerns that treatment of other critical conditions such as cancer and heart disease will be deprioritised. We are seeing significant decreases in, for example, A&E attendances which may mean that people are not presenting when they should – this could lead to late diagnosis which in some situations could lead to severe complications or even prove to be fatal. CCGs are trying to ensure there is the capacity for routine services to stay open and that local communities receive essential services in a safe environment, where they need it. But we know the NHS will face a huge backlog of treatment that it will need to respond to when the immediate crisis phase of the pandemic is over.

- **Post-COVID planning:** The work of system transformation must not stall. The outbreak has shown the benefit of a whole system approach and coordinated action. Regulation and performance standards will need to be assessed before they are re-introduced on whether they safeguard patients or just serve to stifle innovation that would in turn provide better patient care. In addition, the rapid acceleration of digital transformation in primary and secondary care due to COVID-19 needs to be embedded, and interoperability of various systems rationalised as we recover. Finally, the resilience and dedication of the health and care workforce needs to be rewarded and there needs to be recognition from government that it will take time for the NHS to fully recover. For social care in particular, the planned introduction of a points-based immigration system next year needs to reflect the key role they are now rightfully recognised for.

Questions

While the NHS has shown extraordinary perseverance and professionalism throughout this crisis, our members continue to face challenges relating to supplies of COVID-19 tests, PPE and other resources needed for the treatment of patients.

In case it is helpful to you, below are some suggested lines of inquiry which the health and care sectors are seeking urgent answers to.

Immediate priorities

- Despite the new coronavirus PPE plans, distribution challenges remain. Can you provide a date by when all health and care settings will have at least enough PPE to last 48 hours? Can we add something about how they will ensure long term sustainable supply, including calling for more transparency over stock levels?

- What key pieces of advice informed and justified your decision to adopt a target of 100,000 tests per day by the end of the month?
    - Do you still believe this is an achievable target?
    - Can you confirm what the milestones are on the way to achieving the target – and how are they going to get from 20,000 in mid-April to five times that in two weeks?

- This week, data published by Intensive Care National Audit and Research Centre showed that 34 per cent of the 3,370 critically ill coronavirus patients identified as Black, Asian or minority ethnic compared to 14 per cent of people in England and Wales being from ethnic minority backgrounds, and a disproportionate number of NHS staff from BME background have died from coronavirus.
    - Is there any indication of why ethnic minority staff and patients are disproportionately affected by the virus?
    - What is the government doing to ensure that this is investigated in full immediately?
    - What assurances can you give the committee that any findings of inequality will be identified at a local level and dealt with to prevent this issue exacerbating?

- The NHS Confederation's PCN Network has highlighted that guidance shared with NHS colleagues in the acute sector is not always shared concurrently with health leaders in sustainability and transformation partnerships (STPs) and ICSs and this has led to some confusion at times. Will you ensure that all health and care leaders receive the same advice, that is time stamped and consistent across all parts of the NHS?

- How have community services been included in national planning to ensure that they can manage the increased dependency of patients now being cared for in non-acute settings?

- What can be done to accelerate the capital investment in the NHS, to the benefit of the wider economy?

Future planning

- Can you set out today what the government is doing to support the NHS when it comes to resuming normal activity?
- How long will the NHS need to return to business as usual?
- What adaptations will you ask the CQC to make during this time of 'restoration'?
- The Long Term Plan set out goals for STPs and ICSs, which in some instance may have been frustrated by the outbreak of COVID-19. Will the timelines for the delivery of system transformation be reviewed as a result of this?
    - If so, when will NHS leaders be able to expect revised timelines?

Further information

If you would like further information please contact Victoria Fowler, Public Affairs Manager on victoria.fowler@nhsconfed.org.uk

Additional guidance on COVID-19 NHS planning can be found on our website:

NHS Confederation