

After covid-19, the NHS cannot return to “business as usual”

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The novel, contagious, and highly pathogenic virus SARS-CoV-2 has, at the time of writing, infected nearly three million people worldwide and caused over 258,000 deaths. Risking saturation of services, the NHS had to adapt to change quicker than at any time in its history. Change has arrived as *de novo* innovation, service transformation, and in some cases, the revisiting of historical ways of working. The coming years will see a discussion about what the NHS can learn from its response to this pandemic. As trainees from medical and surgical specialities who have managed patients with covid-19 in secondary, tertiary and Nightingale hospitals, we want to contribute to that discussion from an “intra-pandemic” perspective. When the dust settles, the NHS will be changed beyond recognition and we cannot return to “business as usual.” Now is the time to ensure that the right lessons are learned.

The NHS should have renewed confidence that it can be agile and adaptive. During the pandemic, real and perceived barriers to change have been overcome, and massive structural and systemic changes employed within weeks. These barriers are financial, logistical, and cultural. The NHS received £15bn in emergency coronavirus response funds. To expand respiratory support non-intensive care wards were repurposed to support ventilated patients and non-intensive care staff re-trained to contribute to their management. The NHS Nightingale Hospital in London was built to provide capacity for ventilated patients in the ExCeL events centre and opened within weeks of conception. The collaboration between NHS staff and the Armed Forces was effective and inspiring. We must remember that change is not only possible, it can be multi-sector and multi-professional, and can deliver innovative models of care in very little time.

The covid-19 pandemic has provided a focus, uniting the country around a single issue. Supported by the public, healthcare workers have contributed to a united front against the virus. A shared vision and humility around skills- and role-mixing could teach us that professional boundaries are more blurred than previously thought, existing skills are transferrable, generalization is possible, and that careers can be fluid. The coming years may see increased interest in health careers. This should be encouraged and supported, not least to remedy existing staffing shortages. A new NHS interdisciplinary professional competency framework has been born from the pandemic, which, for the first time, offers a single personal and professional development framework for all NHS staff, regardless of their role or ambition. [1] There is a renewed sense of recognition, both for and between, NHS staff. They are being valued and remunerated for the invaluable contributions they provide to patient care, whatever their position. We must not forget how empowered our teams feel, and how well they are working together as a result.

In response to the virus, innovation and transformation have occurred at every level, whether in clinical, educational, academic, management, or private medical

spheres. Important decisions will need to be made about what, and what not, to keep. The contagious nature of the virus encouraged remote consultations, accelerating telehealth technologies such as virtual clinics and remote monitoring. [2] Wide-spread integration of digital solutions into existing hospitals could save time, money and energy for patients, staff and managers, and perhaps facilitate a better work:life balance for all. The tensions created by the pandemic, and the difficulties of working in unfamiliar environments, have expanded staff welfare support. New staff at Nightingale Hospital were offered well-being induction, dedicated staff welfare areas, and well-being planning, monitoring and reflection using a bespoke 'NHS ePortfolio' online platform. [3] Staff at existing hospitals have improved access to overnight rest areas and complimentary 24-hour hot and cold food. In a workforce that already felt undervalued and overworked, an ongoing focus on staff welfare from managers, supervisors, and educators is welcome.

Unforeseen yet positive lessons like these will continue to emerge during this challenging period and we must reflect on and explore them. Even as isolation measures continue to flatten the initial peak, subsequent outbreaks, as well as the knock-on effects of hospital avoidance, deferred appointments, and the predicted financial recession, will continue to place demands on patients and healthcare systems. However, we must be diligent in maximising that learning, not least for the sake of optimism and to prepare for subsequent pandemics. As we prepare to transition to a "new normal" the debate should focus on which changes should be taken forward, which should not, and the risks and opportunity costs either way. As for the current pandemic plan, that debate should be guided by the scientific evidence for each strategy. Only then can we answer the question of how we can best deliver a values-driven, evidence-based, outcome-focussed NHS, that can learn from itself, respond to subsequent pandemics, and continue to do so for generations to come.

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