# Covid-19: Roadmap to Recovery

## Insights for industry

August 2020

#WilmHealth

Wilmington Healthcare

# Introduction

**The pandemic response in the UK has now moved on to ‘phase 3’, setting out a gradual return to pre-Covid NHS service levels.**

The NHS is drawing up a ‘roadmap’ to recovery, and likewise, industry is beginning to look to the future to see where it fits in.

This white paper looks at the next stages in the recovery for the NHS, and explores the vital role industry has in supporting the health service.

**It covers three major areas:**

- The NHS Reset initiative and its attendant policies.
- The status and aims of the various NHS stakeholders tasked with taking the service through the next phase.
- The issues surrounding the recovery from the point of view of the life science industries.

Wilmington Healthcare

# The NHS; Stakeholders; Industry Impact

## The NHS Reset

What is the reset, and how is it different from a return to normality? How will services now change and what direction is the NHS heading in?

## Industry Impact

What issues are affecting industry? NHS support, access, digital engagement and the future of roles of representatives; the role of new pathways, guidance and health technology assessments are all key.

What does industry think the roadmap to recovery should look like?

## NHS Stakeholders

What is happening with NHS customers at a regional and local level? What is the role of Integrated Care Systems (ICSs), Integrated Care Providers (ICPs), Primary Care Networks (PCNs), Academic Health Science Networks (AHSNs) and individual trusts in the recovery?

Wilmington Healthcare

# Restore, recover, reform and reset

**NHS policy is currently filled with ‘re’ words: restore, recover, reform, and reset. Each of these words has its own nuance.**

**Restore** and **recover** tend to set out ambitions to return to pre-Covid levels of service. **Reform** looks to how policy, guidance and regulation can be adapted to assist the health service in its recovery. **Reset** looks forward to how positive changes forced upon the NHS during the pandemic can be maintained, and seeks improvement to treatment and care that will assist the service to improve, to become sustainable – and able to withstand another wave of coronavirus.

## Restore

The NHS is currently in process of restoring services after an extended closure of elective procedures and outpatient appointments due to Covid-19. This is having significant impact on system capacity and pathways. Social distancing and infection control are adding to down time between appointments and procedures.

Ongoing issues include managing patient flow through clinics for social distancing, establishing hot, cold and warm sites for infection control, the procurement of PPE, and cleaning equipment and rooms. There are also extensive staff shortages due to fatigue and track and trace isolation.

Wilmington Healthcare

# Restore, recover, reform and reset

## Recover

**There are two key issues to manage with restored services that are key to the recovery.**

First is the extensive backlog of diagnostics, reviews, and treatments which has built up as patients have been unable to attend NHS healthcare settings. Wilmington Healthcare's **Quantis Covid Impact Tracker** suggests that between March and May this has affected up to 5 million patients.  Missed diagnoses can lead to disease progression and complications, further adding to the backlog pressures the NHS will have to face going into phase 3.

Secondly, there have been over 300,000 Covid-19 admissions to hospital, forming a significant new patient cohort. Of these, 7% needed ventilation support, and 11% are receiving new diagnoses of renal failure. Stepdown care for these patients is involving new integrated multidisciplinary teams in a variety of clinical areas including, respiratory, renal, cardiac, haematology, physiotherapy, speech therapy and integrating community and primary care.

Local systems face a considerable challenge in dealing with both of these and they will be integral to any industry support in the future.

Wilmington Healthcare

# Restore, recover, reform and reset

## Reform

The last four months have turned the NHS inside out. The extent of changes across the health service has been extraordinary, with initiatives that may have previously taken years to implement now achieved in weeks and sometimes in days.

This has also accelerated the implementation of many areas of the NHS Long-term Plan, including:

- Removal of barriers for partnership working and increased integrated working between organisations
- Increased focus on population health management
- Increase in digital healthcare, particularly virtual consultations
- Flexibility of workforce
- Funding changes move to block contracts viewed largely positive, with increased outcome measures

Much future policy, including on funding and regulation, will attempt to lock down these changes into how the NHS works. Furthermore, **potential new legislation in the Autumn**, and into 2021, will give prominence to Integrated Care Systems rather than CCGs.

# Restore, recover, reform and reset

## Reset

Reset means all pathways and services are being transformed, with a focus on innovation and system-wide change to ensure:

- Patients are kept out of hospital with managed early discharge
- Risk monitoring prevents hospital admissions
- Triage is remote and as efficient and safe as possible
- Teams are supported in engaging in technology and change
- Reductions occur in hand offs and appointments, to maximise capacity
- Integrated teams work together to deliver change.

We will explore further aspects of this reset later in this white paper.

Wilmington Healthcare

# Industry impact

**The industry continues to struggle with the impact of Covid. As a consulting agency Wilmington Healthcare is asked many questions about the current situation by our clients. Whilst they are of a hugely variable nature, four common themes emerge.**

- What is the impact of Covid-19 on my therapy area?
- How should I engage with the NHS?
- How will it affect my sales?
- What resources do I need moving forward?

**This white paper will explore these questions and provide insight to the challenges industry faces.**

Wilmington Healthcare

# NHS England's Roadmap

**Restoration, recovery, and re-establishment are the three Rs NHS England would have you believe are going ahead in the health service.**

In late May, NHS England (NHSE) released its 'roadmap' to restore service capacity to pre-pandemic levels.

The roadmap sets out a national framework to support local NHS teams to do this in the safest way possible for both patients and staff and focuses on five core principles:

- **Careful planning, scheduling and organisation of clinical activity**
- **Scientifically-guided approach to testing staff and patients**
- **Excellence in infection prevention and control**
- **Rigorous monitoring and surveillance**
- **Focus on continuous improvement**

Wilmington Healthcare

# NHSE: Optimistic?

**The National Medical Director was keen to put the NHS on an open-for-business footing.**

Now that we are confident that we have passed the first peak of coronavirus, it is important that we bring back those services where we can, but only where that can be done safely – the virus is still circulating and we don't want to put our patients, the public or our staff at greater risk.

So our message to any member of the public who might have been putting off seeing their GP about treatment they might need is: the NHS is open and is working to deliver safe services, so please help us help you, and come forward for care when you need it.

**Professor Stephen Powis**
National Medical Director, NHS England

Wilmington Healthcare

# NHS Confederation: Realistic.

**But is it as simple as that? Niall Dickson, Chief Executive of the NHS Confederation, representing the providers who will actually have to enact this re-establishment, was more cautious.**

We face a long road to recovery and both politicians and the public need to understand this. The leaders of health and care services will do everything they can to bring back services as safely and as quickly as they can, but the message has to be ‘don’t expect anything like normal anytime soon’.

There was a significant backlog of treatment before the pandemic – now it is enormous, because services were stopped or slowed down and because lockdown has brought its own raft of health problems.

NHS organisations now have to build back services with social distancing and the need for PPE and that means many fewer patients are treated.

We now need to add a productivity crisis to a workforce and funding crisis. Even assuming there is no second spike, the challenges ahead are huge.

**Niall Dickson**
Chief Executive of the NHS Confederation

Wilmington Healthcare

# Who is leading on the reset?

**It may be comforting to think of the NHS as on the road back to where it was. But for a whole tier of senior decision makers, this would represent a tragic waste of an opportunity.**

This is where the ‘reset’ comes in. Three different influential groups - The Royal College of Physicians (RCP), The AHSN Network and the NHS Confederation, have been campaigning to build on the positive changes taking place during the pandemic.

The RCP has **issued 9 key points** about the resetting of services; AHSNs – charged with leading on the adoption and diffusion of new technologies and techniques in the NHS – have launched their own **Health and Care Reset programme**, and the NHS Confederation has also used the word in a **recent campaign**.

Wilmington Healthcare

# NHS Confederation: What should be ‘reset?’

**The NHS Confederation has published a report on its version of the reset, stating what it thinks the principle challenges are.**

The key challenges it identifies are: funding; capacity; rehabilitation; health inequalities; regulation and inspections; system working; and managing public expectations.

It puts forward a number of practical solutions for the ‘phase three’ guidance and beyond, including:

- An extension of emergency funding across all sectors of the NHS, given significant extra demand across all services. Longer term funding will be needed for rehabilitation and recovery services in the community, including for mental health, to manage patients at home and in the community.
- Putting in place an ongoing arrangement with the private sector – this will be vital to provide capacity to respond to the backlog of treatment.
- A review of the impact of Covid-19 on the NHS and social care workforce given the unprecedented pressure staff have been under.
- A delay in returning to the inspection regime of the Care Quality Commission (CQC) to take into account the positive changes that have been achieved as a result of the lighter touch approach to regulation that has been in place during the pandemic.
- A commitment to acknowledge and address health inequalities wherever possible through upcoming guidance and policy reform.
- Clarity over when there will be a return to the greater autonomy local organisations had before Covid-19, as the NHS moves from Level 4 to Level 3. This should be considered as part of a wider move to less central command and control when the pandemic has subsided.
- A call for assurance that there will be a fully operational and robust test, track and trace system, as well as appropriate supplies of personal protective equipment (PPE), as services are resumed.

Wilmington Healthcare

# The AHSN Network: What should be ‘reset?’

**AHSN Network Reset campaign aims to support and drive reset across England’s health and care system.**

This national campaign brings together work being conducted by individual AHSNs and the wider Network that identifies, evaluates, and seeks to sustain positive changes and rapid innovation brought about by the Covid-19 pandemic.

Across the country, all 15 AHSNs are working closely with their local health and care systems to support and drive reset. Many insights and learnings are arising from this work, which are being collated and promoted at a national level, and in the country’s local health and care system wherever possible.

They are exploring some of the large overarching topics related to the Covid-19 pandemic, such as culture change, digital transformation and public and patient involvement (PPI).

### Industry impact

The AHSNs NHS Reset campaign will release a series of reports, webinars, blogs and news stories over the coming months which will be useful for industry to understand what kinds of innovation are being taken up in the wider NHS.

Wilmington Healthcare

# Royal College of Physicians: What should be ‘reset?’

**Here, meanwhile, is the RCP’s list of 9 priorities that they believe should shape the NHS going forward.**

1. Support the NHS to resume services with improved, integrated ways of working.
2. Increase the workforce.
3. Encourage protected time for quality improvement, service redesign and research.
4. Support education and development, particularly for trainees.
5. Secure a new deal for international workers.
6. Enhance person-centred care, including fair access for patients with multiple conditions.
7. Enable involvement in and access to research for all.
8. Make social care sustainable.
9. Harness the potential of digital health.

---

While some progress is already being made on these fronts – notably integration and digital health - how much of this new thinking will become operational normality in the NHS, beset as it will be by all the post-pandemic problems outlined before? There are also political issues at play – for example, funding for social care is at the mercy of parliament, as is the protected status of overseas NHS staff.

Wilmington Healthcare

# Why the reset is not a return to normal

**Talk of reset seems a significant change of emphasis.**

To many commentators it has been obvious that the new normal would not simply involve going back to the way things were. The task is now to assess what elements of health services will be rebooted in a different form to the one industry is used to.

The NHS Confederation's plan is made plain on their campaign site:

"NHS Reset will seek to influence upcoming national strategies, including from NHS England and NHS Improvement, and their priorities for a reset with services, as well as looking to guide local systems through their own planning processes to ensure they can maintain the beneficial changes they've already realised."

It's clear that this thinking will shape NHS services at a local level, and it will be important for industry to propose solutions that encompass service improvement aligned with this reset.

### Industry impact

These changes include addressing health inequalities, governance and workforce issues – which the pandemic has highlighted rather than resolved - but the 'resets' most likely to affect industry will be in integration, whole system thinking, clinical practice and innovation. Look out for these kind of changes in future recovery plans appearing in local systems.

### Wilmington Healthcare Insight

**Wilmington Healthcare's Investigator** platform hosts thousands of guidance documents and minutes from local board meetings where issues covering the recovery – and the reset – can be explored, providing industry with a platform to understand how this will affect different therapy areas.

Wilmington Healthcare

# What does this mean for industry?

**Wilmington Healthcare's regular White Papers on NHS policy changes during the pandemic make it apparent that there is a fine balance of optimism that things can be made better, and a cynicism that things will get worse.**

The story is no different with industry colleagues; just as some are looking forward to different ways of working, for example by developing new pathways involving new products and techniques with integrated care, or, for MedTech, negotiating value-based contracts via procurement towers, some are wary that 'efficiency' – and restricted finance - will once again trump quality, reliability and long-term value, even if it does look likely that products offering greater patient safety will stand a better chance of being adopted than before.

The plus side for industry seems to be that the NHS is talking more than it ever has about innovation and delivery. Having been a tokenistic word for some years, genuine innovation, **notably digital transformation** involving remote consultation, AI and products that support community and home-based care, has taken hold at a blistering place.

On the other hand, innovation can of course be disruptive. Moves towards care in primary, community and social care settings and out of hospitals potentially shifts some of the customer base out of a traditional comfort zone of senior stakeholders. Industry would be advised to situate its solutions in the full knowledge of what these new pathways look like.

Nothing is straightforward about this pandemic – and there is no simple 'reset' button.

Wilmington Healthcare

# Stakeholders

**Clinical Commissioning Groups (CCGs) are in transition at the moment, moving towards strategic and collaborative commissioning, which will be the modus operandi when ICS are fully established. Here are some trends within that process.**

- Crisis has brought together people internally and between organisations – much more evidence of collaboration, for example between CCGs.
- All areas are reviewing their priorities.
- CCGs in transition empowering clinicians to make fast changes.
- PCN innovations are driving change.
- IT has gained massively in importance – remote consultations, prescribing and decision support software, home monitoring and point of care testing.

Wilmington Healthcare

# Is this the end of CCGs?

**HSJ's podcast of 11 June proposed that the CCG was essentially 'dead'.**

What does this mean? CCGs still exist as statutory bodies, still hold budgets and many NHS customers still nominally work for CCGs.

The next few months will see the emergence of ICSs as functional bodies. There are 18 official ICSs already. In some places such as London, territory-wide strategic commissioning is already taking place, and in others, groups of CCGs are already working together as shadow ICSs.

A new round of legislation will quash contract competition and establish ICSs as legislated bodies early next year.

Once this has happened it is likely that there will be no place for CCGs.

Of course, all ICSs are different in levels of development and the legacy organisations, and individuals, will dissolve into their new forms at different rates.

The recent messaging from NHS England is that there should be one CCG per ICS by April. This means many CCGs will merge or disappear.

### Industry impact

If you're confused about who to work with at this level, try to look not so much at who they work for but what they do. Many CCG staff have been seconded to ICSs or are working within STPs as programme leads or clinical leads.

### Wilmington Healthcare Insight

Wilmington Healthcare holds a portfolio of products and data services aimed at tracking staff moving from CCGs to ICSs, and our **insight solutions** enable the construction of decision making units (DMUs) based on your therapy area and territorial preferences.

Wilmington Healthcare

# CCGs and integration

## CCG staff are already preparing to integrate into wider systems.

Cheshire CCG clinical and prescribing lead Graham Duce said:

> Integration was always the aim, now it's the main game. To shift the focus away from ill health, disease prevention and illness-led services to promoting health and disease prevention.

With systems facing reduced funding, an ageing population with complex health and care needs and a high expectation of provision, integration of staff and resources to manage the healthcare burden – as well as deal with the post-Covid fallout – is going to drive future NHS local development.

### Industry impact

The prevention piece is important – going forward medicines likely to reduce morbidity and co-morbidity may well be introduced earlier in the pathway.

### Wilmington Healthcare Insight

Wilmington Healthcare's **Consultancy team** support industry in the innovation, adoption and implementation of their services and products into the NHS. A trusted partner and supplier of NHS data, our outstanding analytics capabilities turn data into insight.

Wilmington Healthcare

# STPs and ICSs: Just how well is collaboration going?

**HSJ has recently revealed a CQC review into how well local health systems are collaborating.**

The first set of reviews looks at 11 different Sustainability and Transformation Partnerships (STPs) and ICSs.

But the regulator said its “ambition” is to look at provider collaborations in all ICS and STP areas “to help providers of health and social care services learn from the experience of responding to Covid-19 around the country”.

The reviews are intended to support providers across systems by sharing learning, helping to drive improvements and preparation for future pressures on local health and care systems.

**The first phase will see reviews in:**

- Bedfordshire, Luton and Milton Keynes ICS
- Norfolk and Waveney STP
- The Black Country and West Birmingham STP
- Lincolnshire STP
- North East and North Cumbria STP
- Healthier Lancashire and South Cumbria STP
- Frimley Health and Care STP
- Sussex Health and Care Partnership STP;
- North West London STP
- One Gloucestershire ICS
- Devon STP

Wilmington Healthcare

# ICPs: What's going on?

**ICPs are still a somewhat mysterious group of organisations – a crucial grouping for the success of integration and the Long-term Plan, but with many still in the 'forming' stage, acting as loose collaborations or writing plans as 'integrated care partnerships' prior to actually signing contracts with strategic commissioners.**

Undoubtedly Covid-19 has given a fresh impetus to collaboration across sectors and between hospitals, and more ICPs are likely to go live with plans in the coming months.

It is possible to lock down some of these plans, such as the following example from South Nottinghamshire ICP. This is an ICP in the planning stages; it has divided the next three years into phases with certain milestones to achieve in each.

**Wilmington Healthcare Insight**

**Investigator** contains all the latest information from NHS bodies regarding the development and set-up of ICPs. The **Digital Learning Academy** also holds courses on these and other Long-term Plan bodies.

Wilmington Healthcare

# ICPs: What's going on?

| Year | Critical Path |
|---|---|
| 2021/22 | **Phase 1**<br>1 Shadow ICP budget monitoring & reporting<br>2 Further development of functional alignment based upon learning from transition phase, with embedded staff in ICPs & PCNs<br>3 Identify all key outcomes in detail & reporting requirements<br>4 Alignment of contracts across all providers<br>5 ICPs development and agreement of mobilisation and delivery plans<br>6 Assessment against maturity matrix and development support<br>7 Implementation of PHM mechanisms |

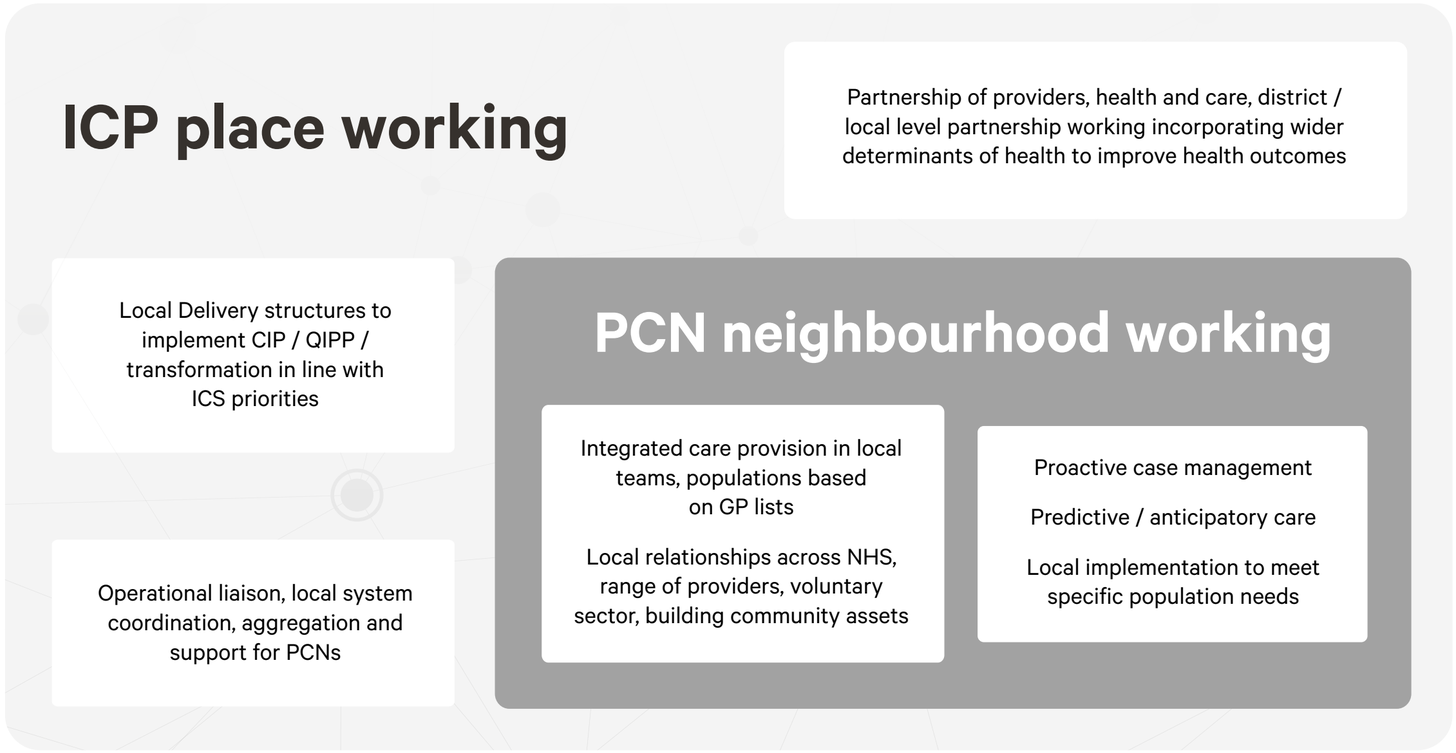
| Year | Critical Path |
|---|---|
| 2021/22 | **Phase 2**<br>1 Development of CCG functions into ICPs / PCNs where appropriate<br>2 Monitor performance and review phasing of function support devolution<br>3 Embed appropriate CCG workforce<br>4 Agree phase 3 functions<br>5 Implement initial ICP incentive (risk and reward) schemes<br>6 Q3 system and ICP level stock take of progress and assurance levels<br>7 Review recommendations from stocktake<br>8 Develop phase 3 plan (2022/23) |
| 2022/23 | **Phase 3**<br>1 Implement **Phase 3** |

### Industry impact

Looking at contracts and incentives for the ICPs and PCNs to determine KPIs will be crucial to understand what these customers need to achieve. Also note that outcomes are in the process of being identified – industry could definitely have a role in shaping what good outcomes should look like.

Wilmington Healthcare

# How will ICPs work with PCNs?




There will be close working between these two tiers of integration, though ICPs will strategise at place level (c.300-500,000 population) and PCNs at neighbourhood level (c.30-50,000 population).

However one of the functions of ICPs will be to proactively work with primary care to supply new pathways and what is called ‘anticipatory’ care.

Wilmington Healthcare

# Systems: What's going on with population health management?

**Moving forward, population health management is still very much the driver of how local services will be remodelled.**

Amy Bowen, Head of Population Health at NHS London, describes a need for health system leaders to drive population health management from the planning stage and put words into action, and gives three important notes on what needs to be done.

1 **Planning plus action.** A population health management programme is built on a lot of planning – analysis generates intelligence - but this involves all the partners across an integrated system swinging into action and make actual changes for patients and residents.

2 **Making that change a reality takes partners from all parts of the system.** Data on a population or cohort to target, such as frail older people, children with asthma or people at risk of developing diabetes, needs to be collected across a health system. **Analysis** using a range of methods such as **population segmentation**, risk stratification and **impactibility** is used but critically, all these partners can then help to get beyond planning and agree together about the right actions to take and then crack on and make all that planning a reality.

3 **Beware perfection paralysis**. Population health management creates learning health systems: iterative cycles of learning and clinically-led improvement combine with the daily discipline of gathering the really unique data – the goals, priorities and preferences of individuals. The job is to commit to doing things differently and then to keep making that better, not chasing the ever-elusive goal of planning the perfect project, the perfect model, the perfect day.

Wilmington Healthcare

# Systems: What's going on with population health management?

"We are all coming to terms with the changed world around us, grappling with creating a new Covid-informed normal. We have seen the power that an imperative like a pandemic can have – the flip to digital first which, just weeks before, seemed like the right direction of travel but on a long road to delivery happened in a matter of days. When the will is there, we know we can work together and rapidly to make big changes."

**Amy Bowen**
Head of Population Health at NHS London

### Industry impact

Note the importance of data. Many of the new innovations in care will need to be evidence-based and population-based. Data provided by industry could help support all sorts of solutions at place and system level and could be an important part of the value proposition.

### Wilmington Healthcare Insight

Wilmington Healthcare's **Quantis** and **Covid-19 Tracker** solutions offer a coherent data picture around areas of unmet need that support decision makers in population health management.

Wilmington Healthcare

# AHSNs and long-term condition support

**UCL Partners, one of the London-based AHSNs, has developed a series of online resources to support local decision-makers help long-term conditions patients during the pandemic.**

These include search and risk stratification tools, material on managing low-risk patients, as well as medium- to high-risk patients. Further resources and tools are available for specific long-term conditions such as asthma, chronic obstructive pulmonary disease (COPD) and diabetes.

Wilmington Healthcare

# General practice: Is Covid-19 rewriting the rulebook?

**Dr Ricard Vautrey, BMA GP committee England chair, has written in HSJ about essentially positive changes to general practice and community services post-Covid.**

He cites a recent BMA survey which found 70% of GPs have experienced a greater sense of teamworking during the pandemic, with 49% feeling less burdened by bureaucracy – for example, Care Quality Commission assessments.

Freed from bureaucratic exercises and 'performance management box-ticking' – he says significant work has been done on a number of fronts.

**These include:**

- The development of multidisciplinary teams.
- Roll-out of remote technology.
- The expansion of roles for community nurses to support residents – all achieved by linking care homes to a local primary care network and practice.

Wilmington Healthcare

# PCNs: What role will they have going forward?

**And of course the PCN contract, is up and running, with NHS England reporting ‘overwhelming take up’.**

“Almost all GP practices in England have signed up to the new PCN contract for the next year, meaning they will receive a share of half a billion pounds a year of extra investment to employ more staff and deliver more services in or near to people’s homes – a total investment of £1.4 billion by 23/24 to help deliver an extra 26,000 workforce roles.”

The new contract will task GP providers with to carry out additional duties, namely:

- **Additional support for care home residents** – clinicians will carry out weekly check ins to care homes and each PCN will have a clinical lead for care homes in their area. Already, as part of general practice’s response to the Covid pandemic, 100% of care homes now have an identified clinical lead with over 99% of practices now incorporating weekly care home resident check ins.

- **More clinical pharmacists** – helping people taking multiple or complex medications (polypharmacy) receive regular structured medication reviews.

- **Improved early cancer diagnosis**

### Industry impact

While the rollout of clinical pharmacists to all PCNs is hampered currently by a small contingent of appropriate staff, these will eventually become a key tier of stakeholders for pharma companies.

Many PCNs have struggled to form strong relationships with other elements of their local health system, because many of their clinical directors have lacked capacity to forge these links. Many have had to prioritise building links within their PCNs, between the constituent practices. Can industry help via joint education, training and – now – sponsorship of virtual events?

Wilmington Healthcare

# Pharmacists: Opportunities for engagement via education

**The Clinical Pharmacy Congress (CPC) has been looking at the needs of pharmacists throughout the pandemic and have come up with some helpful insights.**

It undertook a survey to ascertain what type of education pharmacy professionals really need now and the top categories were: **Clinical areas** (respiratory, CV, diabetes as well as general patient safety), **Training and Education, Mental Health and Wellbeing** and **'What the new normal will look like'** post-Covid-19.

The CPC has now started a digital platform and is running a series of webinars. Webinars lined up are:

- Rheumatology: the impact of Covid-19 and how it's affected biologics and drugs used.
- Oncology post-Covid-19.
- The NHS Nightingale London: The leadership team discuss what they learnt and how it will impact patient care going forwards.
- Covid-19 clinical trials – what trials are being undertaken and the impact they could have on future patient care.

Wilmington Healthcare

# Providers: How are they responding?

**The Care Quality Commission has published a number of practical changes providers have introduced to cope with the pandemic. This covers a number of important categories:**

**Primary medical services**

- Changes to service design and delivery
- Remote healthcare
- Communications

**Hospitals, mental health and hospices**

- Changes to service design and delivery
- Communications
- System collaboration
- Well-being of people who use services
- Use of technology

Wilmington Healthcare

# Providers: some responses to Covid-19

**Here are some examples of what's been going on, according to the CQC, in terms of rapid system collaboration:**

## Oncology

- East Suffolk & North Essex Foundation Trust Oncology department moved to Nuffield Health Ipswich Hospital. Oncology patients requiring chemotherapy treatment were being seen at the new location.
- Hundreds of patients with cancer received urgent treatment at Spire's Southampton Hospital. This followed a partnership of University Hospital Southampton NHS Foundation Trust (UHS) and Spire Healthcare.
- InHealth repurposed its breast screening centre in Surrey. It provides a diagnostic service for women with breast cancer symptoms. This allows the clinical pathway for those women to continue.

Wilmington Healthcare

# Providers: some responses to Covid-19

## Dermatology

- St Michael's Clinic, a specialist dermatology unit in Shrewsbury, turned into a super cold centre. This provides blood tests for 'at risk' people advised to shield.

## Trauma

- Parkside Private Hospital in Wimbledon is being used as a step-down facility. The facility is for ambulatory trauma cases, plastics and diagnostics for St George's Hospital.

## Surgery

- Peninsula NHS Treatment Centre has mobilised a new series of surgical specialties and provides:
  - Urology
  - ENT
  - General surgery
  - Breast cancer surgery
  - Plastic cancer surgery
  - Plastic and orthopaedic ambulatory trauma
  - Vascular surgery

## Gastroenterology

- Ramsay's Oaklands Hospital hosts Salford Royal NHS FT's Intestinal Failure Service.

### Industry impact

Note the remarkable number of private hospital organisations and providers involved in these kinds of system collaboration. With NHSE having bought out most private sector capacity, the dividing line between public and private stakeholders in the current NHS has rarely been more clouded.

Also note the general fluidity between health and care settings – this is likely to continue well into the future.

Wilmington Healthcare

# Will the pandemic transform A&E for good?

**A ‘call before you walk’ system to prevent overcrowding and the spread of Covid-19 in emergency departments has been touted, alongside a ‘beefed up’ NHS 111 service.**

**HSJ has reported** that Katherine Henderson, president of the Royal College of Emergency Medicine, told MPs a “triage point” such as NHS 111 should be available for patients needing urgent treatment.

Patients should be able to book access to primary care, urgent treatment centres or same-day emergency “hot clinics” staffed by specialists.

She said before the pandemic A&Es were being used as a “safety net for the system” and becoming “very overcrowded”.

Dr Henderson said technology should also be used to “track” whether patients have followed the advice of 111, such as whether they turn up to appointments, and said trusts should consider alternative ways in which patients can access same-day emergency care.

Wilmington Healthcare

# How will NHS trusts remodel elective care demand and capacity?

**Amid an array of new complications, historic models for elective care will need to be reimagined and patient safety will remain a guiding principle, argues Karina Malhotra in the HSJ.**

The NHS has had to adapt very rapidly while navigating the challenges of Covid-19 and, as the service now considers how best to resume elective care, much more will have to be adapted or indeed fundamentally reimagined.

Waiting lists for elective care, already growing before Covid hit, have lengthened as routine activity has inevitably taken a back seat to dealing with the pandemic.

While referrals have fallen across all aspects of elective care – including, notably, cancer – they are likely to ultimately return at an even higher rate than before.

Patient safety must remain paramount, despite these new complications.

Wilmington Healthcare

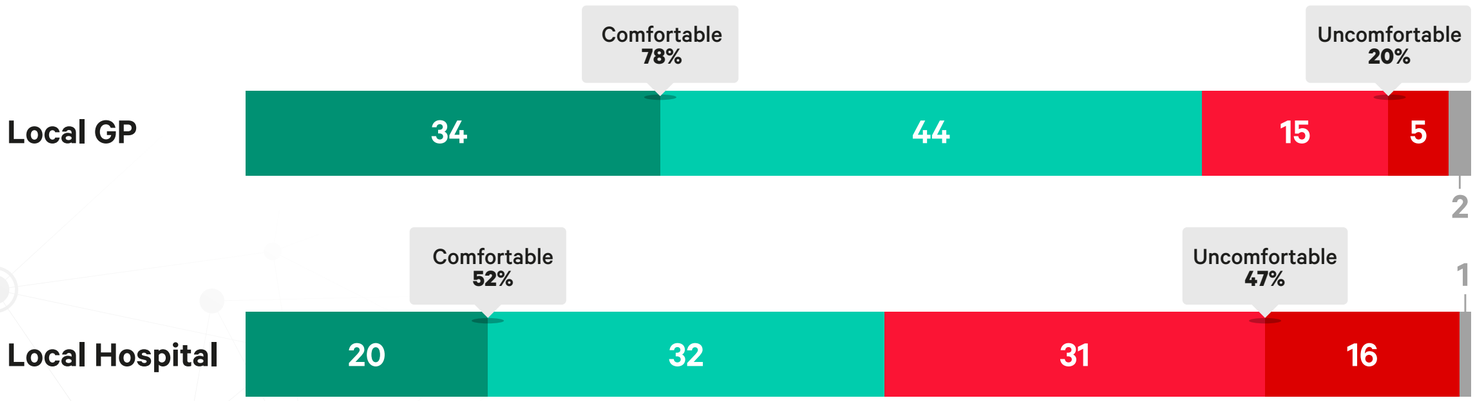
# Patients: What are their perceptions of acute settings?

**There is a mountain to climb, however, with patient perceptions.**

**Research from Ipsos Mori** shows that patients remain fearful of using some services, particularly acute care.

The results of a survey, released in June, show that while a big majority are confident in accessing GPs, up to 47% of patients were still 'uncomfortable' going to hospital.

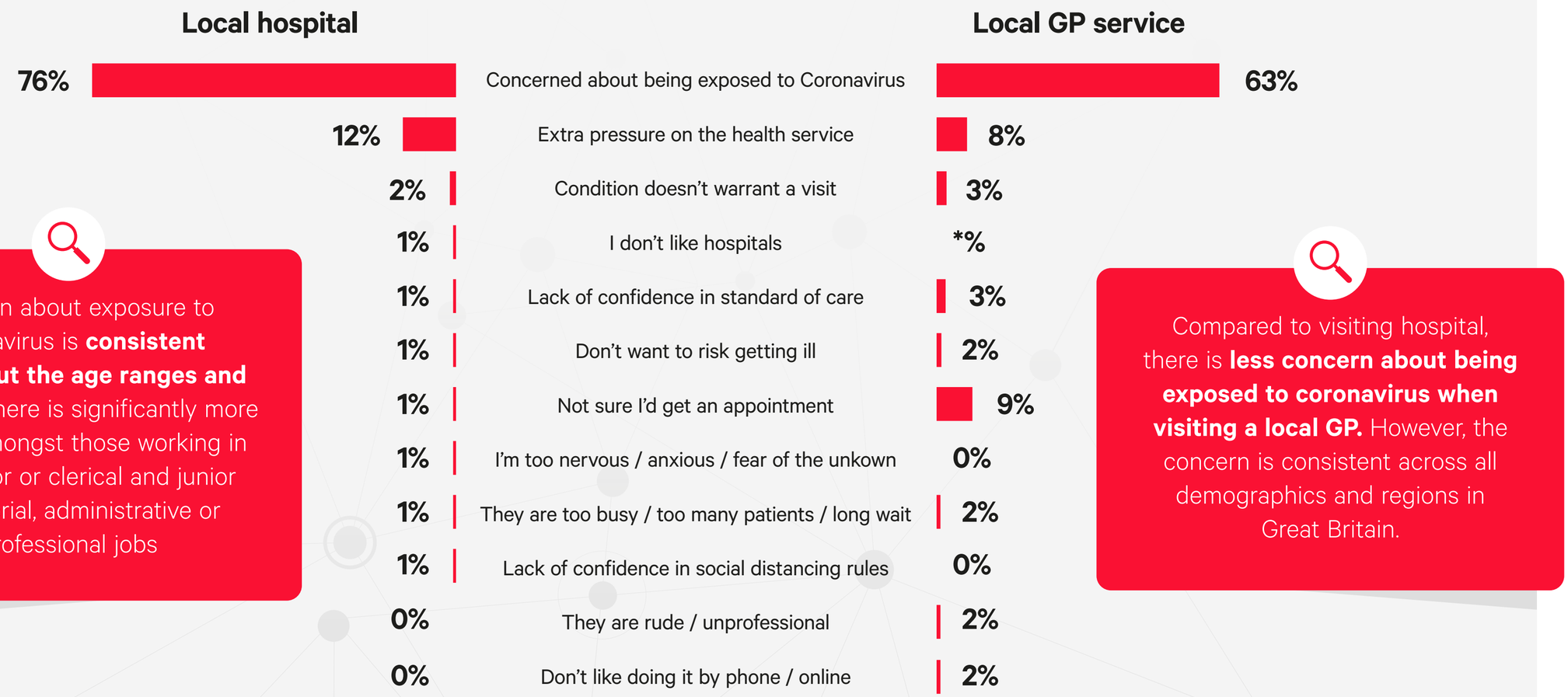
**Q. If you developed a health issue that you felt needed treatment over the next 3-4 weeks, how comfortable or not would you feel using your local GP / local hospital if necessary?**




Wilmington Healthcare

# Patients: What are their perceptions of acute settings?

**Q. You said you would feel very / quite uncomfortable. Why is that?**




Concern about exposure to coronavirus is **consistent throughout the age ranges and regions.** There is significantly more conern amongst those working in supervisor or clerical and junior managerial, administrative or professional jobs

Compared to visiting hospital, there is **less concern about being exposed to coronavirus when visiting a local GP.** However, the concern is consistent across all demographics and regions in Great Britain.

Wilmington Healthcare

# Patients: Covid-19 aftercare

**No description of the recovery would be complete without mention of the vast numbers of patients who have recovered or partially recovered from the virus, but will still need special aftercare in a variety of areas.**

**There will be immediate and longer-term health needs** following discharge from hospital (whether or not they received intensive care) into home and community settings, focused on new conditions following an episode of Covid-19.

NHSE has released a statement about these patient groups, covering a template for care in respiratory, cardiology, urology, neuromuscular and endocrinology as well as general function and wellbeing, mental health and social needs.

### Industry impact

Approximately 30% of survivors of previous SARS and MERS virus outbreaks experienced a form of pulmonary fibrosis, and this is likely to be an important consequential condition of Covid-19. It's worth reading this paper if you work in respiratory or one of the other areas listed above to see what is happening to patients and the strategies the NHS is devising to cope with them – which often involves assembling new multi-disciplinary teams.

### Wilmington Healthcare Insight

Wilmington Healthcare's **Quantis** analytic reports offer insight into post-Covid patient cohorts and subsequent hospital admissions for these linked conditions.

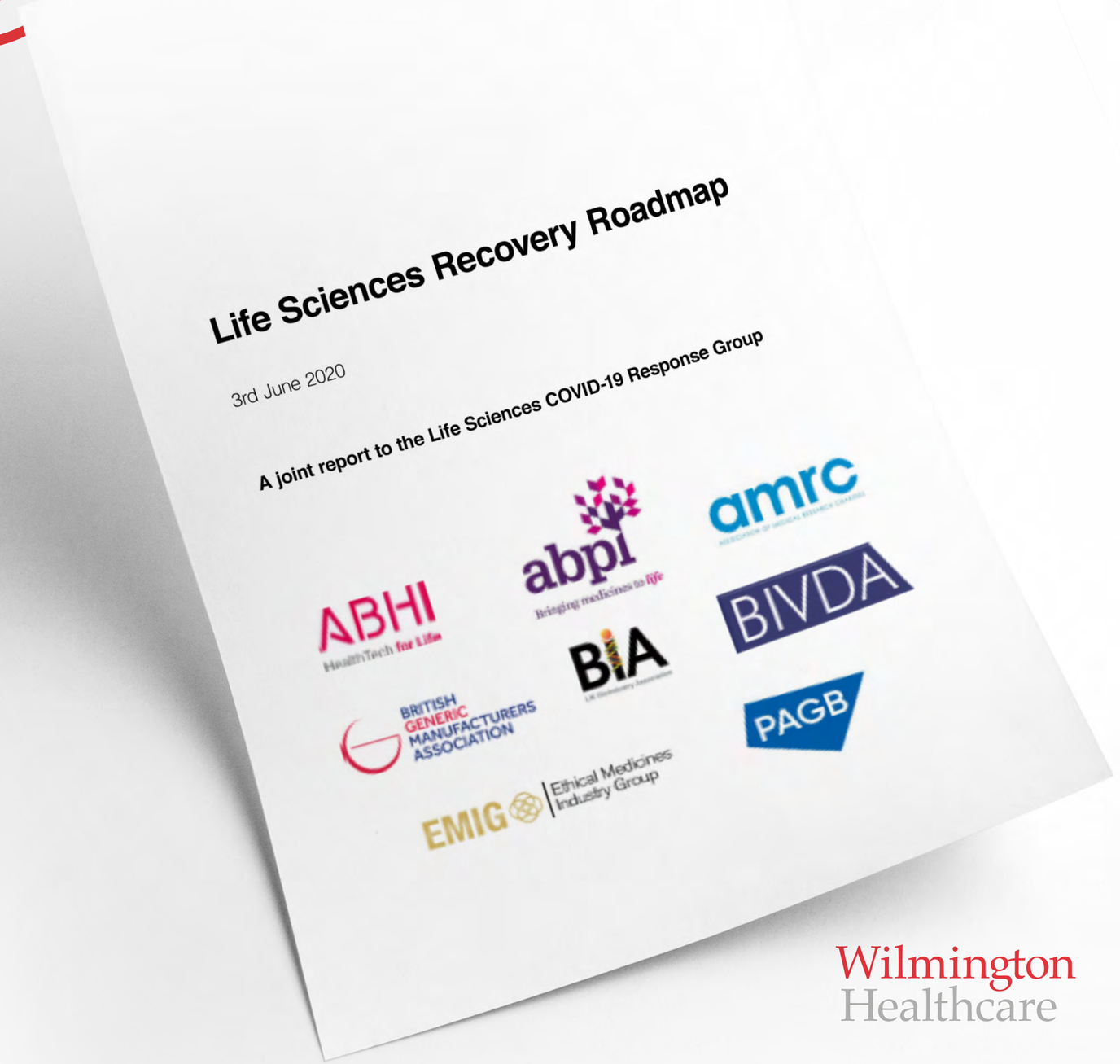
Wilmington Healthcare

# Industry:
# Life sciences roadmap

**The Life Sciences Covid-19 Response Group, comprising the ABHI, the ABPI, EMIG and others, has published its own overview of the key issues for the sector.**

It's interesting comparing this 'roadmap' with NHS England's. The priorities are of course markedly different, but they are driven by the same pressing issues as the NHS has faced; the need for fast investment, research and deployment of new medicines, vaccines, techniques and technology; and the necessity of securing supply chains.

However, one thing both roadmaps agree on is the centrality of the NHS Long-term Plan. Supporting this movement to transform services and make them sustainable for the future has taken on a poignant urgency in the light of the pandemic.




Wilmington Healthcare

# Main priorities of the Life Sciences Recovery Roadmap

1 **Transforming our partnership with the NHS to support delivery of the Long-term Plan.**

2 **Accelerating deployment of new and existing treatments and technologies where there are system and patient benefits.**

3 **Taking an innovative approach to regulation.**

4 **Transforming the UK's clinical research processes.**

5 **Powering up the benefits of public and charity spending on medical research and delivering bold policies to incentivise research investment.**

6 **Developing a comprehensive strategy to improve UK manufacturing capability and supply chain resilience in medicines, medical devices and diagnostics.**

Wilmington Healthcare

# Key questions about NHS stakeholders raised by our webinars

**Wilmington Healthcare and HSJ have been running a series of webinars supporting industry in understanding the ongoing impact of Covid-19. Hosted by a selection of in-house experts and selected special guests, including Leslie Galloway from EMIG.**

In these webinars we explore all of the latest changes to the NHS, the response of the service to Covid-19, and the implications for industry. Some of the major questions from our users have involved the place of NHS stakeholders. We will look at some of these.

- Where does commissioning fit within the new structures?
- Who is driving service redesign and pathway improvement?
- How does industry develop relationships and engage with ICSs, ICPs and PCNs?

All our webinars are available to view **on-demand.**

Wilmington Healthcare

# Key questions for industry raised by our webinars

## Has Covid spelled the end of medical conferences?

For the time being, they are likely to be online.

For example HSJ is following guidance closely and is running virtual conferences for the foreseeable future.

Conference organisers need several months to plan an event. The contingency is to make them virtual up to the end of the year but allow interactive sessions, virtual breakout rooms, and virtual presentations for sponsors in breakouts, all using more sophisticated software than Zoom.

Many of the larger conferences are going online in the short term, recognising that the networking opportunities are the big draw for this kind of event. This is certainly not affecting numbers though - if anything they are going up. It is easier to attend a virtual meeting as it does not involve any travel or expense!

### Wilmington Healthcare Insight

Look out for the following HSJ Virtual Events:

- **HSJ Sustainability Virtual Event**
  19 August 2020
- **HSJ Workforce Virtual Forum**
  15th September 2020
- **HSJ Integrated Care Virtual Summit**
  23-25 September 2020
- **HSJ Cancer Virtual Forum**
  1-2 October 2020
- **HSJ Digital Strategy Virtual Summit**
  13-15 October 2020
- **HSJ Patient Safety Virtual Congress**
  10 - 12 November 2020

Wilmington Healthcare

# Key questions for industry raised by our webinars

**How about medical devices? Many sites need staff training on devices both on wards and theatres. How might that change? It's not something that can really be done remotely.**

If it's not something that can really be done remotely - you can attend a customer's site on request using appropriate safety measures and PPE.

Although the relevant Life Science Industry (LSI) Tier 3 accreditation for demonstrations, identification and the correct vaccinations is required.

It's important to remember that this is a service the NHS requires. The medical device industry fall into this category placing them in a different position to other LSI staff. Industry should not be reticent in offering help.

The ABHI has **further guidance** on this, as well as a helpful position paper, **NHS Restart: Briefing Document.**

Wilmington Healthcare

# Key questions for industry raised by our webinars

## How will industry access community teams?

Community teams will always have a need for Continuing Professional Development (CPD), to understand ways to improve patient experience and the products and services that will deliver best outcomes.

Currently this is unlikely to happen face-to-face however it is possible to organise virtual meetings.

**Wilmington Healthcare Insight**

The full series of webinars is available at the **Wilmington Healthcare Knowledge Hub.**

A content piece covering all the questions put to Leslie Galloway is **available here.**

Wilmington Healthcare

# Industry: What digital platforms are likely to be used for NHS engagement?

**NHSX, NHS Digital and Microsoft have struck up an agreement to enable all eligible organisations in England to access Microsoft 365 digital tools.**

The agreement is intended to **'improve productivity, enhance collaboration and strengthen cyber security across healthcare services'.**

Under the agreement Microsoft 365 will be deployed to as many as 1.2 million staff across NHS organisations, including Trusts, CCGs, and health informatics services.

GPs, consultants, nurses, therapists, paramedics and support staff, will have access to services within Microsoft 365, ensuring they are able to use tools such as Microsoft Teams.

### Industry impact

Microsoft Teams is now being used across many NHS organisations to collaborate, share information securely and support new ways of working during the pandemic. As such it's likely to be one of the main channels that industry can co-opt for future NHS engagement.

# How has the pandemic impacted HTA?

**Outputs from the major HTA bodies in the UK, including NICE, the All-Wales Medicines Strategy Group and the Scottish Medicines Consortium, have been slowed by the pandemic.**

NICE is prioritising what it can work on, and what is 'therapeutically critical'.

As **NICE has acknowledged itself,** many of the committees that make the recommendations are frontline workers in the NHS. It's hard to get them along to meetings, even if they're remote. NICE staff are also working hard producing Covid-19 guidelines.

NICE, therefore, is focusing its technology appraisal (TA) work on what is classed as therapeutically critical. This includes all TAs on cancer treatments with the exception of reviews of those treatments that are in the Cancer Drugs Fund already.

There are other treatments that NICE has deemed therapeutically critical; including, for example, Stelara (ustekinumab) for ulcerative colitis and Trikafta (elexacaftor/tezacaftor/ivacaftor) for cystic fibrosis.

# How has the pandemic impacted HTA?

**NICE is also currently reviewing its methods and processes, and the timeline for that has had to change in light of Covid-19.**

The review will now be likely to go to a six-week consultation, on the evidence and considerations for change, in October and November 2020.

Further consultations will take place in February and March 2021, with implementation slated for June 2021 onwards.

Wilmington Healthcare

# NHS-industry engagement: what next?

**We have looked at the various ways in which the NHS is re-setting, both in overall strategy terms and in the response at local level. And we have seen that its drivers, such as restoration of capacity, dealing with the backlog, pathway transformation, digitisation, and integration will be the key concepts over the next few years.**

At a strategic level, industry is therefore faced with three priorities.

- How do your products impact on these drivers?
- Where do your products fit in the new pathways?
- How do you access the NHS to work in partnership?

### Wilmington Healthcare Insight

Wilmington Healthcare is ideally positioned to help you answer these three questions. Our new **Quantis Covid Impact Tracker** offers unique insight into the challenges customers are facing, and our comprehensive suite of consultancy services, customer data, and analytics can show you how to present the right approach to the right stakeholders at this critical time.

Wilmington Healthcare

# NHS-industry relations: a new phase?

**The fraught and urgent nature of the past six months in healthcare has led to new relationships and shared purpose at a high level between the NHS and Industry.**

The need to **respond at scale and pace** to the coronavirus pandemic has created unprecedented collaboration between the NHS and the pharmaceutical and medical devices sector.

This has been seen in areas such as protection of supply chains, rapid development of Covid-19 drugs and vaccines, and better sharing of data.

A **recent HSJ podcast** saw HSJ editor Alastair McLellan join NHS Providers chief executive Chris Hopson, Johnson and Johnson UK medical devices managing director Hugo Breda and Roche UK medical director Rav Seeuruthun.

All were agreed that a new culture of trust has developed between the two sides, and in the future, partnership must not simply be a nice-to-have, but 'the norm'.

Whilst this is going on at a national level, industry staff can begin to plan a new round of local NHS engagement with this in mind. As the NHS resets, it will require innovation, technology, new pathways and new solutions to the various issues emerging from Covid. Industry needs to find the right stakeholders, be they systems, providers or influencers. It needs to target these stakeholders with the right propositions that take the NHS from where it is, now. With the right brand strategy and the right approach, some very promising partnerships are there to be had.

Wilmington Healthcare

With unparalleled NHS expertise and outstanding industry knowledge, Wilmington Healthcare offers data, data visualisation, insight and analysis on a variety of UK healthcare fields. We deliver sustainable outcomes for NHS suppliers and ultimately patients.

For more information or to request a demo of a solution please contact us in any of the following ways:

**w:** wilmingtonhealthcare.com
**e:** info@wilmingtonhealthcare.com
**@WilmHealthcare**
**#WilmHealth**

Wilmington Healthcare