Covid, service change and the NHS Reset: just how can industry keep up?

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Oli Hudson, Content Director at Wilmington Healthcare, looks at the current onslaught of NHS news and asks: what are the most salient points for MedTech?

With the volume of continuous news and updates in healthcare at the moment it is very difficult for the MedTech industry to get a clear view of the current landscape, for example what significant changes should companies be taking note of and which ones they should react to moving forwards? News about hospitals can seem particularly dense with content, which is sometimes confusing and conflicting; hospitals attempting to restart routine services, and then promptly ejecting those attempts in the face of a new surge of patients; about (supposedly) empty hospitals, then ones that are running out of beds; how some hospitals have falling covid mortality rates, and some rising rates of admission.

I read stories about a huge change to the funding systems of acute care, followed by trust chiefs saying why it is a bad idea; how new hospitals are to be built and then how some councils don't want them built.

What does it all mean? For one thing, it points to the huge local variation occurring across England, in covid case rates of course, but also in terms of ability to meet demand; and, how local systems have their own sensitivities, nuances, and special local structural or demographic challenges.

It points to differences of opinion among those system leaders as to how these challenges should be met; what resources are required and what services redesigned; how trusts should be reconfigured; who should do what, which hospitals should be specialised, which ones should become 'clean' or 'dirty' covid sites, and which ones should be 'hot' or 'cold'.

And it points to the fact that behind all this, there is an ongoing attempt to reform, renew and reset the NHS – not only in the light of the pandemic but also as a result of the Long-term Plan, still the principal driver behind NHS policy, and something the government is committed to seeing through. The Long-Term Plan began from the centre, but local systems are charged with its implementation. All of these have their own **locally-led position on how best to do this.**

The question for industry is: how can we tell what is contingent on current events, and what is to be a permanent change? What are localised outliers, and what is the general trend in healthcare? Which movements in our stakeholder map, the financial flows that fund our customers' organisations, the procurement mechanisms used to acquire product, the pathway changes used to meet the needs of our patients, are time-bound and beyond our control - and which ones will be with us for the next decade or so, and thus do we really need expertise in?

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Access

Nowhere is this question more acute than with access to NHS stakeholders. At the moment, this is severely limited by the restrictions of the pandemic itself and the time consultants and other clinicians have available for industry contact. We might say that these issues will diminish once the vaccine is with us, but will what follows represent a return to normality?

Many people think not. One of the main aspects of the NHS Reset, spearheaded by the NHS Confederation, the RCP and the AHSN network, is to retain the progress made this year in digital transformation and the use of tech. This includes how clinicians spend their time and the likelihood is much of it will remain digital. Outpatient appointments will be increasingly replaced by remote consultations, and a movement to keep patients out of hospital as much as possible – for reasons of both clinical outcomes and patient experience – is likely to mature from covid necessity to straightforward best practice.

When it comes to industry, many clinicians feel that **digital is also the future there**. Face-to-face contact will be diminished (if not extinguished) – and more meetings will happen online, as will events and education. MedTech will always need an in-person presence to demonstrate and train on product – but it is likely that many engagements that do not need to be in-person will take place in cyberspace.

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Service change

A linked question is change to services. While covid-vulnerable cohorts are currently being kept out of hospital for as long as is necessary to protect them, in the Long-term Plan, patients should be kept out of hospital as a matter of principle – the move to 'out-of-hospital' care and community-based multidisciplinary teams being a lynchpin of local service development. Care homes are to come under the aegis of GPs, who in their PCN contract are charged with responsibility for these to manage patients in-situ and reduce referrals.

Then with the various acute care reconfigurations – the dirty/clean, hot/cold, general/specialist categories – what has been accelerated by the pandemic was what was supposed to happen under the Long-term Plan anyway. MedTech is likely to find that many of its hospital customers at both staff and organisational level will be in transition over the next few years. Hospitals designated as high-flow, high volume, elective backlog-clearing centres in specialties such as orthopaedics and ophthalmology are likely to retain some of that status into the next decade, just as specialist centres will emerge at a regional level, replacing local ones to avoid the duplication of services across systems.

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System working

Finally there is the question of integration – the move from CCGs as the payer and trusts as provider, to Integrated Care Systems (ICSs) acting as strategic commissioners above a tier of integrated service providers of trusts (and other health and social care actors) working in partnership. While much informal collaboration has gone on because hospitals needed to pool staff and resources to meet covid demands, expect this to become formalised in the new year as ICSs gain statutory status, and their programme of population health – driven by system finance and allocations and system-wide incentives - rolls out. The results could mean fewer purchasing points and, potentially, joint procurement. Again, all this is part of the Long-term Plan.

How to keep up?

These central issues – the status of access and the role of digital engagement, the changes to services and pathways, and the emergence of system working – will be central for industry to understand over the coming months. Over the next month **Wilmington Healthcare** is launching a new course on its **Digital Learning Academy** covering the NHS Reset and Working with the NHS during the pandemic – any registered user with an account can access this and explore the issues outlined in this article, as well as gain insight on what the NHS really needs from MedTech and what all these issues might mean for your approach.

Wilmington Healthcare can help prepare you to better support your NHS customers:

- Register **here** to be kept up to date about the Digital Learning Academy's new NHS Reset course
- Find out more about how our expert online learning can support you **here**
- Get a flavour of how we support our current subscribers by watching the Digital Learning Academy's recent webinar - **A New Term: The NHS and Industry Now for more insights on NHS Reset.**

Find out more

To request a demonstration or find out more about how the Digital Learning Academy can help you and your business, please contact:

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