Academy of Medical Royal Colleges

How to fix the NHS

A summary of discussions from our party conference events

Background

In September 2022, the Academy of Medical Royal Colleges published its intervention into the parlous state of the health and care system in the UK. *Fixing the NHS* warned against normalising unacceptable care, highlighting the risk this poses to patient safety and the future of our healthcare services. We set out a range of high-level recommendations to remedy the situation and called for an honest conversation among politicians, policymakers and the public about the scale of the challenge.

In September and October, we held roundtables at the Labour and Conservative party conferences. Bringing together medical royal colleges and faculties, MPs and peers, health and patient charities and bodies such as the General Medical Council and British Medical Association, these events were designed to facilitate cross-sector conversations about how to fix the NHS and social care crisis.

Overview

This document sets out a range of short- and medium-term solutions devised by our participants. Underpinning these is a recognition that health, society and the economy are deeply interconnected, and that we need to move to a system that prioritises whole-person care and prevention. The cost-of-living crisis presents huge risks to physical and mental health, as well as to NHS staff and resources. Urgent support is needed to help remedy the situation.

By sharing these solutions more widely, we hope to generate discussion about how we can improve the system for the benefit of patients and the public, so we can stop normalising the unacceptable and deliver high-quality care.

Short-term solutions

Patient access and experience

- Provide greater support to those with caring responsibilities, recognising the essential help they offer to those living with complex health needs.
- Empower citizens and patients to enjoy healthy and fulfilling lives, use services appropriately, and get involved (e.g. via volunteering).
- Support social care at home to improve flow through hospitals.
- Boost interventions in the community – via peer and community support models, and greater use of care navigators.
- Improve access to basic care through maximising the use of pharmacies and expanding access to NHS dentistry, including in care homes.

Staff experience

- Improve access to basic provisions including hot food and hydration; rest areas; and free car parking/ cycle facilities and showers.
- Focus on staff morale to improve retention, recognising that strategies will need to span flexible working, professional development opportunities, and pay and working conditions. Support retire-and-return arrangements.
- Tackle pension taxation arrangements to support staff to deliver care and education and training.
- Recognise social care as a skilled profession. Address the non-competitive pay and conditions to prevent workers leaving for other sectors such as retail.
- Consider the impact of immigration policy on recruitment and retention across the NHS and social care. E.g. Address visa rules that make it difficult for GP trainees to remain in the UK in primary care after completion of training.

Systems

- Develop a more coordinated approach to use of the independent sector. This was used to great effect during the pandemic, but must now be approached in a considered way, which addresses the provision of education and training, and improving patient choice and access.
- Establish an effective route to identifying and sharing best practice so it can be mainstreamed.
- Greater honesty (not only with others, but within the profession) about what can be done in the short/medium/long term, e.g. via Getting It Right First Time and NICE guidelines.

Medium-term solutions

Patient access and experience

- The NHS model, while retaining its core principles, should shift towards greater recognition of the social determinants of health and re-orient around a psycho-social rather than bio-medical model.
- Explore scope to help bridge physical, mental and social health needs. Consider co-location of local public services and the expansion of or an alternative to NHS 111 that offers access and signposting to other services (e.g. financial advice).

Systems

- We need ongoing, agile and imaginative workforce planning, with sustainable investment. The workforce plan announced by the Chancellor in his autumn statement is an important opportunity. Any plan must recognise the complexity of the system, and consider a range of factors including flexible working, use of multi-disciplinary teams and new/expanded roles, technology, terms and conditions, the prevention agenda, and local need.
- Improve digital and IT infrastructure for patients and staff, enabling patient ownership of records and better information sharing across care settings, supporting patient safety.
- Build care around patient need, not budgets. Funding must follow the patient and map across disease pathways. Integrated Care Boards could be used to address this. Complex commissioning arrangements lead to splintering in how care can be provided – e.g. in sexual and reproductive health.
- Greater investment in and focus on prevention agenda and early diagnosis, to alleviate pressures on NHS admissions and social care.
- Improve alignment across and interface between care settings, avoiding a 'blame game' culture that creates friction between different groups.
- Support culture of productivity and consider how it may be incentivised. Surgical hubs, for instance, can be used to deliver a more streamlined caseload.
- Greater recognition of the importance of research, education and training to care pathways and to direct clinical care.
- Learn from international case studies.