# www.DO_IT

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**“Sleeves rolled up” is what our NHS frontline do, both physically and metaphorically, day-in day-out. We saw this before the pandemic, have seen it, in spades, over the last year and will see it forever-and-a-day, in our lives… the DNA of our NHS.**

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We know what the front-line have delivered but what does the front-line and for that matter, the public, want from the politicians, managers and administrators, responsible for the direction of the NHS?

I doubt it's a 10 year plan, a people plan, a digital roadmap, a building plan, a financial recovery plan, a reorganisation plan, or a roadmap… to ‘somewhere’!

Let's reverse the telescope. View our NHS through the lens of the public and NHS-frontline. If there was a web-site, let’s call it **www.DO_IT**, what would we want to see there.

What would it stand for?

**W**orkforce, **W**ell-being, **W**aiting lists. **D**ata, **O**rganisation_**I**nvestment, **T**echnology.

**Workforce**

As citizens, we want a supply-enabled workforce, enough people to do the job properly. Not a workforce hollowed out by austerity, nor depleted by people leaving prematurely or early retirement. A workforce that doesn’t leave because of working conditions or lack of recognition.

*Fit for purpose places when and where we need them. We know that the current infrastructure is, at the aggregate level, is… not enough, in poor repair, inaccessible and poorly designed for integrated services.*

And, a workforce that stands up to international comparisons.

A decade of neglect did not addressed these issues. Medical-graduate entry numbers have been controlled.

Bursaries for nurses removed and replaced by a Ponzi-style loans scheme and employment contracts tinkered with.

Perhaps the answer the public and the workforce might look for is a combination of:

- **opening** NHS doors to the world of great clinicians;
- **removing** controls on medical graduate entry numbers, allowing the internal market to manage the consequences
- **recognising** the constraints created by the support required for nursing qualifications and enabling an 'in the workplace' qualification
- **fair reward** for fair contribution, not best exemplified by the recent 1% offer

**Well-being**

As citizens we have an obligation to do our best with our own well-being but for some people, some aspects are out-with their control. This goes to the heart of social inequalities. Nobody wants a nanny state but those, truly, in need of support for their well-being should have it free at the point of use.

Well-being is at the core of physical and mental health. Perhaps, for some practical action, a citizens' enquiry, into how they would solve the current and worse-to-come, well-being crises.

It is well-researched and blindingly obvious; investment in prevention, through a focus on well-being is more affordable than a treatment-only agenda.

**Waiting lists**

Becket's Waiting for Godot has many interpretations. Waiting lists for citizens have only one interpretation - more pain, more suffering.

We are entitled to have expectations; money, capacity, digital-triage, diagnostics, outpatient services, and therapies, brought to bear, to shorten our pain and suffering. Waiting inevitably means costs go-up and acuity gets worse.

Covid has delivered many new ways of doing things which will help reduce waiting, pain and suffering. So, rather than waiting for a policy-Godot, which never comes, perhaps we should just get on with taking the best of the covid-innovations into the future.

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**Data**

Our records are held at a distance from us and access to them can be difficult. We should be able to access our records easily and decide who has access to them and where.

As importantly, is access to health data across primary, secondary and social care. The benefits of data integration are obvious - better knowledge, speedier access, better outcomes.

Within the context of data privacy, scientific research could benefit enormously by access to anonymised data to accelerate development of devices and medicines to prevent and cure illnesses. We know the benefits science has brought us through this terrible pandemic. Now is the time to create the accelerated access to data from which so many societal benefits can come.

**Organisation**

We all want local health and care close to where we live and work.

However, when we need truly specialised interventions, we want national expertise which is best in class.

We realise the numbers of these centres-of-excellence are limited.

Let's applaud the drive towards ICSs which enable localism but let's also ensure the full alignment of incentives and resources is delivered behind these structures. Let's avoid costly duplication of structures and functions and ensure access to specialist when we need them.

The approximate payroll cost of all our health related arms-length bodies is about £1.4bn. The annual payroll cost of NHS Trust and Primary Care executive leadership is £400 million.

You might have a view, in which part you'd rather invest.

**Infrastructure**

Fit for purpose places are necessary when and where we need them. We know that the current infrastructure is, at the aggregate level, not enough, in poor repair, inaccessible and poorly designed for integrated services.

This is a mirror of much of our public national infrastructure and reflects decades of underinvestment.

Let's applaud those in our local systems who have embraced digital triage, outpatients and therapies. Many are now looking at how, using these technologies, out-of-hospital services can be delivered in health hubs, close to communities.

*This could be a long-haul as resources are limited, much of the estate is in disrepair and replacement, overdue… but with imagination, commitment, access to a range of funding resources, together with good design, it can be accelerated.*

**Technology**

Over the last year, for most citizens, IT has become an integral part of our lives and it's become obvious, a lack of technology creates inequality. Perhaps we have learned, over the last year, that our future healthcare and well-being will be considerably enhanced by rapid adoption of technology.

Technology is integral to data access, essential for the design of organisational units, vital for the architecture of our infrastructure and of course at the heart of how we access the workforce, reduce waiting lists and take more control of well-being.

The great news is, our world is full of apps (and some miss 'apps!). With sensible investment, relentless focus on quality, sustainability assessments and some work on joining-up patient facing apps, to a cloud-based core, this is not as hard as it sounds.

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**In the post Covid era of new opportunities and looking at services from the perspective of the citizen and the front-line, the future defines itself.**

**All we have to do is; www.DO_IT …**

Ed Smith - March 2021