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The Challenges Facing Healthcare Leaders in 2022

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An overview of the challenges faced by the National Health Service (NHS) and measures that can be used to help the NHS deliver and transform care in 2022.



Key Points

- As the immediate demands of the pandemic response diminish, the NHS continues to face unrelenting pressure.
- The vaccination programme and management of increased demands from COVID-19 are expected to continue.
- Staffing will continue to be a critical issue and will require more than just deployment.
- A second critical pressure on the NHS will come from the formation of integrated care systems (ICS).
- Another growing issue on the agenda is the requirement on the NHS to meet its net zero commitments.
- There will be a need to use more proactive models of care and maximise the use of scarce capacity.

Even if, as we all hope, the immediate demands of the pandemic response diminish, the National Health Service (NHS) faces another year of unrelenting pressure. The pressures will come from many different directions and will require all the capacity, resources, ingenuity, and strong leadership within the NHS to meet them.

The vaccination programme and management of increased demands from COVID-19 will clearly continue to dominate the early months of the year. The demands on the workforce and on leadership time will impact all other key activities, especially efforts towards elective recovery where we can expect waiting times to get worse before they get better.

Stemming the growth in waiting lists is a huge task, but not an impossible one, with the right pathways, technology, and collaboration across systems. Extra money will help but it is important to recognise that throwing money at short term capacity will not be an effective sustainable strategy. The availability of additional staffing capacity will be one major constraint. Equally, while staffing is a critical issue, just deploying more staff without the right supporting models of care, infrastructure, technology and data will not solve the problem which already existed prior to COVID-19. What will make the difference is action to support more proactive models of care and maximise the appropriate use of scarce capacity, whether that is staff, beds, scanners, or operating

theatres. That, in turn, will require better use of insight across the system to support management of demand, effective scheduling, avoiding cancellations, and ensuring safe and timely discharge.

We will need a more forensic understanding of who is waiting for treatment, and exactly what their needs are, both to manage resources and to address the growing inequalities. This will require careful planning, new ways of working and data sharing. Advanced insight from population health management approaches can play a part in understanding people's needs and risk factors, as well as prioritising waiting lists, remodelling of patient engagement and communication, and helping to predict patient flows to manage demand.

The other resource that the NHS can draw on is the lessons learnt over the past two years. The NHS has shown extraordinary ingenuity and flexibility, and collaboration across health and care, from creating new COVID-19 rehab centres from scratch to deploying technology to help vulnerable people shielding at home. These new approaches will be just as vital in meeting the current and future challenges.

A second critical pressure on the NHS and its leaders will come from the formation of integrated care systems (ICS). While their go live date has been postponed until July, there is a huge amount to do to establish new organisations and enable new teams to work together. Managing that change,



at the same time as the ongoing operational challenges, will place major demands on NHS leaders.

It is possible though, that precisely because of these pressures, there will be a greater commitment to securing the benefits of ICSs and breaking down organisational barriers, both within health and between health and social care.

a year. But there are more innovative approaches emerging from other industries.

For example, there are increasing options for the NHS <u>to</u> <u>raise revenue from its plastic waste</u>. The high-grade polymers used in medicine can be recycled by other industries and prices are increasing. However, again, this will require the

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Supporting GPs, community services, hospitals, and social care services to share data and work together more easily could have a real impact in reducing admissions and speeding up discharges, and therefore relieve pressures on the system.

None of this will be easy, given the scale of the legal, organisational, administrative and cultural changes required across multiple organisations, but it will be important to make it happen quickly and effectively. Some early benefits will need to be evident by the end of the year to demonstrate that the changes have been worthwhile.

Another growing issue on the agenda is the requirement on the NHS to meet its net zero commitments. Sustainability strategies are needed, and these will need to take a different approach to understanding and addressing waste to the more traditional approaches around energy management and recycling.

In particular it will require a new approach to waste. The NHS generates about 590,000 tonnes of clinical waste every year, of which about a quarter is plastic. Recycling policies can help, as can education of staff. Great Ormond Street Hospital ran a staff awareness campaign on inappropriate glove usage which reduced the number of gloves used by four million people in

leadership team to give this focused attention and investment to do things differently.

In managing all these pressures, support to the workforce is critical. Ensuring they have the time and capacity to engage with these changes is hard when many are exhausted. They will also need ongoing provision to recover from the impact of the past two years. Equally, it will be more important than ever to make the NHS an attractive place to work, both to attract new recruits, but also to retain existing staff and make the best use of their talents.

Given the magnitude of these challenges, it would be easy to look at 2022 with trepidation. Yet the scale of the transformation and achievements across the health service in the past two years tell a different story. NHS leaders and staff are both innovative and deeply committed, and this is a powerful combination. There is every reason to believe that the NHS will deliver what was previously unthinkable and look forward to getting behind this transformation for what promises to be an undoubtably busy 2022.

Conflict of Interest

None. ■