# Royal College of Physicians

Rebuilding the NHS

RCP priorities for the resetting of services

Now the initial peak of the COVID-19 pandemic has passed, we need to reboot elective and non-COVID work. Our healthcare system must not return to the way things were.

From routine care to reducing health inequalities, particularly for people from ethnic minority backgrounds, we have the opportunity to embed long-term improvements. Many tried and tested approaches, such as multidisciplinary ward rounds, should continue. Other aspects, such as outpatients and procedures, will inevitably change.

This will not be easy, and the next 2 years will present significant challenges. But they are not insurmountable and by providing clinical leadership, physicians, as part of the multidisciplinary team working closely with patients and carers, will play a key role in successfully rebuilding the NHS.
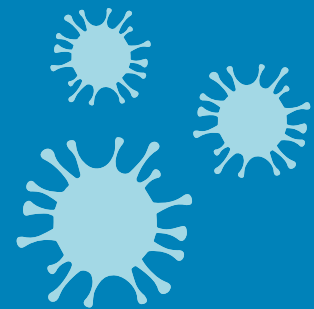
The role of the medical specialties

The medical specialties are best placed to provide guidance on specific patient groups and conditions. But testing prior to admission, symptom checking on admission and guidance on PPE must be approached consistently.

Specialties should use diagnostics in close collaboration with other healthcare professionals, such as pathologists, healthcare scientists and radiologists. Services should also be prepared for management of late presentation conditions.

Specialties also need to continue to provide immediate care for patients when possible. This is important to ensure acute and general medical services are not overwhelmed.

The priorities

To ensure the reset and rebuilding of NHS services is effective and focused on reducing health inequality, the RCP will seek to:

1 Support the NHS to resume services with improved integrated ways of working

Service redesign must be co-produced with primary care, social care and patients. We must improve communication, reduce duplication and minimise unnecessary transfer to hospital. We must work with patients with multiple conditions to improve their management. As attendances and admissions rise again, we must redesign outpatient services, acute take management and community provision to avoid crowding in emergency, acute assessment and ambulatory care areas.

2 Increase the workforce

The NHS People Plan must be brought forward. Physician associate regulation must be fast tracked, medical school places should be doubled and there should be more flexible working. Perhaps most importantly, all clinicians must be allowed time and space to rest and recuperate.

3 Encourage protected time for quality improvement, service redesign and research

Our colleagues who have returned to the NHS should be encouraged to stay. All staff must be given time to support service redesign, planning and implementation. Quality improvement and development of expertise in digital medicine must be included in individual and departmental job planning. NHS trusts must involve senior trainees, such as chief registrars, in service redesign.

4 Support education and development, particularly for trainees

We will support members as they resume training, exams and career development. Working with our Trainees Committee, JRCPTB and educational bodies, we will ensure no trainee misses out because of COVID-19. We will work with the Faculty of Physician Associates (FPA) and MRCP(UK) to ensure we continue to deliver reliable, valid and fair exams. We will improve our regional support systems and our digital offering for training and education. We will build on successful RCP initiatives such as the chief registrar programme.

5 Secure a new deal for international workers

Following our success in advocating for the removal of the immigration health surcharge, we will continue to campaign for recognition of international NHS staff. Indefinite leave to remain should be given to health and social care workers who have contributed during the pandemic, and their families. The proposed NHS visa should be expanded to include social care staff.

6 Enhance person-centred care, including fair access for patients with multiple conditions

Many patients, most of whom experience significant health inequality, have been identified as needing shielding and that is likely to continue. While support must be consistent and holistically managed, specialties will define what measures should be taken by shielded people, provide shared decision-making resources and support individual assessments.

7 Enable involvement in and access to research for all

Research has been crucial in tackling the pandemic and this could not have happened without a strong system within the NHS. Access to research must be equitable across the country and available to all clinicians and patients who want to participate. There must be a greater focus on research in areas of high disease prevalence.

8 Make social care sustainable

Unsustainable social care profoundly affects the wellbeing of patients and places unnecessary pressure on the NHS. The long-standing calls for greater integration between healthcare and social care must now be answered. The government must give social care parity of esteem with healthcare and reverse the years of underfunding.

9 Harness the potential of digital health

The use of technology in the NHS has advanced significantly during the pandemic, although many UK citizens remain digitally excluded. We must retain positive developments and understand where technology is still inadequate or inappropriate. We will help develop the positive changes already underway on things such as virtual consultations, e-rostering and AI.

Delivering the priorities

The RCP will work closely with specialist societies to deliver these priorities. We will make sure improvements are embedded by continuing to shape national quality improvement, and maximising the impact of audit and accreditation programmes.

Other key practical actions we will take to ensure the NHS is effectively rebuilt in the coming years include:

> driving the development of an alternative to 'outpatients'

> greater use of digital technology to support distance learning, particularly for trainees

> developing evidence-based policy and campaigns to ensure government policy prioritises rebuilding the NHS while tackling health inequalities

> working with partners to enable more research activity and more clinician time to undertake research in the NHS, particularly in the areas of highest disease burden

> developing tomorrow's leaders through schemes such as the chief registrar programme

> sharing best and emergent practice through our publications

> enhancing our nationwide impact through RCP at The Spine, enabling the RCP to focus more strongly on reducing inequality and improving health outcomes, service delivery and funding in the north of England.

Find out more about the RCP's work to tackle COVID-19 and support the resetting of NHS services. If you would like more detail on any of the priority areas outlined above, please contact us via **policy@rcplondon.ac.uk**.

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