

Written evidence submitted by Virgin Care (HCB36)

Standing Committee on the Health and Care Bill

Introduction

- **An approach based upon cooperation and coordination can enhance community management of cases, reducing demand on acutes by earlier identification, intervention and impact on patient outcomes, whilst also reducing whole system cost.**
- **Parity of funding priority and respect for community's role alongside that of acutes, is a prerequisite to reducing the backlog.**
- **Virgin Care would be happy to share our learnings with DHSC and NHS England officials, and with the wider NHS and social and community care family.**

[1] Virgin Care welcomes the opportunity to submit evidence to the Standing Committee on the Health and Care Bill. We change lives by transforming health and care and have been part of the UK's publicly funded health and care sector for more than a decade. Today, we are responsible for the care of more than two million people a year and employ more than 6,000 health and care professionals. Providing adult and children community services, specialised services such as prison healthcare and pathway services such as dermatology, we also sit on or are members of Integrated Care Systems in the areas across the country where we work, as well as Primary Care Networks where we operate GP practices.

[2] We have worked tirelessly throughout the Covid-19 pandemic to support our colleagues and the communities we serve in as many ways as possible. All our services have continued to operate, including our Health Visiting and School Nursing services, offering a mix of virtual and face-to-face support. More than 100 of our colleagues were redeployed into vital NHS services, helping to keep our most vulnerable safe and boost system capacity. At the same time, our work to change lives by transforming health and care has continued. New ways of working like our virtual baby clinics in Lancashire increased attendance and provided support to the most vulnerable families, whilst our Homeward programme supported people to return home, freeing up hospital capacity. Our Compassionate Communities Hub in Bath and North East Somerset has brought the local community together to support those who are shielding and/or vulnerable.

The future organisation and work of the NHS and care services

[3] We believe that community services and primary care can be redesigned to improve system flow and capacity, helping to deal with the backlog caused by the pandemic. At Virgin Care, care coordination is at the centre of what we do. Not only does this enable us to tailor care and services to individual patient needs and their level of health risk, but it also helps to reduce demand and maintain capacity elsewhere, including through reducing referrals to the acute sector.

Remote triage service & care coordination centres

[4] Anyone wishing to access our community services comes through our Care Coordination Centres, a single point of access (a single website, telephone number, email and postal address) and remote triage service. Our Care Coordination Centres make it simple and easy for patients to access information about their health and care, request appointments and get support. Patient enquiries and referrals are dealt with swiftly by a team led by clinicians and the remote triage service ensures patients receive the care they need in a timely manner.

[5] This approach also helps to reduce demand on the acute sector by increasing referrals to community pathways. Community services are crucial to keeping people well for longer, managing long-term conditions, supporting people to

live independently at home rather than regularly attending A&E or requiring hospital admission, and helping people return to living independently after a period of illness. If designed effectively and supported, these services are also invaluable in easing pressure on other parts of the NHS as they have done through the last 18 months.

A whole system approach

[6] We believe that this triage functionality can be enhanced as part of a whole system approach, where referrals from all services (including 111, care homes, and primary care) are received, triaged and assessed by multidisciplinary teams at Care Coordination Centres for suitability of referral to community care pathways. Care Coordination Centres assess the availability of all community assets to support patients, including third sector providers. Many charities and voluntary organisations contribute significantly to helping those in need, but are often overlooked, underestimated or not widely known about. Care Coordination Centres help people to navigate all of the services that are available to them in their area, rather than simply being directed to NHS services that are under pressure from long and growing waiting lists. This, in turn, leads to the better integration of community services and primary care – a key priority of the Long Term Plan – whilst providing seamless patient journeys.

Managing capacity

[7] For this to be effective, community and primary care services need to be able to manage their own capacity and demand. At Virgin Care, we have implemented eRostering and e-scheduling, which enables us to know which staff are available and when, increasing our capacity to schedule work in an efficient way. We can understand where exactly needs are greatest and manage resources accordingly. This, working in conjunction with our Care Coordination Centres, ensures our services are used in the most appropriate and efficient way and also provides a better experience for our colleagues, who have fairer shift and leave allocation.

[8] Secondly, we believe that lower-tier mental health training for community services and primary care can help to tackle increased pressure and long waiting lists for mental health services. At the moment, primary care services refer patients to Child and Adolescent Mental Health Services (CAMHS), with increased waiting lists putting pressure on primary care services. In Essex, our Child and Family Wellbeing Service provides online training to all primary and community providers for emotional wellbeing and coaching and tier one mental health needs. This enables more people in the community to access timely support and care, as well as reducing ongoing referrals and the risk of needs escalating. Needs can often escalate when patients experience long waiting times, leading to their mental health needs being greater than when referrals were first made. In Essex, patients remain on waiting lists for CAMHS, but their health and social needs do not escalate.

Lessons learnt from how healthcare services have been redesigned during the pandemic

[9] Whilst the Covid-19 pandemic has created unprecedented challenges for health services across the country, we believe that meeting that challenge has demonstrated the importance of high-quality community services. We should ensure that where benefits have arisen, they should be preserved and built upon.

Identify, intervene & impact

[10] With the backlog of access to care at a record historical high, it makes sense to boost community provision so that systems can identify, intervene appropriately and impact on patient outcomes; ensuring that conditions, whether physical or mental, do not continue to deteriorate through lack of or delayed support and intervention. Early identification can in some cases lead to patients' needs being met entirely within the community/primary care environment, freeing acute capacity for those patients whose conditions require it and allowing people to remain at or close to home.

Collaboration

[11] The pandemic has demonstrated (as Matt Hancock noted within his speech on 30 July at Royal College of Physicians) that providers from the public, private and 3rd sectors can work together to achieve common goals and organisations have been able to look past their own direct organisational challenges, in some cases solving them through sensible, appropriate collaboration at the frontline.

[12] In Bath and North East Somerset we were able to play to organisational strengths with the creation of the Compassionate Communities Hub. Similar schemes have been set up elsewhere, but in Bath collaboration of multiple organisations led to a service which performed well, despite being created overnight, and has so far helped more than 5,000 people with medicines, food and access to housing. We have long believed that collaboration and competition can co-exist within a health and care system, whether locally, regionally or nationally. In our experience – such as with Barnardo's and Essex County Council or with more than 40 third sector organisations in Bath and North East Somerset – these collaborations function best where clear goals and objectives in terms of outcomes, rather than activity, can be agreed and measured at the outset.

[13] This approach allows frontline staff to be empowered to deliver using their professional judgement and expertise within clearly defined boundaries and to achieve clear outcomes. These models, although in this case organically created, have proven themselves in the midst of a crisis, and we – and our colleagues – believe they must now be 'designed in' for the future. Reforms are needed to simplify the health and social care central bodies and to ensure that the public and professionals are able to understand responsibilities, but equally that these reforms should not simply make permanent existing arrangements, as that would risk stifling future innovation or potentially reducing patient choice.

Meeting emerging challenges

[14] Overwhelmingly, our colleagues' concerns for the future are regarding funding for preventative services which they see as essential to the post-pandemic recovery.

Proactivity

[15] A proactive approach to improving health inequalities, social mobility and encouraging healthier lifestyles through public health support will be a vital element of ensuring a fair, equitable recovery. Our colleagues are concerned that the impacts of the pandemic have fallen predominantly on those most vulnerable, but that the virus has also highlighted the significant risks poor lifestyle choices such as obesity and smoking present, both as a pressure on the health service and their effect on individuals' lives. Preventative services which can help to address these factors require upfront investment but deliver benefits, both social and economic, long term and help to protect the NHS of the future. As we recover, it is important that a false dichotomy is not created between investment in 'get well' treatment and resolving waiting lists and investment in 'stay well' services which can prevent future backlogs from developing and improve patient experiences and outcomes.

Measurement

[16] It would be a missed opportunity not to put patient outcomes at the heart of the health and care ecology, by ensuring that it is patient outcomes that are identified and measured in assessing the effectiveness of service provision. This should be the case whether the provider is an NHS function, a private sector partner, local government, or third sector organisation.

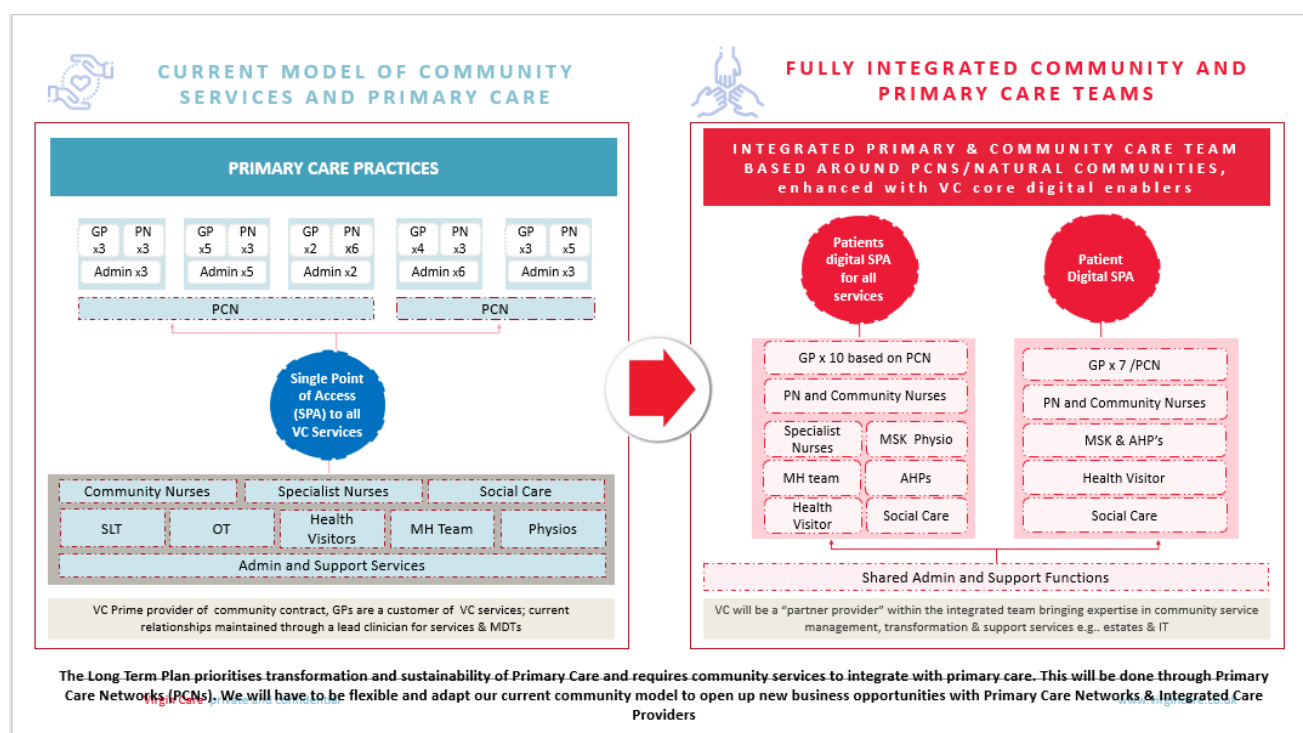
Making the change

[17] Virgin Care have now created several of the systems we identify in this note. We can provide data to government on both our interventions and our outcomes. If government is sincere in its stated desire to reduce the backlog, and we have no reason to doubt that intention, then early identification, intervention and impact will be crucial to ensuring that pressure on acutes does not increase further, and that patients have better outcomes, sooner.

[18] At Virgin Care, we stand ready to provide evidence-based advice and support to any and all those organisations seeking to rise to the challenge of clearing the backlog and to delivering the new health and care system in England. We would be only too happy to meet with members of the Standing Committee and, indeed, officials at the Department of Health and Social Care and NHS England to share our learnings.

Further information

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