NHS@75

Engagement to shape the future

May 2023

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Introduction

The 5th of July 2023 marks the 75th anniversary of the National Health Service (NHS); founded in 1948, it became the first universal health system which was available to all, free at the point of access. Today, the NHS provides services to millions of people across the country.

Over the last 75 years, the NHS has led the way developing new treatments to meet the needs of successive generations; from the first kidney dialysis being performed in Leeds in 1956, Britain's first heart transplant in 1968 and the subsequent UK heart transplant programme being launched in 1979, through to the response to the Covid-19 pandemic and the national vaccination programme which has delivered 128 million vaccinations since December 2020[1].

Such a significant moment provides the ideal opportunity to reflect on the importance of the healthcare services which our NHS provides, whilst acknowledging the challenges it faces and looking at how it will develop over the coming years.

The NHS@75 project was launched in Spring 2023 by the NHS Assembly, to help shape the future of the NHS through a collaborative conversation with the people it touches; the NHS Assembly brings together individuals from across health and care to provide advice to NHS England's board.

As a statutory organisation responsible for NHS spend and performance for a population of 1.7 million people, NHS Humber and North Yorkshire Integrated Care Board (ICB) was invited to take part in the NHS@75 project and involve its people in shaping the future of the NHS.

Engagement goals

The NHS Assembly identified three key areas to investigate, and seven questions to answer, as part of the NHS75 project:

1. **How far has the NHS come in 75 years?**
   a. What features, developments, or services of the NHS are most important to celebrate and strengthen as we approach the 75th anniversary?

2. **Where is it now?**
   a. Today, in which areas do you think the NHS is making progress?
   b. Today, in which areas do you think the NHS most needs to improve?
   c. What are the most important lessons we have learnt from how the NHS has been changing the way it delivers care in the last few years?

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[1] NHS England, 2023, https://www.england.nhs.uk/nhsbirthday/about-the-nhs-birthday/nhs-in-numbers-today/

3. **What would you like from it in the future?**
   a. What do you think should be the most important changes in the way that care is delivered, and health improved, in the coming years?
   b. What would need to be in place to achieve these changes and ambitions?
   c. Do you have one example of a brilliant way in which the NHS is working now, which could be a bigger part of how we work in the future?

How we have listened

Methodology

As an ICB, Humber and North Yorkshire wanted to involve a wide range of people and stakeholder groups in this conversation – where possible through a series of workshops, whilst also utilising an online survey to encourage involvement where it was not possible to facilitate a workshop.

The following were identified by the NHS Assembly as being key groups to listen to as part of the NHS75 project, and were the basis for the ICB's approach to its engagement planning:

- Staff
- Primary Care
- Local Authorities (Councils)
- Care & Independent Sector
- Voluntary, Community, and Social Enterprise sector (VCSE)
- Patients and the public

Workshops

A series of workshops were held over a two-week period during May 2023 to facilitate discussions with groups, using the online collaboration platform 'Jamboard' to document the discussions and encourage attendee participation. This documented the responses received to the seven questions set by the NHS Assembly.

Workshops were held remotely using Microsoft Teams with the following groups – facilitated by ICB colleagues and/or members of the ICB's Communications, Marketing and Engagement Team:

- Patients and the public
  - o Accord Steering Group (North East Lincolnshire)
  - o Harrogate Mental Health Service User and Care Involvement Group (North Yorkshire)
  - o Patient Partners (North Yorkshire)
- Local Authorities
  - o Humber & North Yorkshire Directors of Public Health

- Primary Care
  - Primary Care Collaborative Leads

- Staff
  - Humber and North Yorkshire ICB Staff Wellbeing Group
  - Humber and North Yorkshire Staff Inclusion Network

Jamboard links were circulated to workshop participants to give them the opportunity to contribute further after the meeting, and to allow people who were unable to attend, to provide their valuable feedback.

Online survey

To enable wider participation in the NHS75 project, a short survey was produced and hosted on the ICBs online survey platform, 'Smartsurvey' to give an opportunity to answer the seven questions set by the NHS Assembly, as part of the project. The survey was circulated by email to the following groups:

- Voluntary, Community and Social Enterprise (VCSE)
  - Sector Support NEL email bulletin (North East Lincolnshire)
  - VCSE Alliance (North Lincolnshire)
  - VCSE Assembly (York)

- Care Sector
  - Care homes and care providers – adults (North East Lincolnshire)
  - Cross Sector Provider Partnership (North Lincolnshire)

- Patients and the public
  - Accord Steering Group (North East Lincolnshire)

A link to the survey was also made available to attendees at the 'Making it Real' workforce event, which was held in North Lincolnshire on the 22nd of May; this was attended by Adult Social Care, NHS, and local authority representatives.

Engagement reach

During the project, seven online workshops were held using Microsoft Teams and Jamboard – due to timescales and other commitments of the groups involved, it was not possible for everyone who was invited to these sessions to attend; therefore, links to the Jamboards were circulated to all, to allow them to participate outside of the workshop if they wished.

48 people completed the online survey which was set up to widen the scope of the project, allowing people who couldn't attend a workshop to give their feedback. Online surveys were also used when it was felt that Jamboard was not the appropriate mechanism for specific groups – for example, when responses needed to be truly anonymous – in particular, feedback from patients and the public.

Online survey responses were received from the following groups:
Patients & the public – 21
Care providers – 15
Making it Real event attendees - 5

Results

The comments provided through the online group sessions and survey responses have been analysed to explore themes that arise in the feedback. Overarching themes will be considered in the conclusion of this report, with feedback on each of the seven questions summarised here.

How far has the NHS come in 75 years?

What features, developments, or services of the NHS are most important to celebrate and strengthen as we approach the 75th anniversary?

It was felt that advances in technology during the 75 years of the NHS should be recognised as a positive, enabling factor in the development of services. This includes both advances in technology that have enabled better diagnostic services and earlier detection of illness, as well as digital technology which has had a positive effect on medical records, appointment booking and enabling patients to play a more active role using the NHS app and reminders on smartphones.

Embracing new technology in order to improve clinical options for patients over the years - such as iron lungs for polio to MRI scanners

Our research teams, our diagnostics teams, path labs - unsung and at the cutting edge of medical advancements

Digital technology - NHS App, online appointment bookings; promoting self-care, COVID booster - reminders via smart phone

New developments in services over the 75 years were mentioned such as treatment for HIV and AIDS and tackling illness that had been previously untreatable such as being able to carry out organ transplants which would have been unheard of years ago but more commonplace today.

With new treatments, drugs, and technologies the NHS is now able to provide care and treatment for so many more conditions than before and people are able to live a longer life or improve their quality of life despite having long term conditions.

HIV and AIDS care - groundbreaking making an international difference

Provide long term Population Health Management to manage early onset health conditions more effectively before they reach crisis point

Improved public awareness of cardiovascular disease, diabetes care

It was felt that the staff and workforce is something that should continue to be celebrated and highlighted. Changes in the number of different roles in the health service was seen as a major advancement and staff were thought to be a strong force in the success of the NHS.

The staff and the people - they are the ones who make everything happen

Staff are the driving force of the NHS, all working together in partnership

Collaboration with NHS workers and other agencies is particularly strong and allows for sharing of knowledge across agencies

It was thought that the NHS should be celebrated as people are healthier, life spans are increasing and we have a service that is free for all. People told us that we should celebrate because:

There is always a service there when you need it

Selflessness of staff working through the pandemic on ground level

Developments in medical research into long term conditions

The NHS is an amazing organisation

Where are we now?

In which areas do you think the NHS is making progress?

The innovative and modern approaches to care which have been at the forefront of the NHS since its formation, were identified as an area where the NHS continues to make progress. This included the introduction of new drugs, treatments, and procedures, which are now allowing patients to be treated for conditions which were previously untreatable, or which offer better outcomes and shorter stays in hospital.

Use of robotics for surgery – reducing the length of stay in hospital

Despite the high level of stress in the system, progress is being made in treatment and what were new treatments are now routine. Unfortunately, in the majority of cases, the new treatment is more expensive. On the other hand, the quality of life of the patients is improved and they may only need short term support after treatment is completed.

The use of digital services such as the NHS App, video calls with medical professionals, and access to digital patient records, were also identified as areas of progress; making it easier for patients to receive the care and advice they need (especially during times where a face-to-face appointments and consultations have not been possible – for example, care home residents isolating.) Although it was

acknowledged by some, that there is a need to find a balance between remote, digital appointments, and face-to-face consultations.

Using video calls has made it possible for consultants to see more of our residents; they have been able to do reviews when we were going through difficult times, in isolation etc.

The use of digital – Covid app, NHS app. Building on the use of digital, whilst striking a balance with F2F (face-to-face)

I think the technological advances through things like the NHS app and GP online services to make it easier for the patient to access appointments

Feedback also showed that some people feel that the move towards more services being based in the community is a positive, putting patients at the heart of care.

Ability to not have to visit your GP – community pharmacists can issue prescriptions for minor problems

Moving towards a more neighbourhood approach and putting the patient at the centre of good local and integrated services

The ongoing investment in improving the local hospital environment and infrastructure, was included in some comments as an area of progress.

New A&E Department in Grimsby, which is more organised, although still very busy

…improved A&E conditions, physical standards of hospitals…

Respondents identified the improvements which have been made across an array of services and clinical areas, including mental health, cancer, and transplants; as well as the improved outcomes which are now being seen by patients.

Encouraging patients to mobilise after treatment

Improvements in maternity – childbirth and length of stay in hospital

Several respondents recognised the increasing importance of work around health inequalities and Population Health Management (PHM), but that more work still needs to be done to reduce inequalities further.

Reducing health inequalities – it is now very much on the agenda, especially following the pandemic, but more needs to be done

Recognising the importance of PHM for improving health outcomes before they require acute care

Engagement with patients about their health and care needs and providing patient-centred care was also identified by some people as being an area that the NHS is progressing in; although, it was acknowledged that there continues to be some barriers to this.

Looking and listening to what patients want and need

Patient-centred care – the voice of the patient matters. Not being 'done to'

There are pockets of excellence in the engagement with patients. Changes in organisational configuration are a significant obstacle in this arena

The benefits of joint working between organisations, helping to provide better care and service integration was identified by several respondents:

In tough times, the NHS is working alongside partners to provide the best care.

In person-centred care and integration with the wider health and care system
However, it must be acknowledged that some people felt that the NHS is not making any progress currently.

I don't, I think that every part of the NHS has gone down-hill since Covid

I don't think you are making much progress

In which areas do you think the NHS most needs to improve?

People told us that the NHS needs to look at workforce and staffing to ensure that there is adequate support for people who provide care. People told us about the changes in training provided to the workforce, and how this has impacted and shaped the roles available to NHS staff.

Basic nursing care - since the introduction of Nursing 2000, nurses have become too qualified to do basic nursing and personal care> Health care assistants aren't nurses. The SEN role needs to be reintroduced so that people who want to care can and don't need a degree

It was recognised that this is not just about the numbers of staff in the NHS, but also about attracting people to these professions. It was felt the NHS should continue the focus on recruitment and retention.

Staffing - workforce - a thorough national workforce plan to be developed and introduced

Obviously, the shortage of GPs is impacting too and every single member of staff I saw was working their socks off under huge amounts of pressure. Investment in staffing needs to be a priority as more are leaving and less are training

Training in some elements could be improved, both for NHS staff and those providing care at home. A return to nursing bursaries was suggested as a way to boost those choosing this as a career.

There is also a need for staff to receive better training in a range of illnesses. I know of several instances where people with serious conditions have not been looked after correctly because staff were not aware of how to treat them. In some cases this has led to a serious deterioration of their condition

There is also a great deficiency in after-care services. Home care staff are not well trained and there are too few of them

It was thought that administration and process could be improved, and this included a focus on the further development of IT to support administration. It was suggested that the NHS is lagging behind other organisations in terms of IT infrastructure.

People recognised the importance of working collaboratively with other partner organisations and suggested this is an area to focus on. The patient journey should be seamless, and although integration had improved more recently, it was felt this could be an area to prioritise going forward.

The integration aspect of the patient journey needs to be seamless. The patient shouldn't be able to make the distinction between where their care is provided. It's one journey with all providers working together

Thinking of models of integration with social care. Being bold in making changes

As services move more towards providing care in centres of excellence, thoughts were expressed about the how this affects accessibility and highlights issues with transport to appointments.

Medical benefit achieved by centralisation of units is understandable, but the evidence suggests that little weight is applied to the ability of patients to access these centres. Patient transport is a major problem in rural areas and indeed urban where the centre of excellence is distant and public transport is inadequate

Access to services was also highlighted when thinking about waiting times. The current system with primary care as the 'gatekeeper' to accessing secondary care was thought to cause delays at times and no matter how good services are, they are not going to benefit patients if they are not able to access the right care at the right time.

Prevention of ill health and the importance of early intervention were thought to be priorities for improvement. This was seen as key to helping people to stay healthy for as long as possible.

Strengthening self-care messaging - preventing people attending A&E when they don't need to

Focus on health maintenance instead of disease treatment

People should take more responsibility of their own health

Health inequalities was also an area of importance in improving our NHS. More attention to inclusion and equity was suggested.

On inclusion and equity - SO much work to do on treating a person as a human being and ensuring diverse participation in health research (not just white and male...)

Truly valuing ALL our people, every single one, in all their brilliance and diversity every day (and showing it through gratitude, respect and opportunity).

What are the most important lessons we have learnt from how the NHS has been changing the way it delivers care in the last few years?

One of the things highlighted was that we can see some really positive changes in the way the NHS delivers services over the last few years. The response to the Covid-19 pandemic accelerated a change in the way services are provided and moved us closer to integration across organisations providing care.

Digital innovation was thought to have progressed rapidly since the pandemic, with many examples of ways of doing things differently. It was also noted that with advancements in care comes increased demand on services due to an ageing population.

NHS proactively working with its providers, local authorities, care homes ambulance trusts to achieve a better outcome for patients having social care

The introduction of video and telephone GP appointments and training of receptionists in triage of patients gives a more streamlined approach to treatment

Improved communication between agencies/organisations promoting early prevention of illness

Improvements in technology, drugs and treatments has been achieved. However, the demand for services will increase due to increasing population and lifestyle behaviours/mechanisation and there is a requirement for more efficiency and increased resources to meet that demand

It was however noted that improvements are competing against challenges presented by workforce pressures and services which can no longer be provided.

Care has been drastically cut back with the closing of council run care homes and subsidiary care services

Need to work together and not compete/ blame other parts of the patient journey

What would you like from the NHS in the future?

What do you think should be the most important changes in the way that care is delivered, and health improved, in the coming years?

The key issue identified in the responses to this question, was that the NHS needs to look at making changes to the way in which it delivers care to patients. This included working with public health on prevention initiatives for local communities, providing more flexible and accessible services, and raising awareness of how people can help themselves and manage their own conditions.

Providing a truly 24/7 NHS to fit around people's lives and commitments. Services fitting around the needs of users

Improvement on prevention and all that this entails… patient education, health initiatives, role models, self-management through skills such as mindfulness

More investment in public health initiatives for the community, education, early intervention and prevention ensuring a healthier population

Provide more mobile services - meet people where they are (eg mobile cancer screening units, pop-up vaccine hubs and testing, walk-ins etc)

Focus on better patient understanding on services that are out there using the 'Right Care, First Time' approach to help reduce waiting times and A and E pressures.

What would need to be in place to achieve these changes and ambitions?

Understanding our population was thought be an important foundation to help towards achieving these changes. Engagement to understand what our communities want would enable us to better understand their behaviours and how this affects their health. It was thought that a wealth of data could be used and shared across partner organisations to build a picture of the population, to inform service development and change.

Co production. What do our communities want and we need to better understand them and their behaviours. Especially our seldom heard groups where so many of our eventual ED pressures come from

Appropriate access to joined-up data across the whole social and health care system

Retention of staff was again highlighted, but also the importance of supporting staff at all levels with training and good leadership.
Listen to front-line staff and use them to develop the service rather than dictating from above

More government cash invested and more bursaries to train staff

Transformational leadership at the right levels. An understanding of (and action upon) people's journey through the entirety of the H&SC system by the people providing care

It was thought that there needs to be attention to system change. It was suggested that the whole system needs to be considered and evaluated, to see where improvements can be made using a common-sense approach.

More understanding of the system as a whole; limitations, staff groups, what motivates, what causes frustration, pockets of strength and weakness and how we support or build on these

Doing things once – this is vital

Local, patient centred care was believed to be the way forward. A move towards new models is now being seen in the development of integrated care centres and diagnostic centres, and it was said that services should always be based around the patient. Patient transport and accessibility were also important and could be addressed with bringing services into the local community.

Local hubs or walk in centres where small problems can be picked up more quickly, thus having a more favourable outcome and costing less money overall

Social Prescribing should be more widespread, and utilised, to relieve the burden on other parts of the NHS. It should be opened to a wider field of conditions

People told us that working collaboratively was important, and pathways between services need to be more developed. Support for centres of excellence that can deliver the best care were seen as the way to develop, whilst responding to ever-increasing clinical complexity of both an ageing population and advances in technology.

Sound financial plans that read across H&SC (not being single agency focused) that we stick to

Realisation that social care forms an important part in aftercare and for some a home for the rest of a person's life. Social care become family

Organisations to continue to communicate and work together as one

Do you have one example of a brilliant way in which the NHS is working now which could be a bigger part of how we work in the future?

Some people told us about how we could build upon the success of projects such as the Perfect Fortnight and learn from them. The Covid-19 vaccination programme was also thought to be a good example of a response to need, involving partners working

together. This had also led to more pop-up services and mobile clinics taking place, building upon our learning about what works for our local communities.

There are many brilliant ways of working out there, but the way to harness those, is to spend time in the different parts of the whole system. Also don't assume to replicate good working practice, without understanding why it works first

Our advances in digital technology in health were noted as good examples of how the NHS is working today, with people telling us that this is important for helping patients to be treated more efficiently. Technology can also be an enabling factor, empowering people to take more control over their health.

Increasing use of digital technology in order to keep people informed about their own healthcare needs and helping them to be more proactive in the process of their care

Promoting the NHS App… it's the future and can save the NHS so much time if everyone maximises it!

People told us about advances in collaborative work in Humber and North Yorkshire, and how this could lead to targeted interventions at a local population level. Working as a partnership was thought to be the way to achieve great things in the future.

The focus throughout the recent pandemic demonstrated the strength of the people in the NHS. The important difference between "normal" times and the pandemic was the focus across the organisation and in the political arena. It would be amazing to see that energy and focus applied across the organisation for normal delivery

We work well together (and this should be the core of how we work)

Moving services into the community was said to be a positive development, with services supporting people to live healthier lives at home. People also told us that we could empower our communities to navigate health information and support self-care.

Community mental health services - the teams save millions of pounds each year by keeping seriously unwell people in their homes, supporting them and offering interventions to enable people to live within their communities and have community support as well

Before the Covid epidemic, there was an initiative at York Hospital where a pre-operative assessment of the health of patients took place. If the assessment showed that the patient was not really fit enough, then they were encouraged to get fitter and/or lose weight and the operation was postponed. It was explained that the operation would then be likely to be much more effective.

Health optimisation programme to continue

It was encouraging to note that people felt the involvement of people in the design of new services was being seen, and that the NHS is now learning and looking back at the best ways to provide care by listening to patient experience.

Patient engagement run by Humber Teaching NHS Foundation Trust is of a very high standard. Patient representation is encouraged and there is a very positive focus on feedback and action

Conclusions

Across the set of questions posed to those involved in this engagement about our NHS, a number of common themes have been identified. These provide insight into the priorities for development of services both across the country and for the people of Humber and North Yorkshire. These themes can set a baseline for our Integrated Care Board to understand what matters to local people and to support further engagement on these topics.

This engagement across Humber and North Yorkshire has highlighted the following key themes:

Advances in technology

Technology and digital innovation is now a key factor in the development of services, treatments, and diagnostics. It can also empower our local communities with more options to access services online, take control of their healthcare on their smartphone and access information and advice about keeping healthy and local services that are available.

Staff are the driving force of the NHS

People told us that the staff are the heart of the NHS and priority should be given to support them with training, expanding the workforce and improving staff retention. We were asked to listen to the views of staff at all levels and support them with good leadership and direction.

Services in our communities

We are now seeing more health services becoming available in our local communities, closer to the patient and easier to access. An expanded range of options for accessing care is now being offered, from community pharmacists to eye clinics based in local health centres.

Using our data

People told us developments in population health management were encouraging and there was the potential for joint datasets in the future. Using data to understand health inequalities and ways to address these was important.

Listening to local people

Engagement with patients and local communities will help us understand what people need to help them live a healthier life for longer. There were examples of excellence in public involvement, but more could be done.

Collaborative working

People told us about the importance of creating a seamless patient journey, and how through the pandemic we had shown how some of the organisational barriers could be overcome, when focussing on a common goal. It was thought that this approach could be continued and built upon in the coming years.

Prevention is key

Prevention was seen as key to helping people live healthier lives, with the NHS taking a role in showing people how to make the right choices to achieve this. It was felt that encouragement was needed to help people take responsibility for their own health.

Learning from the response to the pandemic

Much could be learnt from the response to the pandemic. People spoke about the acceleration of digital innovation, driven by the restrictions to how services were able to be provided. The pandemic was said to have demonstrated the strength of the NHS and how well we all work together and with our partners.