The Health Foundation | NHS Productivity Commission

Call for evidence

BACAPH Submission

Please provide further details about the nature of this organisation's work/activities

BACAPH acts as a Special Interest Group (SIG) for children and young people's public health in both the Faculty of Public Health (FPH) and the Royal College of Paediatrics and Child Health (RCPCH).

Crossing the parent organisations for paediatric and public health professionals, BACAPH provides a unique interdisciplinary perspective on the complex problems of child and adolescent public health.

Please state your name and role at this organisation

Simon Lenton Co-Chair.

Your views on NHS productivity

Please share any general comments you have relating to productivity in the NHS in England. (max 2,000 characters)

The high-level expectation from improved productivity is a move from competition based on short-term, individual cost, to competition based on long term, population value.

Achieving this change will require an understanding of systems engineering, a well-articulated clarity of purpose, clear values that drive culture and behaviour within integrated organisations, and a relentless focus on patient experience and outcomes. Design based on pathways will be central to planning then delivered by teams working from different organisations in networks, supported by QI metrics that identify the weakest links and learning systems that can rectify and evaluate change and then disseminate results.

This submission takes a public health view on productivity and value, therefore focuses on longer term effectiveness and equity rather than short term efficiencies.

Proposed reforms

Please propose **up to four** reforms to improve productivity in the NHS in England.

We are seeking ideas that:

- have the potential to improve productivity both now and in the future, provided 'quick wins' do not affect long-term productivity growth
- would enable the NHS as a whole to improve productivity.
- identify the national policy levers (eg incentives, targets, regulations or guidance) needed so that the system can seize opportunities to improve productivity
- are ambitious but realistic, ie where you can see a path through implementation, even if this requires substantial change.

We welcome insights derived from local examples and case studies from other countries and sectors where these are relevant to the NHS.

You will have the chance to link your proposed reforms to one of our four drivers:

- **Workforce:** the people who support care delivery
- **Capital:** the buildings, equipment and digital infrastructure
- **Technology and innovation:** the adoption, implementation and spread of technologies
- **Transformation**: the things that enable the system to work better, including leadership and management, coordination and governance.

All questions in this section are optional.

Proposed reform one

A system engineering approach to commissioning, provision, quality improvement and regulation.

Description.

- **Problem:** fragmentation of care, with poor coordination (at one moment) and continuity (over a period).
- **Action:** The concept of systems engineering, was introduced in the 2019 NHS Long-Term Plan described as individual health care being based on care pathways and population health care based on life course pathways. Improving experience, outcomes and equity, all contributing to overall value, requires a rigorous systems engineering approach to ensure all the parts are in place, working well together, complemented by quality improvement that detects and rectifies the weakest link in the pathways.
- **Implementation:** the concept of systems engineering would need to be articulated and embedded within national guidance, disseminated (with a relevant learning package) to strategic commissioning bodies and then devolved down to clinical networks providing care. A complementary approach would be needed across integrated care systems bringing commissioners, providers and regulators together.
- **Responsibility:** this approach would require unprecedented support and training programs through the professional organisations and unions that support people providing care and those maintaining the infrastructure - so the whole system is constantly striving for better processes, outcomes and value.

How would this reform improve productivity

The intention of quality patient/person care is to improve access, experience and outcomes with as few omissions or duplications within the pathway. This improves coordination and continuity so improves productivity and value. A similar logic can be applied to life course pathways where tackling determinants improves future health and reduces healthcare burdens thus releasing resources.

Challenges and barriers. The short-term barrier is the necessity to reduce waiting lists, the medium-term barrier is the decade of underinvestment in both health and social care in relationship to care of the elderly. The long-term challenge is to create a physical, social and economic environments in which families can thrive and achieve maximum well-being over their lifetimes. This requires close cross government working that mimic relationships between organisations to create alignment and synergy, resulting in productivity and value.

Evidence and/or real-world examples (max 1,500 characters)

NHS Long-Term Plan.
https://webarchive.nationalarchives.gov.uk/ukgwa/20230418155402/https:/www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

Cambridge University. Engineering better prepare a systems approach to health and care design and continuous improvement.

https://raeng.org.uk/media/wwko2fs4/final-report-engineering-better-care-version-for-website.pdf

https://www.iitoolkit.com/

BACCH/BACAPH, Family Friendly Framework.

https://www.bacch.org.uk/resources/family-friendly-framework

Health Foundation resources on quality management systems, learning health systems, complex adaptive systems.

Which of our following drivers does this proposal primarily relate

☐ Workforce

☐ Capital

☐ Technology and innovation

☒ Transformation

☒ Other – please state: Click or tap here to enter text.

Systems

Proposed reform two

Embedding pathway-based quality improvement and learning into commissioning, provision and regulation.

Problem: currently quality improvement is largely an activity undertaken by teams within a single organisation relating to episodes of care. Often the impact is short term and not always sustainable. The NHS was never designed as a whole system (including homoeostasis) with the capacity to keep on track and identify and rectify problems as they emerge.

Action: quality improvement must expand from teams to networks and whole system approaches to quality improvement. There must be ICS comparable measures relating to component parts of the patient pathway and population pathway to indicate where efforts should be focused. Once successful change has been evaluated there must be a process to enable early adaption and adoption throughout the whole system.

Implementation: for this to be successful requires the whole system to become a "learning organisation" dedicated to improving experience, outcomes and equity. You Learning networks between integrated care systems should be developed to enable rapid implementation. Regulators would be able to compare and contrast quantitative measures between organisations delivering pathways of care to focus improvement interventions.

Responsibility: initially a lead within DHSC devolving responsibility to strategic commissioning organisations working closely with teams and organisations delivering networks of care. The importance of including patient representatives should not be overlooked.

How would this reform improve productivity (i.e. the route to impact and potential scale of impact)? (max 500 characters)

Integrating competition based on quality, rather than competition based on cost, is essential for improving equity and outcomes. Improving outcomes is an integral part of improving value. The process of productivity improvement relates to disinvesting in low quality care and reinvesting in high-quality care. This includes recognising where there is omission or duplication leading to poor productivity.

The challenges and barriers (max 500 characters)

The greatest barrier to improving productivity and value is that these terms are unfamiliar to the many teams and organisations providing care within the NHS and its partners. The principles of "systems thinking" and "learning organisations" are currently not an integral part of either professional training or organisational culture. Productivity and value therefore need to be explained within the wider context of longer-term system evolution. This will

require quality improvement to be embedded in training schemes, continuing professional development and organisational development.

If your proposal is supported by any evidence and/or real-world examples, please share details here. (max 1,500 characters)

Don Berwick report A promise to learn-a commitment to act.
https://assets.publishing.service.gov.uk/media/5a7cc74540f0b6629523bc31/Berwick_Report.pdf

Quality improvement made simple What everyone should know about health care quality improvement

https://www.health.org.uk/sites/default/files/QualityImprovementMadeSimple.pdf

Which of our following drivers does this proposal primarily relate to?

☐ Workforce

☐ Capital

☐ Technology and innovation

☒ Transformation

☒ Other – please state: Click or tap here to enter text.

Proposed reform three

Leadership and values for a collaborative culture.

Problem: leadership skills range from advocating for legislation, through to caring for team members. A shared culture across ICS organisations refers to the shared values, beliefs, and behaviours that shape staff interactions and patient care, but this has not yet been achieved.

Leadership and management skills are rarely taught within professional training programs yet clinicians are often the individuals responsible for service delivery which is outside their training and clinical responsibilities.

Action: relevant legislation and guidance should be brought together in ways that have application from government departments, through ICS organisations, to individual family care, to create a culture applicable to all.

Implementation: would require multiple communication channels and materials with examples relevant to differing professional groups to create a culture of coproduction at individual, organisational and departmental levels, in effect alignment and synergy.

Leadership organisations must give further thought and action on the style of leadership most appropriate for implementation of complex policy initiatives across integrated care systems.

Responsibility: overall responsibility lies with DHSC with devolved responsibilities to professional organisations for the development of relevant information and training materials. Careful thought should be given to measuring impact on value.

How would this reform improve productivity (i.e. the route to impact and potential scale of impact)? (max 500 characters)

The culture of competition driven by individual charismatic leadership undermines devolved decision-making closer to clinical care. Many individuals within the integrated care systems can identify inefficiencies and inequities but are not supported to make or disseminate improvements within current management cultures.

What is stopping this reform from being implemented now (eg the challenges and barriers)?
A decade of austerity, the post-pandemic backlogs, and a workforce crisis, all concentrate immediate efforts on the short-term rather than long-term improvements required for the system to increase value and sustainability.

If your proposal is supported by any evidence and/or real-world examples, please share details here.

You may share case studies.

Please include full URLs for any published evidence available online. If you wish to share any unpublished evidence in support of your submission, please email evidencesubmissions.productivitycommission@health.org.uk using

Which of our following drivers does this proposal primarily relate to? Please select one.

☐ Workforce

☐ Capital

☐ Technology and innovation

☒ Transformation

☒ Other

Proposed reform four

Workforce well-being.

Please describe your proposed reform for improving NHS productivity. (max 1,500 characters)

Problem: approximately 70% of NHS resources are spent on salaries. Ensuring workforce well-being by increasing recruitment, reducing absence and improving retention is central to effective delivery of services, thereby improving productivity and value. The impact of artificial intelligence on future workforce requirements has not yet been fully explored within integrated care systems. The long-term intention is to create organisational resilience and sustainability.

Action: in the past workforce plans have been generated by individual professional group rather than new ways of working in teams delivering care in networks. Workforce planning based on networks clarifies the roles and responsibilities of each professional group. Continuing professional development then follows care pathway provision. Networks must invest in quality improvement capacity and population health management to improve productivity and value. Greater working flexibility will be required when NHS delivery becomes more flexible around patient needs. The role of artificial intelligence in releasing clinical capacity must be explored.

Implementation: the concept of workforce planning based on clinical networks is not yet established. This topic must be explored with professional bodies responsible for undergraduate and postgraduate training within regional networks.

Responsibility: DHSC, regional commissioners, professional organisations.

How would this reform improve productivity (ie the route to impact and potential scale of impact)? (max 500 characters)

Effective health care is based on best evidence being translated into clinical guidelines, delivered by a competent workforce to ensure the right result, the first time (GIRFT). Reducing omissions and duplications of care is one of the first steps to increasing productivity and value.

What is stopping this reform from being implemented now (eg the challenges and barriers)? (max 500 characters)

This is not the way workforce planning has traditionally been undertaken. The potential of workforce planning based on networks should be explored with multi-professional clinical leaders.

If your proposal is supported by any evidence and/or real-world examples, please share details here. (max 1,500 characters)

Getting It Right First Time (GIRFT) https://gettingitrightfirsttime.co.uk/

The NHS Long Term Workforce Plan: an ambitious leap or a misstep?

https://pmc.ncbi.nlm.nih.gov/articles/PMC10686198/

Which of our following drivers does this proposal primarily relate to? Please select one. If your proposal relates to more than one driver, please choose the one it most strongly relates to. Alternatively, if not related to any of these, please select 'Other' and, where possible, identify another theme it relates to.

x☐ Workforce

☐ Capital

☐ Technology and innovation

☐ Transformation

☐ Other – please state: Click or tap here to enter text.

End of submission

Please share any general comments you have on the Commission's approach (max 1,500 characters).

Productivity and value are not terms easily understood by clinical teams since they are not included in professional training. Teams generally consider quality improvement in the work they undertake, rather than their contribution to overall care pathways and equity and outcomes. Considerable work needs to be undertaken to embed productivity and value within the overall culture of an integrated care system.

Do you have any further comments to share with the Commission? (max 1,000 characters)

Improving productivity and value requires devolved leadership well versed in system engineering, informatics, health economics and change management.

Permissions and contact details

Can we contact you about the details of your submission?

☒ Yes – please share your email address: Click or tap here to enter text.

☐ No

Do you agree to your name appearing in our list of respondents?

☒ Yes

☐ No

Do you agree to your organisation's name appearing in our list of respondents?

☒ Yes

☐ No

☐ Not applicable