**If I was Minister of Health…**

“I believe it (the NHS) will lift the shadow from millions of homes”.

* Minister of Health Aneurin Bevan

On the 5th July 1948 the National Health Service (NHS) rose from the ashes of the Second World War, in a time of economic hardship, widespread disease and disability. It was held as the shining beacon of hope and compassion for the masses.

Almost 72 years later, the NHS again takes on the mantel of providing hope, care and protecting the nation’s health. However, rather than dealing with the ravages of a war with guns and bombs, it is a silent and invisible threat that hangs over the country now. The NHS is ‘lifting a shadow from millions of homes’.

As a doctor on the front lines of this new war against COVID19, I am struck by the great resilience, hope, innovation and compassion that the NHS has inspired across the UK and beyond.

If I was Minister of Health… I would build on the five things that the NHS has represented for me, in this time of crisis and fear.

1. Innovation, research and academic excellence

The COVID19 pandemic highlighted the need for fast, responsive and adaptable research networks that span the world. The initial reports from the Hubei Province of Wuhan, China were posted on the 31st December 2019 [1]. Incredibly, just 13 days later China released the genetic sequence for the virus to the world’s researchers [2]. In the space of 6 months there have been over 27,000 journal articles on Pubmed related to COVID19.

The United Kingdom has been at the forefront of this research. Doctors and scientists in the NHS have been instrumental in forming International Policy, with papers such as those produced by Imperial College [3]. The ventilation strategy for COVID-19 was formulated with the help of Intensive Care Doctors from St Thomas’ Hospital [4]. Oxford University has pioneered the development and production of potential vaccines.

In addition to the scientific literature, Medical Social Media was set ablaze with discussions and sharing of information. The open letter written by Italian intensivist Professor Maurizio Cecconi et al [5] is credited for catalysing the amazing response by many NHS trusts to the looming threat of COVID19.

Despite what has been achieved in this challenging and time-pressured period, the gaps in academic organisational infrastructure have been stark. We need to streamline research, dissemination of literature and develop systems to provide robust, clear national guidance.

As Minister for Health I would suggest a 5-point plan to address this:

1. **Integration of the National Academies of Science with the Royal Colleges.** This would create a unified, respected and above all qualified group of experts who would quickly respond to issues such as a novel viral pandemic. In a time of financial hardship, the focus should be on streamlining existing research pathways and reducing bureaucracy. This will also allow large multicentre studies to be started with minimal delay.
2. **Improving international collaboration and patient communication.** COVID19 was the first time in many generations where the whole world’s scientific community were focussed on one problem. The world responded admirably, but it was slow to start. It was hindered by a lack of communication and technology. As time went on researchers found methods of communicating with applications such as Zoom and Microsoft Teams, despite their limitations. The NHS needs a focussed plan on improving digital communication with safe and potentially bespoke software to ensure confidential and reliable methods of discussing sensitive patient related (or research related) data. In addition to organising a commission to look at improving digital communication, significant investment is required to improve our IT infrastructure. These IT services can also be used for the safe and secure consultation with patients for routine medical care. This will allow more virtual clinics, saving patient’s time (reducing travel to clinics and waiting times for appointments). It will also allow more clinics to run simultaneously, as there would be no premium on clinic space.
3. **Rewarding and promoting academic excellence.** The UK must promote and encourage research. This involves providing dedicated PAs (Programmed Activities) for personal academic projects. Much like the ‘blue sky’ time provided by Google that helped develop Gmail and Google Docs, there is the potential for significant innovation if we provide people in the NHS time to explore their ideas. I would start an initiative to help clinicians develop commercial ideas and any personal projects to improve clinical care.
4. **Removing barriers to research.** The UK invests millions into research, but for many doctors these funds seem inaccessible. Smaller local funds will improve access and remove many of the financial barriers to carrying out a project.
5. **World-class research support.** In addition to financial support, many research projects need help with statistical analysis and trial conduct. We should expand and enhance existing research infrastructures with the help of bodies such as the NIHR and Academies of Medical Science.
6. Teamwork

It was inspiring to witness the camaraderie and teamwork exhibited by everyone in the NHS during COVID19. From porters to professors, the focus was on streamlining the service to cope with the huge influx of sick patients. The flexibility, tenacity and understanding shown by fellow specialists and multi-disciplinary teams was amazing.

We should capitalise on this and promote cross-speciality working. Nurses often expressed their enjoyment of coming to Intensive Care and learning how to manage critically unwell patients. Doctors in less acute specialties also enjoyed learning about Critical Care. Some specialities such as Anaesthesia were thrust into the spotlight, allowing junior doctors to gain a wider exposure to the discipline.

As Health Minister I would improve teamwork by promoting multidisciplinary working and allow more flexibility for people to work across specialities. This would allow people to learn from others and find solutions to service and operational problems that may have been faced.

COVID19 highlighted that the NHS encounters similar problems across the UK. By sharing solutions across specialities and hospitals we can prevent duplication of work.

The cornerstone of good teamwork is communication. I would foster this by focussing on training and encouraging managers to work in clinical areas more often to develop a clearer understanding of the problems encountered.

We should also learn from the pandemic response implemented in countries such as South Korea. There was excellent state and hospital wide communication. Clear information was provided immediately to healthcare workers and the government.

Communication between healthcare workers needs to be improved. Reliance on antiquated systems like bleeps are thankfully being upgraded to Wi-Fi phones. However, this is not enough. In the era of smart phones, we should embrace the potential for video calls and photos to aid referrals to other specialities, and remotely consult on patients. The initial financial burden would quickly be offset by streamlining clinical care.

1. Caring for the most vulnerable in society

COVID19 highlighted the vulnerabilities within certain parts of society. The virus seemed to be particularly devastating to ethnic minorities and the elderly. Although the exact cause is unclear, deprivation and inadequacies in healthcare provision are likely contributors.

As Minister for Health, I would focus on improving health inequalities. More attention is also needed on the care of our elderly. This involves investing in more nursing homes and giving them the equipment and staffing to allow our elderly to live with dignity and enjoy the latter part of their lives.

Healthcare must become more accessible to ethnic minorities. There must be more screening of chronic diseases such as hypertension and diabetes. In addition to healthcare education there should be a greater investment in clinics and outreach through vulnerable communities.

1. Compassion for the sick

During the pandemic, communication with the patient and the family was challenging. One major improvement was early, open, and frank discussions about end of life care. Patients had comprehensive conversations about escalation limits. The public also had a better understand of the repercussions of Intensive Care. This included the impact on quality of life (physically and mentally) for people who survived Critical Care.

One of the hardest aspects of managing critically unwell patients during the pandemic was communication with the patient’s family and loved ones. Due to isolation protocols, family were not able to visit dying relatives. We embraced technology to utilise video chatting and conference calls to keep family up to date and allow patients to interact with loved ones.

As the Minister for Health I would invest in a network infrastructure to allow more regular video and conference conversations between healthcare professionals, patients and family.

The use of video conference calls can be further utilised to revolutionise outpatient appointments, as discussed previously.

For those that are being cared for in the community it also allows more frequent follow up, as the GP is not required to travel to the patient. It may also improve safety for GPs as they do not have to leave the GP practice to communicate with patients. Specialist clinics (which tend to be London-centric) will also be able to cater for a wider range of patients from all over the country (and potentially the world).

1. Bringing the country together

As dire as the COVID19 pandemic was, one of the most remarkable aspects was the way it brought the country together. Seeing healthcare professionals risking their lives to care for the sick, was awe-inspiring.

During the pandemic it became abundantly clear how much respect, kindness, and admiration the public has for frontline healthcare workers. We need to build on that gratitude and ensure we provide equal access to high quality medical services throughout the country.

There are geographic disparities in healthcare provision. The King’s Fund published a report in 2011 highlighting the disparity in healthcare provision [6]. The authors suggest several steps to try and address this. The first and most important is to get better data, with routine collection and analysis of healthcare variations. The Department of Health Atlas Variations was an attempt to address this, started in 2010 [7].

The COVID19 pandemic also highlighted the fragility of the healthcare infrastructure. Hospitals were on the verge of running out of oxygen, consumables such as Personal Protective Equipment (PPE) and cleaning fluids. The IT systems suddenly had extra strain on them as many services went digital.

There needs to be massive investment in the infrastructure of hospitals and care homes. In the 21st Century we should recognise the integral part technology will play in future healthcare. The unfortunate failure of the NHS IT project NHS SPINE was a significant shame. We need a fully integrated, reliable, and safe IT system that spans the NHS. It will allow information to be shared faster for individual patients and a more joined up service nationally.

As the dust settles and we recover from the devastation caused by COVID19, we must be mindful of the damage caused to certain services. Many transplant programmes and non-urgent surgeries were cancelled. We need to ensure these services are restarted quickly and safely. There will have to be an increase in service capacity to ensure the waiting times are reduced quickly. This is especially important for cancer patients. It will require central funding to allow more operations (potentially 7 days a week) and increased hospital capacity to cope with more patients. This needs to be balanced with the workload on clinicians, which is why investment in technology to streamline services is so vital.

Conclusion

More than 70 years from the inception of the NHS, it remains the shining light for many in the UK. As Healthcare Minister, it is vital to build on the talent and expertise showcased during this pandemic. The simple investments proposed in this essay would require minimal capital investment, but save millions in the longer term, and secure the NHS as a world leading institution. This will help us prepare for the next 70 years of challenges.

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