# A National Effort

How We Can All Help The NHS Survive

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Our Scottish Future

Health Commission Report

# Introduction

We must accept the reality that the NHS is now on its knees and that both investment and urgent reform is required.

In our previous paper “A Fractured Service” we set out the crisis facing NHS Scotland. In the two weeks since, nurses announced their intention to strike over pay. We must accept the reality that the NHS is now on its knees and that both investment and urgent reform is required.

In that paper, we set out some short-term emergency measures and we suggested that a “four nations” approach should be adopted. Difficult decisions – such as asking the public to wear face masks on public transport in the hope we can limit hospital admissions – are easier to make when all our national services move as one.

Today, we expand on those findings and arrow in on one specific area.

How can we – the patient and the citizen – help our NHS survive? What can we all do that might support the delivery of frontline healthcare on which we all rely?

**As people**, we can help : we can all do our share to support the NHS in the vast challenge is faces.

**As patients**, we can help: by becoming active participants in the care and treatment we receive.

**As a nation**, we can make the NHS work: by building on the goodwill and love we share for our NHS across Scotland, England, Wales and Northern Ireland to make its survival and success a common endeavour.

# Supporting the NHS As People

At the height of the COVID pandemic, we saw the power of volunteerism, with thousands of retired nurses and doctors stepping forward in a time of great national need to test, vaccinate and ventilate.

Health volunteering is nothing new.[1] Individuals can help in hospitals, from taking trolleys around wards to working in RVS shops or cafés or spending time with patients who don't get much company or provision of vital support as patients return home from their stay, reducing the likelihood of a return to hospital. At the height of the COVID pandemic, we saw the power of volunteerism, with thousands of retired nurses and doctors stepping forward in a time of great national need to test, vaccinate and ventilate.[2] While accepting that this was a clarion call to duty, we feel that the rapidity with which this work force assembled demonstrated an enormous willingness to continue contributing to the Nation's health. So this paper proposes that, across the UK, we form a training and education corps of retired healthcare professionals and a volunteer force that we can educate across different divisions depending on need.

## A Citizens Health Service

We believe that this deep well of experience can be tapped in a more consistent way. And we believe we can link it to the construction and training of a new Citizen's Health Service, not dissimilar to the role the Territorial Army plays in our Armed Forces.

The new Citizens Health Service would utilise retired healthcare professionals who still want to use their knowledge to educate people in healthcare. We believe the CHS could be deployed in the following ways:

**First responders**

One of the programmes we suggested more than 15 years ago in the Kerr Report was the creation of a volunteer army of first responders; people drawn from the local community who were trained and supervised to provide basic, preliminary healthcare. This seemed particularly appropriate in Scotland in order to increase the resilience of rural communities. It would seem timely to reactivate this idea.

First responders are the first to arrive and help at emergency scenes, such as car accidents, natural disasters, or at the home of an elderly person who has had a fall at home and needs someone nearby to comfort or collect her. These individuals would assess the extent of the health problem and take steps to de-escalate a situation to prevent further injury or incident. They may provide life-saving care to persons injured or ill, or transport to those who need additional attention to a medical facility. They would be charged with protecting public safety and wellbeing, and have the self-confidence to deal with well-defined situations, and the confidence of the local community whom they serve. An analogy could be drawn with embedded part time firemen or lifeboat volunteers – trusted, well trained individuals recognised by their own communities and accessible to them.

Already, Scottish Ambulance Service (SAS) has around 125 First Responder schemes throughout the country, with over 1,000 volunteers. These schemes form an intrinsic part of the SAS's Community Resilience strategy. The First Responders are deployed by ambulance control to critical emergencies… cardiac arrest, stroke, unconscious etc. They are deployed, not in lieu of an emergency ambulance, but as a first responder until the ambulance arrives. There are many schemes in the remote & rural areas (this is where the concept of First Responders was developed) These First Responder schemes are deployed under the auspices of the 999 system and SAS would be very keen not to jeopardise that continuity by causing any confusion. Great care would have to be taken in association with SAS and other emergency services about

1 https://www.royalvoluntaryservice.org.uk/volunteering/volunteering-in-hospitals/

2 https://nhsvolunteerresponders.org.uk/ and https://www.hisengage.scot/equipping-professionals/volunteering-in-nhs-scotland/

protocols & SOP's for response.

It may be possible to have a local authority model taskforce, trained to a certain level, deployed to lesser incidents, say using mobile phone Apps to contact locally designated first responders – recreating a "virtual tenement society" of the 50s and 60s. Another analogous model is the local authority/care provider groups that respond to less abled/elderly citizens who have 'Help' alarms.

**We propose that the UK Government and the devolved governments jointly announce a plan to create a new volunteer team of First Responders and that the four NHS services across the UK join together to create a nationwide training programme for first responders, with each NHS service responsible for recruiting volunteers in their own nation.**

**A reserve NHS force**

The pandemic witnessed a remarkable public outpouring of support for the NHS, as people signed up to volunteer to help healthcare professionals. The volunteer service set up by NHS England and NHS Improvement, working with Royal Voluntary Service and the GoodSAM app, completed more than 2.2 million tasks during COVID before being stood down. Although the pandemic has been controlled, members of the volunteer service are keen to be redeployed to provide further support for the NHS, and a series of workshops to help shape new volunteering roles are planned. These will provide training sessions for NHS Volunteer Responders who would like to prepare for a wider range of volunteer roles supporting health and care, as outlined above. It is important to consider the sort of incentives that would keep individuals associated with the reserve force, over and above good citizenship. These could include continuing education, group training exercises, social media community building and even access to some of the benefits that NHS workers occasionally enjoy – discounted cake and coffee for example!

**We recommend that the NHS authorities in England, Scotland, Wales and Northern Ireland should come together to sign up to support a reserve NHS Force which is capable of being deployed as and when emergencies develop.**

# Supporting the NHS As Patients

Too often, the NHS consigns the role of patient to passive recipient of care. We need a culture shift in the NHS that sees the patient as partner: a full-fledged member of the health care delivery team whose  experiential knowledge is recognised.

One part of our health system that is often overlooked is the contribution of patients themselves and their carers to their own care. This is despite the fact that some estimates suggest that over 80% of all medical symptoms are self-diagnosed and self-treated. We need an increased focus on supporting and rewarding this community. By providing educational support, by building on-line communities and by boosting specific training programmes, with a view to developing a more systematic approach to self-management we can empower individuals to take control of their health. This is particularly relevant to patients with long term chronic conditions. and will make patients more equal partners in their own care, encourage self-help initiatives and will be facilitated by the remote monitoring technologies which have become so ubiquitous.  It will also save money by reducing footfall in hospital. The idea of shifting delivery of acute hospital care into the home has gained traction, accelerated by the COVID pandemic. It is clear that the scope of services which could now be considered for "home care" grows.  It includes hospital acute care, post-acute care and primary care, along with 24/7 remote monitoring, daily provider visits, acute and chronic disease management, and other diagnostic services — all of which can be delivered in the patient's home rather than a clinical facility.

For example, physician-led substitutive hospital-at-home care, providing diagnostic and therapeutic treatments by hospital health care professionals in the home of the patient, as an alternative to inpatient care for elderly patients with acute worsening of chronic bonchitis is associated with a substantial reduction in the risk of hospital readmission at 6 months, lower healthcare costs, and better quality of life. Similarly, substitutive hospital-at-home care is a viable alternative to traditional hospital inpatient care for elderly patients with sudden deterioration in chronic heart failure. This type of care demonstrated clinical feasibility and effectiveness in comparison with its alternative.

**A new role for patients**

Too often, the NHS consigns the role of patient to passive recipient of care. We need a culture shift in the NHS that sees the patient as partner: a full-fledged member of the health care delivery team whose  experiential knowledge is recognised. This already applies to several well recognised chronic conditions which require constant monitoring and adaptation of treatment, including diabetes and asthma. Learning from these conditions, we would advocate for a greater number of patients to be more actively involved with the healthcare services they receive, particularly patients living with chronic illness. This requires training, confidence, access to the right advice at the right time, but with an increasing focus on the use of remote monitoring and telemetry to alert patients and their health teams to changes in disease status that mandates a change in management, which we hope would be delivered at home rather than hospital.

**We recommend that the four UK health services convene a new UK patients strategy which promotes a new effort to ensure those patients who can self-care are able to do so.**

**A Carers' charter**

For far too long, family members were expected to shoulder the burden of continuing care for sick relatives. The need to recognise, value and support family members who sublimate themselves to care for chronically unwell family members is urgent. In fact their rights have recently been codified in law, in which the relevant Act extends and enhances the rights of carers in Scotland to help improve their own health and wellbeing, so that they can continue to care, if they so wish, and have a life alongside caring. The Act also requires local authorities to have a local information and advice service for carers. These services must provide information and advice about a number of things relevant to carers, including the carers' rights set out in the Charter.

**We wish to see this Carers Charter agreed across the entire UK.**

# Supporting the NHS As A Nation

Here is an opportunity to keep alive the spirit of the pandemic. We "protected the NHS" at its time of greatest need. By cooperating on a UK wide plan to create a Citizens Health Service, a new role for patients, and a Carers Charter, people in Scotland, England, Wales and Northern Ireland can together help protect it long in to the future as well.

In Scotland, these reforms are necessary; as we have learned in recent weeks, the Scottish Government's budget is facing immense pressure and cannot keep pace with rising demand. Increasing care at home is a win-win: not only is it better for most patients, it also has the potential to save tens of millions of pounds, which can be dedicated to improve acute care.

We argue that the reforms outlined in this paper should be enacted and organised on a pan-UK wide basis.

**There is a practical reason for this. As we set out in the introduction, NHS reform is best carried out multilaterally, because by enacting measures together, the Conservative government in London and the SNP Government in Edinburgh get political cover for doing so. If Humza Yousaf in Scotland joined with Steve Barclay in London to propose potentially controversial reforms, he would find it much easier to enact.**

**But secondly, as we saw during the pandemic, the NHS works best when local autonomy is combined with a UK wide strategy.** When it comes to improving home care, encouraging self-help, and boosting volunteerism in the NHS, that principle holds. When we cooperate, we succeed.

By cooperating on a UK wide plan to create a Citizens Health Service, a new role for patients, and a Carers Charter, people in Scotland, England, Wales and Northern Ireland can together help protect it long in to the future.

# References

A National Framework for Service Change in the NHS in Scotland © Crown copyright 2005, ISBN: 0-7559-4669-3

Michael Anderson, Emma Pitchforth, Miqdad Asaria, Carol Brayne, Barbara Casadei, Anita Charlesworth, et al LSE–Lancet Commission on the future of the NHS: re-laying the foundations for an equitable and efficient health and care service after COVID-19 The Lancet, Vol. 397, No. 10288 Published: May 6, 2021

Mao, G., Fernandes-Jesus, M., Ntontis, E. et al. What have we learned about COVID-19 volunteering in the UK? A rapid review of the literature. BMC Public Health 21, 1470 (2021). https://doi.org/10.1186/s12889-021-11390-8

A Ricauda N, Tibaldi V, Leff B, Scarafiotti C, Marinello R, Zanocchi M, Molaschi M. Substitutive "hospital at home" versus inpatient care for elderly patients with exacerbations of chronic obstructive pulmonary disease: a prospective randomized, controlled trial. J Am Geriatr Soc. 2008 Mar;56(3):493-500. doi: 10.1111/j.1532-5415.2007.01562.x. Epub 2008 Jan 4. PMID: 18179503.

Tibaldi V, Isaia G, Scarafiotti C, Gariglio F, Zanocchi M, Bo M, Bergerone S, Ricauda NA. Hospital at home for elderly patients with acute decompensation of chronic heart failure: a prospective randomized controlled trial. Arch Intern Med. 2009 Sep 28;169(17):1569-75. doi: 10.1001/archinternmed.2009.267. PMID: 19786675.

Our Scottish Future believes that good government in Scotland and across the United Kingdom has to be based on the values of cooperation, empathy, solidarity and reciprocity.

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