



Mtech Access

NHS Whispers

Insights from the frontline
of the NHS

Challenges facing the NHS - Winter 2020
December Edition

Introducing NHS Whispers from Mtech Access

What is NHS Whispers?

Just one of the ways Mtech Access is bringing the NHS and pharmaceutical industry together.

Each month, we gather opinions and perspectives from decision-makers, payers and prescribers from across the NHS on the issues and challenges they face. We then share these with pharma, biopharma, medical device and medical diagnostics companies.

NHS Whispers offers unparalleled depth of insights into all areas of the NHS from national policy, through commissioning strategy, to challenges on the frontline of care delivery.

Who shares their perspectives?

The short answer is... the Mtech Access Faculty.

Who are the Faculty?

The Mtech Access NHS Insights & Interaction team is supported by a national network of contracted associates who occupy strategic, operational and clinical roles in the NHS. Each year, we call upon up to 50 of these associates to support, inform and authenticate our UK market access projects. We have built strong relationships with these associates based on a deep understanding of their role, their experience and their interests, along with a respect for their professional integrity. For each project, we find the right associate to help assess your strategy, ensure your evidence directly addresses the challenges faced by your customers and validate that your messages are fully attuned to your NHS customers' needs.

From this broader network, we have invited a cross-section of our associates to join our Faculty, to work with the Mtech Access team to provide expert insight into the reality of the evolving NHS, to advise on the changing healthcare landscape and to work closely with our clients on their market access strategies.

It's our Faculty members who primarily supply the NHS Whispers responses, though for any specialised questions we can reach out to our wider network of contracted associates.

Our Faculty include leaders in Integrated Care, Hospital Trusts and primary care networks, covering operations and finance roles as well as a GP, an Advanced Nurse Practitioner and a Clinical Pharmacist. All highly-experienced, the Faculty is drawn from across the NHS, to give you insights into all areas of the health service.

How does it work?

Each month, our NHS Insights & Interaction team sends a question to our Faculty members, who each find time (between meetings, patients or after surgery), to outline their views on the issue.

At times, questions will relate to a specific policy change or environmental factor impacting the NHS. On other occasions, questions may reflect challenges facing our pharma and medtech clients.

The Faculty send through their responses, which are moderated by the Mtech Access team, and then shared with the industry.

This booklet contains six Faculty members' responses to the question:

“What are the three greatest challenges you face in your role this winter?”

How do I access NHS Whispers?

Register your interest in our NHS Whispers service by emailing whispers@mtechaccess.co.uk or by speaking to your Mtech Access point of contact.

The NHS Whispers service is open to all market access professionals, account managers and other NHS-facing colleagues from pharmaceutical, bio-pharmaceutical, medical device and medical diagnostic firms.

Once registered with the NHS Whispers service, you will receive the NHS Whispers responses direct to your inbox and can suggest questions to be put to our faculty.

Selected NHS Whispers booklets or individual responses may be shared with the wider industry at the discretion of Mtech Access.





Contributing to this month's NHS Whispers...



Phil Webb

Director of Planning, Performance & Innovation

Velindre University NHS Trust, Wales



Liz Cross

Advanced Nurse Practitioner QN

Attenborough Surgery, England



Mike Proctor

Interim Chief Operating Officer

North Cumbria Integrated Care NHS Foundation Trust, England



Hilary Snowdon

Management Lead

West Northumberland Primary Care Network, England



Patricia Whelan-Moss

Head of Organisational Development

Brent Clinical Commissioning Group, England



Dr Robert Guion

GP Partner

Old School Medical Practice, Copmanthorpe, York, England





Phil Webb

Director of Planning Performance & Innovation

Velindre University NHS Trust,
Wales

“What are the three greatest challenges you face in your role this winter?”

Winter presents its own challenges to the NHS which are well documented. The issue for me as a Director of Planning, Performance and Innovation is how my organisation can operationalise technology to make real gains in patient and staff environments in a way that the organisation accepts, funds and implements. Of the three main issues cropping up over the next quarter, two are strategic and one is operational.

Strategic:

Drafting the Integrated Management 3-year Plan for Research, Development and Innovation:

All NHS Wales organisations have to have one of these and they are submitted to Welsh Government for scrutiny. They tell the story of how an organisation will sustain and or improve and the funding required to do so over the next three years. Mostly these plans are all unaffordable but it's become largely a ritual.

Developing the Research, Development and Innovation Strategy: The only area we have across the Trust where there is a semi-structured approach is in Research and Development and in particular the management of clinical trials. My organisation has a legacy of excellence in oncology clinical trials but like the rest of the UK, this is rapidly dwindling due to the labour intensive approach to matching patients to clinical trials and clinical trials management. In the innovation space, innovation is haphazard with relatively little corporate oversight and lacks co-ordination with pockets of 'innovators' meandering off to try and do their own thing. No wonder why industry finds it hard to connect with the NHS in these fields and this is not uncommon in many NHS organisations. Over the next few months, I'll be co-ordinating a series of workshops across the Trust to try and problem solve these issues and try to introduce technology fixes where appropriate.

Operational:

Implementing two major Artificial Intelligence Programmes into the system: I'm in the process of developing two major AI programmes:

- The world's first virtual assistant trained in oncology which will speak to and support patients, carers and families understanding their diagnosis and engaging them in conversations about their cancer. As a natural language processor, it has been trained by clinical subject matter experts and patients to talk about cancer and I'll be launching the platform as a further pilot to breast, lung and palliative care shortly.
- Clinical Trials Manager: This uses AI to match patients to clinical trials. Currently the clinical trials nurses spend over 15,000 hours per year manually matching patients to clinical trials, so this application will revolutionise clinical trials for the organisation. My organisation will only be third in the world implanting this application of AI in clinical trials.

The primary challenge is a cultural one related to the acceptance and change management process required for implementation. How you gain acceptance is just as important as what you want to do! So a busy next 3 months for me and I haven't covered off 3D printing, Virtual and Augmented reality and other supported technologies.... so much more to come.



Liz Cross

Advanced Nurse Practitioner QN

Attenborough Surgery, England

“What are the three greatest challenges you face in your role this winter?”

Workforce

Recruitment and retention of GP nurses. According to a 2016 QNI report, a third of GP nurses are due to retire in 2020. Although there has been significant campaigning for increasing the number of GPs, there has been little attention given to the looming crisis in primary care nursing. I suspect that with the increasing professional diversity in your general practice, non-medics in the future will be called generic ‘advanced practitioners’ with a background in physiotherapy, nursing or pharmacy.

Innovation and winter pressures

Practices have been given money by the CCG to lay on more clinics. I think a proportion of this money should be spent on near patient diagnostics, improving how we manage respiratory infections during our busy winter months rather than being reactive. We need to innovate to reduce demand.

Volume vs personalised care

For a general practice nurse, February has seen the back of flu clinics and is the height of QOF season. We are utilising online questionnaires via SMS to meet our asthma QOF targets. Soon this service will include COPD and routine oral contraception. The hope is we can efficiently process those high volume, low risk patients but this arguably reduces quality and personal interaction.

The number of diabetic patients is increasing year on year. To see even 90% of our diabetic population once a year would take a 3-quarter time equivalent nurse. We have now started to include group sessions for the collective management of long-term conditions. In short, our challenge is how do you manage increasing demand and volume without losing personalised quality care?





Mike Proctor

Interim Chief Operating Officer

North Cumbria Integrated Care NHS
Foundation Trust, England

“What are the three greatest challenges you face in your role this winter?”

My three greatest challenges this winter are;

- Unrelenting increases in activity and the perhaps unrealistic expectations of our population for healthcare
- Our staffing crisis and the ability to maintain staff hope that things will improve
- Breaking the vicious circle of more work/less staff.

Winter almost seems a year-round event in the NHS just now. We used to plan comprehensively for a three-month surge in activity, particularly related to elderly patients, between January and March each year. Sometimes it feels as though pressures reduce but only for a period of two weeks in mid-August. Winter pressures last 50 weeks!!

The constant unrelenting pressure has an impact on our workforce who don't feel as though they can provide the level of excellent care they aspire to.

This reduces morale and challenges staff retention which creates a vicious circle, more patients, less staff, other opportunities = go do something else.

We must all hope and are all working towards working as an integrated single system where social, voluntary, primary, secondary and mental healthcare work together for the wellbeing of our populations and, at the same time, make best use of the resources that are available to us and limited by the taxes people are prepared to pay



Hilary Snowdon

Management Lead

West Northumberland Primary Care
Network, England

“What are the three greatest challenges you face in your role this winter?”

My three greatest challenges this winter are:

1. Keeping GP practices engaged with the PCN.

- The vast majority of ‘new’ income coming into PCNs is for additional roles. Apart from the Social Prescribing Link Workers which are 100% reimbursable, only 70% of costs are reimbursed for the clinical roles so practices will have to fund the additional 30%.
- These roles are supposed to enable PCNs to deliver the Network Contract DES service specifications. For 2019/2020, the only deliverable service is Extended Hours, for which payment has already been reduced when it transferred from practices to PCNs. From April 2020, five additional service specifications must be delivered.
- With so much concern about the level of income for the service specs, I am concerned about practices pulling out of PCNs.

2. Recruiting additional roles.

- The vast majority of PCNs are currently recruiting Clinical Pharmacists and Social Prescribing Link Workers (for 2019/2020 each PCN receives funding for one each of these posts – unless you are a PCN with over 100k patients, in which case you get funding for two each).

- As stated above, these roles are supposed to enable PCNs deliver on the service specs.
- We still don't know for certain what these roles will need to do in relation to these specifications. So we are in the process of recruiting in the hope that the job description and the person specs we've done are close to what will actually be required from April.

3. VAT!

- Recent case law indicates that sharing staff across PCN member practices does have VAT implications even if all the posts are clinical since HMRC perceive it to be provision of staff rather than the provision of a service (which would be VAT exempt).
- We're ahead of the game by already having a Cost Sharing Group in place for member practices which minimises the VAT implications.
- However, this only applies for PCN member practices. We also have to provide Network Contract Direct Enhanced Services (DES) to two practices that are not participating in the DES which means that they'll be liable for the VAT element for their 'bits' of the shared staff.
- Some interesting conversations to be had!





Patricia Whelan-Moss

Head of Organisational Development

Brent Clinical Commissioning Group,
England

“What are the three greatest challenges you face in your role this winter?”

Challenge 1: CCG Relocation

My biggest challenge at the moment is relocating the CCG headquarters to the council. We will be working alongside our local authority partners which makes sense as we work towards a more integrated health and social care model. At the same time, we are adopting an agile working policy with a desk ratio of 7:10. The move involved 72 staff ensuring that every element was covered - it's been like moving house multiplied by 100. We are handing back our current accommodation in an old hospital, and for NHS Property Services to accept the hand back, the space has to be empty. So we're clearing out 20 plus years of NHS history. We've found old photographs and diaries of the hospital when it first opened back in the 1940s. Some of it we've given to a local history society and the rest we've had to dispose of. We're on our third skip and have filled hundreds of confidential waste bags!

The move is a QIPP scheme and reduces the CCG running costs by £800k p.a.

Challenge 2: QIPP Plan 2020/21

In my CCG role as a member of the Senior Management Team, this is the time of year when we are developing our QIPP Plan for 2020/21. This exercise tends to split into three distinct areas:

- Existing schemes that we can roll forward
- New projects identified through Project Management Office (PMO) discussions/QIPP generation workshops
- Sector recovery schemes – working jointly with our partners across the patch

The QIPP estimated target for us is currently 3%/5%. There's a £10m difference between the two so that in itself is a challenge.

QIPP isn't always about new developments and services. It's also about closures and decommissioning services which means engagement and consultation for staff and patients. This is almost always contentious and challenging as we ensure we commission the best services for our patients while getting value for money from the public purse.

Challenge 3: Merger and Restructure

I'm supporting a staff restructure, merging three management functions across two CCGs by March 2020. This is the first step towards the merger of eight CCGs into one by April 2021. The functions are:

- Strategy, QIPP PMO and Planning
- Urgent Emergency Care – system resilience
- Equality and Engagement

We have drafted a new structure with new job roles which has been through consultation with staff. The result will see staff displaced and staff having to work across bigger geographical areas as well as redundancies as we reduce our headcount and staffing budget.



Dr Robert Guion

GP Partner, Old School Medical Practice,
Copmanthorpe, York, England

“What are the three greatest challenges you face in your role this winter?”

1. As a GP Partner one of the main challenges in winter is meeting an increasing demand from patients with enough clinical staff to provide care. This is often made more difficult by staff absence due to illness. It can be difficult to find locum GPs and the costs are rising year on year.
2. We are also nearing the end of the financial year and the Quality Outcomes Framework (QOF) targets need to be met by the end of March.

This means an increased focus on chronic disease management at the same time as dealing with an increase in demand to deal with acute health needs.

3. The local hospital is always under pressure being at full capacity all winter. They continue to remind us of this fact and ask GPs to avoid admitting patients if possible; however, we have this mindset all year round and do our best to avoid admissions and treat patients in the community.



NHS Whispers is brought to you by

Mtech Access NHS Insights & Interaction

For your UK market access strategy to be successful, it is essential that you understand your customers and the environment they work in, what drives decision-making, and what evidence and language will be impactful for them. Our experts can help you gain a deeper and broader understanding of NHS policy, environment, and tactical drivers in your therapy area to improve your success in working with the NHS.

Supported by our faculty members and wider network of contracted associates, our NHS Insights & Interaction team offer the following opportunities to bring you and your colleagues closer to the NHS:

Frontline Experience Days:

Visit clinical and managerial NHS staff in their place of work to better understand your therapy area. See first-hand the challenges they face in ensuring access to treatment to understand how you can be part of the solution.

Meet & Move Forward – Expert Focus Groups:

Meet with experts from commissioner, provider, and patient roles in the NHS. In a facilitated group discussion, collaboratively develop steps to move forward with your market access strategy.

One Step Ahead – Gaining Tactical Advantage:

A comprehensive update session on the latest political and strategic changes within the NHS. Customised to reflect your product portfolio and designed to inform tactical improvement.

Bespoke Commissions & Consultancy:

Working alongside other senior Mtech Access colleagues, our NHS Insights & Interaction team offer tactical consultancy at each stage of your market access project, advising how you can adapt and adjust strategy, communications, and messaging to deliver impact with real NHS payers. We provide an end-to-end service, from early stage environmental analysis to troubleshooting where commercial progress has stalled. Our associates are contracted in a way that allows them to undertake all elements of our work, including attending scoping meetings and your internal meetings as external consultants, to provide real world insight when it matters most.

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