21st July 2020

Sir Simon Stevens
Chief Executive
National Health Service

Dear Sir Simon

Please ensure that patients and staff are at the heart of health and care services as they restart

Modern health and care can be dehumanising. The volume of activity is industrial in scale. Systems and processes can cause staff and patients alike to feel like cogs in a machine. Problems that existed before the pandemic have, in many cases, been exacerbated during the crisis. We ask you to take the necessary steps to ensure that as services re-start, they do so with humanity and compassion at their heart.

As Tessa Richards recently noted in the BMJ, “The Covid-19 pandemic saw statutory policy commitments to patient and public involvement (PPI) and shared decision-making in health systems abandoned; the "nothing about us without us" mantra left hanging in the breeze.” As Richards also notes, it has been “the very groups with the greatest need for care ... who have borne the brunt of the Covid-19 burden.” (1)

We are deeply concerned that the voice of patients and families in the design of services is being lost. Many services adapted rapidly in the face of Covid-19. Understandably, it was often not possible to engage with patients during the immediate response, but in its aftermath, as services re-start, we urge you to ensure time and space is available for service leaders to engage with patients, service users and families.

The value of patient involvement in service design is as clear as ever: we can only truly understand what patients need from the services they use by asking them, and by being prepared to adapt services around those needs. If we don’t, we risk losing years of progress in the development and implementation of patient-centred care in the NHS, and further exacerbating health inequalities. Patient involvement in the life of NHS organisations is crucial to changing the culture and producing better policy decisions, and to improving the quality of care.
A further essential element in the delivery of humanised care is ensuring the wellbeing of staff. There is of course much evidence that positive staff experience (and therefore wellbeing) is an essential pre-cursor to positive patient experience. Stories from the pandemic have vividly illustrated the battles health workers have fought to maintain the human touch in their care for patients. This work takes a heavy emotional toll.

We know you are aware of the Foundation’s evidence-based work to support the emotional wellbeing of staff through Schwartz Rounds. We work with over a thousand dedicated facilitators and clinical leads who support their organisations’ staff to take part in this reflective practice together, sharing stories from their work to build empathy, support one another’s emotional resilience and reduce the incidence of psychological distress. During the Covid-19 crisis we introduced a smaller-scale, online version to enable teams to support each other through the extraordinary pressures they have faced. A running theme is the guilt and moral distress people feel when they cannot provide the quality of care that they would like to.

Across the system, access to interventions to support staff is patchy. We support over 200 organisations with Schwartz Rounds, but there are many more who could benefit from this work. We also want to ensure that within Trusts where Schwartz Rounds are taking place, more individual members of staff can take part - particularly those who can be disadvantaged in terms of access to support. These are the people who often provide most hands-on care to patients, and whose wellbeing will most directly affect them.

As we emerge from the Covid-19 crisis, we urge you to put resources in place to ensure that the care the NHS provides in future has humanity at its heart. For patients and their communities this means being meaningfully involved in strategic and operational decisions as well as decisions about their own care. For staff, this means granting them the support they need to reflect on the impact of their work on their own emotional wellbeing.

We ask that you support this important agenda in the following ways:

1. Ensuring that patient and public involvement is integral to NHSEI policy as well as the design of services as they restart post-Covid-19. Every health and care organisation must be able to demonstrate that it has meaningful structures and processes in place for patient and public involvement in the design and running of services. They should provide concrete examples of the actions that they are taking because of input from patients, service users and families.

2. Enabling health and care organisations to involve patients and the public meaningfully by releasing them from other obligations to free them up to act. Examples include the collection of data on the Friends and Family Test, which is resource intensive to collect and of limited value for improvement.

3. Encouraging the CEOs of health and care organisations to keep staff wellbeing at the heart of recovery plans post-Covid-19, requiring actions to be taken at an organisational level to support staff.
In terms of the work of The Point of Care Foundation and other voluntary sector organisations working in this space, we ask NHSEI to consider:

4. Supporting the introduction of Schwartz Rounds and other staff support mechanisms in all health and care organisations.

5. Offering targeted support where there is a higher proportion of staff who are at risk of being excluded by such initiatives. This would include staff from black and minority ethnic communities, and other groups subject to systemic disadvantage, to enable them to participate.

6. Investment to make tools, training and support freely available for health and care organisations wishing to improve their patient and service user involvement practice.

Sir Robert Francis and I would welcome the opportunity to meet with you to plan how to take this important agenda forward.

The essential humanity of our health and care system is at stake.

Yours sincerely

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The Point of Care Foundation

(1) Richards T. (2020) Patient and public involvement in covid-19 policy making BMJ 2020; 370; doi: https://doi.org/10.1136/bmj.m2575 (Published 01 July 2020)