



NHS Confederation

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## Covid continues to disrupt: what is the plan to deal with it?

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NHS staff are starting to feel like it's Groundhog Day: healthcare is yet again being derailed by the march of covid-19. While fortunately this time round people are generally not becoming as ill as in previous waves, the current subvariants are proving adept at evading immune defences and spreading rapidly.

Right now, 1 in 19 people in England have covid—and that's the lowest rate across the UK. In Scotland it's 1 in 16 people, in Wales 1 in 17 people, and in Northern Ireland 1 in 17 people. So it should come as no surprise that repercussions are being felt across the health system.

NHS leaders who have been, and continue to be, focused on elective recovery targets, are once again having had to divert their attention to rising hospital admissions and the associated disruption caused by covid-19. From the need to find extra beds, to patients having to postpone their procedures, to health and social care staff being off sick with both acute and long covid, and to hospital wards being forced to bring back mandatory mask wearing, the virus continues to disregard our best laid plans. Which raises the question: what exactly is the plan?

The NHS is no stranger to cyclical stresses on the system. Pre-covid, we operated the NHS near the top of its capacity in the name of efficiency and affordability, knowing that the extra infections and other demands each winter would put excessive pressure on the system that would hopefully be relieved in the summer. We could anticipate this cycle, make winter plans, run annual vaccination clinics, in the knowledge that winter would come, but winter would also end, winter viruses and other pressures would recede, and we could use the summer months to get on with recovering, making good progress on waiting lists, and planning for next winter.

Covid-19 has changed those historic rules of engagement.

We know that for the foreseeable future covid-19 will recur in waves that are not winter-bound and create winter-like pressures for the NHS in random months throughout the year. We know that some variants will tend to be fairly mild in their clinical impact, others more severe, but all will mean more disruption and demand for NHS care. This also means health service staff can no longer rely on having time to catch their breath and catch up after a challenging winter. It means in winter the additional impact of covid-19, without major actions like lockdowns to curb the spread, may lead to pressures that are worse than any seen in previous winters. The rhythms of the NHS will have to evolve accordingly. And if our health service is to be sustainable in this new "Living with covid" world, the funding and capacity of the NHS and social care, and the new approaches to staff

wellbeing and public prevention behaviours must also be maintained.

The current Conservative Party leadership race will inevitably occupy political discourse this summer. In discussions about the NHS, politicians are likely to oscillate between expansively blaming covid-19 for all the problems faced by the health service and imagining a brave new world where the virus has magically disappeared.

Everyone wants a brilliant NHS. But to achieve that in this new context, we are going to need a serious dose of political honesty, and perhaps even bravery. Covid-19 has brought about a new paradigm, and with it, the need for new solutions. There is no benefit in making empty promises about what targets will be delivered and then throwing around blame when they cannot be achieved. The fact of covid-19 needs to be acknowledged and plans need to be realistic. Yet is society ready to accept an NHS that experiences a version of winter pressures in multiple waves throughout the year? Are politicians ready to accept that this covid-driven Groundhog Day is the reality we currently face? Is anyone willing to take further significant action to reduce the spread?

Our hopes now rest around system working, collaboration, and innovation. To give these processes a fighting chance, the government must prioritise getting NHS estates, equipment, capacity, flow, workforce, and social care capacity into a much stronger position. We know that the current cost of living crisis conspires against this ambition. That's why we need politicians and health leaders to be honest with their public and courageous with their policy.

Politicians cannot continue to promise easy solutions, or cheerily proclaim that the pandemic is behind us, and the future is rosy. We need to have grown-up conversations now, face this challenge head-on, together. Anything else would be disingenuous, and not worthy of a vote.

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