

One year on: lessons from COVID-19

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The end of March marked 1 year since the UK's first national lockdown. There are certainly lessons to be learnt from experiences of the past year—the UK government, one would hope, would have done things differently if it had the knowledge about COVID-19 that is available now. For example, in the initial stages after the virus' discovery, the UK did not respond with the extent or rapidity of measures that other countries did. On reflection, with what is now known about the seriousness of the pandemic, there is little doubt that things should have been done differently, with more timely intervention.

An example of an area that required a faster response is international travel. Direct travel from China did not, it turned out, cause a significant number of COVID-19 cases to be introduced. Instead, it was travel from China to other parts of the world and then through the more popular routes into mainland Europe that eventually brought the virus to the UK. A significant event was the February school half-term holiday, which saw many people travelling to mainland Europe and then back to the UK, introducing many different entry points and spreading events for the virus. Although it was not known at the time, significant transmission was inevitable after this point. Later, international travel exacerbated the pandemic again, with the UK variant, first detected in December 2020, being exported from Kent to other countries. International travel, particularly by air, was thus a significant factor in the spread of COVID-19. Looking forward, lessons must be learnt from this experience, particularly in the case of any future epidemics or pandemics.

However, perhaps the most important lesson from the past year is that national investment in healthcare infrastructure is desperately needed, not only to ensure that the NHS recovers as quickly as possible, but also to be prepared to face the future.

The NHS adapted and transformed its services in response to the pandemic at a pace that may not have been considered possible in the past. NHS organisations, through primary, secondary and tertiary care, have collaborated and worked together more closely than ever before, and with a determined focus. Importantly, the reach went further than public healthcare, with invaluable contributions coming from the charity sector and private care organisations.

The need to adapt to lockdown restrictions led to the increasing adoption and upscaling of new technologies and models of care to support patients remotely. Going forward, there will be an expectation for and reliance on this technology to support healthcare in the NHS. This may turn out to be the positive legacy of the COVID-19 pandemic, which has and will

continue to change how care is delivered. The potential benefits these innovations have for improving and individualising patient care for the future must not be understated.

The resilience of the healthcare system, its people, processes, physical resources and ongoing recovery will need early review and financial support for future sustainability. This will, of course, have an economic impact now; however, the consequence of this investment will be a more robust, integrated and flexible system, which will be crucial should similar events occur again. There were moments, especially during the hardest times of the pandemic, when it seemed that the goal posts were constantly moving for healthcare services as the impact of COVID-19 spread and escalated. This rapid pace of change was readily accepted by those on the frontline. However, this immediate agility will have consequences for a system that was not designed for the strain of the pandemic, which continues to put enormous pressure on healthcare services. Building on the changes made and the adaptability seen during the pandemic will reshape the NHS, particularly in the use and application of all aspects of digital technology.

Yet to be mentioned in this article is the healthcare system's most valuable resource: its people. Staff working in health and social care have and will be impacted by stress, burnout, fatigue and exhaustion as a result of the pandemic. Acknowledging this and ensuring that there are measures in place to provide the appropriate support, at the right time, will play a significant role in the recovery of the NHS. The leadership and management of COVID-19 in the health and social care systems required staff to work at pace in response to a rapidly changing environment. This affected all levels of staff, through to the clinical frontline. While all organisations have the capacity to adapt, learn and demonstrate agility in dealing with complexity and chaos, they can be equally good at forgetting long-term objectives while striving for vital short-term objectives. The challenge is in delivering the latter while maintaining the former.

With this in mind, it is now clearer than ever that social care needs to be given the same weighting as the NHS to accelerate the move towards health and social care integration. Patient pathways need to be reconfigured to integrate both NHS and social care services around patient and public health needs, with digital and data technologies as enablers. The urgency, speed and agility seen in the response to COVID-19 needs to continue so that the ongoing chronic disease 'epidemic' can be addressed and the impact of future viral pandemics minimised. This includes mobilising people more effectively to solve problems through more flexible roles guided by a shared purpose.

This notwithstanding, the NHS can be proud how it has responded to the most wide-reaching health crisis seen in generations. The hallmarks of this response have been an unparalleled mobilisation of science, a search for solutions and a commitment to social solidarity. Acts of generosity, large and small, equipped hospitals with the tools that health workers needed to stay safe and care for their patients. Outpourings of kindness have helped society's most vulnerable through troubled times. Vaccines, therapeutics and diagnostics have been developed and rolled out, at record speed, thanks to collaborations.

We have seen how divisions and inequalities in politics and communities have fed the virus, while collaboration and partnership have saved lives and safeguarded societies. This is a salutary lesson which raises salutary questions: do we ignore the lessons of the last year and allow insular, partisan approaches, conspiracy theories and attacks on science to prevail? Or do we move forward together, helping each other along the way, offering accurate advice, compassion and care to all who need, as one national community. The choice is simple.

There is light at the end of the tunnel, and we will get there by taking the path together.