Building Better Intensive Care:

Priorities for the next government

| Invest | Prioritise | Enable | Support | Deliver |

The Intensive Care Community wants to see the next Government to prioritise the following five areas to build a strong and sustainable intensive care service, properly resourced to care for critically ill patients...

1

Invest in intensive care staff

We need major investment in retaining, recruiting, and developing intensive care staff who care for the sickest patients both in intensive care and on their recovery journey.

2

Prioritise rehabilitation for intensive care survivors

We need rapid expansion of the provision of patient rehabilitation services to ensure all patients have the best chance of returning to life before critical illness.

3

Enable life-saving research

We need ring-fenced funding to enable intensive care professionals to involve more patients in structured research studies and improve outcomes.

4

Support a diverse workforce

We need structural change within the health service to foster a diverse, inclusive and psychologically safe working environment for all staff.

5

Deliver a Carbon Zero intensive care

We must accelerate the move to a Carbon Zero NHS.

1 Invest in intensive care staff

We need major investment in retaining, recruiting, and developing intensive care staff who care for the sickest patients both in intensive care and on their recovery journey.

The NHS workforce is in crisis. Unsustainable staffing shortfalls and escalating demands for care have created an insurmountable challenge for those who care for the critically ill. The care we provide is the most important service in any acute hospital. Our teams don't only operate within the confines of an intensive care unit, we are also required to support patients and colleagues through outreach and in other areas of the hospital such as emergency medicine. We are the last line of defence for our patients, yet our service remains under resourced and understaffed, resulting in not every hospital being able to provide the same level of care. This makes implementation of initiatives such as Martha's Rule nation-wide incredibly difficult.

The Guidelines for the Provision of Intensive Care Services (GPICS), set by the Intensive Care Society and the Faculty of Intensive Care Medicine, stipulate that a consultant to patient ratio of 1:8 - 1:12 should never be exceeded. The most recent audit of UK intensive care units showed that 43% of surveyed hospitals cannot meet this standard. This dilution of staffing is seen across all professions which make up the intensive care team and has an impact on the quality of patient care and outcomes.

One in nine nurses left the NHS in June 2022, with a further four in 10 doctors planning to leave. Existing shortages and a continued inability to meet the staffing standards outlined in GPICS, carry the risk of accelerating an unprecedented staff exodus, exacerbated by the effect of over a decade of unrelenting pressures.

The next UK Government should:

- Immediately resolve the impasse and reach a deal regarding fair and equitable pay and recognition to **bring industrial action to an end**
- Commit to a **focussed increase in national intensive care training numbers** to boost the volume of specialty trainees
- **Invest in the retention of the existing intensive care workforce**. The cost of replacing one fully trained nurse can be as high as £12,000, a clear financial incentive for retention efforts
- Make the **recruitment of intensive care professionals** an immediate priority
- Ensure every member of the intensive care workforce has access to ring-fenced **annual funding to facilitate continued professional development,** to demonstrate their value and ensure they are equipped with the right skills to provide continued highly specialised care
- Establish a reliable pipeline of intensive care professionals by **increasing training places by a minimum of 10%** and creating clear pathways into intensive care by 2026

2 Prioritise rehabilitation for ICU survivors

We need rapid expansion of the provision of patient rehabilitation services to guarantee patients have the best chance of returning to life before critical illness.

Surviving critical illness is only the beginning for those who are treated in intensive care. The treatments administered, such as mechanical ventilation ('life support machines'), sedation and other invasive organ support can take a significant toll on both the mind and body. For those survivors, many will need to re-learn to eat, walk, talk, or even swallow. These long-term effects mean that around one third of ICU patients do not return to work within five years.

While rehabilitation starts on the unit, patients can face a minimum of 18 months of recovery, but every rehab journey is unique as many will also need to adjust to a radically different way of life. At present, access to the necessary expertise and support is varied and depends heavily on where patients are located within the UK. This lack of access to post intensive care rehabilitation results in many suffering the impacts of their illness and hospitalisation far longer than is necessary.

This is further compounded by our patients being unable to return to work and needing to access financial help through the Personal Independence Payment (PIP) scheme as they recover. However, accessing this scheme can be challenging for our patients who have to learn to walk, talk or even begin use their cognitive ability again.

It is fundamental that services that are designed to support the public such as PIP, account for the repercussions of the care we provide and how this is reflected in the support they receive not only after leaving ICU but on discharge from the hospital and as they re-enter the community.

The next UK Government should:

- **Invest in rehabilitation with appropriate staffing levels** to reduce the rate of hospital readmission of those who have experienced critical illness and help them return to the workforce sooner
- Ensure rehabilitation services across the UK are using a **fully resourced and consistent model that enables equal access for our patients** no matter their postcode
- Embed a UK wide tool that **captures our patients rehab needs and supports their recovery** needs both on the unit and after they leave intensive care. For example, the Post ICU Presentation Screen developed by the Intensive Care Society
- Improved infrastructure for **data collection and reporting to better assess and meet rehabilitation needs**
- **Modify the PIP application for ICU patients** by taking into consideration their long term rehabilitation care needs and simplify how they access financial support

3 Enable life-saving research

We need ring-fenced funding to enable intensive care professionals to involve more patients in structured research studies and improve outcomes.

Intensive care research saves lives. The GenOMICC study investigates the genetic factors that determine outcomes in critical illness. Established with funding support from the Intensive Care Society, it is the largest study of its kind globally and was integral to finding successful treatments for COVID-19. Without similar research support intensive care will not be able to meet the needs of patients in the future.

While all intensive care professionals are required to undertake research to progress in their careers, there is currently a distinct lack of protected time and funding available to support this. Research in intensive care is crucial not only for the professional development of staff but also for the care and experience of critically ill patients.

We can only utilise resources effectively with evidence and research is key to identifying what works.

The next UK Government should:

- Allocate a **dedicated fund for intensive care research** to enable new investigations
- Provide **protected time for all intensive care professionals** undertaking quality improvement projects and/or involved in wider research
- **Invest in large scale critical care research** to improve patient outcomes and long-term recovery
- Implement **improved infrastructure for intensive care data reporting** to inform future research needs and opportunities by 2027

4 Support a diverse workforce

We need structural change within the health service to foster a diverse, inclusive and psychologically safe working environment for all staff.

The Intensive Care Society's recent Equality, Diversity and Inclusion report found significant differences in the experiences of intensive care staff according to their socioeconomic status, gender, ethnicity, sexuality, ability, and other characteristics. It also exposed failings within the NHS to protect staff from discrimination, bullying, harassment or disadvantage occurring as a result of their backgrounds or other factors.

Recent data from the Inequalities in Health Alliance shows that 75% of people were concerned that the health gap between wealthy and deprived areas is growing. This gap must be closed immediately.

Intensive care professionals' and patients' experiences of healthcare in the UK should be universal, and an individual's personal characteristics and/or circumstances should have no bearing on their access to care or right to a positive working environment.

The NHS would not be able to function without its international workforce, who account for nearly one in every five people who work in the health service. Recent immigration policy changes [2024] now restrict dependents from being added under the Health and Care Worker visa. Those wishing to join their loved ones will need to source alternative pathways into the UK.

The next UK Government should:

- Commit to a cross-government strategy that considers the role of every government department and every available policy lever in **tackling the factors that make people unwell in the first place** as per the recommendations of the Inequalities in Health Alliance
- Undertake a **full review and amend of the Health and Care Worker visa policy** to ensure the process of international recruitment not only removes unnecessary barriers for our colleagues and their dependents to enter the UK, but also allows the NHS to attract members of the global intensive care community
- Invest in **enhanced equality, diversity and inclusion training for all intensive care staff** to ensure they are quipped to provide a consistently high standard of care for all patients and their loved ones, regardless of their protected characteristics
- Increase **investment in equal access to education and training opportunities,** including for those with protected characteristics, to expand access to pathways into working in intensive care
- Embed better **support and resources for staff trained internationally** to ensure they are embedded as smoothly and quickly as possible into roles within the NHS

5 Deliver a Carbon Zero intensive care

We must accelerate the move to a Carbon Zero NHS.

The climate crisis is a global health crisis, and the NHS is both a contributor to this and a victim of its effects. As air quality deteriorates and we regularly see the impacts of both extreme heat and extreme cold, the health service cares for a steadily increasing stream of patients. Between 2017 and 2025 the effects of air pollutants will cost the NHS about £1.6 billion.

Healthcare globally accounts for about 5% of CO2 emissions, and critical care is a leading contributor to this. As one of the most resource intensive parts of a hospital our work caring for the critically ill comes with a serious impact on the planet.

The next UK Government should:

- Facilitate the **move away from fossil fuels and to green energy** across all NHS properties
- Work with suppliers and procurement teams to ensure all **products commissioned and purchased meet sustainability standards** during both production and use
- Accelerate the milestones outlined in the **NHS clinical waste strategy** to ensure all waste generated is disposed of in the most appropriate and environmentally sustainable way
- Work with professional bodies and their industry partners to **identify and implement low-carbon alternatives and lean pathways**
- Mandate a review across the NHS to **reduce the amount of waste created by unnecessary use of PPE** and other sources

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