

# Government and system leaders need to



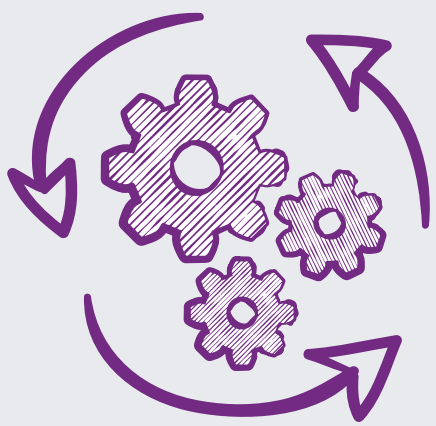
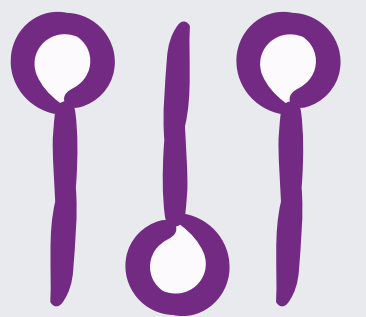
**Communicate clearly** the pressures services and staff are under but at the same time confirm that people are entitled and encouraged to use services where they need to.

**Urgently develop** a costed and comprehensive workforce plan that is based on verifiable assessments of present and future need.



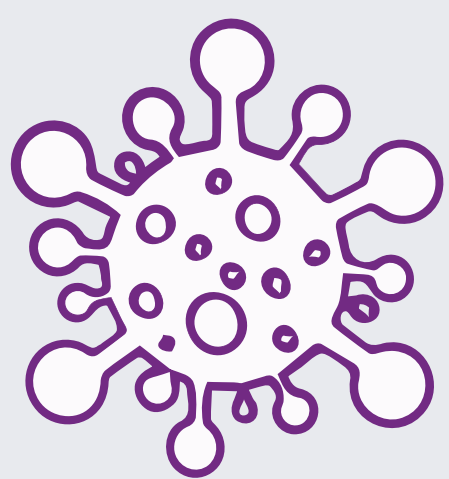
**Review levels of Statutory Sick Pay** to reduce the financial hardship experienced by people who are waiting for care.

**Assess and publish levels of unmet need** that go beyond numbers on official elective waiting lists and include primary and community care, mental health and chronic condition management.



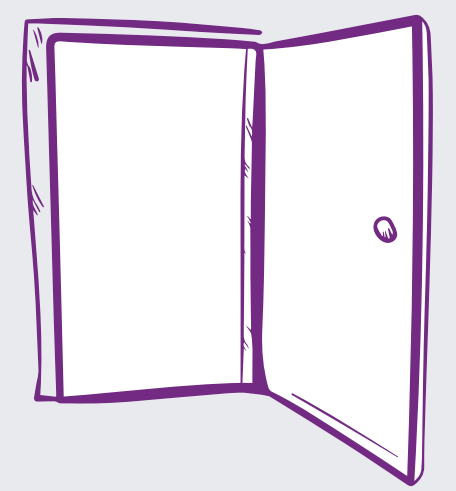
**Ensure that the ICS agenda remains focused** on different ways of working that improve access for people, rather than just on different structures, governance and regulation.

**Publish at regular intervals** data about waiting times, cancellations and referrals, and make this information usable for people to make decisions about their care.



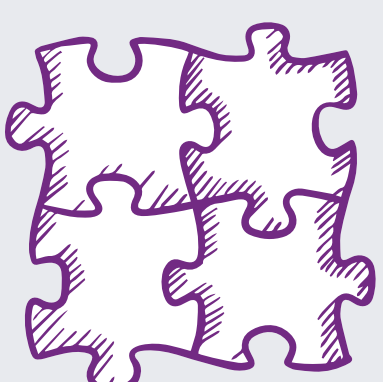
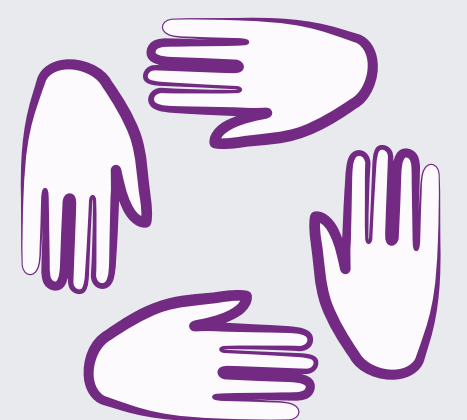
**Do everything possible to keep Covid rates down**, since high infection rates directly impact the service's ability to accelerate all other care.

**View access as a system wide problem** that needs a system wide response, avoid focusing on one access point only, which will only shift unmet need around.



**Stop incentivising the use of digital or face to face** channels of care delivery and focus on choice, personalisation and inclusion.

**Ensure that all proposed solutions** to supported self management, self referral and information giving are inclusive and are purposefully being used to reduce the inverse care law.



**Demand of service providers and commissioners** that all service change needs to be co-produced with communities and assessed for its impact on inequality.