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**Welcome to the Global Launch of
the LSE-Lancet Commission**

**The Future of the NHS: Re-laying
the foundations for an equitable
and efficient health and care
service in a post COVID-19 world**

The event will start in a few moments





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Opening Statements

Dr Richard Horton, *The Lancet*
Professor Elias Mossialos, LSE





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Key Findings

Dr Michael Anderson, LSE
Dr Emma Pitchforth, LSE / University of Exeter
Professor Ali McGuire, LSE
Professor Elias Mossialos, LSE





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Presentations

Professor Anita Charlesworth, The Health Foundation
Professor Martin Knapp, LSE
Professor Dame Jill Macleod Clark, University of
Southampton
Professor Sir Mike Richards, LSE





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The Future of the NHS: NHS Funding

Professor Anita Charlesworth, The Health Foundation



Health and care in the UK

Weaknesses (Funding)

While total (real) health spending has increased over the last decade, when adjusted for demographic changes, spending has remained relatively flat.

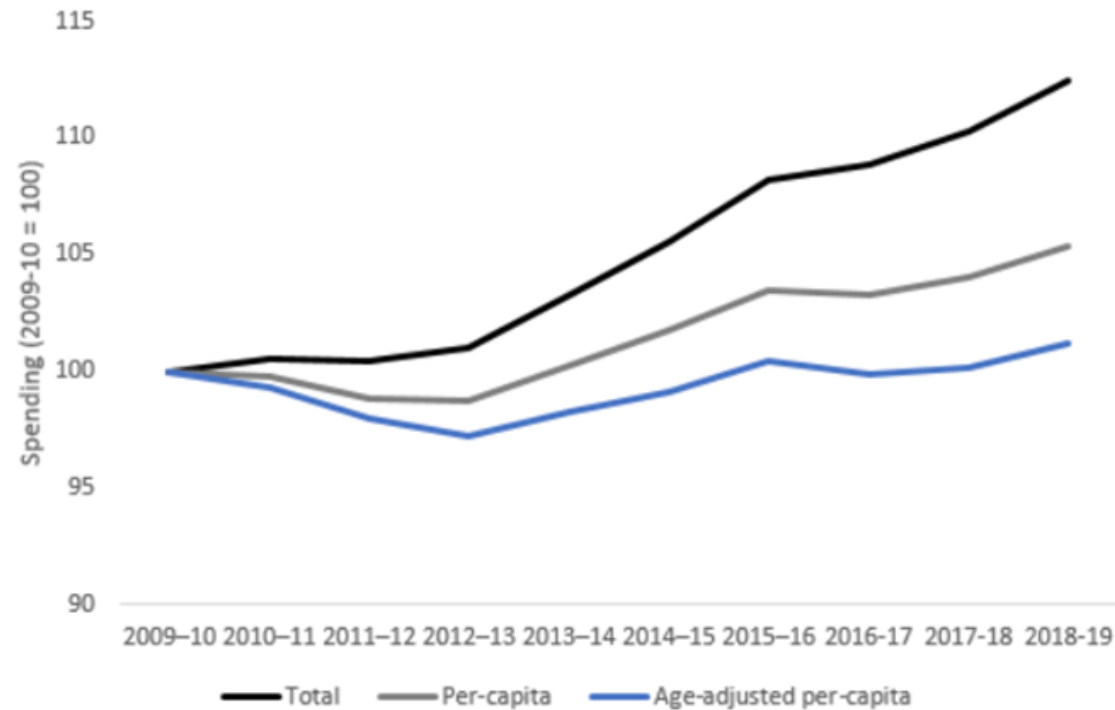
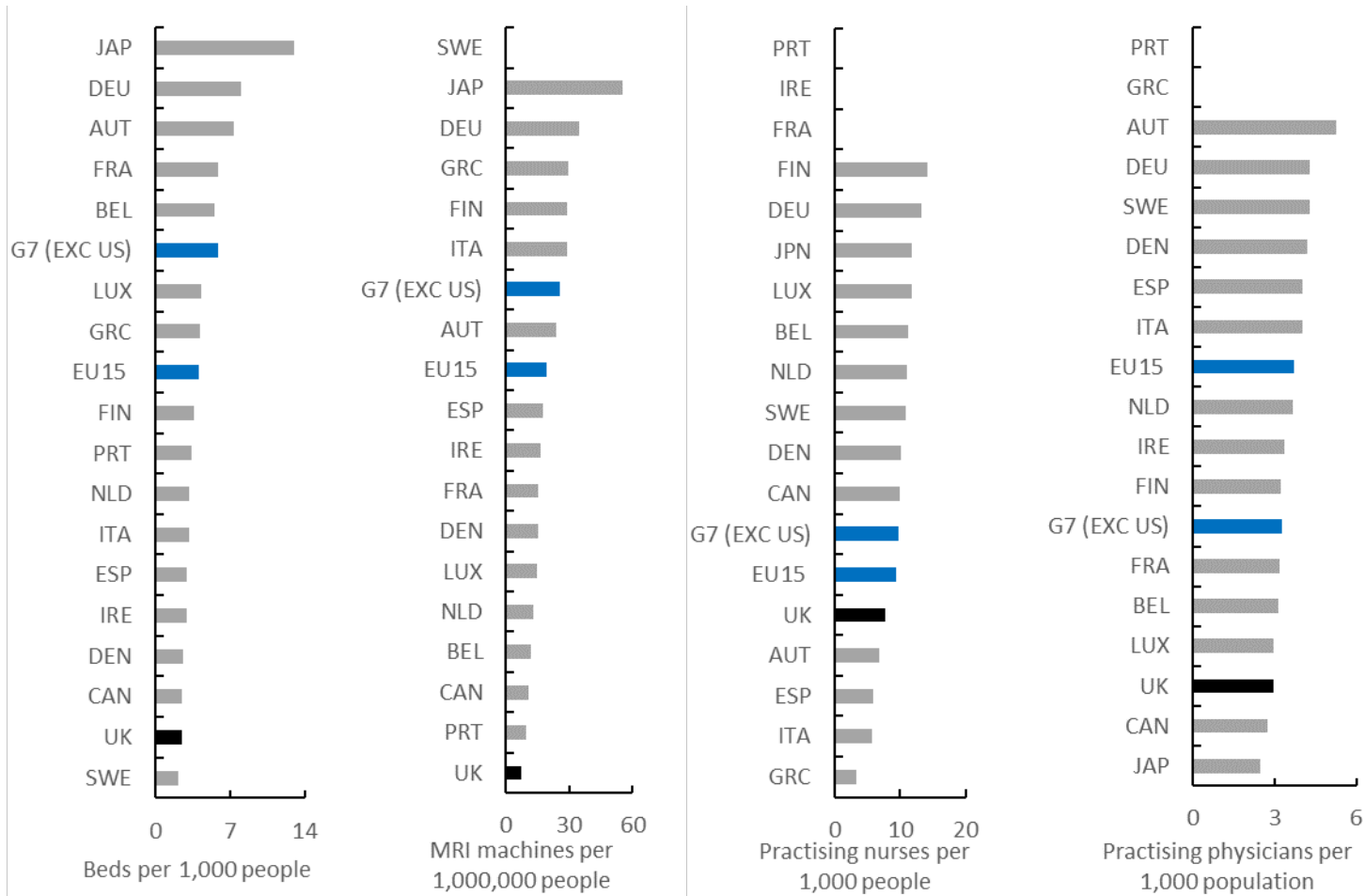


Figure 1: Index of real UK health spending (2009-10 = 100)

Source: Authors calculations using data from UK Government Public Expenditure Statistics Analyses, OBR, and ONS data

Health and care in the UK

Weaknesses (Workforce and Capital)



The result is that the UK has relatively low stock of capital (beds and diagnostics) and workforce (doctors and nurses).

This ultimately negatively impacted the UK's capability to respond to the pandemic.

Figure 2: Beds, MRI machines, nurses, and physicians in the EU15 and G7 (2019 or latest year available)

Source: OECD data

Increase investment in the NHS, social care and public health

Recommendation 1

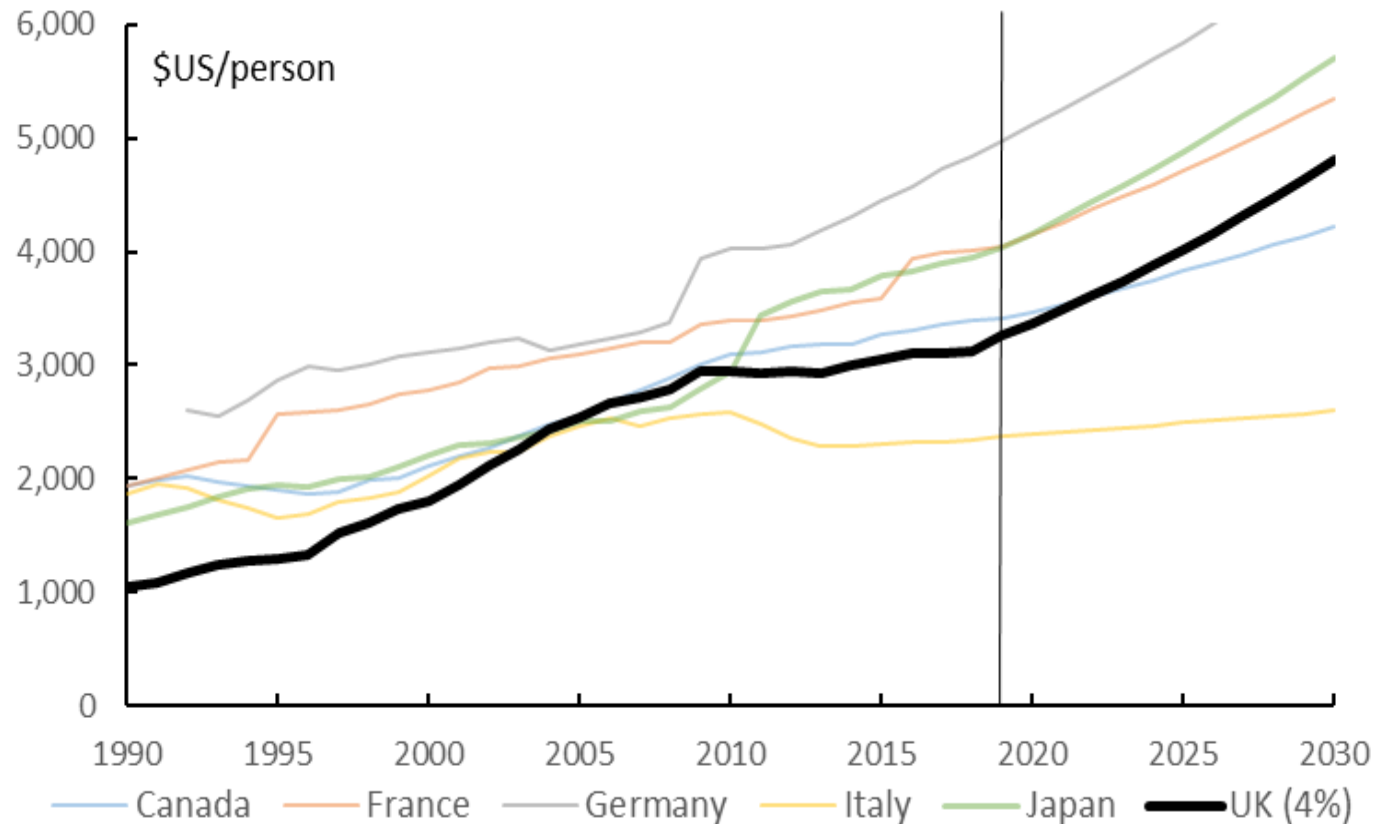
What needs to happen?

- NHS funding to increase by at least 4% per year, on average, in real terms, over the next 10 years
- The increased investment to come from broad-based, progressive general taxation



Increase investment in the NHS, social care and public health

Recommendation 1



Sustaining 4% real-term annual increases in health spending over the next decade would bring the UK broadly in line with other G7 countries.

Figure 3: Public expenditure on health, \$US per person, between 1990 and 2030

Source Authors' calculations based on OECD data

Increase investment in the NHS, social care and public health

Recommendation 1

Earned Income	Current tax policy	Illustrative tax reform	Change per year	Change per week
£10,000	£9,836	£9,822	-£14	-£0.3
£15,000	£13,736	£13,647	-£89	-£1.7
£25,000	£20,536	£20,247	-£289	-£5.6
£40,000	£30,736	£30,147	-£589	-£11.3
£50,000	£37,536	£36,747	-£789	-£15.2
£100,000	£66,533	£64,745	-£1,788	-£34.4
£125,000	£76,033	£73,620	-£2,413	-£46.4
£150,000	£90,533	£87,620	-£2,913	-£56.0
£200,000	£117,033	£113,120	-£3,913	-£75.3
£250,000	£143,533	£138,620	-£4,913	-£94.5
£300,000	£170,033	£164,120	-£5,913	-£113.7
£400,000	£223,033	£215,120	-£7,913	-£152.2
£500,000	£276,033	£266,120	-£9,913	-£190.6

Total expenditure would need to increase by around £102 billion in real terms, or 3.1% of GDP in 2030-31.

By mid 2020s:

- PIT rates would need to increase by 1p
- NICs would need to increase by 1p
- VAT would need to increase by 1p.

By beginning of 2030s:

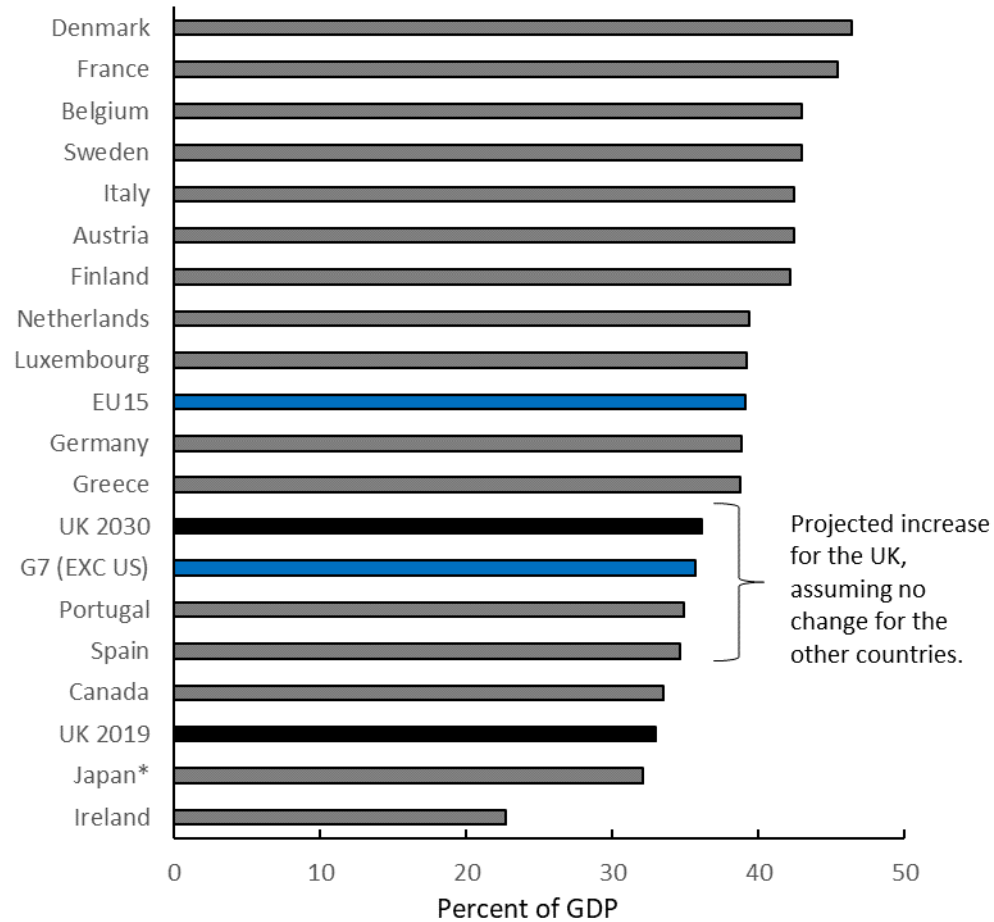
- PIT rates would need to increase by 2p
- NICs would need to increase by 2p
- VAT would not require further increases than 1p.

Table 1: After tax income under the current tax schedule compared with the illustrative tax reform for mid 2020s

Source: Authors' calculations using HMRC ready reckoner

Increase investment in the NHS, social care and public health

Recommendation 1



The UK has a lower tax to GDP ratio than most other high-income countries.

Implementing our tax reform would increase our tax-GDP ratio closer to the average of G7 and EU15 countries.

Figure 4: Tax-to-GDP ratios across the EU15 and G7 (2019)]

Source Authors' calculations based on OECD data



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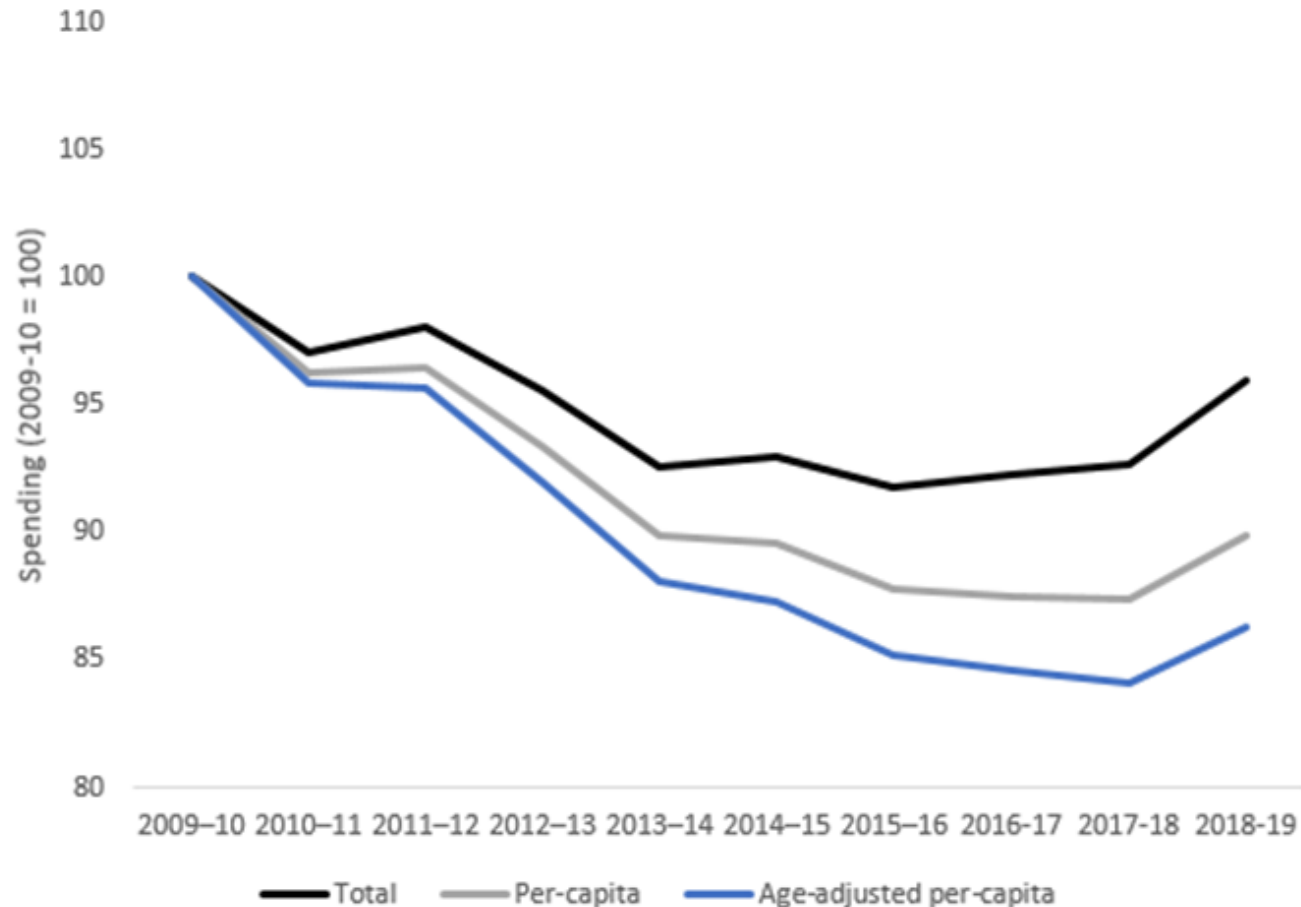
The Future of the NHS: Social Care Funding

Professor Martin Knapp, LSE



Health and care in the UK

Weaknesses (Social care funding)



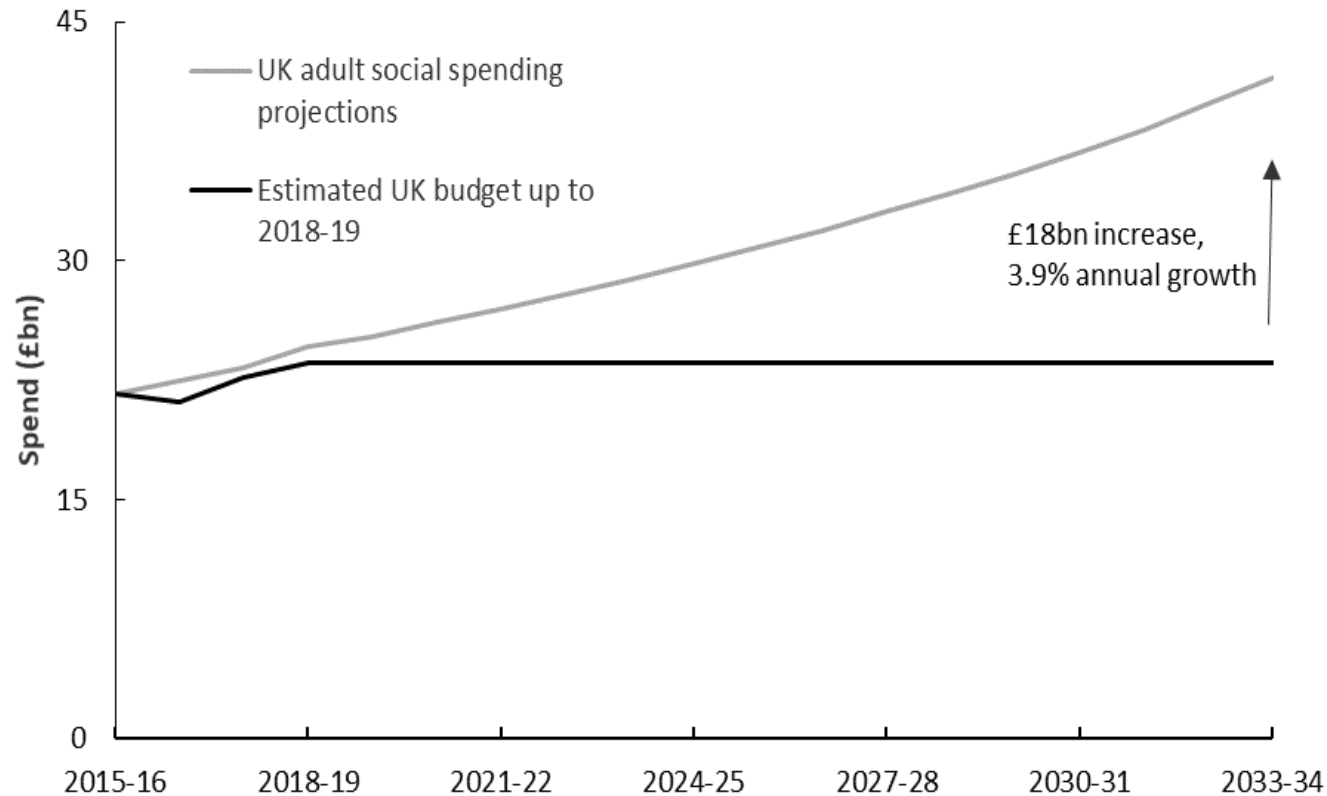
Total (real) **social care spending** has significantly reduced over the last decade (with or without adjustment for demographic change)

Figure 1: Index of real UK social care spending (2009-10 = 100)

Source: Authors calculations using data from UK Government Public Expenditure Statistics Analyses, OBR, and ONS data

Increase investment in the NHS, social care and public health

Recommendation 1



Spending would need to grow by 3.9% annually just to maintain the current system (current eligibility criteria etc.).

Reform is long overdue:

- limited choice
- under-developed home / community support
- fragile provider markets
- workforce pressures
- high personal costs

Figure 8: UK Social Care Spending Projections

Source: PSSRU/CPEC projections adapted by IFS

Increase investment in the NHS, social care and public health

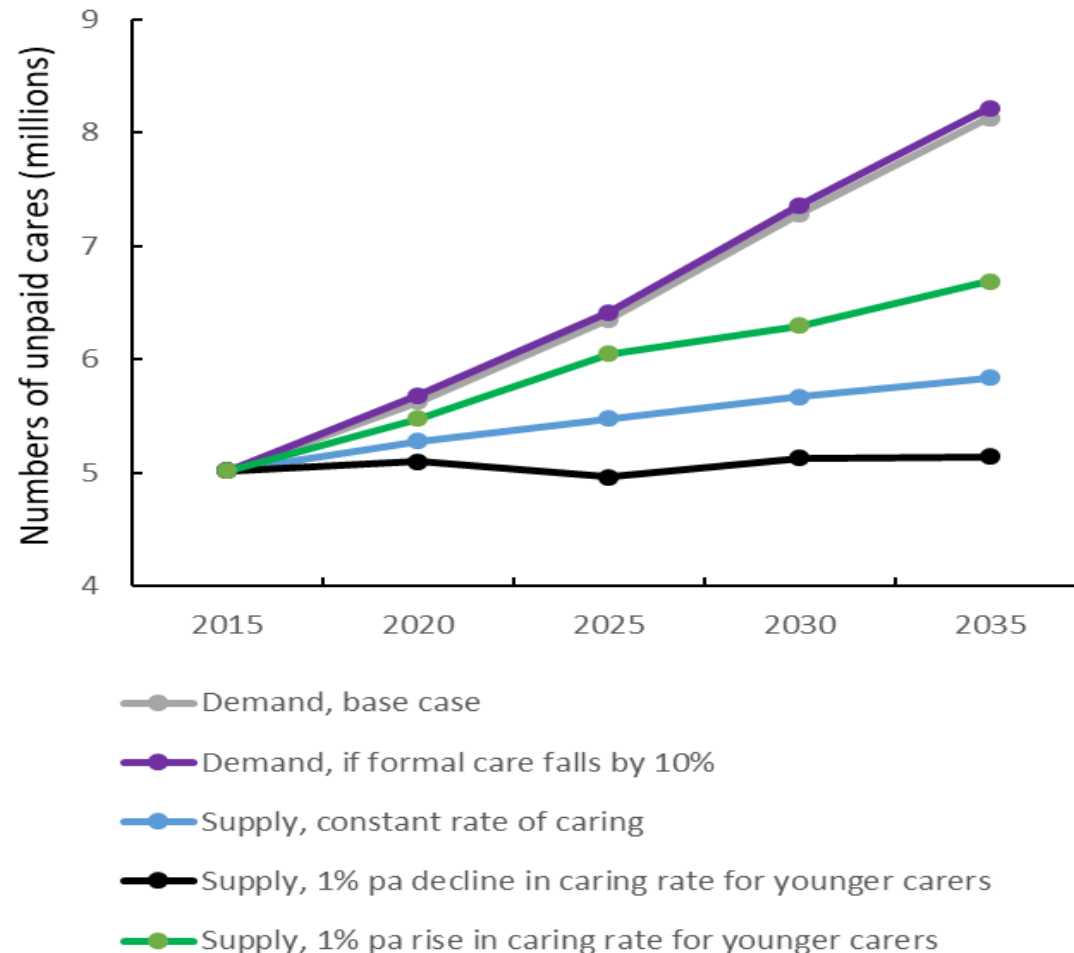
Recommendation 1

- **Capital means test threshold** (England) should increase to £100,000
- In line with Dilnot Commission recommendations, there should be a **'cap' on care costs** of £75,000
- **Public expenditure** on social care should not fall relative to health expenditure over time
- Social care should receive immediate injection of public funding to provide better financial protection, and (real) **funding increases of at least 4% annually** (on average) for the next 10 years



Develop A Sustainable, Skilled, And Inclusive Health And Care Workforce To Meet Changing Health And Care Needs

Recommendation 3



- Projections of supply and demand for unpaid care
- Assumes that propensity to provide care and disability rates in old age both remain constant
- Widening gap – reaching 2.3 million unpaid carers in England by 2035

Calculations by Care Policy and Evaluation Centre (CPEC), LSE

Figure 3: Projected demand for and supply of unpaid carers (headcount) for older people in England between 2015 and 2035
Source adapted from Brimblecombe et al (2018). ¹

Develop A Sustainable, Skilled, And Inclusive Health And Care Workforce To Meet Changing Health And Care Needs

Recommendation 3

Best approaches to support carers:

- **indirect support** – providing services to people with care needs, e.g. respite care;²
- **direct support for carers** – such as psychological therapy, training and educational interventions, and support groups;³
- **flexible employment conditions** – flexible working and care leave for carers in employment.⁴

Many psychosocial interventions involving cognitive behavioural therapy, educational programmes and counselling to support unpaid carers are also **cost-effective by reference to NICE threshold** of £20,000 to £30,000 per QALY gained)⁵





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The Future of the NHS: Workforce

Professor Dame Jill Macleod Clark,
University of Southampton



Develop A Sustainable, Skilled, And Inclusive Health And Care Workforce To Meet Changing Health And Care Needs

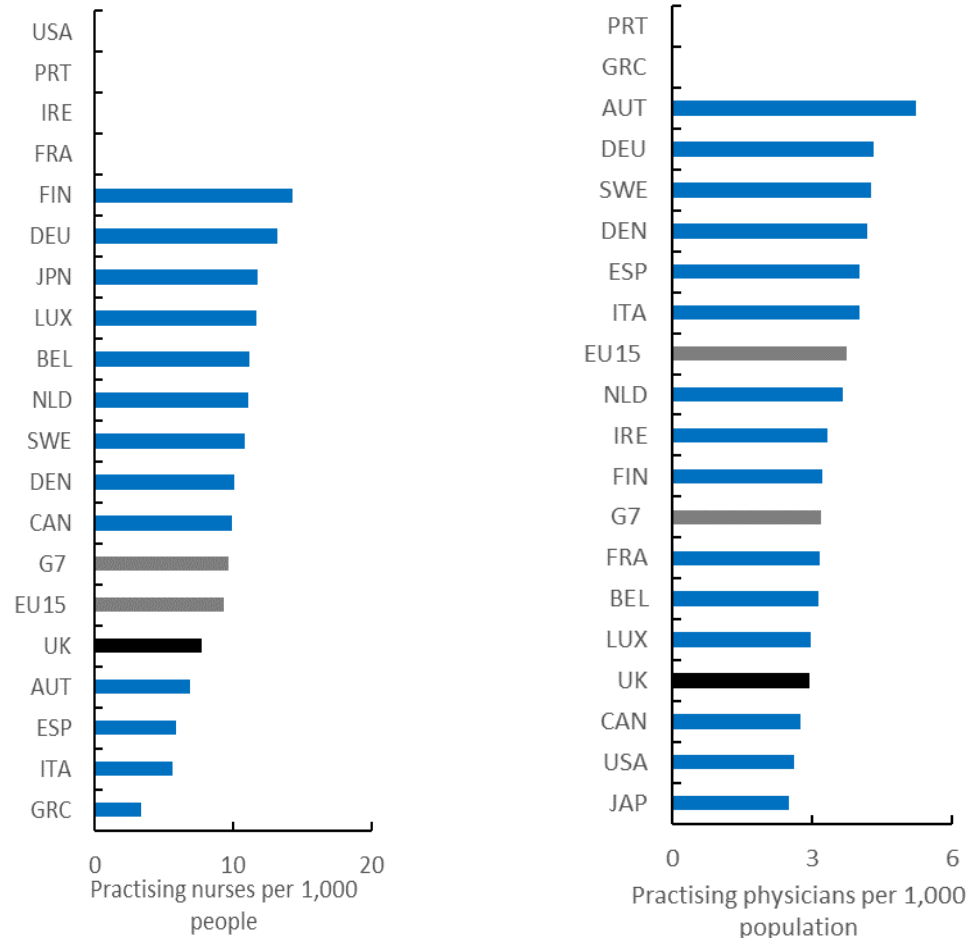
Recommendation 3

Actions required to achieve fitness for purpose:

- **Ensure capacity, roles and skills mix meet growing demand and complexity**
- **Ensure capacity, roles and skills mix reflect changing population health and care needs**
- **Ensure skills mix optimises efficiency and effectiveness**
- **Ensure a workforce that is inclusive, valued and supported**
- **Reframe workforce strategies and plans**

Develop A Sustainable, Skilled, And Inclusive Health And Care Workforce To Meet Changing Health And Care Needs

Recommendation 3



Ensure capacity meets growing demand

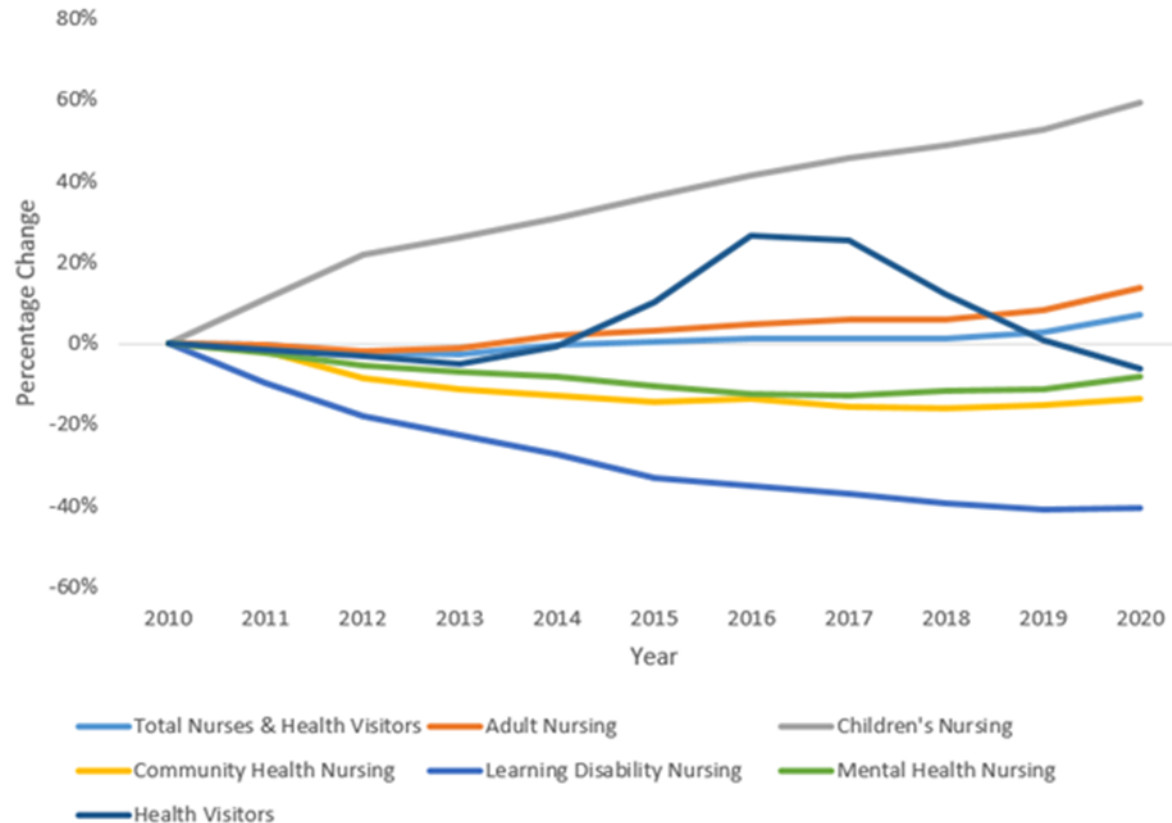
As noted in previous presentations, the UK has relatively low number of both physicians and nurses when compared to other high income countries

Figure 1: Nurses, and physicians in the EU15 and G7 (2019 or latest year available)

Source: OECD data

Develop A Sustainable, Skilled, And Inclusive Health And Care Workforce To Meet Changing Health And Care Needs

Recommendation 3



Ensure capacity, roles and skills mix reflect changing population health and care needs

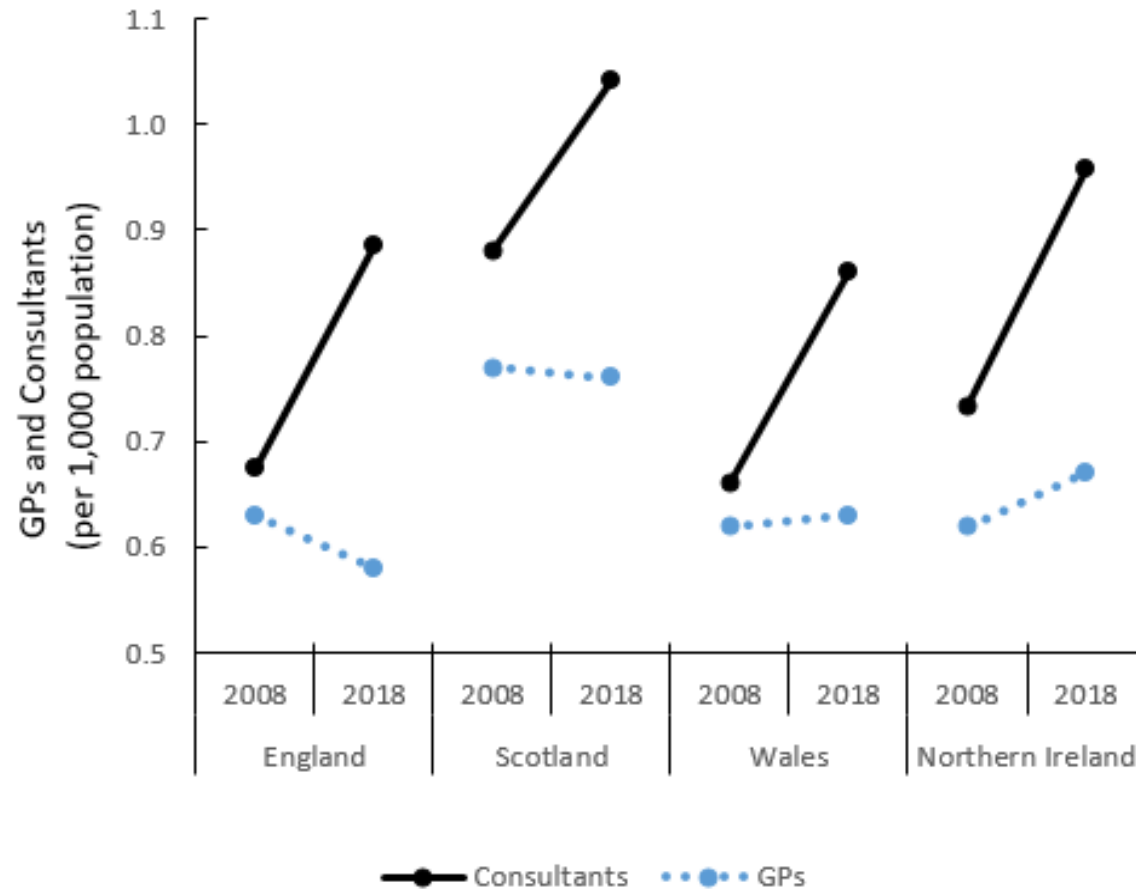
Despite policy imperatives to shift care into the community and support growing demands for mental health care, any growth in the nursing workforce has been located in hospitals

Figure 2: Total percentage change in registered nursing numbers (FTE) in England between 2010 and 2020

Source: NHS Digital

Develop A Sustainable, Skilled, And Inclusive Health And Care Workforce To Meet Changing Health And Care Needs

Recommendation 3



Ensure capacity, roles and skills mix reflect changing population health and care needs

Similarly when analysing trends in physician we again see growth concentrated in hospital consultants with GP numbers stagnating

Figure 3: Numbers (headcount) of GPs and Hospital Consultants across the UK per 1,000 population between 2008 to 2018

Source: Authors based on data from Nuffield Trust, NHS Digital, ISD Scotland, Stat Wales, 4HSCNI, ONS.

Develop A Sustainable, Skilled, And Inclusive Health And Care Workforce To Meet Changing Health And Care Needs

Recommendation 3

Revisit workforce strategies and plans as a matter of urgency

- Create long term, multi professional workforce strategies based on the projected health and care needs of each nation, tied into NHS and social care expenditure plans
- Create workforce strategies and plans which focus on achieving the optimal composition of multidisciplinary health and care teams, challenge traditional role boundaries and maximise the benefits of task shifting and extended practice
- Undertake educational reform incorporating existing and new technologies, competencies and outcomes in order to embrace new roles and facilitate transition between roles, improve productivity and enhance the promotion of health and collaborative models of care that promote health and actively engage patients, carers and service users
- Create workforce strategies which monitor and respond to the health, morale and wellbeing of the health and care workforce, support continuing professional development and take action to address discrimination and harassment



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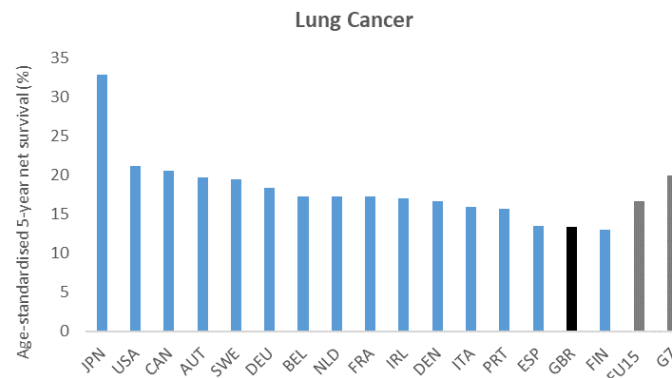
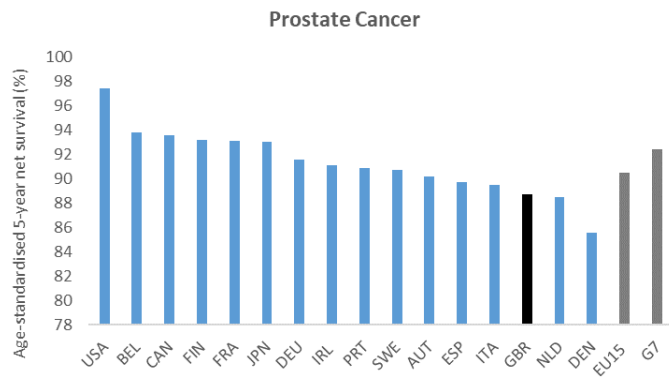
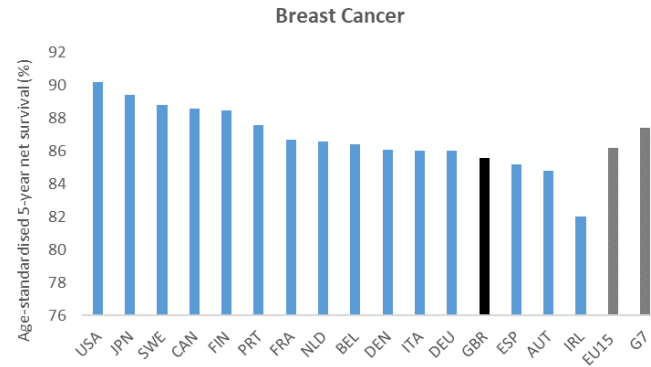
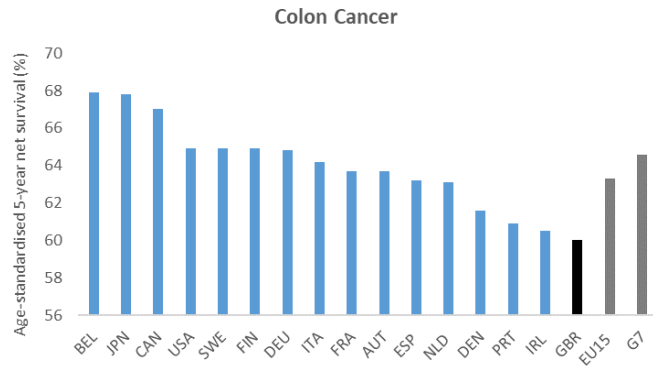
The Future of the NHS: Diagnosis

Professor Sir Mike Richards, LSE



Health and care in the UK

Weaknesses (Health Outcomes)



The UK performs poorly in comparison to other high-income countries in relation to important health outcomes such as survival for most cancers.

Persistent inequalities in health outcomes exist between UK nations, and between different population groups.

Figure 1: 5 year cancer survival across selected high income countries and cancers (2010-14)

Source: OECD/CONCORD Programme data

Improve diagnosis where evidence exists to support early diagnosis to improve outcomes and reduce inequalities

Recommendation 5

What needs to happen?

- To increase capital investment and optimise skill-mix in both primary and secondary care to address unmet need for diagnostics caused by the COVID-19 pandemic and to meet future need for diagnostics
- Novel diagnostics and routes to diagnosis to be developed and rigorously tested where evidence exists to support early diagnosis, with cost-effective treatment that changes outcomes for individuals
- A comprehensive professional and public dialogue to be encouraged regarding the understanding of uncertainty, risk and benefit of testing and screening



A new vision of diagnosis for the next decade

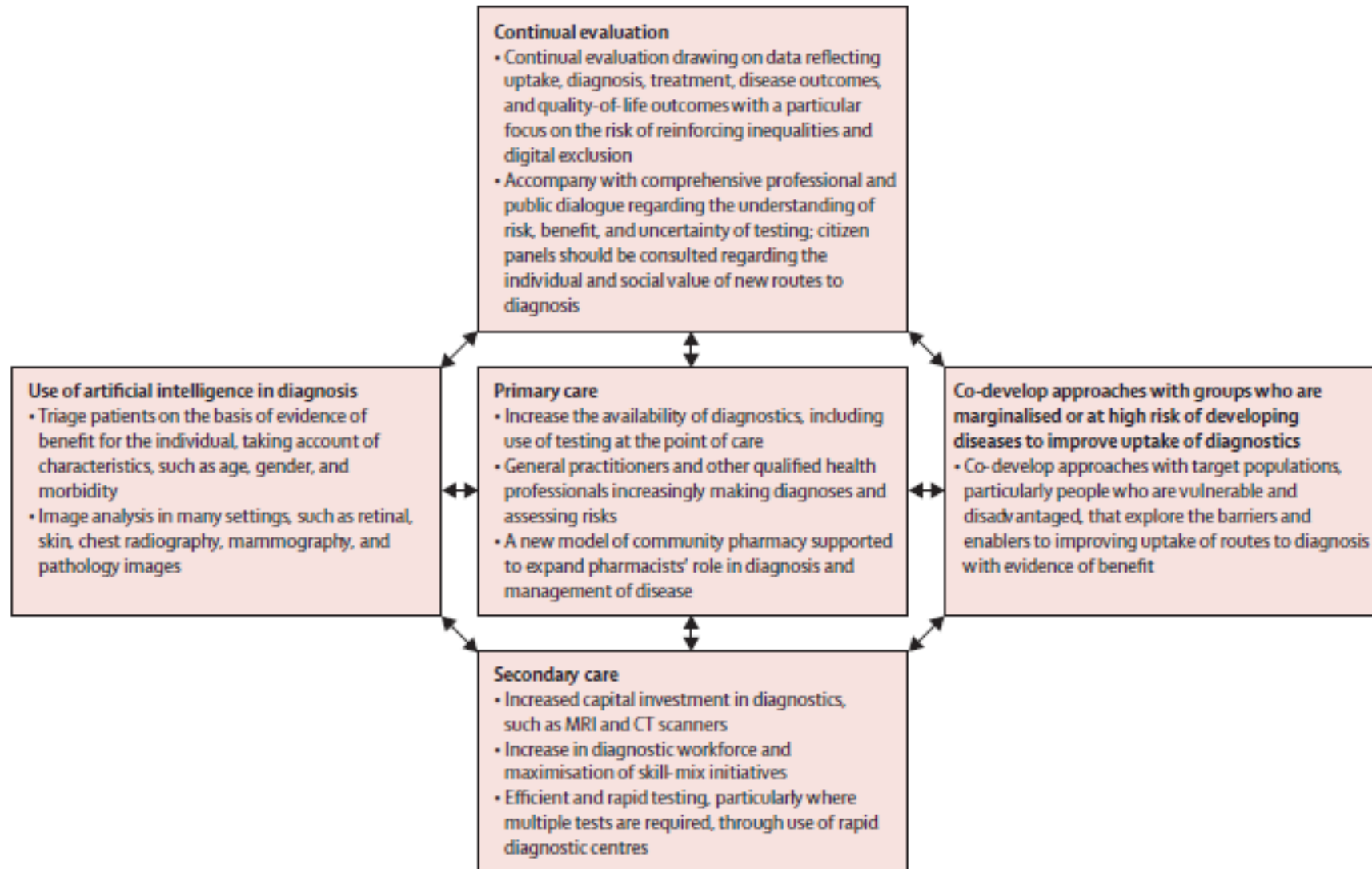


Figure 2: Recommendations to improve diagnosis



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Panel

The constituent country perspective

Professor Ciaran O'Neill, Queen's University Belfast
Professor Marcus Longley, University of South Wales
Professor Moira Whyte, University of Edinburgh

Dr Emma Pitchforth, LSE / University of Exeter
(CHAIR)





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Panel

Strengthening the NHS in a post-COVID-19 world

Nigel Edwards, The Nuffield Trust (reflections)
Professor Carol Brayne, University of Cambridge
Professor Azeem Majeed, Imperial College London
Professor Mike Drummond, University of York
Professor Aziz Sheikh, University of Edinburgh
Professr Angela Coulter, Health Data Research UK

Professor Alistair McGuire, LSE (CHAIR)





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Final reflections

Professor Sir Julian Legrand, LSE

