

# LSE-Lancet Commission 'The Future of the NHS'

Interviews

Dr. Michael Anderson



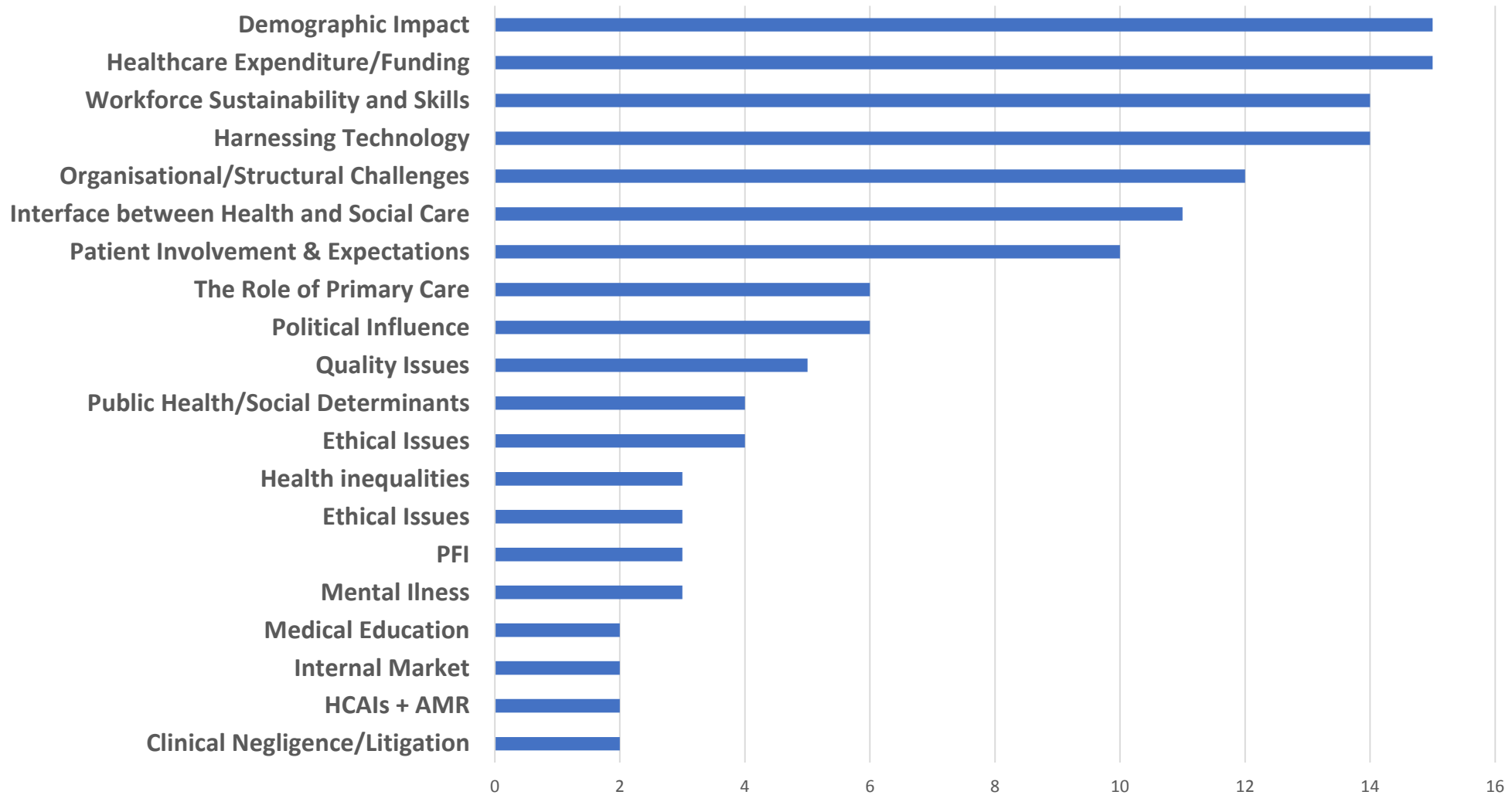
Department of  
**Health Policy**

**THE LANCET**

# Key Question

- In your opinion what are the biggest challenges facing the NHS over the next 20 years?

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<b>50% or More</b>	<b>25-50%</b>	<b>10-25%</b>	<b>0-10%</b>
<ul style="list-style-type: none"> <li>• Healthcare Expenditure/Funding</li> <li>• Demographic Impact</li> <li>• Workforce Sustainability and Skills</li> <li>• Harnessing Technology</li> <li>• Organisational/Structural Challenges</li> <li>• Interface between Health and Social Care</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Involvement and Expectations</li> <li>• The Role of Primary Care</li> <li>• Political Influence</li> </ul>	<ul style="list-style-type: none"> <li>• Quality Issues</li> <li>• Public Health/Social Determinants</li> <li>• Ethical Issues</li> <li>• Health Inequalities</li> <li>• PFI</li> <li>• Mental Illness</li> <li>• Medical Education</li> </ul>	<ul style="list-style-type: none"> <li>• HCAs+ AMR</li> <li>• Clinical Negligence/Litigation</li> <li>• Internal Market</li> </ul>

# Suggested Key Areas for the Commission

- Establishing Sustainable Funding
- Changing Healthcare Needs and Social Determinants of Health
  - Ageing, Multimorbidity, Lifestyle Illnesses, Mental Illness
- Organisational/Structural Challenges
  - Interface between Health and Social Care
  - Interface between Primary and Secondary Care
- Securing a Sustainable Workforce
- Patient Expectations and Involvement
- Harnessing Technology
- Delivering High Quality Services for all

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# Establishing Sustainable Funding

“Austerity is unlikely to go anywhere, yet demand for healthcare continues to rise”

“How the NHS manages scarce resources will be the biggest challenge over the next 20 years”

“The health service may need to be scaled back over the next 20 years.”

“There needs to be an economic, ethical, legal framework to help us manage scarcity across all levels of the healthcare system.”

“We need to continue to make the case for public funding, whether theoretical or empirical.”



# Changing Healthcare Needs

## **Ageing, Multimorbidity, Lifestyle Illnesses, Mental Illness**

“There is something particular about the next 25 years, the ‘baby-boomer’ generation, will place a significant pressure on the NHS.”

“The shifting demography, including chronic diseases, has lead to increasingly complex patients.”

“This is not just about ageing, there is also the increasing rates of obesity, heart disease, cancer and type 2 diabetes.”

“Mental illness overlaps with many other issues, therefore addressing mental health can improve other conditions.”

“The inability of mental health systems, to recognise diagnoses in young adults.”



# Organisational/Structural Challenges

“Different parts of the NHS have conflicting incentives and priorities to do things in certain ways, so whenever we try to bring together population health, health and social care we fail.”

“The NHS needs to stay relevant to the changing needs of society, for example adapting to the growing burden of chronic diseases and allowing patient’s to be treated where they wish, ie closer to home”

“The system has a problem with monothlic public providers, which may not be the best way of meeting the needs of the population.”

“Increased investment has been wasted on repeated organisational restructuring.”

## **Interface between Health and Social Care**

“NHS is means tested where social care is not, therefore you could shift everything into social care if you did not want to pay for it anymore.”

## **Interface between Primary and Secondary Care**

“We need to move resources from hospital to the community, to ensure care happens in the community. Resistance to this movement has been occurring over decades, and even now funding for primary care is being cut.”

# Securing a Sustainable Workforce

“When discussing workforce challenges we must discuss all professionals and disentangle the self-interests of each. Moving forward we should assess the feasibility for substitution.”

“The issue of workforce is tied into the issue of medication education.”

“After 10 years of austerity, workforce morale is likely to be low.”

“There is no workforce planning, currently.”

“We should consider the mental wellbeing of the staff themselves.”

“The massive burden associated with agency staff spending.”

# Harnessing Technology

## **Technological Developments**

“Technology could revolutionise healthcare and replace some doctors roles and encourage self care.”

“The rising cost of new technology and medicines.”

“Research has become very disease focused, we have research into advanced technology in cardiology where the benefit is more marginal but little research focusing on the drivers of poor health in the population.”

## **IT in the NHS**

“Very rare to see a policy which can improve care across all areas.”

“Often neglected by NHS policy makers”

“The challenge of poor data in the NHS is still relevant after several schemes have failed.”

# Patient Expectations & Involvement

“Patient expectations are rising due to increasing health awareness, an interesting challenge is how to manage this.”

“The fall of expert power is evidenced in many sectors, and will increasingly affect healthcare.”

“There are political difficulties in challenging the public’s expectations, specifically expectations that we pay nothing for healthcare.”

“The health service has to adapt to an increasingly consumerist patient and the role of co-production of healthcare.”

# Delivering High Quality Services for all

## **Delivering High Quality Care**

“One of the biggest challenges is how to maintain quality of care.”

“Unwarranted clinical practice variations.”

“Inspection doesn’t work. Clinical advisory standards (1996-2002) worked better.”

## **Inequalities**

“The issue of both variation in provision, quality and success rates across the country in healthcare.”

“Furthermore, the issue of inequity in health outcomes between rich and poor.”

“One of the biggest challenges in inequity in healthcare provision and outcomes, especially in paediatrics.”

# Suggested Key Areas for the Commission

- Values and Vision of what we want the NHS to be
- The NHS and the Wider economy
  - Establishing Sustainable Funding
  - Redistributive Impact, addressing inequities
  - Why was the NHS set up initially?
- Changing Healthcare Needs
  - Ageing, Multimorbidity, Lifestyle Illnesses, Mental Illness
  - End of Life Care/Expenditure
- Organisational/Structural Challenges
  - Legitimacy in Decision Making
  - Interface between Health and Social Care
  - Interface between Primary and Secondary Care
  - Public Health
- Delivering High Quality Services for all
  - Relevant and Comprehensive Services
  - Unwarranted clinical variation
  - Clinical Negligence
- Securing a Sustainable Workforce
- Public/Patient Involvement and Expectation
- The Role of Technology/Pharmaceuticals
- NHS, the International Perspective

Feedback?

# Breakout Groups

There are for the purposes of this afternoon, rather than actual working groups.

- Further Feedback as these for potential Working Groups?
- What aspects of these issues could the Commission cover?



**Breakout Group 1 (Sustainable Funding, Changing healthcare needs)**

Dame Karen Hope Dunnell, former National Statistician and Chief Executive of the Office for National Statistics of the United Kingdom

Professor Alistair McGuire, Professor of Health Economics, Deputy Head, Department of Health Policy, London School of Economics

Professor John Newton, Director of Health Improvement, Public Health England

Professor Azeem Majeed, Head, Department of Primary Care and Public Health, School of Public Health, Imperial College London

Professor Andrew Street, Professor of Health Economics, London School of Economics

Michael Woods, Research Assistant, London School of Economics

**Breakout Group 2 (Workforce Sustainability, Changing Patient Involvement & Expectations, Providing Quality Care for all )**

Dr. Michael Anderson, Research Officer, Department of Health Policy, London School of Economics

Professor Anita Charlesworth, Director of Research and Economics, The Health Foundation. Former Specialist Adviser, the House of Lords' Select Committee; Long-term sustainability of the NHS

Professor Dame Jill Macleod Clark, Professor within the Faculty of Health Sciences, University of Southampton.

Professor Ciaran O'Neill, Chair in Health Economics, Queens University Belfast, Adjunct Chair in Health Economics, Northern University of Ireland, Galway

Professor Emma Pitchforth, Senior Research Fellow, Department of Health Policy, London School of Economics

Sir Mike Richards, Retired Chief Inspector of Hospitals, CQC

**Breakout Group 3 (Organisational/Structural Challenges, Harnessing Technology)**

Professor Barbara Casadei, British Heart Foundation (BHF) Professor of Cardiovascular Medicine at the University of Oxford, President-Elect of the European Society of Cardiology

Margaret Foster, Former Chief Executive of Cwm Taf Health Board , Current Chair of the NHS Shared services Partnership

Professor Martin Knapp, Professor of Health Economics, Director, The National Institute for Health Research School for Social Care Research, LSE

Professor Marcus Longley, Professor of Applied Health Policy, and Director, The Welsh Institute for Health and Social Care, University of South Wales

Professor Rosalind Raine, Professor Health Care Evaluation, Head of Department of Applied Health Research, University College London