



SIXTY SECONDS ON THE NEXT SIXTY YEARS:

Reflections on the Future of the NHS

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INTRODUCTION

The 60th anniversary of the NHS is truly a landmark in British life. One of the few institutions of the post-war social settlement to remain fundamentally intact, we should be rightfully proud of our health service. The contribution made by the NHS to national life can hardly be over-stated. Whole generations have now enjoyed the ‘cradle to grave’ care promised six decades ago – lives have been lived that would otherwise have been lost to death and disease. Every family in the country has benefited from the health service.

That’s why it’s right to celebrate the achievements of the past 60 years. The NHS is an embodiment of the progressive values that are at the heart of our society. Patients, the public and NHS staff are rightly proud of a system in which rich help poor, healthy help sick and no-one is denied essential healthcare because of their inability to pay for it.

However as well as looking back, this anniversary is an opportunity to ask how the NHS should change in the future. The health service does not, of course, look the same as it did in 1948. Technological advances and social trends mean that the NHS is constantly changing in order to provide the best service to patients. The Social Market Foundation is making its own contribution to the debate about the future with its major Health Project, examining how the health system should adapt to cope with an ageing population, new technologies and changing patient expectations.

As a spur to debate we have brought together a range of stakeholders in the health service and invited them to spend “60 seconds on the next 60 years” – thinking aloud about the NHS of the future. Senior politicians, NHS staff, patients and their advocates and academics have all contributed their thoughts. These short pieces are intended to identify challenges and opportunities for the health service from a range of different perspectives, highlighting the issues that will be at the forefront of the public debate on health.

Many contributors note that technology will change the NHS to a substantial degree. New treatments will become available, benefiting patients in innumerable ways. However, these technologies come at a price: are we prepared to pay it?

Others emphasise the need for the NHS to become more integrated by joining up diverse services in flexible systems. Continuity of care is important too, as both doctors and service users tell us that this issue is crucial for a good quality experience of the NHS.

Our focus is often on the ways that the NHS must adapt to changing circumstances. But patients are changing too. How can they become genuine co-producers of care? Empowered patients negotiating their way through a system that offers genuine choice is the starting point and goal of several of our contributors.

Whilst it is repeatedly said that the challenge ahead is to continue to provide high quality services regardless of the patient's ability to pay, fundamental concerns are also raised about the ability of the health service to continue in its present form over the next six decades.

It is argued that the NHS should become more independent – removing what some view as the negative impact of political control. Some contributors argue that it is not sustainable for the NHS to provide a comprehensive free service based on tax funding – a core package might be inevitable, or even the more radical option of the introduction of a social insurance scheme in the UK.

Perhaps the most powerful insights come from those who use the NHS. Our contributors include someone who is a full-time carer as well as patient advocates in stroke and mental health – all typical of groups who do not always get the attention they deserve in our public debate.

The Social Market Foundation hopes that this collection of views will encourage other stakeholders to spend their "60 seconds on the next 60 years". While the anniversary celebrations are richly deserved we cannot afford to rest on our laurels. What is clear is that the NHS faces a multitude of different challenges, and there are as many different views on how to deal with these as there are voices to express them. The first challenge is to start the debate – we hope it begins here.

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“The NHS has always evolved to meet public expectations and the needs of a changing society.”

MARK BRITNELL

Director of Commissioning and System Management
Department of Health

The 60th anniversary of the National Health Service is a momentous milestone. Over the last 60 years, the NHS has continually helped drive up standards and quality of care for millions. We should celebrate this success but it also provides an exciting challenge to reach out yet further in improving lives for patients.

The NHS has always evolved to meet public expectations and the needs of a changing society. The imminent publication of Lord Darzi’s *Our NHS, our future* report will set out plans for the NHS in the next decade and beyond. Alongside Lord Darzi’s Review, commissioning is increasingly playing a critical role in building the NHS of the future. The national World Class Commissioning programme is putting ambition, pace and purpose into this important area.

World class commissioning is designed to “add life to years and years to life”. Primary Care Trusts are uniquely placed to improve the quality and personalisation of healthcare, whilst simultaneously improving population health and reducing inequalities. Over the next few years, PCTs will increasingly move centre stage as local leaders of the NHS. Commissioners are only restricted by their own ambition, and it is their ambition to deliver the best possible outcomes for patients that will drive the NHS forward into the next 60 years.

“The NHS must put quality centre stage.”

DR PETER CARTER

Chief Executive & General Secretary
Royal College of Nursing



The sixtieth birthday of the NHS is a time for reflection. But it's also a moment when we look forward and ask ourselves a crucial question: what sort of NHS do we want to see in the coming decades? The RCN believes the issue of “quality” must lie at the core of any meaningful answer.

For patients and staff quality care too often feels like the poor relation to cost control in today's NHS. Media headlines and trust board agendas are dominated by the language of business. In fact, the lexicon of deficits and surplus, volume and throughput, contracting and payment systems has increasingly squeezed out discussion about, and focus on, quality care.

Arguably, it is this imbalance which has turned staff off from the reform agenda and accounts for why too many say they love their job but dislike the system they work within.

Ironically the notion of “quality” underpinned the founding ethos of the NHS. So if we are to enjoy another 60 years of this great national institution then perhaps we should go back to the future. Put simply, if it is to succeed and endure tomorrow's NHS must put “quality” back where it belongs – centre stage.



“In the next twenty years it is vital that mental health is placed firmly in the mainstream.”

PAUL CORRY,

Director of Public Affairs

RETHINK (the leading mental health membership charity)

When mental health service-users reflect on the last 60 years of the NHS they point to enormous positive changes; the closure of institutions and growth of community-based services among them. But most strikingly they point to things that still haven't changed – like the stigma and discrimination directed at people with mental illness. Despite leaps forward in some aspects of provision, our members tell us the NHS has yet to deliver universal respect and equal treatment to its mental health service-users.

People with mental illness still don't get equal access to physical health services and in 2008 they die ten years younger than others. Not because of their mental illness - but because physical symptoms get overlooked. A Rethink survey recently found that over half of people with mental illness don't get the physical health-checks GPs are supposed to offer, and illnesses like diabetes, heart disease and even cancer can go undiagnosed until they have reached danger point.

In the next twenty years it is vital that mental health is placed firmly in the mainstream. People with mental illness must get the same respect and high quality care that everyone else expects - as a right.

“I hope the next decade will see a real shift towards more equal partnerships between patients and health professionals.”

PROFESSOR ANGELA COULTER

President
Picker Institute Europe



Improving responsiveness to patients has been a goal of health policy in the UK for several decades. There have been considerable successes recently – for example reduced waiting times and investment in better facilities – but there’s still a way to go to achieve the truly patient-centred service that’s promised in so many government reports. Too many patients still experience an impersonal service from over-worked professionals who do not have time to inform them adequately or treat them with sufficient respect and empathy.

I hope the next decade will see a real shift towards more equal partnerships between patients and health professionals. Clinicians must be encouraged to see patients as co-producers in the process of treatment and care, not simply as passive victims of ill-health. If people are treated like passive dependents when they seek healthcare, it is unlikely that they will be able to play their full part as active citizens, helping to shape health policy and influence service developments. Attempts to create a complex superstructure of public consultation and involvement will founder if the basic building blocks are not firmly embedded. So the really important changes need to take place at the level of individual interactions between patients and health professionals.



“Patients’ decisions to seek medical help are framed by culture, education, past experiences and current fears and GPs play a crucial role in interpreting different needs.”

DR DILYS COWAN

General Practitioner
Camden Primary Care Trust

On the 5th July 1948 the new NHS was born, providing universal access to healthcare free at the point of delivery for the first time. The assumption by Beveridge that the demand for medical care would decrease as the reservoir of ill health was treated was rapidly proved wrong.

Before the NHS the patient’s view of what constituted illness and required medical attention had been ignored but since the introduction of the NHS demand for healthcare has continued to increase. From its inception problems of access, capacity and cost in the NHS have been endemic problems that 60 years of continuous reform have failed to solve.

Patients’ decisions to seek medical help are framed by culture, education, past experiences and current fears. GPs have to learn to interpret this narrative of illness to help and comfort their patients and to act as gatekeepers to secondary care. General practice would be so easy if patient’s stories about themselves translated easily into recognisable diseases that could be treated through formulas implemented by the less expensively trained. Our current politicians are so obsessed with access that they are prepared allow general practice to undergo a massive deskilling exercise to increase capacity at minimal cost. Is this worth the loss of the ‘suburban shaman’ to help patients through an increasingly complex medical world?

“We need to acknowledge that the NHS has limits, and start a genuine national debate about the sort of health system we want in the future.”

SANDY CROMBIE

Chief Executive
Standard Life



The NHS is one of the proudest achievements of British society. But the world has changed since 1948 and the NHS must change too. Medical advancements mean that the limits of healthcare have been pushed back since the advent of the NHS, but life-saving improvements in standards have been accompanied by massive increases in costs. As our population ages we will see retired people outnumber taxpayers, putting a huge burden on a wholly tax funded health system.

We need to acknowledge that the NHS has limits, and start a genuine national debate about the sort of health system we want in the future. We know that people value their health, and are willing to pay to improve it – witness the popularity of vitamin supplements and gym memberships. The challenge is to translate this willingness to pay into a system that shares scarce resources fairly among the whole population. Let’s hope that the next sixty years see a radical transformation in health services – the debate begins now.



“A publicly funded health service free at the point of delivery is morally right but has limitations.”

BARONESS JULIA CUMBERLEGE

House of Lords

One hopes, before 60 years are up, it will be recognised that no organisation can run efficiently with the board of directors composed of politicians and changes every year or two. This recognition is even more important when government ministers are ambitious people trying to make a mark on a vast organisation. The current structure results in wasting money we cannot afford. It is an idea equivalent to the old time charlatans selling the elixir of life. It doesn't work.

A publicly funded health service free at the point of delivery is morally right but has limitations. Dental and eye care are the wrong limitations - self inflicted damage from booze, smoking or drugs might be more worthy of charges. The NHS should become a corporation, splitting the government from providers of care. Governments should make policy. For 650 MPs that is hardly a full time occupation, so like most mortals they want to manage, then micro-manage - it does not work. It may be that a corporate board would want to break the business into more manageable parts but that is for them to decide. The infantile process of creating trusts, boards, authorities before abolishing them a year or two later has to be stopped. A corporation has to think and behave for the long term in order to achieve a health service that will last for the next 20 years let alone 60.

“We must ask whether, with increased sophistication in the service, we lose sight of the basics of compassionate care.”

NIGEL EDWARDS

Director of Policy
NHS Confederation



The overriding issue is compassion. We must ask whether, with increased sophistication in the service, we lose sight of the basics of compassionate care. We must put compassion at the heart of the service engaging frontline staff, patients and leaders in ensuring that it is hard wired into the culture of every NHS organisation.

In policy terms, the two most pressing issues for the future are top-ups and social care. On top-ups, the argument pits individual consumerism against the ideals of collective endeavour. We need to find a way through these two wholly contrasting viewpoints in order to ensure public confidence in the NHS.

Meanwhile, the system of social care is in urgent need of reform and clear direction that will last for decades rather than stagger along until the next green paper. A consensus seems to be forming around a social insurance or joint payment model but an answer must be found soon.

Finally, technology presents the NHS with a massive opportunity. It is easy to overestimate the effect of the latest drugs or hi-tech equipment. The real difference will be made in how technology empowers people both to help them control their treatment and improve their relationship with NHS staff.



“Healthcare will be delivered through soft technology where the individual is in control.”

CHRIS EXETER

NHS Connecting for Health

The last 60 years has seen progress in society and technology move at a far faster rate than the 60 years before that. The next 60 years will see no let-up in this rate of change: in fact there can be no doubt that change will be more and more rapid. In 60 years time the architecture of the NHS will be much more closely defined by the “S” of “NHS”, with the “S” namely “System” rather than “Service”. This is because people will live in a mobile, borderless society where people’s time and choices determine their priorities in making decisions on what they do and buy – including healthcare.

A key change will be that in this system, healthcare will be delivered through soft technology where the individual is in control, and determines how their information is distributed. This will include records, online information, test results and monitoring of ongoing conditions. In short, regardless of sector, public or private, the consumer will, at last, be more important than the producer.

“The NHS will be replaced by a profusion of smaller, nimbler organisations with strong local roots and a variety of funding streams.”

NIGEL HAWKES

Health Editor
The Times



Few large organisations stay large for ever. There was only a single company among the biggest 100 in the US in the year 2000 that had also been there in 1900 – General Electric. By this rather brutal test, the NHS has already outlived its natural span.

So in the next 60 years, I confidently expect it will be gone. Healthcare won't, of course: it will continue to grow and absorb an ever larger share of the GNP. But organising it as a single, centrally-planned, monolith has never really made sense. Its employees are institutionalised; its professionals marginalised; and its customers dissatisfied.

What will replace it will be a profusion of smaller, nimbler organisations with strong local roots and a variety of funding streams. Patients will be empowered and services designed around them. Why can't the NHS at it is today achieve this aim, so often articulated by ministers? Sixty years of experience tells us it can't.

Will we miss it when it's gone? About as much as we miss the USSR. Zealots will declare a huge betrayal, the abandonment of a dream. For the rest it will be more like awakening from a nightmare.



**"I was born on the first day of the NHS
in 1948."**

DR KEITH R HINE FRCP

Consultant Physician and Gastroenterologist

I was born on the first day of the NHS in 1948 and first worked in an NHS haematology laboratory in 1967 before going to Medical School. Since 1973 I have been employed as an NHS doctor, for the last 24 years as a Consultant Physician and Gastroenterologist. During my time as a doctor I have valued the doctor-patient relationship and it is my view that this relationship is of positive benefit to the ill person. In the stampede to achieve targets and comply with the Working Time Directive, continuity of care is being sacrificed. 'Teamwork' is the new theme. However, I find that patients appreciate sharing their problems with an individual doctor whom they can trust. This is especially true of patients with chronic illnesses.

The impact of a positive doctor-patient relationship is difficult to measure but in overlooking this important aspect, our healthcare system is much poorer since patients feel abandoned, sensing that no individual doctor is taking responsibility for their care. Restoring true quality to the doctor-patient relationship will be one challenge for the NHS as it moves beyond its diamond anniversary.

“Patients and staff will have a clearer view of NHS rights and responsibilities.”

RT HON ALAN JOHNSON MP

Secretary of State for Health



The NHS has never stood still. Throughout its 60 years, it has continuously evolved to keep pace with societal change, the rising expectations of the public, and advancements in treatment and care, many of which it has driven from the front.

Since it was formed, the NHS has made an immeasurable contribution to British society, saving and improving the quality of millions of people’s lives.

In the future, the NHS will continue to evolve with quality and personalisation of care, and patient empowerment at the heart of future developments. People will become more involved in planning their own care and health and social services will become better integrated to provide seamless care. There will also be greater focus on promoting health and well-being to enable people to live as independently as possible for as long as possible.

The next Stage Review will transform care locally through the work of local clinicians who have set our new models of care for their populations spanning birth to the end of life. Our strategies to improve the care and treatment provided in a number of areas including stroke and dementia will result in significant advancements. Patients and staff will have a clearer view of NHS rights and responsibilities enshrined in a constitution to uphold and protect the enduring founding principles of our health service.



“Early diagnosis will allow more patients to benefit from curative treatment or new targeted treatments which may contain cancers for long periods even if they are not fully cured.”

PROFESSOR PETER JOHNSON

Chief Clinician
Cancer Research UK

Demographic and epidemiological trends mean that the proportion of the population living with a diagnosis of cancer is set to rise. The number of over 65s in the UK is anticipated to grow from 16% of the population in 2004 to 23% by 2031. An ageing population, the resulting likelihood of a higher incidence of cancer, and more sophisticated and expensive treatments all present challenges for the NHS in planning for the longer term.

Today, around 45% of cancer cases are diagnosed at a stage when the cancer can be successfully treated. We believe that this figure could be increased up to 66% by 2020. This will allow more patients to benefit from curative treatment or, in many cases, new targeted treatments which may contain cancers for long periods even if they are not fully cured. To reach this goal we need to know more about those individuals at most risk of cancer, and work to develop understanding from basic research into new methods of screening, diagnosis and treatment.

The NHS has a clear role in promoting clinical research and identifying patients’ information needs. We also need to ensure that the NHS is adequately funded and suitably structured to promoting uptake of these new interventions.

“Getting the partnership right between the NHS and the independent sector would create a health service fit for purpose for the next 60 years.”

FERGUS KEE

Managing Director
Bupa Membership



The NHS has an important place in the nation’s heart and everyone connected with it over the last 60 years should be proud of its many achievements. But, that doesn’t mean it should stand still. It needs to continue to find new ways to improve services for patients if it is to meet the challenges of the 21st century.

Independent sector expertise can make a huge contribution to the development of the NHS. Improved workplace health has a key role to play in improving the nation’s health, not only by getting people back to work after sickness but also by promoting positive health and wellbeing.

And support for local commissioners can help deliver improved value and greater efficiency in the range of services provided to patients.

All of the above can be delivered now through a partnership approach between the independent sector and the NHS. Getting this partnership right would create an NHS which would be fit for purpose for the next 60 years.



“Stroke, with its long care pathway, is an exemplar of so many issues the NHS wants and needs to address.”

JOE KORNER

Director of Communications
Stroke Association.

Providing cutting edge, world class services for stroke will be an important challenge for the NHS and will be a test of the new structures and funding mechanisms that have recently been introduced.

Over much of the NHS's history there was little that could be provided acutely to lessen the impact of stroke. While rehabilitation could aid slow recovery, stroke care remained confined to general geriatric care and the dedication of allied health professionals.

But now we have new treatments such as thrombolysis and a decade of evidence that stroke units dramatically reduce death and disability. A huge proportion of strokes could be prevented. Intensive rehabilitation and long term support are recognised as essential to promote independence.

So stroke, with its long care pathway, is an exemplar of so many issues the NHS wants and needs to address. The National Stroke Strategy for England, and similar initiatives in the other countries of the UK, will put the NHS to the test.

Can the NHS deliver the step change in stroke provision that is vital, over the next ten years and beyond? The Stroke Association believes it can, and is committed to working with the NHS to make sure it happens.

“I’ve been working in the NHS for 42 years and it has been a wonderful experience.”

PROFESSOR PARVEEN KUMAR

Professor of Clinical and Medical Education and past president of the BMA



I’ve been working in the NHS for 42 years and it has been a wonderful experience. I have really valued the high quality of care delivered, the team spirit and the fact that the service is free at the point of delivery.

Sadly the start of the purchaser provider split and other subsequent changes have made working in the NHS much more difficult. Previously any patient had the right to be treated free anywhere across the country but this is no longer the case; the National Health Service has become a District Health Service.

Currently the NHS is undergoing a succession of more radical changes. Rising patient expectations and expensive new medical technologies are driving up the cost of providing healthcare. At the same time the continually moving goal posts and changing policies, have made it difficult to make long-term decisions about the future of healthcare. We need a period of sustained stability.

As for the future, it is clear that costs will continue to rise as the population ages but there is still only a limited amount of funding. Therefore, despite the fact that I would still like to see the NHS providing free ‘total’ care, we might have to accept the introduction of a ‘core’ package of services that would be provided free. However, any such change in services must include free acute emergency care as well as special arrangements for the chronically ill. What care we do provide should be evidence-based. Most importantly any change must always keep the patient at the centre – we must never lose sight of what the patient wishes and needs



“The challenge of heightened expectations offers a fantastic opportunity to engage local people in the decisions about how their NHS services are designed and delivered.”

NORMAN LAMB MP

Shadow Health Secretary
Liberal Democrats

As the NHS approaches its 60th anniversary the time has come for a look at how the health service works and to address the areas in which it can be improved. The NHS is rightly a source of pride for British people – universal access to care which is free at the point of use is one of the milestones in our history.

However, if it is to build upon these successes, the NHS needs to adapt to the rapidly changing times we live in. People are no longer prepared to simply accept NHS services which are imposed on them with little consultation and little heed to local needs.

Meeting the challenge of heightened expectations is obviously going to be a challenge but it also offers a fantastic opportunity to engage local people in the decisions about how their NHS services are designed and delivered. The Liberal Democrat approach is to radically decentralise power in the NHS. Making commissioners democratically accountable to the local communities they serve would empower communities and ensure that local voices are heard and their needs addressed more effectively. The rush towards centralisation has not been good for the NHS. I believe that local control together with our guarantee of treatment within a defined period would help to raise standards and address the challenges the NHS will face in the next 60 years.

“We want individual people making the decisions about where to get their treatment and how to spend their budgets.”

RICHARD LAMBERT

Director-General
CBI



Like every other supporter of the NHS and its values, business wants to see the service improved and strengthened as it hits 60. As the population ages and scientific advances turn what were once killer diseases into long-term but manageable conditions, we need a health system that keeps pace. The health system should be a central part of a society that values long and active lives for all.

The NHS must move on from the ‘doctor knows best’ idea of 1948 to a service where the patient is king. We want individual people making the decisions about where to get their treatment and how to spend their budgets.

The role of the NHS should be to ensure patients are making properly informed choices and are accessing the best available care. Patient choice and power will not replace evidence-based medicine but will couple it with consumer activism.

But there must be a plurality of providers if we are to get the best possible health service and if patients are to get more than Hobson’s Choice.

The NHS and its staff should have no reason to fear change. Reforms are in their, and all of our, best interests.



“Neither structural stability nor dynamic leadership can be delivered with political interference in the day-to-day management of the NHS.”

ANDREW LANSLEY MP

Shadow Secretary of State for Health
Conservative Party

The NHS has enduring values, but it has suffered serial organisational upheavals. The NHS needs a stable structure and dynamic leadership within the service. Neither can be delivered by further political interference in the day-to-day management of the NHS. That is why we have put forward proposals at every stage that serve the best interests of the NHS with its long-term future in mind.

I want the NHS to succeed in this Parliament, so it can do even better in the next. That’s why we published ‘The NHS Autonomy and Accountability Paper’ last June. It sets out a long-term legislative structure designed to harness the benefits of market mechanisms, patient choice, accountability to patients and the public, new technologies and drugs which have to date been frustrated by weak and confused policy-making. Our health policies resonate with the public. The public want the NHS to have more freedom from targets and controls. They want more choice and control over their care. The key driver behind our vision and reform is the benefit it will deliver to patients.

There has been far too much debate over structures, organisation and funding. It is my ambition that the debate about health, starting in this, the diamond jubilee year of the NHS, should increasingly be exactly that: about health and healthcare.

“The challenge, for the next 60 years, is to preserve what works in the face of continuing ideological pressure to replace collaboration with competition and integration with fragmentation.”

PROFESSOR MARTIN MCKEE

Professor of European Public Health
London School of Hygiene
and Tropical Medicine



The future of healthcare can be summed up in one word - complexity. Continued technological advances coupled with healthier lifestyles will allow ever more people to survive into old age, living with multiple chronic disorders that would once have killed them. Unlike their parents and grandparents, they will expect to remain active and engaged well into old age and most will be able to do so. Yet succeeding in this will require that they navigate a complex system of care providers, delivered by different professionals and in different settings, to obtain a complex combination of treatments that may be almost unique to each individual.

Over 60 years the NHS has developed a system that is well suited to these challenges, with the primary care team acting as a navigator and coordinator, while geographically-based authorities provide the maps. It has delivered impressive outcomes for those with chronic diseases, especially when compared with the American healthcare system. The challenge, for the next 60 years, is to preserve what works in the face of continuing ideological pressure to replace collaboration with competition and integration with fragmentation. Change will always be necessary but we must always ask “who benefits?”



“At some point in the next 60 years it may become necessary for people to be informed of the consequences of their behaviour and sign waivers with the GP if they opt to continue making unhealthy choices.”

BEN PAGE

Managing Director
Ipsos-MORI

Whatever happens over the next 60 years, changing the structure and shape of the NHS will probably continue to be gradual – it is unlikely that we will move to an insurance based system in the near future, because public affection for the current “free” system paid out of universal taxation is so enduring. However, it is clear that we need a revolution in investment in public health and the painfully slow switch from the acute to primary sector has got to happen – real changes in people’s health have to be encouraged.

The ongoing revolution in information technology will also be vital – over the next 60 years, for better or worse we will have a much more detailed understanding of the relationships between lifestyle, genetic background and health, and more detailed information about every individual. At some point in the next 60 years it may become necessary for people to be informed of the consequences of their behaviour and sign waivers with the GP if they opt to continue making unhealthy choices – like drinking too much – “I see Mr Smith, from the results of your scans that you continue to drink half a bottle of wine a day on average and no exercise. You will appreciate that this puts you at real risk of X, Y, and Z – if the next scan shows no improvement, I will need to add you to the surcharge list for the following diseases...”

The same data surfeit will lead to a harder national debate about variations in life expectancy by local area. Voters in some areas and an increasing array of different genetic (not necessarily ethnic) groups will protest over availability of optimum treatments for their particular condition – or for something to be done about disparities. What was hidden in 2008 was visible by 2028 and furiously debated in the 2030s. In the end the pressure on the NHS to explain further the basis of rationing and the resulting “outrage” will mean further extensions of individual payments, with these covered by private or NHS insurance schemes.

“The only just and sustainable funding basis for a healthcare system in the modern world is a mixture of tax funding for the poor and private funding for the rest.”

STEPHEN POLLARD

President
Centre for the New Europe



The NHS was created in an era where open rationing was the norm. It was an idea whose time had passed even then; today, it continues as an anachronism sustained by political cowardice and ideological dogma.

For years we were told that the NHS' central problem was under-funding. Now, after the most expensive controlled experiment in history, the NHS has been stuffed with more money than even its most blinkered advocates demanded. And the result has been a squandering of resources on a scale that makes the South Sea Bubble look like a model of financial control.

Founded on dogma, the immorality of the NHS now stands exposed as patients who, having been denied essential drugs, pay for them themselves and are then refused further NHS treatment on the grounds that they have breached the principle of equity.

The fundamental truth, which undermines the very basis of the NHS, is that demand for a good priced at zero is uncontrollable. Whether it is through Medical Savings Accounts, a form of insurance, or some other mechanism, the only just and sustainable funding basis for a healthcare system in the modern world is a mixture of tax funding for the poor and private funding for the rest, with the patient, not the state, exercising the power and responsibility of the purse string.



“Treating the service as a sacred cow and opposing anything new runs the risk of undermining public support.”

ANN ROSSITER

Director
Social Market Foundation

The NHS enjoys enormous support amongst the British public because it delivers excellent healthcare fairly and efficiently. If the NHS is to continue to enjoy that support, it will need to evolve to meet new demands. Over the coming decades, the population will age, new treatments will be developed and patients’ expectations of standards of care will change. This does not mean we will need to abandon the promise of healthcare according to need, free at the point of use. But it does mean that we will have to accept new ways of doing things.

The controversy over the last decade of reform has been largely misplaced. Patients care very much about the quality of the care they receive and the manner in which it is delivered, while caring very little about the underlying architecture of provision.

Treating the service as a sacred cow and opposing anything new runs the risk of undermining public support, and ultimately the future of the NHS itself. Increased productivity, a focus on preventative healthcare and greater personal responsibility are necessary for the NHS’ future survival and government, the health service workforce and patients will need to share a commitment to make this work.

“Health and social care professionals sit in meetings together but they can’t seem to deal with families as a team.”

JANE SANDERS

Full - time carer



Some things about the NHS are fantastic, but others are very poor. In the next sixty years, the health service needs to become more consistent in dealing with disabled people and their families. Too often health and social services don't work together – we've had some terrible problems when nurses looking after my son Ben's learning disabilities don't take account of the treatment he needs for his diabetes. At least I've learnt that the complaints procedure can be pretty responsive! Health and social care professionals sit in meetings together but they can't seem to deal with families as a team. Why can't social workers earn NVQs or other recognised qualifications if they learn new skills such as managing diabetes or other illnesses? I'm sure this would make the services we use more joined up.

Continuity of care is important too, and I'm worried by the trend towards amalgamating GP surgeries. Not only is it important for patients to see the same doctor, but it's important for carers like me too – I don't want to have to repeat myself to lots of different doctors, and I've found the advice and support of a regular GP really valuable.

As a former NHS nurse I know that so many staff do a fantastic job. But let's have a bit of flexibility – my husband was asked to leave when visiting my son in hospital because of his guide dog! Little things can change that would make a big difference to me and my family, and others like us.

Jane cares for her husband and two sons. She worked as an NHS nurse before leaving her job to become a full-time carer.



“The NHS must stop being seen as a religion.”

KAROL SIKORA

Professor of Cancer Medicine
Imperial College, London

The NHS must stop being seen as a religion. It possesses no intrinsic value. It's simply an outdated transactional model for paying for healthcare. Its inequity is appalling with the educated middle class consuming far more than they deserve. Those that shout loudest get what they ask for, as we have seen with the clamour for high cost cancer drugs. The poor, the disadvantaged and those with diseases unimportant to the media pay the price.

The solution is to make healthcare a true consumer good. Providers need to compete to drive efficiency just as on the high street. Supermarkets don't have complex black, minority and ethnic programmes - they cater for all. The customer not the service user is king.

Ageing populations, technological innovation and the easy availability of information through the internet are driving all healthcare systems into financial meltdown. A tax only based system such as the NHS is ultimately doomed, as old people who pay little tax are dependent on an overtaxed younger population to pay for their demands. This is just unsustainable. Politicians need to be removed from running the service so that new models of social insurance can drive a pattern of healthcare more suited to our current social environment.

“We should also be looking forward with hope and optimism to the NHS’ next 60 years, and the prospect of further, revolutionary advances in the standards of medical care.”

OWEN SMITH

Head of Government Relations
Pfizer



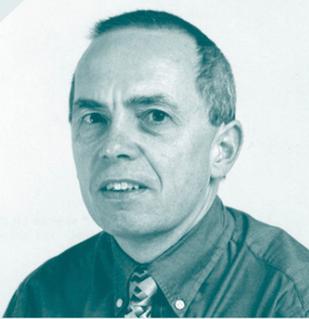
We live in a golden age of healthcare, when the fruits of generations of medical research, allied to critical changes in lifestyle and living standards, allow us all to expect longer and more active lives than even our parents dared dream of.

In its 60th year, we should celebrate the role the NHS has played at the cutting edge of that medical progress – fulfilling its founding ambition to provide excellent care to millions of British citizens, regardless of their ability to pay. We should also be looking forward with hope and optimism to the NHS’ next 60 years, and the prospect of further, revolutionary advances in the standards of medical care.

Instead, the debate in the UK about the future of healthcare is unstintingly negative in its tone, and bleak prognoses about the impending burden of an aging population, increased costs, and reduced affordability are the themes that dominate.

At Pfizer, we believe that these fears are largely unfounded, and that the policy decisions they give rise to – denying patients access to new medicines, for example – are unfair and, more importantly, unnecessary.

Imaginative funding solutions – perhaps mixing private and public income streams – can be found, and new technologies can increase productivity and economic growth in healthcare, just as it is accepted they do in other areas of our lives. Long term strategies involving all stakeholders must replace short sighted policies to address these issues. And in coming to the solutions we can both improve the healthcare of today’s patients and secure the NHS for the patients of tomorrow.



“A central challenge for the future is how to preserve the principles of universality and comprehensiveness.”

PROFESSOR PETER SMITH

Professor of Economics
University of York

It is easy to forget the extraordinary achievement of the NHS in protecting citizens from catastrophic healthcare expenditure. This success has of course influenced many other health systems, but sadly such protection is still absent for most of the world’s population. Yet the NHS, like all developed health systems, is facing inexorably growing costs, both from the demand side (ageing populations and increased expectations) and the supply side (technological progress).

A central challenge for the future is how to preserve the principles of universality and comprehensiveness within a sustainable financing arrangement. At some stage, a government will have to grasp the nettle of setting an explicit ‘health basket’ that is funded by the NHS, leaving healthcare outside the package to be funded by complementary private insurance, or user fees. So long as the treatments within the basket are delivered to high quality standards, there will be no incentive for richer patients to ‘go private’ for the core services. And if the NICE principles of selecting the most cost-effective treatments are pursued, this should not compromise the founding NHS principles. Indeed, even though it will take some political courage, such a move will be necessary in order to preserve the NHS.

“As a patient I’ve experienced real variations in the quality of care - consultations should be modelled on the safest and most effective formats.”

MARY STEVENS

Patient



I’ve recently had a lot to do with the NHS after I sustained neurological damage in a car accident. It’s been what I suspect is a typical experience for many patients. Staff have been terrific, but the system often seems pushed to beyond breaking point and I’ve experienced real variation in the quality of care. The question is how we need to change to make sure that patients get the right treatment in the future.

My dad was a GP. He knew each one of his patients and treated them with fatherly affection. A small town, a close community – he knew when to refuse to go out at night because the local hypochondriac was overreacting again, he was gentle with the timid, and harsh on the people who wasted his time. Those were the days...!

But we no longer live in little communities, and the “family doctor” no longer exists. The NHS must be run like a business; taking out the scope for one doctor to be better than another. Consultations should be honed and modelled on the safest and most effective formats. We should use information technology to help with prioritisation - de-personalisation is essential. The possibility for human error can never be eliminated – but a system of systems is the only safe and defensible way forward. There is no room for individual quirks and unique approaches: your healthcare should not vary by area, by doctor, by time of year, or time of day. But it still does.

The NHS grew haphazardly and its systems lagged behind - like a village in the industrial age exploding ahead of structured sanitation, housing, education and decent roads. The only reason the NHS has survived thus far is due to pushing its altruistic staff to the limits. I’d like to rip it down and start again!

Mary Stevens is a teacher from Oxfordshire

AFTERWORD

The range of views expressed by our contributors is a reflection of the scale of the challenge, and the opportunity, faced by policymakers in healthcare. Clearly new technologies and improved information systems are an opportunity to make personalised healthcare a reality, and to make inroads into the public health problems that we face.

Nevertheless there are tough choices to be made. Scarce resources must be used wisely, and there are those who doubt the ability of the NHS to thrive in the decades ahead. Above all, patients and the public must be satisfied if we are to retain support for a progressively funded health system.

The Social Market Foundation Health Project has recently published five background papers setting out in greater depth the policy challenges for the UK health system. Over the coming months we will be setting out our ideas about how healthcare should be delivered in the future – securing the best possible treatment for the patients of the future.

So, at the 60th anniversary of the NHS it is right to celebrate the achievements of the past but also to start looking forward to the next 60 years of high quality healthcare in the UK.

At the 60th anniversary of the NHS, the SMF has brought together a range of stakeholders in the health service and invited them to spend “60 seconds on the next 60 years” – thinking aloud about the health service of the future. Senior politicians, NHS staff, patients and their advocates and academics have all contributed their thoughts.

These short pieces are intended to identify challenges and opportunities for the health service from a range of different perspectives, highlighting the issues that will be at the forefront of the public debate on health.

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