A Tale of Four Nations: which NHS will survive?

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Professor of Applied Health Policy and Director of the Welsh Institute for Health and Social Care
What do the leaders of the NHS really think about their business?

1. Where would you rather work?
   1. Wales
   2. England
   3. Scotland

2. Where would you rather be a patient?
   1. Wales
   2. England
   3. Scotland
Three questions

1. Are there really four NHSs?
2. Are they really under threat?
3. Where would I rather work?... be a patient?
Question 1

ARE THERE REALLY FOUR NATIONAL HEALTH SERVICES?
Four countries

Scotland  Professionalism
Wales  Localism
N Ireland  Permissive Managerialism
England  Markets

Manchester: MUP
Reality is a bit more complex...

- Dynamic
  - Politics, personality, events
- Evolving
  - Learning, adapting, comparing
- Lots of similarity
  - Patients are patients, care is care, money is money
Thinking about strategy

Demand

Supply

Policy

‘Events, dear boy, events...’
How many NHSs?

• Does every country still have one?
• How different are they?
Three Principles

Comprehensive
All needs

Universal
All people

Free
At the point of need
Question 2

ARE THEY REALLY UNDER THREAT?
Are they really under threat?

Three acid tests:

1. Quality
   - Equal to the best in the world?

2. Cost
   - Under control?

3. Public opinion
   - Middle classes still want it?
The Golden Jubilee of the DGH

‘Here now is the opportunity to build a hospital service equal to any in the world and matched, I would think, by very few...

This Plan is nothing less than a plan for the modernisation of our hospital system... to make clear the sort and size of hospitals which we ought to have if we are to make the best use of the specialist techniques of our time, together with the general practitioner services and the domiciliary services’

Lord Newton, Hansard February 1962
World class hospitals depend on…

- Controlling growing burden of chronic disease
- Helping people look after themselves better
- More NHS capacity and coordination outside hospital
- Better coordination between all service providers
- Preventing unnecessary hospital admissions
- Adopting world class efficiency measures
- Following best clinical practice
- Avoiding delayed discharges
- Services designed for different communities
- Partnership between services and patients
- Adequate resources
Services in a nutshell...

pre-acute services  
acute hospital services  
Post acute services

a new balance
Safety and Quality: Service Models

- Issues vary by service/specialty
- Volume (therefore size/number of units) clearly important for major trauma, aspects of acute stroke care, specialised surgery
- Minimal critical mass thresholds in paediatrics
- Presence of senior staff critical in A&E and obstetrics
- Possible domino effects
- Many other determinants of clinical quality
  - In hospital: nurse staffing, system resources, adherents to guidelines and pathways, knowledge transfer, etc) which sometimes correlate with size/number (sometime inversely)
  - Out of hospital: primary and community services, community resilience
- Patient-defined quality sometimes different at the margin
Major Trauma

Multiple injuries involving different tissues and organs systems that are, or have the potential to be life threatening

• Regionalisation of care to specialist trauma centres reduces mortality by 25% and length of stay by 4 days
• High volume trauma centres reduce death from major injury by up to 50%
• Time from injury to definitive surgery is the primary determinant of outcome in major trauma. (Not time to arrival in the nearest emergency department)
• Major trauma patients managed initially in local hospitals are 1.5 to 5 times more likely to die than patients transported directly to trauma centres.
• 1 centre per 3-4m population?
Longer travel = poorer outcomes? Not quite that simple…

For people with life threatening conditions, there is evidence that delay can be linked to poor outcomes, noting that it is the timing of the start of appropriate treatment rather than time of arrival at a hospital that affects outcomes*. The scope for interventions to be provided by paramedics and/or rapid access to the specialist team once at the hospital may therefore offset or overcome the increased risk created by the additional travel time#.

Doctors: Perfect storm

- Reduction in available medical input:
  - Reduced working hours
  - Different working choices

- Increases in minimum requirements for doctors
  - Increased size of medical rotas
  - Concern over 24/7 cover

- Recruitment problems in foundation and emergency medicine, paediatrics, psychiatry and parts of W and N Wales
  - Some training patterns unattractive
  - Fluctuating supply of overseas doctors
  - Some problems UK wide

- Increased sub-specialisation can make smaller hospitals less attractive
Case study: Paediatrics

‘the current paediatric inpatient service provision in Wales is unsustainable with the full implementation of the Working Time Directive in 2009. Wales has too many paediatric inpatient units with too many middle grade rotas. There is an urgent need to decrease the number of inpatient paediatric units and significantly increase the number of Consultants in Wales’ - Royal College of Paediatrics & Child Health in Wales

• GMC-assessed trainee satisfaction in lowest 25% in 2 hospitals, and problematic in 4 others
Are they really under threat?

Three acid tests:

- **Quality**
  - Equal to the best in the world?

- **Cost**
  - Under control?

- **Public opinion**
  - Middle classes still want it?
Can we afford it?

• The cost of getting older:
  – 2009/10: NHS = 8.0% of GDP
  – 2039/40: NHS = 10.2% of GDP?

• The cost of abusing ourselves:
  – 2008/9: obesity and alcohol in Wales = £140m
  – 2038/9: ?
What are we prepared to pay?
Indicative real terms changes in NHS revenue budgets from 2010/11 baseline (%)

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<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
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<td>+0.3</td>
<td>+0.5</td>
<td>+0.7</td>
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<td>Scotland</td>
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<td>+0.2</td>
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<tr>
<td>Wales</td>
<td>-1.8</td>
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</tbody>
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Source: Wales Audit Office
Are they really under threat?

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What patients want…

1. Get the basics right – don’t leave it to chance
2. Fit in with my life – don’t force me to fit in with you
3. Treat me as a person – not a symptom
4. Work with me as a partner – not just a recipient of care

Get the basics right – don’t leave it to chance

- Ensure staff are competent
- Don’t lose my notes
- Keep the place clean
Fit in with my life – don’t force me to fit in with you

• Make the service easy to access
• Give me convenient options
• Don’t waste my time
Treat me as a person – not a symptom

- Listen to me and take me seriously
- Understand the wider context of my condition
- Treat me with respect and dignity
Work with me as a partner – not just a recipient of care

• Encourage me to keep control of the process
• Equip me to look after my own health
• Give me the support I need
Institutional indifference?

‘The collective failure of an organisation to provide an appropriate and professional service… through unwitting prejudice, ignorance, thoughtlessness…’

Monday, 8 June, 1998, 17:24 GMT 18:24 UK
Child death ruling prompts inquiry call

Bristol Royal Infirmary where 29 children died after heart operations

Monday, 15 March, 1999, 23:38 GMT
Public inquiry launched into heart babies tragedy

Frank Dobson announces the public inquiry

Monday, 8 June, 1998, 17:24 GMT 18:24 UK
Bristol doctors struck off

General Medical Council

Monday, 8 June, 1998, 17:24 GMT 18:24 UK
Bristol’s broken hearts

Saturday, 23 June, 2001, 23:17 GMT 00:17 UK
Bristol scandal ‘leads to little change’

Doctors were struck off by the General Medical Council
No-one’s perfect…
Middle class buy-in...?

- Quality
- Choice
- Cost
- Zeitgeist
Question 3

WHERE WOULD I RATHER WORK? BE A PATIENT?
Finally...

WHICH NHS WILL SURVIVE?
Common challenges: health services

- Massive increases in expenditure have resulted in:
  - ✓ Staff numbers and pay
  - ✓ Waiting times
  - ✓ Quality
  - ✓ Productivity
  - × Innovation
  - × Sustainability
- Antiquated buildings and service models
- Professional and managerial friction
- Public confusion
- Recession
Future of devolution

• A process not an event
• Tensions between nations
• Learning by doing
• Recession
Three things to watch

• Competition rules
• English health spending
• Local pay bargaining
Future paradoxes

More money…  Gap between supply and demand
Emphasis on prevention…  Demand for cure and palliation
Continued dominance of hospitals…  Policy drive closer to home
Demand for high tech medicine…  More complementary approaches
Reliance on professionals…  Greater lay assertiveness
Educated, informed, confident patients…  Many pts lacking info and confidence
Blurring of professional boundaries…  Separate traditions and education
More diseases of old age…  Young tax payers
Old moral certainties…  New moral challenges