

PAGB



FUTURE OF THE NHS: Time for the national conversation

All Party Parliamentary Group on Primary Care and Public Health
Report of Summer Reception, 18 July 2013



Leading parliamentarians are urging that the debate on the future of the NHS must be widened out – from involving just politicians, health policy experts and the medical professions – to engage patients and the public as well. People need to understand the unprecedented pressures and challenges now facing the Service and the importance of using it responsibly, if its future is to be secured, they say.

“The NHS is perceived as a free service, and because there is no bill to the consumer at the end of their treatment, people simply don’t know the costs involved in using the NHS,” said Kevin Barron, Labour MP for the Rother Valley, and Nick de Bois, Conservative MP for Enfield North, co-chairs of the All-Party Parliamentary Group (APPG) on Primary Care and Public Health.

Yet the costs of a single episode of NHS treatment can be substantial. For example, treatment in A&E can cost up to £112, a 24-hour stay in hospital is £400, an ambulance journey costs £249 and a GP consultation is £43, the MPs told a meeting in Westminster held to launch a new report from the APPG, based on the findings of its recent inquiry into the sustainability of the NHS.

During their inquiry, the parliamentarians heard that people are now living considerably longer than they did when the NHS was first established in 1948, but they are not living longer healthily. 65 years ago, epidemics were caused by public health issues such as poor sanitation, overcrowding, communicable diseases and malnutrition.

But in the 21st century, epidemics are caused by our unhealthy lifestyle choices.

The MPs were told that: – demand on health services have been increasing by an average of 4% each year for the last 30 years, and shows no sign of lessening; – around 80% of deaths from major diseases are attributable to lifestyle risk factors such as smoking and excess alcohol; and – 70% of us indulge in at least two unhealthy behaviours.

Much demand is “largely preventable”

“Most striking is that much of the demand in the NHS is largely preventable. For example, diabetes care accounts for 10% of the NHS budget – and is forecast to grow at an extraordinary rate – and of this percentage, 90% is spent on dealing with preventable complications,” said the MPs.

“There is a growing need now to help people live healthily – by doing this we will not only protect people’s health, but we will also protect the NHS for future generations.”



Nick de Bois (l) and
Kevin Barron (r)

The public has to understand that the NHS funding gap is getting bigger every year and could reach £50 billion by 2021/22. *"We need to get the message across that if you truly love the NHS, looking after yourself is one of the best ways you can protect it,"* added Nick de Bois.

The politicians and think-tanks have been having this conversation with themselves – but it is now time to actively engage with the public, the meeting heard.



Panel members

All legislation “must consider public health”

The report renews the call, made frequently in the past by the APPG, for a new Minister of Public Health in the Cabinet, who would provide crucial leadership and work across all government departments that link to health, such as education, housing and transport. Every piece of legislation should include a public health element, the Group urges.

The report’s launch was attended by Health Minister Earl Howe, who pointed to the *“tremendous”* progress made in healthcare in Britain since the NHS was first established, including having access to some of the best healthcare in the world.

“But too many people are still dying too young,” he added.

A groundbreaking study published by The Lancet earlier this year identified the global burden of disease, and it showed that the UK still falls *“quite a way behind our European neighbours”* in terms of avoidable deaths, he said.

Government call to action

The government response to these findings is Living Well for Longer – a recently-published call to action aimed at reducing the number of people dying prematurely in England, primarily from the Big Five killer diseases – cancer, stroke, heart, liver and respiratory disease – and saving 30,000 lives a year by 2020.

But the government cannot achieve this alone, says Health Secretary Jeremy Hunt, who has directed this challenge at the health and care system locally and nationally.

“Locally, this will take strong partnerships across local councils, clinical commissioning (CCGs) groups and health and care providers and their partners with leadership from health and wellbeing boards (HWBs),” he says.

Nationally, wider government as well as the Department of Health, NHS England and Public Health England *“will need to co-ordinate their efforts and work together in doing what should, and can only be done nationally,”* adds the Health Secretary.

Healthy living ‘is everyone’s responsibility’

It is everyone’s job to help people live longer healthily, Earl Howe told the APPG reception. As individuals, we must make the right choices for ourselves and our families, while our health service colleagues must do all they can to support us in doing this, and provide us with access to the best care and services if we need them. And the government has to provide the right policies and leadership, coordinated by NHS England and Public Health England, for local councils, CCGs and providers, working in strong partnerships and guided by the Outcomes Frameworks for Public Health.

He outlined three priorities, first of which is tackling major problems such as smoking, obesity, drug and alcohol abuse and sexually-transmitted diseases. These present economic as well as health threats but they are nearly all preventable, and with local councils now at the forefront, with new public health duties and powers, there are opportunities to not only help people stop smoking and take more exercise, but also make improvements through housing and education.

“With directors of public health aboard, local councils are empowered to make these decisions,” said Earl Howe.

Every contact counts

The second priority is ensuring that illness and disease are diagnosed as soon as possible. Primary care and general practice are the crux of the new reformed NHS, not only looking after patients but also taking every opportunity to help them live as healthily as possible – every contact counts.

We need to find better ways to motivate GPs to help their patients manage their conditions and live as

well as possible, said Earl Howe, and he stressed the importance of thinking of ‘people’ rather than ‘patients,’ which makes people feel limited by their condition, he pointed out.

Primary care sits at the heart of everything, and we are looking for it to have an expanded role, not just a reactive one, he said. The integration of health and social care budgets will provide opportunities for more preventative services, to tackle the rising burden on A&E departments.

“Primary care will change in dramatic and exciting ways over the next few years,” he forecast.


Government praise for Healthy Living Pharmacies

And community pharmacy has a huge role to play, particularly with initiatives such as Healthy Living Pharmacies – *“the 530 of these which have been established so far are really making a difference,”* he said.

Pharmacy is also vital for helping hard-to-reach groups – people who may not access the health service in its conventional form. NHS walk-in centres are helpful here, as are dental services which can often identify potential health problems and direct people to the right place to get treatment.

“But I’m most encouraged by the opportunities for pharmacy,” said Earl Howe. *“I am tremendously encouraged by Healthy Living Pharmacies – people develop good relations with them, and know they can talk privately.”*

Pharmacy representatives in the audience agreed that Healthy Living Pharmacies are the way forward but, they told the Minister, they need resources from government and for education to begin in schools so that people know how to use them in the right way.

A circular inset photograph showing Earl Howe, a man in a dark suit and red tie, speaking and gesturing with his right hand in a meeting room.

Earl Howe
addresses
the room

A circular inset photograph showing two men, David Buck and Eugene Milne, seated at a conference table. David Buck is on the left, wearing glasses and a light green shirt. Eugene Milne is on the right, wearing a blue and white striped shirt. They are both looking towards the left of the frame.

David Buck (l) and
Eugene Milne (r)

The third priority is making sure that people are receiving the best possible treatment and services, when they need them, said Earl Howe. NHS England medical director Sir Bruce Keogh's recent report into the Quality of Care and Transparent Treatment by 14 Hospital Trusts in England puts *"into sharp relief"* the need for all parts of the NHS to be delivering, he warned.

And the new local powers and responsibilities should enable prioritisation and planning in a much more targeted way. This is not a post-code lottery – there will be different needs in different areas – and the HWBs will be collating information on where the problems are and what resources are needed from all sources, not just the NHS.

"We must take any opportunity to save lives," Earl Howe urged.

The APPG meeting also invited a panel of experts to put forward their views on what needs to be done to educate people on living healthy lives and using the NHS responsibly.

Not just lifestyle choices

David Buck, senior fellow at the health policy think tank The King's Fund, echoed the Group's call for the establishment of Minister for Public Health in Cabinet, and also pointed to the need to look at the wider determinants of health – *"it's not all about lifestyle choices,"* he said.

70% of adults in England have two or more unhealthy habits, and we need to recognise that these 'combined' or 'clustered' behaviours are a critical issue for long-term health. The picture gets worse the poorer and less well-educated you are, and this is storing up further inequalities in health for the future, Mr Buck warned.

He pointed to a study reported by the King's Fund which followed 20,000 people in Norfolk over 11



Dr Howard
Stoate (l)
and Professor
Robert Harris (r)

“We also need to start rethinking the economics and the language of public health. For example, government policy on new roads currently places little value on cyclists and older people. And assessments of drugs and other treatments by the National Institute for Health and Care Excellence (NICE) take no account of the cost consequences of their recommendations, of how these spill out into the community over a long period.”

He asked: *“what kind of health do we want? It might not always be clinical, and we have to come to terms with that.”*

years. During that period, it found that one in four people who smoked and did not stick to guidelines on drinking, consumption of fruit and vegetables and exercise had died, compared with just one in 20 of those who did not smoke and who had adhered to all these guidances.

The key is the interaction between a person’s environment, their behaviour and an agent – we have to find out how this works, added Professor Eugene Milne, director-designate for adult health and wellbeing at Public Health England.

Too many “opportunities to fail”

For example, while Hartlepool has the highest throughput in England of smoking cessation initiatives, it also has the lowest success rates, because smokers in the town have *“too many opportunities to fail.”*

“Local authorities are now starting to think what it means to be a public health organisation, and we need to look how they relate to their communities, but without losing focus of those things that work,” he said.

NHS England calls for “open, honest debate”

NHS England has recently issued its own call to action, urging *“an open and honest debate”* involving the public, NHS staff and politicians about the future shape of the NHS.

While the NHS must change to meet demand and make the most of new medicines and technology, NHS England emphasises that *“it will not contemplate reducing or charging for core services.”*

There is something wrong with the system now and the trust has been broken, but even if money wasn’t the problem there is the arithmetic of demography, Professor Robert Harris, NHS England’s director of strategy, told the APPG meeting.

Over the next few months, NHS England will be taking a *“long cold look”* at the system and *“flushing out the big concerns,”* he said. Based on these findings, it plans to publish a set of proposals next year.

Politicians, NHS managers, the public – we are all fearful of restructuring, but the fact that patients with dementia are now occupying 25% of all hospital beds, for example, is an economic imperative to think differently, he said.

GP, Bexley CCG chair, former Labour MP and APPG co-founder Howard Stoate disagreed with Professor Harris that the NHS has let the public down. However, he emphasized that the Service has to keep changing.

Self care represents a big strand of Bexley CCG's community-based care strategy, and it has three important elements, he said. First is prevention – we need to get people to understand that this is important; second, people also need to understand that they should not be using A&E or out-of-hours services to have their minor ailments dealt with; and third, it is developing expert patient programmes to help Bexley's older population. For example, every patient with chronic obstructive pulmonary disease (COPD) has their own care plan.

This is about educated people looking after themselves with the right information, said Dr Stoate.

21 million prescriptions for paracetamol every year

Nick de Bois asked Dr Stoate if GPs should stop prescribing medicines which patients can buy for themselves very cheaply over-the-counter (OTC). For example, 21 million prescriptions were issued last year for paracetamol – which can be bought OTC for as little as 16p – at a cost to the Treasury of £81 million.

But the law states clearly that GPs shall prescribe all medicines which are necessary for the patient, Dr Stoate responded. And a member of the audience pointed out that prescribing pharmacists do supply patients with therapeutic doses of products such as paracetamol rather than high-cost products.

The power of volunteering

The volunteer and third sectors have massive potential for the huge new domain of public health. Three million people say they volunteer regularly across health and social care, and this is an incredible power for the system, said David Buck. But, he asked: who are using these volunteers? And what for? *"We know virtually nothing about them,"* he said.

But using their skills must be done with sensitivity – *"we can't be doing people out of a job,"* he stressed.

Professor Milne also pointed to this trend, saying: *"I'm having more meetings at the moment with third-sector organisations than with any other part of the system,"* while Earl Howe commented that some of the best expertise in individual disease areas is in the community and voluntary areas – they put them in the spotlight, he said.

David Buck highlighted *"the one part of the Health and Social Care Bill that didn't provoke a storm was moving public health into local authority control."* But what does 'public health' actually mean?

In Dr Stoate's view, under the new structures, GPs should continue providing services such as adult health checks, while the local authorities should be dealing with matters such as education and improvements to housing.

Baroness Masham





(l-r) Mary Ayres,
Gill Jenkins, Amanda
Cheesley and Gopa Mitra

Jean Arrowsmith (l)
and Anita Nathan (r)

Confusion, fear and lack of information

The meeting also heard that there are no less than 11 different points of access to the NHS, which is confusing for people and very difficult for them to understand.

Confusion and fear are also often behind public opposition to hospital closures; lacking the right information, they can believe that there will be nothing in the community to replace them.

But NHS England has funding for this transition process, Robert Harris assured delegates. *"It would be totally unreasonable to remove one service without getting its replacement up and running. We have to ensure that the options are safe and accessible, and we have to prime the pump before we remove the old system,"* he said.

The NHS's decision to move away from short-termism is *"a noble stance,"* he added. *"We're investing for the next generation, and we've got enough money but it's in the wrong place."*

But said Nick de Bois, if such changes are made without any explanation, why would the public trust them?

CCGs are willing and able to make these decisions, Howard Stoa told the meeting; however, at the local level they are being undermined by politicians,

who may privately be accepting the need for change but also campaigning publicly against hospital closures in their constituencies. He told them: *"give us the tools and get out of the way!"*

We now have the opportunity to get a debate going – beyond Parliament, the medical professions, think tanks – to educate and inform the public, and arrive at joint decisions, said Nick de Bois. We have to treat people like adults, but they don't currently have the information – and a real challenge will be how to communicate with the media.

People read alarmist headlines about the state of the NHS in the popular press almost daily, but the way to move forward and get the balance right is to get your local media on board, said Dr Stoa. *"Engage everyone together, right from the start,"* he advised.

So everyone agrees – the current situation is unsustainable and unaffordable, and the time has come to take the debate to those who use the services.

We have to give people the information and knowledge to self care, and build up their confidence to do so, Dr Stoa urged.

Nick de Bois commended the recommendations of the APPG report to government. The Primary Care and Public Health Group is one of the most effective APPGs, he said, and expressed the hope that *"we will soon be in a situation where people won't need the NHS so much – when prevention and education will be in place."*