The NHS at 70: Improving the Health of a Nation

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National Medical Director

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University of Virginia School of Medicine
Disclosure

I have no personal or professional financial relationships or interests with any proprietary entity producing healthcare goods/or services

NHS England and NHS Improvement
IN REMEMBRANCE
OF THE
CIVILIANS AND LONDON
TRANSPORT STAFF
WHO WERE KILLED
AT THIS STATION
DURING THE BLITZ

ON THE NIGHT OF
14TH OCTOBER 1940

UNDERGROUND
The five giants on the road of reconstruction, the policies and services created to combat:

• Want
• Disease
• Ignorance
• Squalor
• Idleness
The National Health Service
• We are living, on average, 14 years longer than we were in 1948 - but our health needs have become increasingly complex

• In 1948 medical knowledge doubled every 50 years – by 2020 it is estimated it will double every 73 days
The NHS today…

• 1.2 million employees

• 1m patients every 36 hours

• £123bn budget

• 340m GP visits per year
Current challenges…

• **Ageing population** and shifting disease burden to **long term conditions**

• **Workforce** – 100,000 vacant positions

• **Social care** – severe financial and workforce pressures

• **Capital** – backlog of improvements required

• **EU Exit?**
Despite pressures, the NHS is efficient, equitable, and continues to improve

The system operates under considerable pressure
- Helps over 20 million mental health service users a year\(^1\)
- Conducts 5 million GP consultations per week\(^2\)
- Serves over 1 million patients\(^3\), delivers 1,900 babies\(^4\), admits 64,000 people to A&E\(^1\), completes 28,000 operations a day\(^1\)

We continue to improve in specific areas
- Waiting times are lower than a decade ago (although slowly rising)\(^7\)
- Annual cancer survival rates are improving\(^8\)
- Heart attack and stroke deaths have tumbled (total CVD mortality is down 68% since 1980)\(^7\)

The NHS is more efficient than the rest of the economy
- In 2016-17 healthcare productivity grew by 3.0%, more than treble the rate achieved across the wider UK economy
## Health Care System Performance Rankings

<table>
<thead>
<tr>
<th></th>
<th>AUS</th>
<th>CAN</th>
<th>FRA</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>NOR</th>
<th>SWE</th>
<th>SWIZ</th>
<th>UK</th>
<th>US</th>
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<tr>
<td><strong>OVERALL RANKING</strong></td>
<td>2</td>
<td>9</td>
<td>10</td>
<td>8</td>
<td>3</td>
<td>4</td>
<td>4</td>
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<td>1</td>
<td>11</td>
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<td>Care Process</td>
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<td>9</td>
<td>8</td>
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<td>4</td>
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<td>8</td>
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<td>10</td>
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<td>9</td>
<td>10</td>
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<td>5</td>
<td>3</td>
<td>4</td>
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<td>11</td>
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<tr>
<td>Health Care Outcomes</td>
<td>1</td>
<td>9</td>
<td>5</td>
<td>8</td>
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<td>7</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>10</td>
<td>11</td>
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</tbody>
</table>

Source: Commonwealth Fund analysis.
Health Care Spending as a Percentage of GDP, 1980–2014

GDP refers to gross domestic product. Data in legend are for 2014.
Source: OECD Health Data 2016. Data are for current spending only, and exclude spending on capital formation of health care providers.
Health Care System Performance Compared to Spending

Note: Health care spending as a percent of GDP.
Source: Spending data are from OECD for the year 2014, and exclude spending on capital formation of health care providers.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Relative performance</th>
<th>Relative change over time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td>Poor</td>
<td>Improving</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>Poor</td>
<td>Improving</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>Poor</td>
<td>Improving</td>
</tr>
<tr>
<td>Pancreatic cancer</td>
<td>Poor</td>
<td>Improving</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Good</td>
<td>Unclear</td>
</tr>
<tr>
<td>Kidney disease*</td>
<td>Good</td>
<td>Unclear</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>Poor</td>
<td>Unclear</td>
</tr>
<tr>
<td>Lower respiratory tract infection*</td>
<td>Poor</td>
<td>Improving</td>
</tr>
<tr>
<td>Suicide*</td>
<td>Good</td>
<td>Unclear</td>
</tr>
<tr>
<td>Dementia*</td>
<td>Unclear</td>
<td>Unclear</td>
</tr>
<tr>
<td>Stroke</td>
<td>Poor</td>
<td>Improving</td>
</tr>
<tr>
<td>Heart attack</td>
<td>Poor</td>
<td>Unclear</td>
</tr>
<tr>
<td>Amenable mortality</td>
<td>Poor</td>
<td>Unclear</td>
</tr>
<tr>
<td>Patient experience</td>
<td>Good</td>
<td>Unclear</td>
</tr>
<tr>
<td>Birth</td>
<td>Poor</td>
<td>Unclear</td>
</tr>
</tbody>
</table>

* Data on performance is particularly limited for lower respiratory tract infection, the mental health conditions associated with suicide, and kidney disease, and is lacking altogether for dementia.
Key findings

• Overall, our analysis shows that the NHS performs neither as well as its supporters sometimes claim nor as badly as its critics often allege. Compared with health systems in similar countries, it has some significant strengths but also some notable weaknesses.

• Its main weakness is health care outcomes. The UK appears to perform less well than similar countries on the overall rate at which people die when successful medical care could have saved their lives.

• Although the gap has closed over the last decade for stroke and several forms of cancer, the mortality rate in the UK among people treated for some of the biggest causes of death, including cancer, heart attacks and stroke, is higher than average among comparable countries. The UK also has high rates of child mortality around birth.

• Among its strengths, the NHS does better than health systems in comparable countries at protecting people from heavy financial costs when they are ill. People in the UK are also less likely than in other countries to be put off from seeking medical help due to costs.

• Waiting times for treatment in the UK appear to be roughly in line with those of similar countries and patient experience generally compares well.

• While data is limited, the NHS seems to be relatively efficient, with low administrative costs and high use of cheaper generic medicines.

• The NHS appears to perform well in managing certain long-term illnesses, including diabetes.

• Health care spending in the UK is slightly lower than the average in comparable countries, both in terms of the proportion of national income spent on health care and in terms of spending per person.

• The UK has markedly fewer doctors and nurses than similar countries, relative to the size of its population, and fewer CT scanners and MRI machines.

How good is the NHS?
Mark Dayan, Deborah Ward, Tim Gardner and Elaine Kelly
The NHS Long Term Plan
1. Do things **differently**, through a new service model

2. Take more action on **prevention** and **health inequalities**

3. Improve **care quality and outcomes** for major conditions

4. Ensure that **NHS staff** get the backing that they need

5. Make better use of **data and digital technology**

6. Ensure we get the most out of **taxpayers’ investment** in the NHS

The NHS Long Term Plan 2019
Cancer

We will Continue to transform cancer care so that from 2028

• An extra 55,000 people each year will survive for five years or more following their cancer diagnosis.

• Three in four cancers (75%) will be diagnosed at an early stage
Cancer: How we will get there

- Deliver the most comprehensive screening programme
- Ensure equitable and fast access to diagnostic tests and results
- Provide faster, safer and more precise treatments
- Offer personalised care for all patients and transform follow-up care
- Harness the collaboration of academia, the NHS and industry
CVD prevention

• Prevent 150,000 heart attacks, strokes and cases of dementia over the next ten years

• Reduce the gap in avoidable CVD deaths between the most and least deprived areas each and every year over 10 years
Reduce mortality from and incidence of cardiovascular diseases by:

- Making the survival rate post out-of-hospital cardiac arrest and following a heart attack amongst the best in the world.
- Increasing the delivery of cardiac rehabilitation to patients who would benefit from it.
- Detecting more people with heart failure (HF) and/or heart valve disease (HVD), doing this earlier and delivering the best treatment.
By 2025 to have amongst the best performance in Europe for stroke services at every stage of the patient journey from pre-hospital onset to ongoing support in the community. Key aims…

- To identify people at most risk of CVD and support them to reduce their risks through lifestyle changes and treatment of high blood pressure and atrial fibrillation.
- To reduce the likelihood of death if a person experiences a stroke so that England has the best survival rate in Europe.
- To significantly improve physical and psychological outcomes for stroke survivors, focusing on rehabilitation and life after stroke.
Respiratory

Improve the health outcomes and reduce health inequalities in the diagnosis and treatment for people with respiratory disease by:

• Ensuring more patients have access to testing, such as spirometry, to diagnose and treat respiratory problems earlier

• Ensuring patients with respiratory disease receive and use the right medication, including educating patients on the correct use of inhalers

• Expanding rehabilitation services, including pulmonary rehabilitation and digital learning tools so that more patients have access to them and have support to best self-manage their condition

• Improving the treatment and care of people with pneumonia.
Maternity

Two key aims of the maternity transformation programme with a commitment to tackling health inequalities:

**Improving Safety**

We are aiming to halve the 2010 rates of stillbirths, neonatal and maternal deaths and intrapartum brain injuries in babies by 2025.

**Increasing personalisation**

Care centred on the woman, her baby and her family, based around their needs and their decisions. Providing personalised care plans and providing continuity of care.

**Health Inequalities**

The programme’s twin aims are underpinned by a commitment to reducing health inequalities. Stark health inequalities persist - MBRRACE-UK - Maternal mortality: Black women x 5, Asian women x 2, most deprived x 3, Stillbirth rate is increasing for Black babies - 121% ↑, Neonatal mortality: Black babies 50% ↑, Asian 66%↑, deprived areas x 2
Commitments for the LTP:

1. **Integrated care** - Developing age-appropriate integrated care, integrating physical and mental health services, enabling joint working between primary, community and acute services.

2. **Long term conditions**: Improving care for children with long-term conditions, such as asthma, epilepsy and diabetes

3. **Transition** - Selectively moving to a ‘0-25 years’ service

4. **PEWS Score** - Developing and rolling out a Paediatric Early Warning Score

5. **Obesity** - Treating and managing childhood obesity

Focus since April 2019:

- Launch CYP Transformation Programme Board and Stakeholder Council.
- Defined workstreams and deliverables.
- Local systems developing plans and establishing governance to deliver.
- Progress on CYP voice inclusion.

Deliverables for 2019/20:

- Agree local Systems to pilot integrated models in 20/21.
- Confirm PEWScore pilot in April 2020.
- Develop and consult on an asthma care bundle.
- Implement Transition requirements across specialised and CCG contracts.
- Evidence review and evaluation of Tier 2 obesity services
Children and Young People

1. Keeping children well
2. Workforce
3. Data & Digital
4. Integrated Care Models
5. Improving quality
6. Voice and Experience
7. Mental Health
8. Cancer
9. LD and Autism
10. SEND

11. Maternity Transformation

Key:
- Working closely with / being led by other national bodies, as part of the CYP programme
- Links to other NHS England led established transformation programmes.
- New workstreams being established and led by the CYP transformation team in NHSE/I

5. With Clinical Networks and specialised commissioning including: PEWS, long term conditions (Asthma, Epilepsy, Diabetes), Transition etc
Ageing well

From this…

‘The frail Elderly’
Late Crisis presentation
Hospital-based episodic care
Fall, delirium, immobility
Disruptive & disjointed

To this…

‘An Older Person living with frailty’
A long-term condition
Timely identification preventative, proactive care supported self management & personalised care planning
Community based person centred & coordinated
Health + Social +Voluntary+ Mental Health + Community assets
Ageing well

Urgent Community Response

- 2 hour standard for UCR, 2 day standard for reablement and a single point of access for UCR utilising 111

Enhanced Health in Care Homes

- Enhanced support & better co-ordinated care, reablement and rehabilitation

Anticipatory Care

- Helping people with complex needs stay healthy and functionally able

#AgeingWell  @AgeingWellNHS  #NHSLongTermPlan
Mental health

• Significantly more children and young people from 0 to 25 years old to access timely and appropriate mental health care. NHS-funded school and college-based support.

• People with moderate to severe mental illness will access better quality care across primary and community teams, have greater choice and control over the care they receive.

• We will expand perinatal mental health care for women during and following pregnancy.

• The NHS will provide a single-point of access and timely, age-appropriate, universal mental health crisis care for everyone, accessible via NHS 111.
Growing investment in mental health services faster than the overall NHS budget. This creates a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24.

- Perinatal Mental Health care provision for mothers and their partners
- Children and Young People’s (CYP) Mental Health
- Improving access to psychological therapies (IAPT)
- Adult Severe Mental Illnesses (SMI) Community Care
- Mental Health Crisis Care and Liaison
- Problem Gambling
- Rough Sleeping
- Digital tech
Primary care

- The NHS Long Term Plan outlined the ambition for Integrated Care Systems (ICSs) to cover the whole country by April 2021.
- Primary care networks (PCNs) will be the building block of every ICS, working with other partners to allocate resources and deliver care.

Why change?
- Pressure on the health and social care system in England due to ageing population, chronic conditions, new treatments and patient expectations.
- Move the focus from ‘treating those who are unwell’ to preventing ill health and tackling health inequalities.
- PCNs and their focus on population health management can help to bring about those changes so that:
  - patient outcomes improve
  - there is an integrated care experience for patients and
  - there is a more balanced, sustainable workload for staff.
Integrated Care

**Some of the changes we face:**
- Overall, society is getting older
- With people living in ill health for longer
- More people are living with at least two long-term conditions

**We need services that are more:**
- Joined-up
- Proactive at preventing sickness
- Personalised

**By 2021 every part of the country will be an integrated care system where:**

NHS organisations take collective responsibility for managing shared resources and using them to improve quality of care and health outcomes for local residents, working closely with local councils and others in the community.
### Integrated Care... examples

<table>
<thead>
<tr>
<th>Frimley</th>
<th>Lancashire and South Cumbria</th>
<th>Dorset</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Moving services closer to local communities</strong></td>
<td><strong>Improving day-to-day health and wellbeing</strong></td>
<td><strong>Expanding and improving hospital services</strong></td>
</tr>
<tr>
<td>• People are supported to manage their own care and to get more treatment in the local community, rather than at hospitals. For example, in Aldershot, residents with mental health needs can visit the “Time-Out” café, seven days a week without an appointment – <strong>reducing A&amp;E attendance by 45 per cent.</strong>&lt;br&gt;• Feedback shows that local residents value being able to access help when they need it.</td>
<td>• Technology is helping people become more able and confident to manage their health - personal care plans have allowed doctors and nurses more time to receive continuity whether on the ward or at home. People are less likely to become acutely ill and can avoid unnecessary hospital visits and stays.&lt;br&gt;• Emergency admissions among patients in Fylde Coast have <strong>fallen by up to 28 per cent.</strong></td>
<td>• Local centres bring together staff with different areas of expertise, allowing residents to see GPs, specialist doctors, nurses, physiotherapists, social care professionals all in one place – providing accessible local care for all Dorset residents.&lt;br&gt;• If spread across Dorset, this will mean <strong>less travel for 100,000 people</strong> with outpatient appointments closer to home.</td>
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Prevention
Where are the clinical priorities?

What risk factors drive the most death and disability combined?

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<thead>
<tr>
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<tbody>
<tr>
<td>Tobacco</td>
<td>1</td>
<td>2</td>
<td>-9.2%</td>
</tr>
<tr>
<td>Dietary risks</td>
<td>2</td>
<td>3</td>
<td>-6.1%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>3</td>
<td>2</td>
<td>8.7%</td>
</tr>
<tr>
<td>High body-mass index</td>
<td>4</td>
<td>1</td>
<td>23.6%</td>
</tr>
<tr>
<td>High fasting plasma glucose</td>
<td>5</td>
<td>4</td>
<td>-13.1%</td>
</tr>
<tr>
<td>High LDL</td>
<td>6</td>
<td>5</td>
<td>4.7%</td>
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<tr>
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<td>7</td>
<td>6</td>
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<td>Occupational risks</td>
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<td>9</td>
<td>8</td>
<td>-7.0%</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>10</td>
<td>9</td>
<td>12.6%</td>
</tr>
<tr>
<td>Drug use</td>
<td>11</td>
<td>10</td>
<td>-8.0%</td>
</tr>
</tbody>
</table>

Top 10 risks contributing to DALYs in 2017 and percent change, 2007-2017, all ages, number.
Prevention

• **Tackle preventable risk factors** and have a positive impact on the burden of disease by 2030.

• We will achieve this by tackling those risk factors that are **modifiable through health care**.

• We will become a focus for prevention policy in NHS England and NHS Improvement, but are leading on the cross-cutting themes of **tobacco addiction**, reducing harm from **alcohol** and **obesity**.

• We will support the government’s strategy to tackle **antimicrobial resistance**, including reducing antimicrobial use in humans by **15% by 2024**

• To do this we need to **reinvigorate** the prevention agenda within the NHS.

• This needs to be part of wider action from **central government** through to **individuals**.
‘These developments will change patients’ lives, change how clinicians work and change how healthcare services are delivered. This is happening now and the NHS is ideally placed to take it further, faster and wider if we act to give our staff the skills and knowledge they need to make them the norm across the NHS.’
Membranous nephropathy is a common cause of glomerulonephritis in later life.

Most cases are idiopathic (primary).

Can also be secondary to other conditions, e.g., Hepatitis B, SLE.

Incidence of around 1 per 100,000 population per annum.

Typical histopathological features.

Characterized by IgG deposition in glomerular basement membrane.
While life expectancy continues to improve for the most affluent 10% of our population, it has either stalled or fallen for the most deprived 10%.

Health Inequalities

Prevention and clinical conditions
Self care, personalisation, digital inclusion, Carers and volunteering

National goals, local system goals
For targeting inequalities

Reducing health inequalities

Funding allocations
More accurate assessment of need locally

Data & Support
Menu of interventions and metrics
We never shall have all we need. Expectation will always exceed capacity. In addition, the service must always be changing, growing and improving; it must always appear inadequate.

Aneurin Bevan
Minister of Health
1945-51