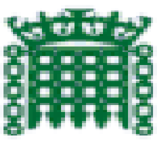


All Party Parliamentary Group on Primary Care & Public Health

Report of 17th April 2012 Roundtable Discussion

Ten years on from Wanless, how "fully-engaged" are we?

Ten years have passed since the government published its landmark, first-ever assessment of the UK's healthcare funding needs over the next 20 years. The ground-breaking study, "Securing our future health: taking a long-term view," was commissioned by the then-Chancellor of the Exchequer, Gordon Brown, from a team of independent experts led by NatWest Bank chief executive Sir Derek Wanless, following an interim study the previous year which had revealed how far the UK had fallen far behind other developed nations in terms of health outcomes.

"We have achieved less because we have spent very much less and not spent it well," Sir Derek told the Chancellor, and in his Review he set out a vision for the future of a massive increase in health spending, from around £68 billion in 2002/3 to as much as £184 billion in 2022/3. These new funding increases would be used in the first decade to enable the UK to catch up with the best healthcare offered in other developed countries, and in the second decade to ensure that it could maintain these highest of standards.

To achieve this, the Wanless team outlined the following three possible scenarios - solid progress, slow uptake and fully-engaged (see page 7). Of these, the fully-engaged scenario is the most optimistic, based around the best outcomes and confident, engaged and empowered patients. It is also the least expensive, providing estimated savings to the NHS of up to £30 billion in resource needs by 2022.

Major features of the "fully-engaged" scenario include: - a massive improvement in the public's engagement in their own health, driven by widespread access to information; - a dramatic improvement in public health, with a sharp decline in key factors such as smoking and obesity as people taken ownership of their own health; and - the rapid and effective uptake of "appropriate" technology as engagement rises, with health needs and the type of care available becoming more sophisticated.

This scenario presents "a picture of rapid improvement in the health of the nation, underpinned by a fully-engaged public and a high-quality service," says the Review.

So, at the half-way stage of Sir Derek's 20-year vision, how much progress has been made towards achieving a true fully-engaged scenario? Or, as a landmark roundtable discussion held recently by the All-Party Parliamentary Group (APPG) On Primary Care and Public Health to examine the issue, asked: "how close are we to securing our future health?"

Addressing the meeting, was an eminent panel of experts, including Anita Charlesworth, who served on

Sir Derek's 2002 Review team and is now chief economist at The Nuffield Trust.

Public health's new challenges, "unfinished" self-care goals

She welcomed the huge reduction in treatment waiting times achieved over the last 10 years, and the great success in meeting smoking cessation targets, but also pointed to the massive rise of other serious public health challenges. For example, obesity is now a much bigger problem than it was in 2002, and at that time, today's issues with alcohol had not been anticipated. Moreover, she said, the self-care goal of the fully-engaged scenario – which envisaged a switch of 2% of GP activity to pharmacies, and a 17% reduction in outpatient attendances among 450,000 people using self-care – "looks very unfinished today."

The fully engaged scenario looks very unfinished today says Anita Charlesworth

APPG co-chair, Nick de Bois MP, who chaired the discussion, pointed out, in fact, recent estimates, show that GP consultation rates increased from four to 5.5 per person per year in the last 10 years, and that over the same period the number of prescriptions dispensed has gone up 70%.

Other features of the fully-engaged scenario for which the Wanless Review's forecasts have not so far been met include: - the expectation of a very substantial increase in spending on, and uptake of, information and communication technologies (ICT); - a revolution in

shifting resources out of hospitals; and - the development of new models of care, with patients taking more responsibility for their own health.

"This has been hugely talked about, but resources haven't shifted," said Ms Charlesworth.

2002 – a time of "great optimism"

The panel members reminded the audience that the Review had been produced in a very different economic climate from that of today.

It was written at a time of great optimism in health care, and Sir Derek was right to believe in the fully-engaged scenario, but times have changed dramatically - and not only financially, said independent health policy analyst, writer and commentator Roy Lilley.

The environment in which the NHS is operating now "seems to be completely constrained by austerity and the Quality, Innovation, Productivity and Prevention (QIPP) agenda," compared to the optimistic early 2000s, added Jeremy Taylor, chief executive of National Voices, the national umbrella of health and care charities.

Nevertheless, he welcomed the Review's dismissal of any proposals to change the way the NHS is funded. In their interim report, the Wanless team had concluded that "the current method by which health care is financed through general taxation is both a fair and efficient one, with no evidence that any alternative

financing method to the UK would deliver a given level of health at a lower cost to the economy. Indeed, other systems were likely to prove more costly."

So how sustainable is the NHS?

If you take the view of certain sections of the mass media, with its portrayal of "wonder drugs" and "miracle cures," against a background of the growing public health and other major issues facing the Service, then it is not sustainable, said GP Dr Howard Stoate, a former Labour MP and now chair of Bexley Clinical Commissioning Group (CCG).

Health care professionals can build a solid case to show that a particular service is not up to scratch, but because of the way this will be treated by the media, the public will equate any reconfiguration with closure, and we've got to get over that, said Dr Stoate.

But, he suggested, the public might trust clinicians, through CCGs, when they say that reconfiguration is needed.

The public doesn't understand fully engaged says Dr Stoate, Prof Cross believes health professionals don't either.

So why do people seem not be engaged?

"The public doesn't understand what 'fully-engaged' means," said Dr Stoate. "Politicians talk about it as though it is currency – but it isn't."

Rhetoric vs reality

"The rhetoric of engagement has been consistently ramped up, but this has not been met by the reality," added Mr Taylor. "We still have a paternalistic service and a dependent population, and we are a long way from having good information to support personal decisions and the ability for consistency of care."

People haven't been given the "fully-engaged" message because health professionals haven't got it themselves, commented Sue Cross, Professor of Primary Care Nursing and London Southbank University "We tell them that we take responsibility for their health - GPs don't understand self care," she said.

Professor Steve Field, chairman of the NHS Future Forum, dismissed a suggestion from the audience that patients are unable to engage with doctors about self-care because consultations last only seven minutes. "There is no contract that says consultations have to last seven minutes, or 14, or whatever. When GPs say: "we need longer appointments," I say: "well, create them," he responded.

"And unless we raise the use of technology and educate patients to self care, demand for GP face-to-face consultations will keep going up," he warned.

Steve Field warns that unless we educate patients to self care, demand for GP consultations will keep going up.

Nurses: "generalists who see everyone"

70% of patients in general practice are now being seen by nurses and healthcare assistants - as a result, some GPs say they are becoming deskilled - but unlike GP training, education for nurses is very sporadic, said Prof Cross. There are standards and pathways for nursing in primary care, but these are not mandatory.

The meeting heard that GP nurses have a unique position as "generalists who see everyone," and that, as NHS services move out of secondary care, more

specialist nurses in primary care - and the resources to train them - will be needed.

"We have developed a career pathway and we need to make this mandatory throughout the country. For this, we need money and legislation," Prof Cross told the meeting.

An RCGP online self care resource designed to help health professionals educate their patients into looking after their own minor ill health is available.

A self care resource was highlighted by Gopa Mitra, director of health policy and public affairs at PAGB. Designed for use by healthcare professionals, the RCGP's online course helps clinicians educate their patients into looking after their own minor ill health. It is available free of charge and was considered an excellent resource that would be helpful in primary care. (For details go to www.selfcareforum.org.)

So how can we change the culture of a population dependent on a paternalistic service?

Patients have to be empowered, and the establishment of expert patient programmes and other initiatives for people with chronic and long-term conditions (LTCs) can produce great improvements in outcomes, save money -and GPs don't need to see them, said Dr Stoate.

"Patients can look after themselves – they want a quick, correct diagnosis, the right drugs – and they can then get on with it," added Baroness Masham, a cross-bench peer and champion of health and disability issues.

E-health and patient records

Giving those people who can the tools to look after themselves is incredibly powerful, noted Joanna Shaw of NHS Direct, while Toto Anne Gronlund of NHS Connecting for Health reminded the audience that, for 8,733 hours a year, patients look after themselves.

Anita Charlesworth agreed, and saw the shift to patient ownership of their own health records as potentially a move towards greater empowerment and personal responsibility.

"It has to start with the individual – and this is why the Wanless Review's view of information technology (IT) went wrong, because it came from banking – a big system. I would like it to start from the individual," she said.

The NHS has lagged behind the advances made in almost every other area of daily life that we now take for granted, such as airline self-checking, the banks' provision of ATMs and on-line services, and self-checkouts at supermarkets, said Mr Lilley. When considering use of IT, the view of industry - unlike the NHS - is: "what can we do to get the customer to add value to our business?" he said.

Prof Field agreed that the NHS has so far failed to realise the benefits of IT. "We've gone for whole systems rather than disruptive innovation," he said. In particular, giving patients ownership and responsibility for their medical records will allow for continuity and permit them to get involved in their own care.

Patient records must also be made available to out-of-hours (OOH) services, accident and emergency (A&E) and medical assessment units, GP Richard Fitton of Tameside and Glossop Primary Care Trust (PCT) emphasised. Prof Field agreed with him that the fact that this is not the case is "disgraceful," and applauded Dr Fitton and Dr Amir Hannan for their work in this area.

Should patients ever pay for care?

The panel was asked: could there ever be a case for charging patients for NHS services? "Keeping people fitter for longer is the only logical way out of this mess, and I'm totally opposed to charging for use of the NHS, but the Service has very few options," replied Mr Lilley.

One area where change might be made without affecting the ethos of the NHS, he suggested, could be a wider liberalisation of over-the-counter (OTC) medicines than is currently the case. "And people don't realise what they can get OTC already," he said.

Nevertheless, "the use of co-payments need a more mature argument," he added.

Roy Lilley says wider liberalisation of OTC medicines can be made without affecting the ethos of the NHS.

But Anita Charlesworth was uneasy. "With co-payments, you end up with lots of exemptions and admin. In the past, we've moved services out of the NHS- such as dentistry, social care –so what would be next?" she asked.

Prof Field saw a need for more economic evaluation by the National Institute for Health and Clinical Excellence (NICE) of what the NHS provides. Currently, "we're doing a lot of expensive things that don't work," he said.

Nudge, steer or legislation?

Jeremy Taylor pointed out that the successful campaign against smoking has been achieved not through "nudge" or "steer" but through legislation and taxation. "It is about using the full power of the state," he said.

But as well as the "big boot" of legislation, there is a need to change the culture, added Philip Leech, director at Primary Care Leads Ltd. He applauded the stance taken by the Academy of Royal Medical Colleges (ARMC) against the advertising and sponsorship by fast food manufacturers at the London Olympic Games. "Culture eats strategy for breakfast," he warned.

Dr Fitton told the meeting that the NHS is not a service, it is a partnership, and while culture change is possible, there are "basic assumptions, norms and artefacts" that need to change, relative to patients' attitude to their own health.

Among these, he suggested that people need to be aware what their prescription drugs and hospital treatments actually cost.

Workforce reform - "the big win"

Yes we need legislation, and IT, but the big win will be workforce reform, leading to greater self care, said Prof Field. "We need GPs working in an intuitive way, using nurses and pharmacists to manage long-term conditions. We will get lots of opposition from the professions, but we've got to be brave," he warned.

Mr Lilley was insistent that a great deal can be achieved through legislation, and also taxation, to curb the profitability of potentially harmful business activities.

Further information about the work of the All Party Parliamentary Group on Primary Care and Public Health, is available on the website //www.pagb.co.uk/appg/intro.html. Contact the secretariat if you would like to be placed on the mailing list email libby.whittaker@pagb.co.uk.

A new role for local authorities

The Health and Social Care Bill is moving public health responsibilities back to the local authorities, for the first time in over 30 years, but how much impact will they be able to have?

The key is CCGs, local authorities and Health and Wellbeing Boards working together, said Dr Stoate. "There is no compulsion on CCGs to have a public health function but I don't know any that aren't going down that route. But we know we've got a long way to go. There needs to be much more development and money."

> Public health professeionals are four or five years away from having any real influence says Roy Lilley

But Mr Lilley wondered just how much a local authority that has had its budget cut by 27% can actually do "And public health professionals are demoralised – they are four or five years away from having any real influence," he suggested.

In very socially-deprived areas, poorer care is given and people don't demand the best care, said Sue Cross, while APPG co-chair Kevin Barron MP pointed out that the government's new commissioning process includes no incentives to get more GPs into such areas.

"We're having to deal with the consequences of an incredibly unequal society," added Jeremy Taylor. The Health and Social Care Bill includes a requirement on the Health Secretary to reduce health inequalities but, he asked: how will the Secretary be held accountable for this?

A final question

Finally, each of the panel was asked: what is the one thing you want to happen to get closer to the vision that Wanless had, given that we don't have another 20 years to get it right?

Jeremy Taylor: a systematic roll-out the Year of Care Programme originally initiated by Diabetes UK to demonstrate how routine care can be redesigned and commissioned to provide a personalised approach for people with long-term conditions;

Howard Stoate: "have some faith in CCGs to achieve transformational change in health care, and let us get on with it!"

Sue Cross: "we're silo working at the moment. Health care professionals need to get together, and work together, on the self-care agenda."

Roy Lilley: "we need to review the law around some issues of public health to change people's behaviour. We need a parliamentary select committee to look at this."

Anita Charlesworth: "we need to sort out the IT. It is very difficult to do anything on integrated care without it, and this will make a huge contribution to transformational change;"

Steve Field: "start with patients owning their health records. They have to take on more responsibility for their own care, and we must give them the information to do so."

Sue Masham: "people must work together – primary care, secondary care, social care, the voluntary sector – otherwise it won't work."

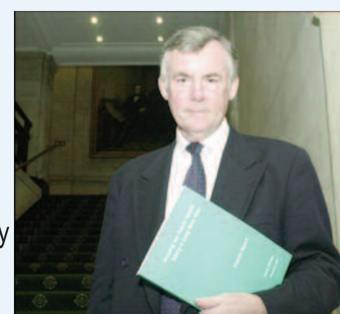
Kevin Barron MP, Baroness Masham of Ilton

Anita Charlesworth, Steve Field, Roy Lilley, Sue Cross, Howard Stoate, Jeremy Taylor

Sue Cross, Steve Field, Nigel Sparrow (RCGP) and Gopa Mitra (PAGB)

Nick de Bois MP, Kevin Barron MP

Three Scenarios from the Wanless Review 2002



solid progress - people becoming more engaged in relation to their health; life expectancy rises considerably, health status improves and people have confidence in the primary care system and use it more appropriately. The heath service is responsive, with high rates of technology uptake and more efficient use of resources:

slow uptake – there is no change in the level of public engagement; life expectancy rises by the lowest amount in all three scenarios and the health status of the population is constant or deteriorates. The health service is relatively unresponsive, with low rates of technology uptake and low productivity;

fully-engaged – levels of public engagement in relation to their health are high; life expectancy increases and goes beyond current forecasts, health status improves dramatically and people are confident in the health system and demand high-quality care. The health service is responsive, with high rates of technology uptake, particularly in relation to disease prevention. Use of resources is more efficient.