

## NHS AT 70: 'BACK TO THE FUTURE'

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Geoffrey and Siva gave an overview of the how the NHS used to look and operate and what the future holds now we are approaching the NHS's 70<sup>th</sup> birthday.

### OVERVIEW OF THE NHS

- Geoffrey has a wide background as a governor but also an historian, first working in the NHS in 1951.
- This part of the session will look at the problems that the NHS has faced and overcome during its lifespan.
- Bricks and steel were initially distributed into schools but not homes and the health service was not considered as a priority. Additionally, the political consensus of the NHS was very strong for the first 30 years.
- By the second decade of the NHS we were entering into a period of economic growth, with the 1965 pay system encouraging GPs to be happy, whilst also encouraging better work premises and pay.
- Enoch Powell drove services and set in motion the development of community and set in track hospital planning.
- Hospital trusts began to enjoy new freedom in the way that they work by the fourth decade of the NHS and health promotion began to move up the agenda.
- By the sixth decade labour was in power promising greater changes and increases in efficiency and Tony Blair's most expensive breakfast in history rose spending for the NHS.
- The present decade is largely dominated by financial stringency and many trusts are moving into deficit.
- The 'NHS is the largest thing that the English have to a religion' and has overcome many problems in its lifespan, it can be viewed as a progressive tax and the 'less you earn the less you pay but you get the same service'.
- Transformation may need rebuilding – we are going need it to change every 5 years.
- 'We currently lack a cohort of great managers; no-one wants to be a chief executive with a shelf life of 12-15 months'.
- There are advantages in competition and letting flowers bloom whilst killing those off that turn out to be weeds.

### THE NHS AT 70: WHAT DOES THE FUTURE HOLD?

- We appear to be at one of those moments that only seem to come every 10 -15 years within healthcare and the future does hold some promise.
- 'Every system is perfectly designed to get the results to get' – Paul Bataldan.
- What did we design our health system to do?:
  - To treat us quickly when we get ill
  - To gate keep through appointments

- To treat our medical conditions.

## THE SEVEN PLACES WHERE YOU CAN SEE THE FUTURE:

- Artificial intelligence at the Royal Free: 'streams' app developed with Google DeepMind analyses test results and sends alerts straight to staff mobile phones for patients at danger of acute kidney infection.
- Inter-generational workforce planning at Frimley: spoken in hallowed terms, young staff want to work in a very different way, thinking strategically on how they can focus on an intergenerational approach to a career. This is a very different approach to strategic planning.
- Sharing power with patients at Alder Hey meal times: patient centred care as a design principle. Each medical surgical unit has a professional chef on constant duty and meals are prepared as and when a child wishes. The results are cost savings through a massive reduction in food wastage, better nourishment, and continuing education of children and family about their food choices.
- Self-care and self-dialysis at Ryhov Hospital in Sweden: 'the greatest untapped resource for improving health care is the knowledge wisdom and energy of the individual's families and communities who face challenging health issues in their everyday life'.
- Integrated care in Salford and Wirral: the historical separation between health and social care is starting to bridge. 200 Wirral Council social care assessment and planning staff are joining the Community NHS trust. There is one number to call and one person responsible for ensuring health and social care needs are understood.
- Social prescribing in Tower Hamlets: primary care but not as you know it, recognises that peoples health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address peoples needs in a holistic way.
- Healthy New Towns Programme: in Bethnal Green: making it easier to live a healthy lifestyle through more walk about and cycle able community.

## WHAT DOES THIS IMPLY FOR GOVERNORS?

- How we deliver care is changing, as a result our understanding and our quality and safety risk will change too.
- Our unit of care is changing, we move from professionals to institutions from institutions to systems. Are you assured of the strategy and who you speak for?
- Accountable care has become a forbidden phrase but it is an important one. Because it begs two questions: What am I accountable for? And to whom am I accountable?