

Imagine.....

Ed Smith

It's September 2030 and for the last 10 years, our NHS has been extraordinarily well led by a purposeful collaboration with a new coalition in Westminster and refreshed leadership in national bodies. It is only 10 years ago that the NHS was on its knees – deficiencies in workforce, infrastructure, data and money and was coping with demands, (just), based on the extraordinary dedication of over one million clinicians and administrators and as many volunteers who not only were under-rewarded but also undervalued by the “try harder” narrative from the centre.

The refreshed landscape needed future totemic destinations towards which the roads would be built and people would travel. The starting point was a mass public engagement asking that people imagined what they wanted as a patient or wanted for a loved one in 2030 and then defining what they wanted to experience.

The resulting destinations were: –

- Locating decisions as close to catchment populations as is commensurate with care outcomes.
- Fully integrating primary and secondary care as well as social care at the local level – coordinated and led by local authorities who are locally accountable.
- Recognising that 80% of all improvement is percolated bottom-up and should be rapidly shared and copied. Systems and incentives followed on from that principle and revolutionised rapid adoption of new ideas.
- Rapid decluttering of insidious and demotivating regulatory creep – often a reflex by poor leadership to try and establish “control” but which eradicates the positives of self and peer trust-based decision making.
- Harnessing the skills and expertise of those outside the NHS who have genuinely created customer and user centric digital based information collection and analysis systems. Huge tracts of everyday life benefit from this now but not in our NHS.
- Investing in “close to user” services – digital primary and outpatient care; remote/home-based monitoring of patients’ well-being; paperless appointments; paperless dispensing of medicines directly to home.
- Recognising that delivery of the bulk of clinical and care services can be led by the many not the few and in doing so, the insidious workforce shortages created by the decade of neglect from 2010 were alleviated while serious reinvestment in clinicians was recommenced.

So, what the hypothetical Jessica experiences today in 2030 is her periodic care largely carried out by digital access, her full patient record accessed by her and ported to where

she wants, her medicines arriving at home within six hours of prescription (or sooner if collected).

What it means for her mum is that social care is fully aligned with her medical care, monitoring her medicine intake is done through her wearable monitor and she has a single point of access for coordinating her care needs.

What it means for Jessica's son is that the collection of aggregated longitudinal data has identified early intervention for an illness which can be alleviated and cured now rather than the previous late diagnosis requiring serious intervention and lifelong care.

What it means for Jessica's daughter, who has worked in the NHS since graduating as a doctor two years ago, is a reflex for sharing new ways of working with colleagues in her hospital and across her related GP community. She is highly trusted, works and lives in the context of peer-to-peer improvement and oversight and her uncle's stories of mountains of paperwork and imposed regulation are a source of amused and bemused history.

What it means for Jessica's community is that they have local people who they have elected and who are responsible for the health and care services of their surrounding population. Clear and local accountability, public meetings and vibrant localized public services - not centralised anonymity.

Is this a fairy tale?

Not if there is unrelenting focus on what really matters and hard work - day in day out, month in month out, year in year out where consistent local delivery and local accountability becomes the mantra.

Our NHS and social care systems are fed up of being a political football, the public is fed up of the rhetoric. If I am not compost by 2030, my expectations set out here will be compared to delivered health and care services in just over 10 years time!

Ed Smith is a member of the IHM Advisory Board, Chairman of Push Doctor and Pro-Chancellor and Chairman of Council at the University of Birmingham. Ed is a former Chairman of NHS Improvement, Deputy Chair of NHS England and Treasurer of Chatham House. Ed has also served as the lead non-executive director for the Department for Transport and was a former Global Assurance Chief Operating Officer and Strategy Chairman of PricewaterhouseCoopers (PwC).