

Twenty-Thirty

Health care Scenarios - exploring potential changes in health care in England over the next 20 years

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The context

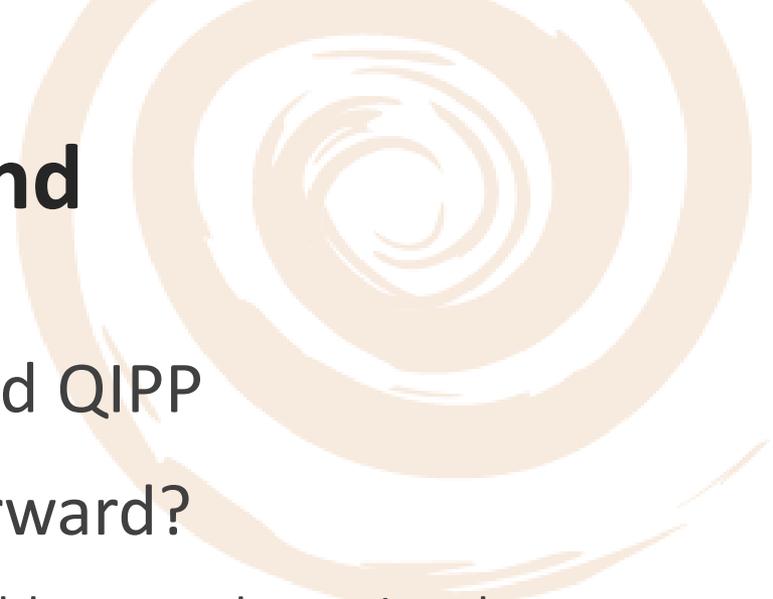
- Demographics
- On-going financial constraints
- Rising expectations
- Governments have tinkered but we now need serious debate about the **radical options**



*The aim of this report is therefore to contribute to a dialogue on a sustainable health service **over the longer term***



Background



- Focus on the challenges beyond QIPP
 - What are the options going forward?
 - Explore the trends associated with healthcare to determine the opportunities for **securing a sustainable NHS**.
 - Constraints
 - The NHS should continue to be **free at the point of delivery**
 - To **consider social care** issues, but to focus the scenarios on healthcare
 - The views expressed are not those of either NHS England or the Department of Health
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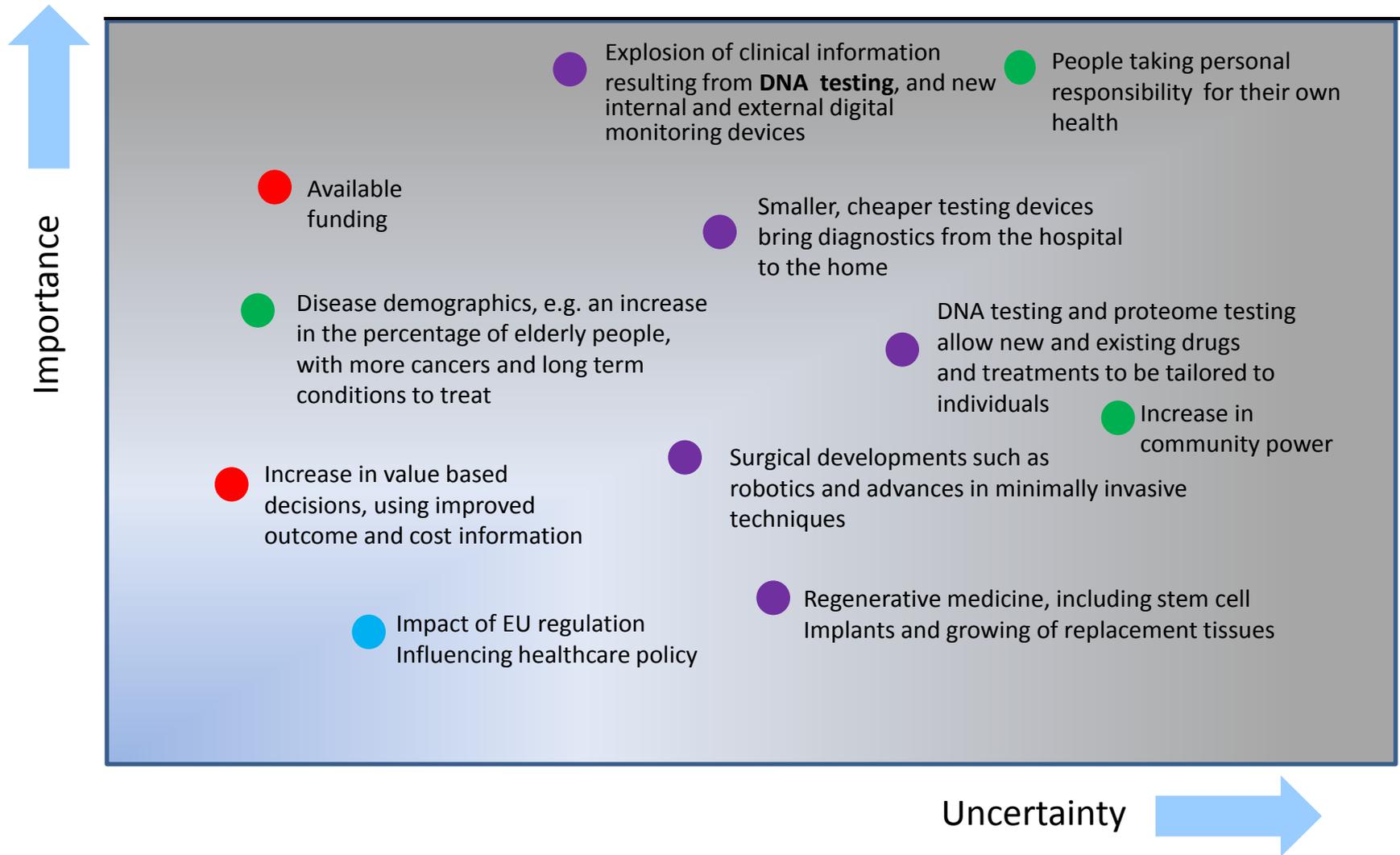
Methodology



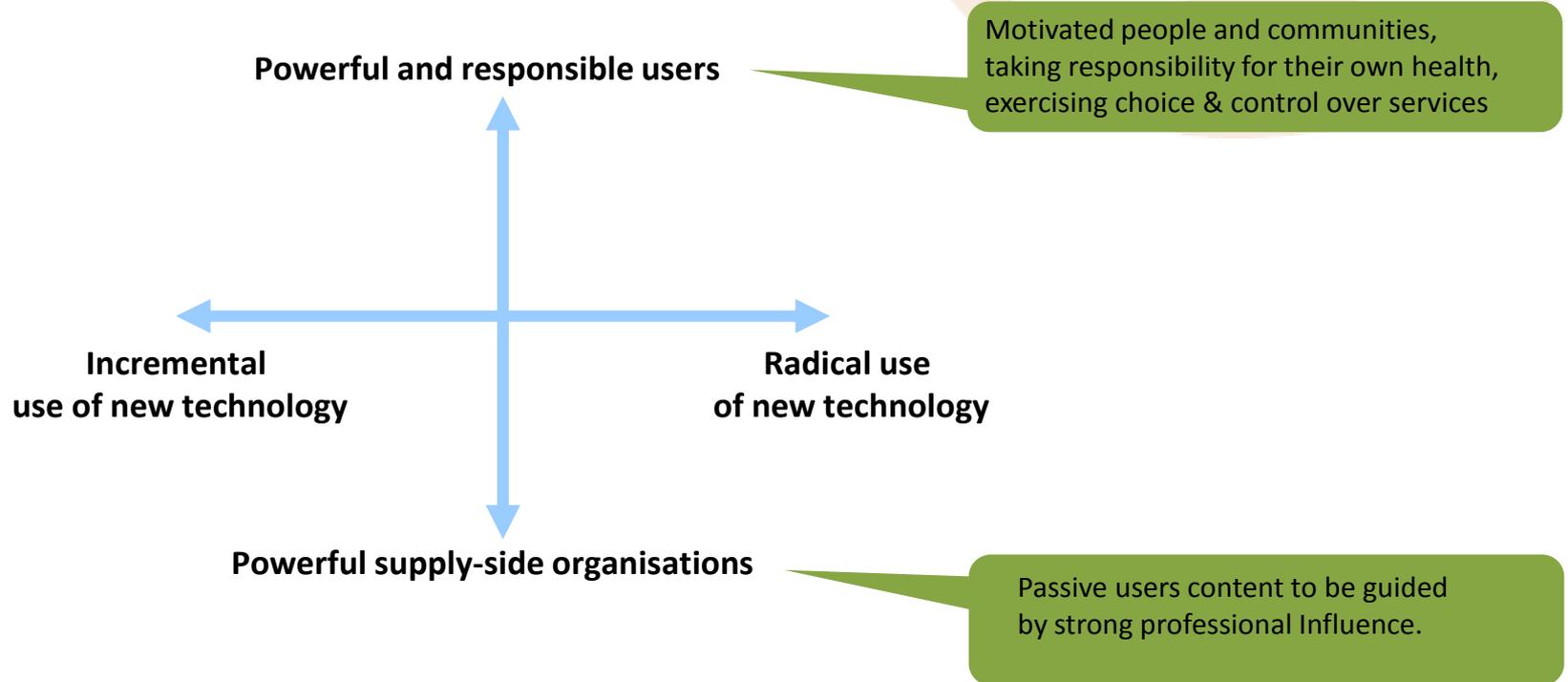
- Desktop exercise, workshop with key stakeholders, and interviews with senior healthcare representatives from within and outside of the NHS to determine the key strategic trends.
 - Steering group discussion to determine the relative importance and uncertainty of each trend.
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Plotting the trends

- economic
- social
- regulatory
- technological



Workshop with key stakeholders to develop 4 outline scenarios



Powerful and responsible users

“PLURAL PROVISION”



“THE GADGET SHOW”



*Incremental use
of all technology*

*Radical use
of all technology*

“STABILITY WITH INTEGRATION”



“MODERN TRADITIONAL”



Powerful “supply-side” organisations

“The Gadget Show”



- Public appetite for **affordable healthcare technologies** has fuelled a revolution in attitudes towards self-care and treatment
- Many **GPs** put out of business as self-diagnosis and treatment becomes common
- Centralised specialist acute care, DGHs in decline, only **entrepreneurial NHS organisations** have survived
- International communication standards allow devices to communicate – **online expertise** accessed 24/7
- Private sector provider **brands become household names**, especially in diagnostics and self-care
- **Elderly and vulnerable** unable to embrace new technologies increasingly forgotten



“Plural Provision”

- Many NHS Trusts **slow to adopt** the latest treatments
- Patients **increasingly travel** (physically or virtually) to more innovative NHS organisations for treatment, private sector and abroad
- More vulnerable or passive patients struggle to gain access to best healthcare as systems are **more complex** and harder to navigate.
- Partly offset by the emergence of a **stronger community spirit** –voluntary organisations help.
- Widespread **duplication and fragmentation** of healthcare without a standardised communications platform

“Stability with Integration”

- Some aspects of **NHS fossilised**; duplication of many “old fashioned” services prevails
- Comparative stability of the system and need to improve productivity mean **greater integration** across community services and with acute trusts
- Dominance of **fewer, more powerful** NHS providers
- More personalised services, where integration has been successful, but those seeking latest treatments need to **look outside** the NHS
- Wide variations in service provision remain



“Modern Traditional”

- Strong **NHS providers still have major influence** on shaping healthcare delivery, using technologies to meet local needs and strengthen their own position
- Not all technologies are cost effective; tendency to **buy the latest toy**
- Treatment often delivered from large acute centres, in **joint ventures** with private sector
- “Over the counter” diagnostic and treatment technologies **reduce need for GPs**; some now specialised /-integrated into hospital outreach services
- Services for the vulnerable removed from large powerful providers, integrated with social care and commissioned by local authorities



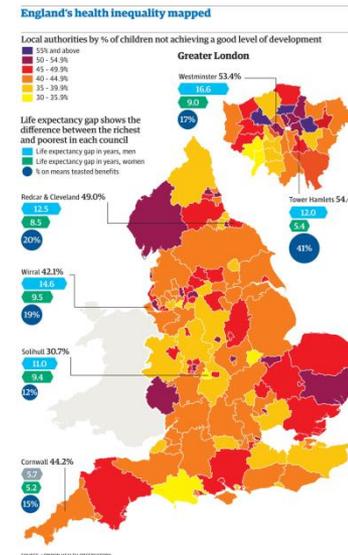
Key discussion points 1

- All four scenarios suggest that the acute care sector will **continue to centralise**, with many services provided at fewer sites.
- Nothing in the scenarios suggests that demand for **home support, residential or nursing home placements** will fall, even with increased use of new self-care technologies and a more engaged public.



Key discussion points 2

- Rise of digital communication and treatment technologies, coupled with an improvement in software compatibility, will reinforce issues of **information security and reliability**.
- The regulation of information flows and quality, without stifling innovation will be challenging.
- None of the scenarios suggests that **health inequalities** will diminish in the future, although the classifications might change.



Key discussion points 3

- Improving digital connectivity will enable **collation and coordination of information from a wide range of sources**, helping health and social care providers to deliver better integrated and seamless care.
- Where public engagement is high, commissioners may **struggle to reconcile views across a large number of influential groups** with different priorities.



Key discussion points 4

- Opportunities to **replace or complement clinician activity** will increasingly emerge where clinical measurement can either be automatically or entered into a computer by the patient.
- DNA profiling and molecular monitoring will increasingly allow **personalised drugs and treatments** to improve patient outcomes and reduce complications.
- The extent to which provision of such **risk profiling information** results in changed behaviour of patients is not known.



Final thoughts

- We are not offering solutions – our scenarios are **pictures** of possible futures to help dialogue
- Critical question – how will each of these scenarios **address** the big current and upcoming NHS challenges?
- And what are the **political and cost** consequences of each scenario?

