THE NEW STATESMAN

Spotlight

Thought leadership and policy

Healthcare: NHS 75th anniversary special

Rosena Allin-Khan
Ed Davey | Neil O'Brien
Dawn Butler | Maria Caulfield

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FUTURE OF HEALTHCARE

TUESDAY 31 OCTOBER 2023 | LEONARDO ROYAL TOWER BRIDGE, LONDON

The New Statesman's Future of Healthcare conference is an annual event addressing the country's most pressing policy issues in health and social care.

Through panels, live interviews, speeches and debates, guests will hear insights from experts, politicians and industry leaders. Join us on Tuesday 31st October to hear about:

- 75 years of the NHS: What works, what doesn't and what's next?
- How can the life sciences sector work with the NHS to innovate and improve population health?
- How can we support a sustainable, resilient social care system?
- How can we tackle health inequalities and improve outcomes for people in disadvantaged areas in the UK?
- The future is digital: How can data, technology and virtual services improve healthcare provision?
- How can we leverage life sciences R&D to improve treatments and patient outcomes?

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Losing our religion

The former chancellor of the Exchequer Nigel Lawson once said that the NHS was "the closest thing the English people have to a religion". But on the 75th anniversary of its founding, it seems British politicians, if not the British people, are becoming increasingly agnostic about the health service.

The current crisis has seen the de facto emergence of a two-tier system, as one in eight Britons report that they paid for private care in the last year. If that trend continues, so will the UK's regional, racial and class inequalities in health outcomes.

In the face of a huge backlog, Labour and the Conservatives have mooted the use of private providers to tackle NHS waiting lists, at least in the short term. The British Medical Association (BMA) has warned this could fuel inequality, and that the private sector, with its better pay and conditions, could drain NHS resources. So far, Labour has been reluctant to commit to extra funding.

Rishi Sunak may hope that voters focus on the lingering impact of the pandemic instead, but doing so doesn't give the full picture. While more money is being spent on the health service than ever before, this is after more than a decade of tight budgets. The NHS's funding may have been "ring-fenced", but spending per head of the population has flatlined, and doesn't account for the changing needs of an ageing population, the drastic reduction in social care budgets, and the missing capital investment needed to upgrade buildings and technology.

Real-terms pay has been whittled down, resulting in a staff retention crisis and strike action. As Rosena Allin-Khan, the shadow mental health minister and practising doctor, tells *Spotlight* (see pages 16-19): "If I was full-time and not an MP, I don't see any reality in which I wouldn't be on strike."

We all have a personal story to tell about the NHS. In our symposium of parliamentarians (see pages 10-12), MPs and peers recount their experiences of the health service. But without a rescue of crisis-hit primary care, investment in infrastructure, and a renewed focus on prevention rather than illness, the egalitarian vision of Aneurin Bevan could give way to a system that the wealthy increasingly opt out of, with poorer patients left to rely on deteriorating services still "free at the point of use". ●

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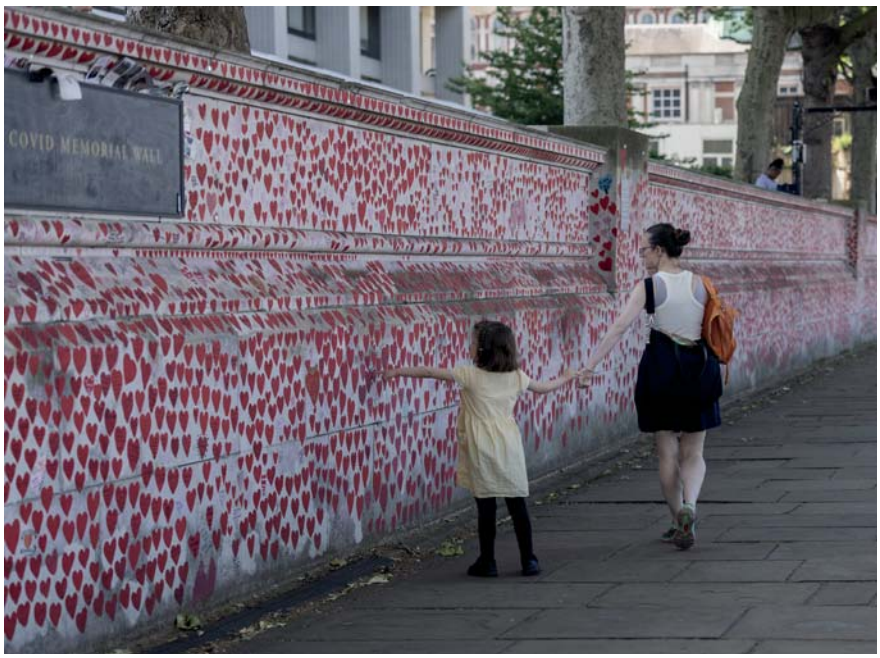


A future pandemic is almost "inevitable", Covid inquiry hears

A future pandemic is almost an "inevitability", an expert told the Covid-19 inquiry in its first week. David Alexander, a professor of risk and disaster reduction at University College London, said he believes that the government is not sufficiently prepared.

"I am slightly surprised that the government said that another novel pandemic remains a 'realistic possibility'," Alexander told the inquiry on 15 June. "I would have thought a better way of describing it is as an 'inevitability' given that, if we look at history, pandemics have been apparent throughout."

He continued: "The bottom line of all of this is: do you think the British government within the limits of its competency keeps the public safe? I feel my answer to that is no, not sufficiently."

The independent Covid-19 inquiry has been set up to review the government's response to, and the wider impacts of, the pandemic, and to "learn the lessons for the future". The probe began on 13 June, and could last until 2027.

At a speech during the NHS Confederation exhibition, Steve Barclay, the Health Secretary, acknowledged to attending health leaders that the pandemic's "after effects are still very much being felt".

Barclay said his targets to NHS bosses are "short and clear": to cut waiting lists, see services recover to pre-pandemic levels and to bolster the use of tech in care to support the health service's workforce.

One in five doctors rarely feel in control of their workload

A census of 50,000 senior doctors has revealed that 18 per cent of physicians feel their workload is almost always out of control, while the majority feel that staffing gaps are impacting patient care.

The findings come from the 2022 consultant physician workforce census, which surveyed doctors from the Royal College of Physicians, Royal College of Physicians of Edinburgh, and Royal College of Physicians and Surgeons of Glasgow.

More than half (58 per cent) of consultant physicians report consultant vacancies, while nearly three quarters (73 per cent) say that gaps in rotas are impacting patients.

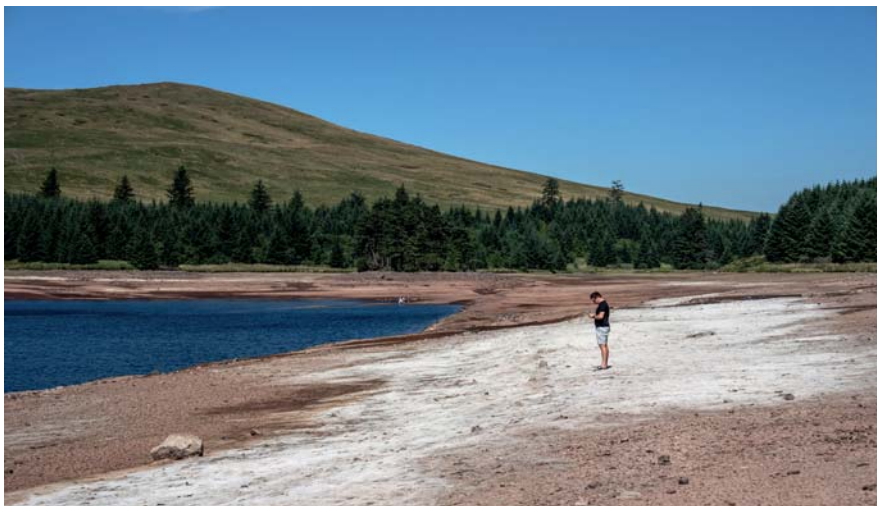
The NHS is facing severe workforce shortages and long waiting lists, with more than 1.5 million patients waiting for key tests and checks in April 2023.

Nearly half (44 per cent) of doctors reported having too much work and one in five (19 per cent) said they were at risk of burnout. Sarah Clarke, president of the Royal College of Physicians in London, said the results were "alarming" and called on the government to publish its long-awaited NHS workforce plan urgently.

Meanwhile, a report from both the Institute for Government and Public First has highlighted low productivity in the NHS due to hospitals being chronically under-managed, a lack of hospital beds and an exodus of senior doctors from the workforce.

Staff strikes are ongoing over pay and working conditions. The British Medical Association (BMA) is demanding a 35 per cent pay rise, and the Labour Party has called on the Prime Minister to "get around the [negotiating] table". Rishi Sunak has previously told doctors to withdraw their "unreasonable" pay demands if they want to reach a deal.

GETTY IMAGES / DAN KITWOOD



Risk of dangerous heatwaves has more than doubled, Met Office warns – and health services aren't ready

Last July, the UK crossed an unnerving climate milestone, with a 40°C temperature recorded in the country for the first time. This year, temperatures have already soared above 30°C and it is only mid-June. Waters around the UK and Ireland, meanwhile, are experiencing a category four (extreme) marine heatwave, at up to 4°C above normal for the time of year. The Met Office forecasts that the chance of Britain experiencing a hot summer is now 2.3 times the usual figure.

The UK Health Security Agency and the Met Office have this month launched a new high-temperature warning system. In the face of longer and more intense heatwaves, the service hopes to highlight the health risks of extreme heat – something a recent Grantham Institute report warns the UK is not prepared to handle.

Globally, scientists are concerned about "unprecedented" warming. The coming weather will combine the arrival of El Niño – a pattern of climate variability in the tropical Pacific that leads to higher average temperatures – with the ongoing impact of human-driven climate change. Experts warn countries yet to experience intense heatwaves to prepare for their effects.

Home test that can detect 50 cancers could "transform care"

A new blood test could "transform cancer care forever", according to the NHS chief executive Amanda Pritchard, and may be offered to a million patients on the NHS in the near future.

The Galleri test, made in California by the biotechnology firm Grail, detects 50 cancers before people develop symptoms by finding tiny fragments of tumour DNA in bloodstreams. The test will be administered to 142,000 people and results will be reported next April. Depending on its success, a pilot screening for more than a million patients will then be scheduled for summer 2024. An NHS publication announcing the trial said that "assuming results are in line with expectations, this will trigger a full commercial negotiation to support routine access... from early 2026".

A researcher from the NHS trial told a health conference in Manchester that the Galleri test could potentially be carried out in people's homes. In a previous study the test revealed two thirds of cancers among participants, with accuracy increasing in older patients with more advanced cancers.

UK survival rates for cancer have improved in the past 20 years, but still lag behind the rest of Europe on nine of the ten most common cancers. It is hoped that the test will lead to quicker diagnosis and treatment for patients.

2027

The year the independent Covid-19 inquiry is expected to end

3.03m

The increase in the number of patients on NHS waiting lists since March 2020

3,229

The number of doctors who resigned from the NHS last year

GETTY IMAGES / CARL COURT. SOURCE: BMA AND SKY NEWS

Front-line Diary

Lailah Peel
A&E doctor and deputy chair of BMA Scotland

"I fear the job I love is becoming unsustainable and will one day break me"

I'm incredibly lucky to have something that is relatively rare in this world – a job that I love. Perhaps an unpopular opinion, but it's the truth. Equally, as a junior doctor working in A&E I must be clear that it is far from sunshine and rainbows all the time (and not just because your average emergency department won't have any windows).

It's become increasingly difficult recently, and I genuinely fear that the job I love is evolving in ways that make it more and more unsustainable and may, in fact, one day break me. There's always been good days and bad days, and of course the really awful days that you would rather forget but rarely can. These past two years, the good days are rarer as our A&Es are so often full to the brim. This is not because of increased demand, but due to poor staffing and exit block – no beds on the wards means longer stays in A&E for many of our patients, and often the frail and vulnerable people suffer the most.

This last week or so has been no different, but in some ways that's what's made it worse. While the sun is shining, and it feels like everyone else has been making the most of barbecues and beer gardens, we've had business as usual. I've been on a variety of late shifts, so I've at least been able to enjoy a little sunshine before work.

Ominous calm

As I arrived for my first shift of the week on a sunny Friday afternoon there were no ambulances queuing and it all felt like a good omen that things were working for once. I wouldn't quite describe it as "quiet", and not just because my colleagues would have all thumped me (that word is recognised as being cursed across the NHS). It was more that everything actually seemed to be working as it should, and you could feel the impact that was having on all of us and the mood in general. This was a good day, or at least it started off like that.

Predictably, it was short-lived, and the queues started growing as the evening went on. People were waiting outside in ambulances, within the department for a bed, and for simple bits of patient care. One of my patients had been incontinent as there simply hadn't been the staff available to assist them when they'd needed help. They were mortified, as were we; that's far from the level of care any of us would want for our patients.

A couple of days later things were even worse – at one point patients were waiting more than two hours just to be triaged, and at least six hours to be seen by a doctor. The emergency buzzer went off a couple of times, with several of us rushing to the waiting room to patients who had deteriorated while we heard more pre-alerted emergency calls being announced over the tannoy. That same evening, I had a couple of patients presenting with pain and complications while enduring long waits for elective procedures. One patient told me they would have to wait more than a year for their operation, another had already been waiting two years. A colleague commented that our NHS has become a collection of waiting lists and queues and we are just working as damage control, which felt all too poignant – and true.

As good as a rest

After a busy weekend I had a couple of days away from A&E midweek to attend a training day as part of the role I have as a peer supporter. A change is as

MARTA SIGNORI

good as a rest they say, so I was looking forward to different scenery, but to some extent it hit all the harder as we discussed our experiences of colleagues struggling, and of a system that is failing to offer doctors support. Burnout is now almost an accepted outcome of being a doctor, with record levels being reported across the profession, especially in emergency medicine. I'm sadly too used to recognising the warning signs in colleagues, in part from having experienced some of them myself in the past.

But it hit differently when, late into a busy weekend shift, I had a patient clearly struggling with a lot of complex situations which culminated badly. It quickly became apparent that they were a doctor, and I could feel my heart break as I heard first-hand about the little support they'd had and how warning signs hadn't been recognised. Sadly, as doctors we know how to put a brave face on and to say and do the right things to reassure those around us, until it's too late. I hope it hasn't been too late for this individual as I was able to signpost them to specific support for doctors, and hopefully offer a plan of action and some cause for optimism in a desperate situation. We so often go above and beyond for our patients, and that can be to our detriment.

The joy of toast

Despite this, it actually hasn't been a bad week. It's the team I work with that has made it so, and perhaps one of the key reasons why, despite all the trials and tribulations, I still love my job. At one point I was on the receiving end of some unpleasantries from a colleague in another team while trying to make a referral for a patient. My consultant was quick to step in, and the situation was resolved. Incivility is too often a recurrent issue across the NHS, and it feels like it's on the rise with the increasing pressures we're all under – but working in a team that has your back makes it so much easier to tackle.

Being able to ask for help whenever you need it, or sometimes not even needing to ask at all, makes tough shifts easier. It can be as simple as a giggle over something inane – one particular favourite this week was whether a small cup contained urine or Irn-Bru. Likewise, someone gently checking in because you don't seem like your usual self, or presenting you with a slice of heavenly NHS toast when you've not managed to get away for food – these small moments have big impacts and keep us going.

I don't know what my next shift in A&E will bring, let alone the long-term future. But I hope that we are able to recover from this, that the NHS once again becomes the pride of our nation. It's clear that the current workload is unsustainable, and if we don't act soon, the NHS could crumble. We need to do more to look after our staff so that we can continue to look after our patients, and also each other.

Advertorial

The greatest gift

How "anchor institutions" can build on the example set by the NHS

By Dr Subashini M

In association with

It's likely that many of us took our first breath in an NHS hospital. The NHS has been with us every moment of need, at every life stage. It's been the one constant. Our safety net.

Over the past 75 years the health ecosystem has evolved beyond recognition. It started from a system with a GP as the gatekeeper to care, built on anecdotal evidence and best practice, with the focus on aiding the unwell. The NHS has since evolved with medical science. Today, it's centred on treatment pathways delivered by multidisciplinary teams, designed through evidence-based decision-making and health outcomes. The focus is on widening access and improving patient experience and outcomes.

Despite these advances, the nation's health and social care system still faces challenges. Levels of obesity remain high – contributing to chronic conditions such as heart disease and diabetes – while high numbers of people are experiencing mental ill health.

Moreover, with escalating costs of care – particularly in relation to new drugs, budgets being tightened and fewer people entering and remaining in the healthcare profession – we're facing a perfect storm of instability in healthcare.

Health does not start with hospitals

This storm, like our health, is not caused by a single issue that can be solved by a single solution. We need to zoom out and understand the multifaceted nature of health to explore solutions. When we do, it's clear that our health is determined by factors such as socio-economic, cultural and environmental factors, such as access to housing, and living and working conditions to name a few.

Research from the University of Wisconsin's Population Health Institute, for example, revealed that clinical care only contributes 20 per cent to a population's health status, with around 80 per cent being driven by socio-economic factors, including lifestyle and environmental influences.

We need to shift the conversation from over-indexing on diagnosis and treatments, and widen the debate to include various stakeholders. The responsibility of our nation's health does not solely lie with the healthcare providers. Health starts at home (as well as the workplace) – and not in a hospital.

Employers can make a difference

It's therefore timely that NHS England recently provided guidance on how businesses can help tackle health inequalities. The guidance highlighted ten ways businesses can help: through employment, procurement, resource allocation, use of estate and capital investments.

It's long been recognised that "anchor institutions" can have a direct impact on health outcomes. Anchor institutions can be from any sector. They're large organisations that have a significant stake in their local area and have sizeable assets that can be used to support its local community's health and well-being.

With over 350 years' heritage, we recognise the role that Aviva can play as an anchor institution, and are using our voice to act on climate change, build resilient communities and embed sustainability in our business. We've committed to become a net zero company by 2040, helping to limit the many adverse health effects of the climate crisis. We're also working with like-minded organisations, including the British Red Cross and World Wildlife Fund. We're investing in health innovation through Aviva Ventures, and supporting our communities through initiatives such as our volunteering hours programme and investment in UK infrastructure and real estate – playing a role in the creation of jobs across the country.

We're working collaboratively, actively participating in task forces and industry groups. We're also supporting the employers we work with to adopt similar strategies – there's a growing appetite for inclusive health and well-being support tailored to the needs of a diverse workforce.

For example, we've seen an increased demand for information and support relating to men's health, children's mental health, menopause and neurodiversity. Aviva is responding to this demand through new propositions and webinars to help raise awareness, signpost support and break down barriers to talk about these topics in the workplace.

We're also seeing employees take responsibility for their own well-being. Health tech is changing the way many of us consume content and manage our health. Technology is enabling customisation when it comes to employee benefits. Workplaces need to cater to all the different generations at work – from the digital-native Gen Zs, through to over-50s rejoining the workforce.

After 75 years, it's time for us all to give something back

Data defining healthcare need

The increased adoption of health tech is helping healthcare professionals and employers better understand their community's future health needs. Encouraging the sharing of insight and feedback provides a rich data source for new health innovations. A new generation of prosumers is evolving – people who consume and customise/produce new products.

Data has enabled increased personalisation of clinical care for cohorts, developed using demographics (including protected characteristics), employment status, socio-economic factors, and clinically studied risk factors.

Health professionals can harness this insight to deliver personalised, targeted medical treatments based on individual need. And, employers can become a curator of choices, taking insight and learnings from their communities to nurture a culture that understands and responds to the unique needs of their workforce. In doing so, they're expanding their health and well-being support beyond a traditional benefit suite to deliver effective, efficient, equitable and enduring health outcomes.

After 75 years of tirelessly supporting society, it's time for us all to give something back.

All stakeholders need to work together to reap the benefits that a symbiotic relationship can offer. Government should continue to look at the entire health ecosystem, in improving public health and in particular the role employers, local authorities and the food industry play. Employers should continue proactively supporting their employees' health and well-being. And individuals need to be educated about the breadth of health and well-being support available to complement our state healthcare services – and be empowered with the knowledge to make informed choices.

After all, it's the prosumers of today who have the power to define our future health outcomes. ●

Dr Subashini M is the medical director of Aviva UK

RAWPIXEL / SHUTTERSTOCK

Employers and "anchor institutions" have an important role to play in society's health

My NHS

MPs and peers share their experiences of the National Health Service

July marks 75 years since the NHS was founded by health secretary Aneurin Bevan on the principle of providing care free at the point of use. Today, the health service is facing the most challenging period in its history, but there is still much to celebrate, and everyone has a story to tell. *Spotlight* asked MPs and peers from across the political spectrum to recount their personal, and memorable, experiences of the health service.

Maria Caulfield
Conservative MP for Lewes and minister for mental health and women's health strategy

I have worked in the NHS as a nurse for over 25 years. As a child, I was inspired by my mum, who was a theatre sister. I was fascinated by what she did and how she got so much satisfaction from helping people who underwent surgery.

My mum came to England to train as a nurse in her early twenties and worked for the NHS for over 30 years, so between us we have served the NHS for most of its existence.

When my mum trained in the 1950s she had to live in student nurse accommodation. It was a strict regime and any student nurse who got married had to leave, as married nurses were frowned upon in those days.

Years later when I trained I also lived on site, but was one of the last to do so. They demolished the nurses' home just before I finished my training and across the country nurses' accommodation became a thing of the past.

I think my mum would be surprised to see how nursing has changed, as nurses have taken on more advanced roles. But she would recognise the passion for looking after patients, which remains at the heart of nursing in the NHS.

Ed Davey
MP for Kingston and Surbiton and Liberal Democrat leader

As for so many others, the NHS, specifically Kingston Hospital, has been there for me and my family at the happiest and saddest times – though naturally I like to remember the former.

I'll never forget the amazing Irish midwife who somehow managed to get our 24-hour-old son to breastfeed, when we'd almost given up, making my

ELEANOR SHAKESPEARE

new-dad-smile even wider. Or the Zimbabwean nurse who was so good with my wife Emily as she recovered from her Caesarean section. Or the brilliant delivery team, including the consultant anaesthetist, who helped Emily at a tricky time during the birth and let her play her favourite songs from the Soweto String Quartet and answered my daft, nervous questions.

Andrew Gwynne
Labour MP for Denton and Reddish and shadow minister for public health

In November 2020, my dad was diagnosed with rectal cancer. He swiftly began to receive rounds of radiotherapy and chemotherapy at the Christie NHS Foundation Trust in Manchester. The cancer was terminal, but the NHS did everything it could to give him – and us – more time.

Dad was eventually classed as "imminently terminal" – meaning he had weeks left. My wife Allison and I took the decision to care for him from home. In reality, my job in London meant Allison had to take on most of the caring responsibilities (yes, she's amazing).

Through its network, the NHS enabled my dad to spend his last moments at home. It liaised and coordinated support with palliative care teams at Macmillan and Willow Wood Hospice. NHS district nurses – I still call them "saints in scrubs" – visited regularly.

They alleviated my dad's pain, chatted to him about the cricket and supported Allison every step of the way. My dad died on 9 July last year, surrounded by family. His final journey was peaceful and so full of love.

Dawn Butler
Labour MP for Brent Central

The NHS saved my life. It was a routine mammogram that discovered my cancer. Without that, it might not have been discovered.

Thankfully, my breast cancer nurse, Amy, was there for me. She is an amazing woman and when I asked how she managed to make people feel so protected when going through the worst news, she responded that she gets comfort from the end result, when we come back looking well.

The NHS caught my cancer early and the operation was a success. All the staff were professional, hardworking and hugely supportive. The staff work tirelessly for people at often the lowest points in their lives (apart from the joy of the maternity ward, of course).

Kevan Jones
Labour MP for North Durham

In October 2000, I was rushed into hospital for an emergency operation for a retrocecal appendix.

It was only when I came around afterwards, minus one appendix and part of my bowel, and with a foot-long scar down my middle, that it dawned on me just how serious my condition had been. It was thanks to the NHS team at the Royal Victoria Infirmary in Newcastle that I was able to stand for election the following year as MP for North Durham.

Four years ago, my father was dying of terminal cancer. The support the NHS palliative care team put in place to look after him at home meant that he was able to spend his final days surrounded by those that loved him. ▸

Jess Phillips
Labour MP for Birmingham Yardley and shadow minister for domestic violence and safeguarding

I was 11 when my dad told me he had blood cancer, though we didn't call it that then – we called it leukaemia. I was very scared, mainly because Megan from Australian soap *Home and Away* had just died of that in Blake's arms on the beach at sunset.

Was my dad about to face the same fate, sans Blake, who if memory serves didn't have a penchant for 50-year-old bearded socialist men?

Today I am 41 and my dad, who was born before the NHS existed, is soon to turn 80 years old. He's here thanks to the doctors and scientists at University Hospitals Birmingham. Their care and dedication to researching new treatments and technologies for use in the NHS, helped by charities like Blood Cancer UK, means that my dad has seen my children grow into adults and has for the last 30 years been able to lecture me about the appalling trash I watch on the telly. And lecture he did.

Neil O'Brien
Conservative MP for Harborough and minister for primary care and public health

We're the lucky ones. Our son Arthur is the child of our eighth (and final) go at in vitro fertilisation (IVF). We thought we'd never see him. The pregnancy test came back negative. Many people in my generation have been on the roller-coaster of hope and heartbreak that is IVF and will know exactly how that moment feels. But a few minutes later, there was the faintest hint of a line. The next day, it was a little less faint.

Nine months of holding our breath followed. In the womb, Arthur was sat contentedly on his bottom, and wouldn't be turned around by anyone. So a date was ringed in the diary for a Caesarean section at Leicester General.

The amazing team there had to do both emergency and planned sections, so my poor wife had to wait, unable to eat anything all day, while emergency cases were dealt with. (A new Leicester women's and children's hospital is coming, which will help fix this).

At last, just when we thought we'd be going home, the moment came. The number of people needed for a C-section team is huge, yet his birth was incredibly serene – like an orchestra, but ever so quiet. For us it was a miracle, a day we will never forget. For them it was just another day at work.

Baroness Blackwood
House of Lords member

Like many rare disease patients, I was undiagnosed for 30 years. Owing to its complexity, Ehlers-Danlos syndromes (EDS) patients often face misdiagnosis and late diagnosis.

I was diagnosed in 2013 and acquired a fleet of specialists. Initially, as we searched for the right treatment, I got much sicker. And trying to coordinate all the tests, appointments and new medications – while working – was impossible. I thought I would have to give up work altogether.

Then the NHS stepped in. My GP, the University College London (UCL) Autonomic Unit and many others worked together to coordinate my care. Gradually, the pieces fell into place. It was by no means easy, but I am incredibly grateful that I am now in control of my condition. However, I am one of the lucky ones. That's why as chair of Genomics England I am doing what I can to help end this diagnostic odyssey for others, too.

Luke Pollard
Labour (Co-op) MP for Plymouth, Sutton and Devonport

It is hard not to think the worst when you are told you have cancer. I had been sent to my GP by my other half who was worried about a bump on my arm. My GP told me not to worry about that one but spotted a bump on my face she was concerned about. A biopsy confirmed it was cancer.

I am incredibly indebted to the NHS staff who identified, biopsied and operated on me. I know the pressure on primary care and acute hospitals is immense, but without exception, the care NHS staff gave me was exceptional.

Deep down most of us think we're invulnerable and impervious to harm but the blunt truth is we are not. The cancer was spotted early, and my outcomes look good. I owe that not just to the institution, but to the principles and the people of the NHS. They're worth fighting for.

Lord Markham
House of Lords member and minister for the Lords in the Department of Health and Social Care

My second son Sam was born in 1999 with transposition of the great arteries – in layman's terms his heart was "plumbed up" the wrong way and he needed open heart surgery to survive. We weren't aware of this, but fortunately a persistent midwife, unhappy with his blue skin tone, insisted on testing his blood oxygen levels before we went home. His oxygen levels were at 10 per cent – he would have died shortly without intervention.

The next thing we knew we were following an ambulance to Great Ormond Street Hospital. The next month was a bit of a blur as we struggled to comprehend the situation we found ourselves in. Fortunately, Sam was in excellent hands and is now a fit and healthy 24-year-old who got engaged last week. Without the NHS, it would have been very different.

Baroness Mary Jane Watkins of Tavistock
House of Lords member

I joined the NHS on 7 May 1973 as a student nurse at the Wolfson School of Nursing at Westminster Hospital. This was excellent training. I remember going into a patient's home and learning how to do bed-baths and dressings with no inside bathroom and little hot water. I then undertook mental health training at the Maudsley and Bethlem School of Nursing and held several clinical nursing roles before going into education.

The NHS Plymouth Hospitals Trust saved my daughter when I had an emergency Caesarean following a serious form of pre-eclampsia. She is now a teacher, thanks to that team 30 years ago. More recently during Covid-19, my husband was very ill, warranting hospital admission. I left him at the doors of A&E not knowing if I would see him again. The Plymouth team provided exceptional clinical care. I cannot believe that he is now fit enough to have recently been on holiday in Guyana to visit our son. ●

Tim Orchard
Chief executive, Imperial College Healthcare NHS Trust

"St Mary's crumbling estate is becoming an existential threat"

St Mary's Hospital in Paddington has been a site of globally important healthcare breakthroughs since 1845. But when Alexander Fleming discovered penicillin here in 1928, in the then relatively modern Cambridge wing, he might have struggled to believe the same facilities would still be used to provide some of the world's best healthcare almost a century later.

Yet this is exactly the situation. With our sprawling estate, built piecemeal primarily before the NHS existed, we continue to offer excellent care and innovation. For example during the Covid-19 pandemic, a joint Imperial College London and NHS team at St Mary's led the influential clinical trial that identified new treatments now in widespread use.

Our staff have found ingenious workarounds for the collapsed ceilings, the flooding and sewage leaks, and the lifts well past their planned lifespans. But it comes at a cost. Not only in terms of the £7m we spend annually on repairs at St Mary's just to stay operational. Patients regularly arrive hours early for fear of getting lost in our warren of buildings and missing their appointments, and our staff estimate they waste 10 to 15 per cent of their time due to estates problems. The wider impact on patients and staff of providing care in airless, crumbling facilities is immeasurable.

St Mary's is a particularly grave example of what happens when strategic infrastructure decisions are continually left for another day. I started work at St Mary's as a consultant in 2001, looking forward to the Paddington Health Campus scheme that was set to provide new facilities for St Mary's and the Royal Brompton. The plan was shelved in 2005.

But many hospitals across the NHS are stuck in a similar cycle. We invest the capital we do have as strategically as possible. For example, the expansion of our same-day emergency care unit helps hundreds of people a year avoid a hospital admission. We also implemented an electronic patient record system ten years ago that has removed the need for paper records and allows us to develop digital applications such as our sepsis alert, which draws on routine patient data to automatically prompt clinicians to start early treatment for at-risk patients.

Imagine what we could achieve if our whole infrastructure was upgraded in line with a clear and shared vision of 21st-century healthcare. At St Mary's, not having this investment is now becoming more of an existential threat rather than just a missed opportunity. Expert advice has made it clear that if we don't rebuild within the next seven years or so, it will become impossible to continue to patch up our oldest facilities. But even for the many other hospitals that aren't at such immediate risk of major estates failures – like our Charing Cross and Hammersmith sites – it's still a huge problem. Without modern facilities and a genuinely user-focused digital architecture, we will not be able to deliver the improvements that are vitally needed.

More capital funding would clearly help, but it won't solve the problem. The lack of a strategic investment programme is a long-standing issue. When extra capital is made available, it is often part of a national directive and at short notice. This makes it hard to use as effectively as possible and even harder to explore additional funding sources, as we need to know what we can bring to the table. If we are clear about our goals and what we can contribute, it will help us harness support from the private sector and others while avoiding the mistakes of the, now discredited, private finance initiatives.

Major NHS hospitals are key players in local ecosystems, offering opportunities for beneficial collaboration. We need much longer funding cycles and more freedom so that we can plan and invest for the long term, and be a true partner to our local stakeholders.

MARTA SIGNORI

Advertorial

How to deliver healthier lives for the next 75 years

Innovation has improved longevity, but we must ensure nobody is left behind

By Ben Lucas

In association with

MSD

Throughout the 75-year history of the NHS, one of its most remarkable achievements has been the innovation in healthcare which has helped to tackle major causes of death and disease, contributing towards longer lives. According to data from the Office for National Statistics, people in the UK lived 13 years longer on average in 2016 than in 1948, when the NHS was established. By 2040, one in seven of us will be over 75. This is undoubtedly an incredible collective success.

However, while improvements in life expectancy should be celebrated, there are huge disparities in health and life expectancy across the UK, and these gaps are widening. Furthermore, because healthy life expectancy has not increased as much as life expectancy, too many people are spending the latter part of their lives in poor health. For example, women living in the most deprived areas have a healthy life expectancy at birth that is a full 19.7 years less than women living in the least deprived areas.

To reduce these inequalities, a whole-society approach to healthy ageing is required, promoting health, well-being and disease prevention.

Much is already being done globally and in the UK to tackle ageism and promote healthy ageing. The UN Decade of Healthy Ageing Plan of Action (2021-2030) sets out a blueprint for why and how governments, health systems, academia, the third sector and society can take action to improve the lives of older people, their families and their communities. In the UK, healthy ageing is a fundamental part of the NHS Long Term Plan. Also, in February this year, the Office for Health Improvement and Disparities, together with partner organisations, published a consensus on healthy ageing. The collective focus and the potential of Integrated Care Systems to deliver joined-up sustainable healthcare mean that now is the time to drive progress on the government's ambition for everyone to have five extra years of healthy, independent life by 2035. If we are to achieve this without widening the healthy life expectancy gap, extra attention must be given supporting those with the worst outcomes to address healthcare inequalities.

Improving healthy life expectancy and meeting the needs of an ageing

population will require ideas and action from a range of relevant stakeholders on access to healthcare, high-quality social care, and addressing the wider determinants of health. At MSD, we believe there is a clear and substantial role for the life sciences sector to play in supporting the healthy ageing agenda, and that partnership, meaningful engagement and tangible action are fundamental to bringing about change in health attitudes and outcomes.

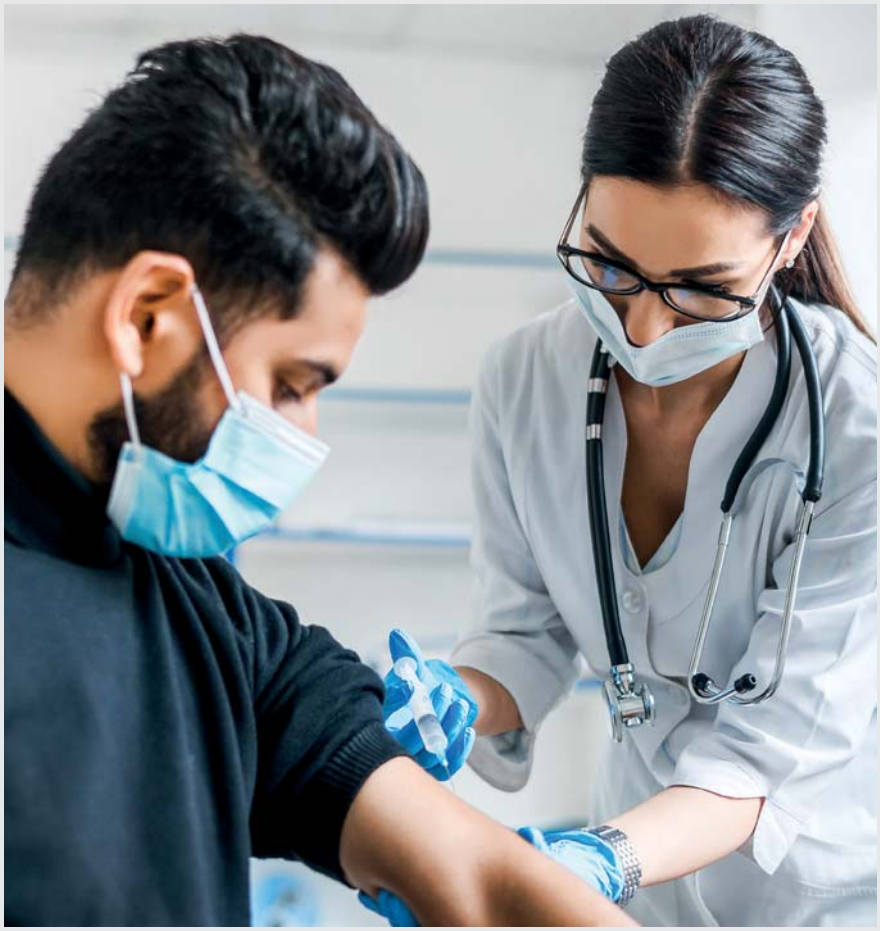
As a company, our mission starts with strides to improve diversity within our clinical trials programmes, so that our research includes and represents the populations that we serve. To give one example, MSD is building upon insights from a UK hackathon, where we invited 30 life sciences students from 20 UK universities to spend two days together in a workshop to learn about diversity and inclusion in clinical trials, and present solutions to the barriers to improving it. Notable suggestions from the students included building relationships with community leaders to raise awareness of clinical trials, and using digital platforms to alert patients of opportunities to participate in research. We have taken the recommendations on-board and are committed to working both with the NHS and with communities on widening participation.

Additionally, we see the need to prioritise the prevention of ill health to reduce the gap in healthy life expectancy and meet the needs of an ageing population. Vaccination is one of the most cost-effective public health interventions. With the exception of safe water, nothing has had a greater effect on mortality reduction and population health than immunisation. MSD is the largest supplier of vaccines to the UK's national programmes and we are committed to partnering with local and national health systems to address inequalities in vaccine coverage and to strengthen the UK's response across vaccine-preventable diseases.

Patients must be supported and empowered across their lifespan. To give a powerful example, there is no blueprint for growing older with HIV. This generation is the first to do so, and so we need to continue to focus on what the quality and delivery of care is going to look like. The Fifty Over 50 project, coordinated by MSD in collaboration with the Whole Person Care group of HIV community and professional organisations, is a unique listening project with a mission to hear from those ageing with HIV about the experiences that have shaped them, and their hopes and fears for the future. Fifty Over 50 brings together first-hand accounts from a diverse range of people aged 50+ living with HIV and highlights how for many in the HIV community being well is about more than just viral suppression, it's also about living well. Empowering individuals to voice their needs and co-create solutions must be at the heart of healthy ageing policy. The life sciences sector, with partner organisations, should help to enable this.

Finally, while innovation and new approaches to managing and treating major conditions have helped to improve health outcomes, there are still areas of unmet need which require research, innovation, and creativity to address diseases of ageing. MSD has made a significant investment of £1bn into a world-leading discovery centre and headquarters in London, which will host talented researchers to drive medical advances against neurological conditions affecting our ageing population. Innovating across the lifespan will be our mission in the years to come.

Innovation has helped to improve longevity, but with progress come new challenges. To improve the lives of older people and reduce the gap in healthy life expectancy, we must listen to individuals, empower them to make informed decisions, prioritise prevention, and continue with the same spirit of innovation that has driven progress to solve new challenges for better, more equitable health.



SHUTTERSTOCK / EZ-STOCK STUDIO

Vaccination is one of the most cost-effective public health interventions

Ben Lucas is Managing Director of MSD in the UK and Ireland

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"This is Tory Britain"

The shadow mental health minister Rosena Allin-Khan on Labour's plans to fix the NHS

By Sarah Dawood

When Sadiq Khan was elected Mayor of London in 2016, Rosena Allin-Khan was flitting between working as an A&E doctor at St George's Hospital in south London, being a Labour councillor nearby in Wandsworth, and pushing two toddlers around in a pram.

Allin-Khan only stood for the council in 2014 because someone else had dropped out and Labour needed a "paper candidate" – otherwise known as a no-hope candidate – to fill the ballots. She won by a handful of votes in a then-solid Conservative ward.

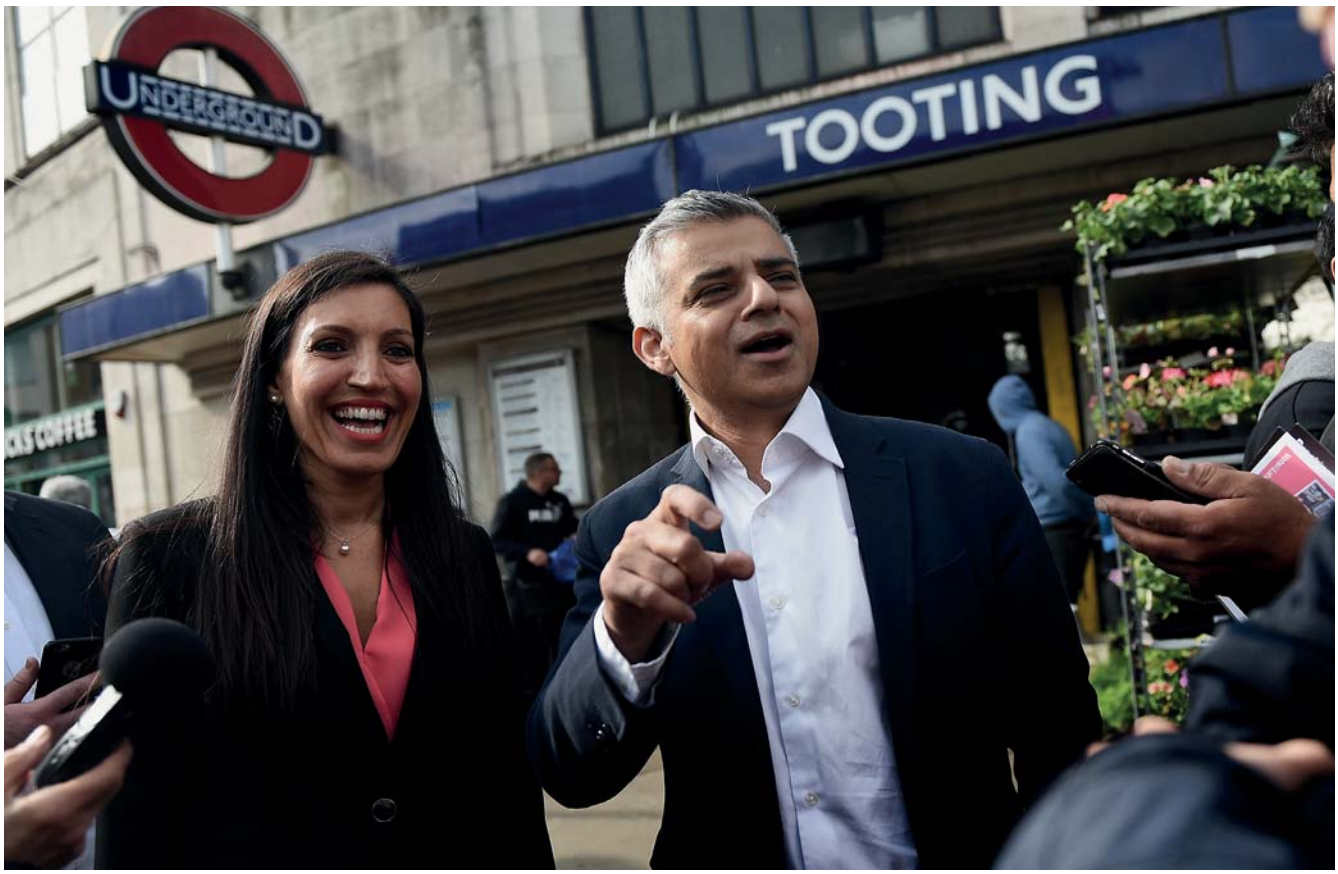
So when Khan vacated his seat as Labour MP for Tooting in south London in 2016, Allin-Khan hadn't even considered that she could take his place.

"Local activists thought I should throw my hat in the ring, and I thought they were, quite frankly, mad," she tells *Spotlight* over a video call. "But I decided to go for it, because it was my area and I wanted to call out some of the injustices and speak for my community where I was born and raised, and where I was now raising my family." She won the seat and has held it ever since. In 2020, she also joined Keir Starmer's shadow cabinet as mental health minister.

Allin-Khan grew up in Tooting, in a working-class household. Her Polish mother and Pakistani father were both musicians. They later separated, and her mother worked three jobs to support Allin-Khan and her brother. After doing poorly in her A-levels, the shadow minister missed out on studying medicine and took medical biochemistry instead. She excelled and went on to study medicine at Cambridge University, funded through scholarships.

"I had no plans to be a politician whatsoever," she says. "My upbringing and the way that I was forced to grow up led me to have very strong Labour values. It was the Labour Party that made it possible for someone from my background to go to medical school."

Alongside her political responsibilities, Allin-Khan still does A&E shifts and worked on the front line during the Covid-19 pandemic. The polymath has inherited her parents' musical streak too. She sings, plays the violin, piano and saxophone. She also trains as an amateur boxer and has worked as a humanitarian doctor across the world, including in Myanmar, Palestine and most recently Ukraine.



Rosena Allin-Khan won Sadiq Khan's Tooting seat in 2016 after he became mayor of London

Working abroad showed her "how unequal life was across the globe", she says, and spurred on her political activism.

Most people would think Allin-Khan was mad to juggle a high-pressure NHS job with parliamentary and ministerial roles, as well as being a parent. She often ends up doing hospital shifts late at night or squeezing multiple shifts into parliamentary recess. While I do wonder when she sleeps, she tells me that her jobs are complementary.

"When I became an MP, it was very important to me that I wouldn't have to give up my clinical practice," she says. "[It] enables me to have a really informed experience – the two jobs have a synergistic effect when it comes to my advocacy in parliament."

Allin-Khan is speaking to me virtually from what looks like her bedroom after a frenzied rearrangement of an in-person interview the day before. She had been delayed in parliament due to an opposition-day debate on the mental health crisis. Casually dressed in a hoodie and Abercrombie & Fitch T-shirt, she has the relaxed and amiable demeanour of someone with far less responsibility, and a much smaller workload.

She is not all approachability and smiles, however. After an accidental mispronunciation of her name, she corrects me – "it's Ro-*zen*-a, not Ro-*zeen*-a" – in a manner that betrays mild irritation (and implies the mistake is a regular occurence). The day before, she directed exasperated comments at the Tory MP Andrew Bridgen in the Commons after he asked her to "apologise" for backing Covid lockdowns. She told him she would take "no lectures" from someone who "proudly sat" in a government that "oversaw hundreds of thousands of unnecessary deaths".

> "We're examining patients in cupboards"

Having worked through the pandemic as a doctor, Allin-Khan was understandably angered. There's no doubt that Covid-19 caused extreme loneliness and isolation, she says, but she believes the greatest impact on people's mental health was the "extreme loss of life and the inability to say goodbye" for patients and their families, as well as the psychological effects on NHS staff.

"Nobody was trained for this," she says. "I've worked in war zones; I've worked in huge natural disasters; I've seen children die; I've worked in genocide areas. I thought I'd seen a lot. But I was so deeply traumatised by it [the pandemic]."

She recounts how she helped a 27-year-old dying woman's three children see her via an iPad, because families couldn't visit hospitals. The woman was pregnant and had suffered complications from Covid-19. Her baby was delivered by emergency caesarean on the intensive care unit. Allin-Khan remembers the children shouting ▸

MARY TURNER / GETTY IMAGES

Allin-Khan, who still does shifts as a doctor in A&E, says working in the NHS is currently "soul-destroying"

◂ "Mummy, wake up, you've been asleep too long."

"That floors you," she says. "It was the anger [I felt] every day, going home from my shift, asking myself the [same] question and knowing the answer – could so many of these deaths have been avoided?"

On its 75th anniversary the NHS is still under enormous pressure. There are huge workforce shortages and backlogs of appointments and elective surgery. The latest NHS England vacancy statistics for March 2023 show a shortage of more than 40,000 nurses and 8,500 doctors, while, according to the British Medical Association (BMA), 7.4 million people are waiting for treatment, up from 4.4 million in March 2020.

What is it like being a doctor right now? Working in A&E is "soul-destroying". Allin-Khan tells bleak stories: suicidal young people who can't access mental health; there's nowhere safe or private to examine someone with bowel cancer symptoms; children are sleeping on waiting room floors.

"This is Tory Britain, where we examine patients in cupboards," she says, flatly. "Whether you're a nurse, doctor or healthcare assistant, you've gone into a profession because you care and want to deliver the best for your patients. It's crippling, and we're losing the workforce."

NHS staff strikes are ongoing, with unions demanding double-digit pay rises and solutions for the severe workforce shortages, which they say are putting patients at risk. The Royal College of Nursing is asking for a 16 per cent pay rise while the BMA, which represents most doctors, is asking for 35 per cent.

While the shadow health secretary Wes Streeting has previously said strikes are "not in the best interests of patients [or] the NHS", Allin-Khan is clear about where her loyalties lie. "If I was a full-time doctor and not an MP, I don't see any reality in which I wouldn't be on strike, shoulder to shoulder with my colleagues," she says. "No nurse or doctor goes on strike willingly. You have to be so worn down." She adds that the biggest impact on patient care is not strikes, but consecutive Conservative governments that have "set out to destroy the NHS through underfunding and under-resourcing".

> "I was so deeply traumatised by the pandemic"

The government published its Covid-19 recovery plan last year, which pledged to spend more than £8bn by 2025 to reduce waiting lists, £5.9bn to invest in new beds, equipment and technology, and £7.5bn to discharge patients from hospitals into social care settings. It also published an emergency care plan this year, which promised to boost capacity in A&E through 800 new ambulances - including 100 specialist mental health vehicles - and 5,000 more hospital beds. At press time, the long-awaited NHS workforce plan, which will lay out plans for staff shortages, was yet to be published.

In May, Labour published its own NHS plan. It includes training 7,500 more doctors by doubling medical school places, 10,000 more midwives and nurses, and 5,000 more health visitors. While Allin-Khan acknowledges the importance of technological advancement, ultimately, she says, "it's not about shiny machines – it's about people. And people in the NHS just want to feel valued."

CHRISTOPHER FURLONG / GETTY IMAGES

One problem with the Labour plan noted by doctors is that increasing medical school places doesn't fix the mass exodus of clinicians from the profession, which has left specialist and experienced roles empty. Allin-Khan says Labour would set out to make now-depleted specialisms such as GP and emergency medicine "attractive again" through better training opportunities, access to suitable jobs, and more support staff and resources.

Both Labour and the Conservatives have mooted the use of private providers to clear the NHS backlog. Streeting has spoken openly about how the private sector could be used in the short-term to help the NHS "reform" and ease the crisis. Critics, such as the BMA, have warned this could create a "two-tier" system in which richer people have better access to healthcare. The union also worries it would ultimately drain NHS resources, as doctors would earn more in the private sector and a profit motive could lead to an excess of unnecessary tests and procedures.

Allin-Khan is quick to clarify Labour's position on privatisation. "Wes couldn't be clearer that 'over his dead body' will the NHS be privatised." While she would not support using private providers to clear the mental health backlog because they "fail patients and generate even worse outcomes", her view on physical health is more nuanced. She offers a real-life example – a grandmother who came to A&E with a cancerous lump too late and whose grandchildren would now need to enter foster care. "People like that are being failed," she says. "If they can get the operations they need, while bringing waiting lists down and having their lives saved? Of course, there is a place for that."

Mental health is one of the most crisis-ridden areas in the NHS, particularly child and adolescent mental health services (CAMHS). There are currently 1.6 million people waiting for treatment, including 400,000 children, and nearly a quarter of patients wait more than 12 weeks to start treatment. Many are pushed to emergency services: mental health patients waited 5.4 million hours in A&E last year.

Emergency departments are poor environments for people experiencing a mental health crisis, says Allin-Khan: "It's cripplingly frightening for somebody having an acute psychotic episode to be in A&E with people throwing chairs, someone having a cardiac arrest, noises going off and bright lights."

An investigation from the *House* magazine recently revealed that CAMHS is a postcode lottery, with average waits for a first appointment varying between ten days and three years. In 2021-22, nearly a third of children's mental health referrals were closed, resulting in no treatment. Allin-Khan says she sees young people attending A&E who are suicidal, with CAMHS doctors rarely available to assess them, and "younger and younger" children come in with eating disorders and self-harm issues.

She thinks the Conservatives have "failed" children through a lack of resources and funding, but also by neglecting to address broader inequalities, such as housing, income, racial disparities and domestic violence, which all impact mental health. For example, black people are almost five times more likely than white people to be detained – made to stay in hospital – under the Mental Health Act 1983. The act is currently undergoing reform, but the government is "dragging [its] feet", Allin-Khan says, following a cross-party committee's recommendations that she was part of.

"Adverse childhood experiences are the single biggest driver of mental ill health," says Allin-Khan. "Mental health shouldn't exist in a silo. It's got to be a cross-government approach. Labour plans to increase the mental health workforce by 8,500 people, and move more care into the community by launching "open access" mental health hubs for young people, and placing specialist staff in schools. This would speed up referrals while lightening the NHS burden, says Allin-Khan, and steer towards "prevention", which she says is at the heart of Labour's NHS strategy.

Government plans for mental health appear to have been sidelined. Last year, the then health secretary Sajid Javid pledged a ten-year plan, but this has since been scrapped and rolled into a "major conditions strategy", which will tackle multiple issues simultaneously.

"This is the problem with mental health," says Allin-Khan. "It always feels like the poor relative to physical health. One of the huge issues that we have is stigma. People are afraid to admit that they're struggling because mental health is never given parity of esteem with physical health. When we scrap things dedicated to it, we're saying it's not important – it's not valuable enough."

Inevitably, psychological well-being has fallen to the bottom of the pile for many patients too. GPs are so stretched they can only offer short appointments that tend to focus on physical problems. Greater investment in the workforce would reduce pressure on GPs and allow them to perform their jobs more holistically as "family doctors" again, with more time to spend with patients.

"It's very difficult to have that relationship now," says Allin-Khan. "The longer you wait for mental health care, the sicker you become and the more it costs the economy to treat you. It's a false economy not to invest in mental health." ●

> "Over Wes's dead body will the NHS be privatised"

48,500
doctors and nurses are needed to fill NHS workforce gaps

7.42 million
people currently on NHS waiting lists

400,000
children are still waiting to receive mental health care from the NHS

23 per cent
of mental health patients have been waiting more than 12 weeks to start their treatment

Collaboration is crucial to innovative cancer treatment

Equitable access to novel therapies relies on industry and the NHS working together

As the NHS faces a growing backlog and workforce shortages, cancer care is suffering. In early June, the Royal College of Radiologists (RCR) published research conducted with all 60 directors of the UK's cancer centres, which found that lack of staff at 97 per cent of centres was leading to longer waiting times and delays in treatment.

Indeed, workforce capacity has been recognised as a major challenge in NHS cancer services. "This has long been a problem across the UK, but the pandemic further shone a light on a severely stretched health system," says Scott Cooke, general manager of UK and Ireland at the biopharmaceutical company Bristol Myers Squibb (BMS). Last year, BMS commissioned analysis from the Office of Health Economics (OHE) which found that, even if activity in cancer services were to increase by 2.5 per cent, clearing the backlog could take almost ten years in some parts of the UK.

However, innovation is advancing at pace. In June, the Galleri blood test – which can detect more than 50 types of cancer at an early stage by looking for abnormal DNA – showed successful results in an NHS trial. It correctly identified two out of every three cancers among 5,000 people who had visited their GP with suspected symptoms in England or Wales.

But the widespread adoption of new diagnostic tests and treatments is being curtailed by an understaffed system. "Given the continued rapid pace of innovation in cancer treatment, it is vital that opportunities for at-scale collaboration with the NHS are generated," says Cooke. "An overstretched cancer workforce needs protected time and support to adopt and embed innovation."

"People in the NHS do not have the headspace for innovation," adds Dr Richard Simcock, a practising oncology clinician and chief medical officer at the cancer charity Macmillan. "People are optimistic that there will continue to be exciting innovations, but they're pessimistic about their ability to deliver those because of workforce pressures."

Collaboration between sectors is crucial in tackling issues like workforce shortages, late diagnosis and inequitable access to new treatments. "We need synergies to improve care," he says.

Therefore, Macmillan has partnered with BMS to create two innovative tools

that aim to improve cancer patients' outcomes, currently being piloted in NHS trusts. The first is a workforce planning tool, which assesses a trust's existing skills mix and the resources it will need to deliver future treatment innovations. It reduces costs by identifying opportunities for retraining, rather than focusing solely on recruiting new staff. The tool will help clinicians plan their time by looking at the "downstream impacts" of new treatments, says Simcock, such as the resource needed for follow-up clinical care and investigations.

The second tool is a "prehabilitation" method, which prepares cancer patients for non-surgical treatments through advice and support on diet, exercise, and psychological well-being. This aims to improve post-treatment outcomes, such as by reducing hospital stays and the risk of emergency care, also saving the NHS money and reducing the backlog.

"The prehab case has been relatively well proven in surgery," says Simcock. "But non-surgical cancer treatments like immunotherapy are also extremely physiologically stressful." Exhaustion is a common side effect, and lifestyle interventions such as exercise can be very successful in remedying this.

"If we can get a person to be healthier before and throughout treatment, we know they're likely to recover faster and better, and get back to living a fuller, more normal life," he adds.

Policy can play a vital role in spreading innovation. Simcock says he is "hugely disappointed" that the ten-year cancer plan, proposed by former health secretary Sajid Javid, has been replaced with a Major Conditions Strategy.

However, there is scope for improvement – the cross-party Health and Social Care Committee recently launched an inquiry into the future of cancer care, which will explore innovation in diagnosis and treatment. Strong recommendations for the government will help to ensure innovation is "spread equitably, at pace and permanently embedded in the health system", says Cooke.

Collaboration with the life sciences industry should be at the heart of these, he says. Measures to tackle inequalities in patient outcomes and treatment access should also be prioritised, to ensure that "existing gaps are not simply exacerbated" as cancer services improve.

The new Department for Science, Innovation and Technology (DSIT) also shows promise in prioritising medical innovation. DSIT recently published the UK Science and Technology Framework, a strategy to make the UK a science and technology "superpower", and the life sciences is a core tenet of this.

To deliver on this ambition, there needs to be cross-departmental working to improve the UK's standing in delivering clinical trials and developing medicines, says Cooke. Between 2018 and 2021, the UK slipped from fourth to tenth place globally as a place to conduct clinical trials, and the time between a medicine receiving marketing authorisation and being available to patients has increased, and is now 329 days in England.

"Clinical trials give patients access to potentially transformative treatments at no extra cost to the NHS," says Cooke. "[In terms of] making licensed products available to patients, we know that outcomes are improved the earlier a person is diagnosed and treated."

From workforce planning tools to multi-cancer blood tests, new methods can help patients while reducing the NHS burden. But their widespread adoption cannot rely solely on clinicians working in an already-stretched system.

"[NHS staff] are exhausted and burnt out," says Macmillan's Simcock. "We need to bring people together and the corporate and third sector have more time, space and capital to do that." ●

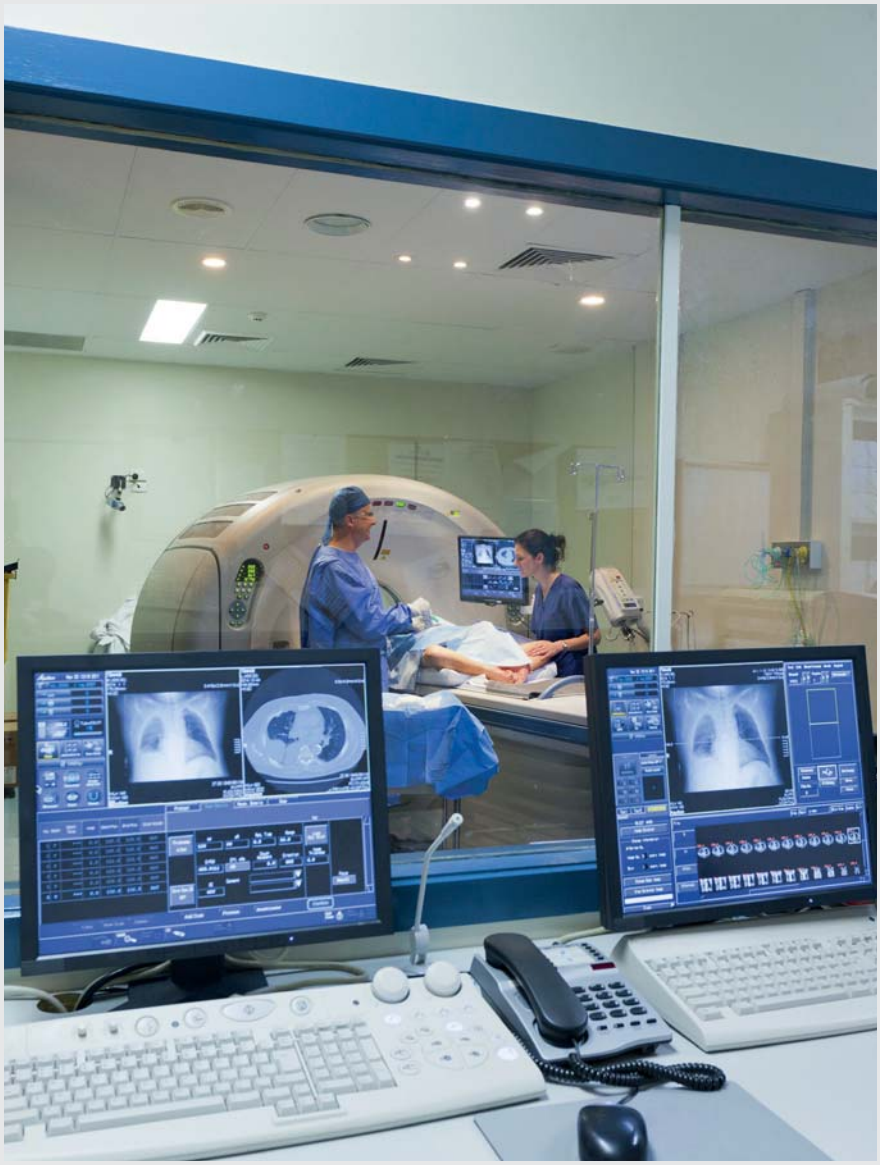


PHOTO SUPPLY / SHUTTERSTOCK

The 62-day wait target for cancer treatment has not been met consistently since 2013

Approval code: June 2023 | ONC-GB-2300314

Charmaine Griffiths: "Governments place too much responsibility on individuals to live healthily"

The chief executive of the British Heart Foundation on reducing obesity and why we need an NHS workforce plan

How do you start your working day?
Usually by 6am with a pot of tea, scanning news and focusing on the day's priorities, followed by a walk or circuits class before the working day begins. No two days are the same, but every single one inspires me as we work to save and improve lives.

What policy is the UK government getting right?
As obesity rates rise, the risk of developing a heart or circulatory condition rises too. The 2018 soft drinks industry levy (SDIL) was a bold move showing that the government was serious about this. The SDIL has already helped to reduce average weekly household consumption of sugar from soft drinks by 10 per cent and we're seeing a positive change to obesity levels in young people.

And what policy should the government scrap?
Not so much a policy, but an approach. Successive governments have put too much responsibility on individuals to live healthily when things are set up to make this difficult for people across the UK. Policies that make healthier choices easier, like restrictions on junk food advertising, can help so many families.

Which political figure inspires you?
As part of the Speakers for Schools initiative, I visited the inspirational students at the Elizabeth Garrett Anderson School in north London, learning more about Anderson's history as a pioneering physician and political campaigner. The first Englishwoman to qualify as a doctor continues to inspire people today through her story.

If you could give your younger self career advice, what would it be?
Just be yourself. I wish I knew earlier that being unapologetically clear about who you are and what you stand for as a leader would be so powerful. And actively seek out feedback. It can be hard to hear, but it's vital for personal growth.

What upcoming UK policy or law are you most looking forward to?
It was a privilege to work with little Dáithí Mac Gabhann and his family on "Dáithí's Law", campaigning for changes to organ donation legislation in Northern Ireland. Dáithí's Law introduces a soft opt-out system, in line with the rest of the UK, which means that everyone is considered a potential donor unless they opt out or are in an exempted group. These changes came into effect on 1 June 2023, and now countless more lives can be saved.

If you could pass one law this year, what would it be?
Currently 390,000 people are waiting for heart care – a rise of 67 per cent since February 2020. Whether a law or not, decisive government action is a must. I've heard from too many families who've been devastated by the avoidable death of a loved one. We need a new NHS workforce plan that addresses cardiac staff shortages, emphasises keeping people well in the first place, and commits more investment into research that will help to prevent, diagnose and cure cardiovascular disease.

What international government policy could the UK learn from?
The British Heart Foundation is the UK's largest independent funder of cardiovascular disease research, and it's critical that our scientists operate within a thriving research and development sector. We need ambitious long-term spending commitments to keep pace with other research-intensive countries such as Germany (3.2 per cent of GDP), and the US (3.1 per cent). Remaining ambitious in this space is a win-win – for economic productivity and for people's access to world-leading healthcare.

Where do you think the NHS will be in 75 years' time?
My hope is that the NHS will have embraced advances in technology to drive hyper-personalisation. We are all complex individuals with different needs, and it would be fantastic to have enhanced care coordination and tailored treatments as "business as usual". This would rely on us sharing our health data and trusting the NHS to use it securely and ethically to drive better patient outcomes. There is so much potential if we can get this right, and I really believe that we will. ●

MARTA SIGNORI

Advertorial

Driving sustainability in the NHS

Towards the world's first net-zero health service

By Tessa Russell

In association with

UNIVERSITY OF SUSSEX

In 2020, the NHS became the first health service in the world to commit to reaching net zero, in response to the profound threat to health posed by climate change.

Helping to make this target a reality, researchers from the Sustainable Healthcare Group at the Brighton and Sussex Medical School (BSMS) are pursuing innovative ways to decarbonise the health service, which is currently responsible for around 5 per cent of carbon emissions in the UK.

The three billion items of personal protective equipment (PPE) used over the first six months of the Covid-19 pandemic generated more than 100,000 tonnes of CO_2. That is the equivalent of flying from London to New York and back 244 times each day.

BSMS researchers found that this figure could be cut by 75 per cent – through reusable items, UK manufacture, recycling, and rationalising glove use – while still keeping staff and patients safe.

The researchers also discovered that around two-thirds of the carbon footprint of common surgical operations relates to single-use products, many of which are plastics.

"If we switch from single-use to reusable items and employ better decontamination, waste segregation and recycling processes, we could reduce these products' carbon footprint by one-third," explains the project's lead researcher, Dr Chantelle Rizan, Clinical Lecturer in Sustainable Healthcare at BSMS. "This figure could be even higher if industry rises to the challenge of sustainable surgical product innovation," says Dr Rizan.

"Our research is building a strong evidence base for improving the sustainability of medical products. We now want to translate this knowledge into policy and practice."

The newly launched open-access HealthcareLCA database, developed by BSMS in partnership with Dalhousie University in Nova Scotia, Canada, and Creating a Sustainable Canadian Health System in a Climate Crisis (Cascades) is a step towards this end. It collates published environmental impact values for 1,400 healthcare products and activities.

Dr Rizan is now working with the Greener NHS programme, the National Institute for Health and Care Excellence (Nice), BSI (the British Standards Institution) and industry stakeholders to embed environmental impact into regulations, commissioning, and procurement.

"We need a robust and consistent approach to evaluating the environmental impact of healthcare products, and to integrate this into end-to-end processes," she says. "Circular economy principles can facilitate safe, cost-effective and sustainable product innovation and selection."

This pioneering research from Sussex is not only supporting the NHS in its transition to net zero, but will also act as a springboard for innovation in other sectors, as well as providing a blueprint for health systems around the world. ●

Brighton and Sussex Medical School is a partnership between the universities of Sussex and Brighton. Dr Rizan's work is supported by Policy@Sussex, which works to connect University of Sussex researchers with policymakers. To find out more, contact policyteam@sussex.ac.uk or follow @Policy_Sussex on Twitter

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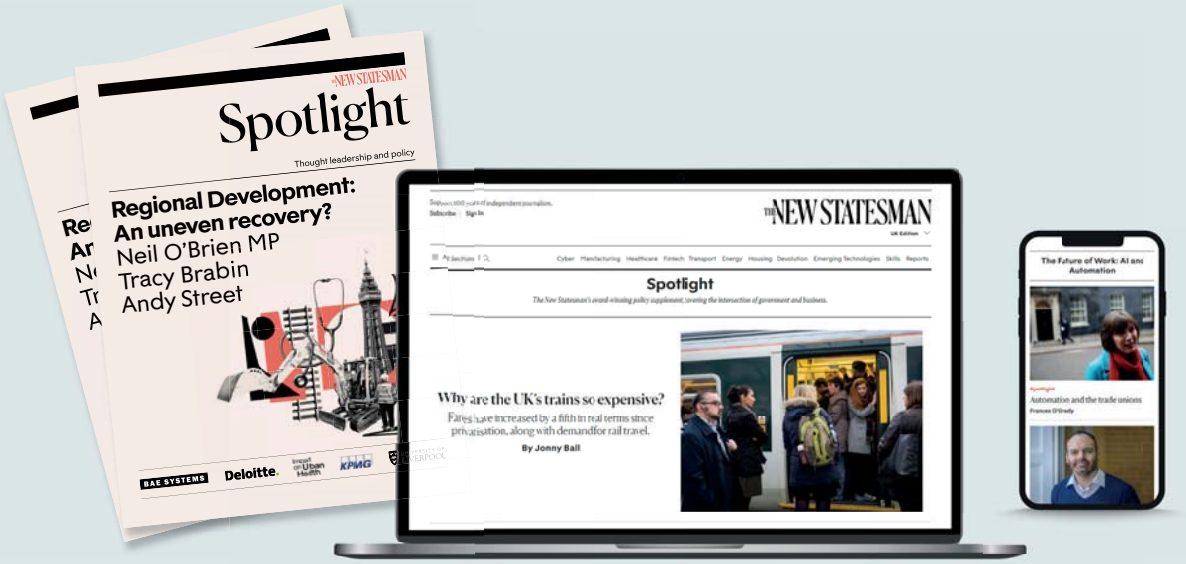

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