ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

**Response to the Lord Darzi Review of Health and Care**

The Royal College of Physicians and Surgeons of Glasgow was founded in 1599 to improve quality and practice of Medicine.

Although based in Glasgow, we have 14,000 Fellows and Members who work as senior clinicians throughout the United Kingdom and across the world. Unlike our sister Royal Colleges, we have a multidisciplinary membership, which we believe gives us a more complete viewpoint of the health environment and the needs of patients and medical professionals.

**1. What should our vision for the health and Care System be in 2030?**

Our vision for health and social care should be to provide integrated and person centred care, responsive to changing needs, of highest quality, accessible to all and to ensure that the most vulnerable in our society have equity. The UK needs an "easy to use" system which moves patients quickly through the system so that they get prompt treatment and care. The present complex system should be simplified for emergency care, scheduled care and management of long term care.

While it is acknowledged that we need to be financially prudent and cost effective, resources should match manpower in all grades, accommodation for services, supply of drugs, procedures and surgery. There will be a need to revise the service with new treatments. Care should be lifelong meeting patients' needs and desires.

The present funding mechanism needs to be reviewed to allow increase in funds (the UK spends one of the lowest amounts compared to GDP in Europe and the Western World). While currently treatment is free at the point of delivery (with which we fully agree), this may need to be reviewed in the future with greater emphasis on confirming eligibility.

We must have a very strong primary healthcare sector to provide as much as possible within the community and social services to support people at home when it is appropriate. We need accurate data on patient populations which is recorded automatically and does not require additional clinician time

Prevention of disease and its complications are important e.g. promoting reduction in obesity and promotion of exercise.

**2. What is the state of Quality in the health and care system today?**

The quality of the NHS is high at present. However there is a fundamental issue of resources such as manpower and service costs not being matched to demand. Bed occupancy has reached unsustainable levels such that the winter crises seen in most hospitals is now year-round. In a continuously ageing population, the bed numbers are too low to meet the needs and expectation of the population. There is a shortfall in manpower at consultant, trainee and nursing level. This has not been helped by the consequences of Brexit (fall in the value of the Pound and reduction in European Doctors, Nurses and care staff). With respect to the Care system, there is currently a block to transfers, related to resources available in Local Authorities, personal funding issues in England and availability of places. The threshold for referral from health to social services needs to be nationally agreed.

While improvements can always be made, and examples of poor quality in health and social care have been evident particularly this winter, we believe the quality of healthcare is good but only as good as workload and capacity will allow. Organisations such as Health Improvement Scotland and its counterparts do act as a driver for quality improvement. Staff are always keen to improve quality of services.

**3. What can we do to drive innovation in the health and care system?**

Real thought needs to be given to the funding of health and social care. Currently Local authorities' budgets for care in England are not ring fenced. Care pathways need to be developed which involve health and social care.

The innovators are often the people on the ground, who understand service delivery and are in a position to see ways of improving services. We need both a bottom up and a top down approach. Innovation and service redesign requires that most precious of resources-TIME.

We should give interested clinicians time within job plan to innovate. We must also become more agile, and develop use of IT. This requires significant investment in IT systems, and also in remuneration of IT staff. Most will leave NHS for better paid posts in business world.

We need to have a programmed plan of research and innovation, funded appropriately, which will focus on common conditions.

**4. What are the current and future funding requirements of the health and care system?**

Undoubtedly this is key. Money needs to be spent wisely and not wasted. Free treatment at the point of delivery has been a feature of the Health service since its inception. This has stood us well but should be reviewed by society. Taxation should be reviewed so that the

cost of Health and Social care is accurately costed. National Insurance, commonly considered by the population to fund the NHS, does not pay for health care. There is a need to fund individuals' health care costs from taxation which is transparent.

Overall more funding is required now and in the future. Both health and social care are significantly underfunded as this winter has shown. The demographics of our population (an ageing population which is living longer) inevitably means that the position will worsen unless there is a substantial injection of funds. A weak social sector will worsen the strain on health care.

**5. What are the future funding options for the health and care system?**

This ranges from personal contribution using an insurance scheme to fully funded systems from taxation. Taxation costs need to be transparent. While Income tax could be raised this would not be transparent. National Insurance could really reflect health and social care costs. Payment for certain services may be appropriate as it may reduce waste (drugs). Australia has a combination of health insurance and some fees at consultation.

We need a major societal debate about what elements health and social care should provide e.g. massively expensive cancer drugs which prolong survival by days, IVF? We must decide as a society what is core business. It is for government to decide how to fund what society agrees.

**6. What changes to care models should be undertaken post Five-year Forward View?**

The current models are complex and involving multiple pathways. Commercial systems have been shown to be expensive and do not necessarily reduce demand. Primary health care is under significant pressure and must be augmented and supported.

Primary care needs to have the resources to provide and urgent and semi urgent service to take the pressure of secondary care. It can take many patients 3 or more weeks to get an appointment. Hospitals need rapid access services which have been shown to reduce bed requirement. However separate systems serve to confuse the public and do not allow free flow through other systems. Integration is required with sharing of data systems.

Care models should include health and care services. Input into care homes by primary healthcare team and specialists such as geriatricians could help to maintain patients there and avoid unnecessary admissions.

**7. What reform to the system is needed to enable these changes to take place?**

Current funding mechanisms need to be reviewed. Joint health and care budgets should be considered with adequate funds. While the Manchester experiment is currently in practice, it has yet to show benefits and it is likely to take years to show any real benefit.

What is clear is that the Health service has had many reviews and reorganisation. This creates change, often without scientific foundation and serves to confuse the public and staff. Too often with these changes, the system cannot move on and really improve care. We should not have change for change sake.

Workforce planning is crucial to recruitment, maintain and adequate workforce with high morale and retain staff

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