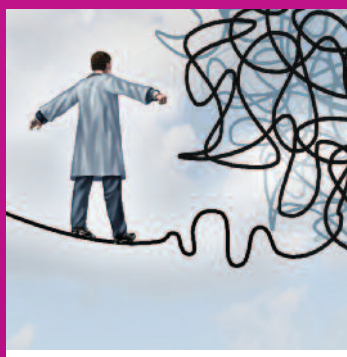
# Healthy outcomes
## are good for the economy

healthcare
RESEARCH

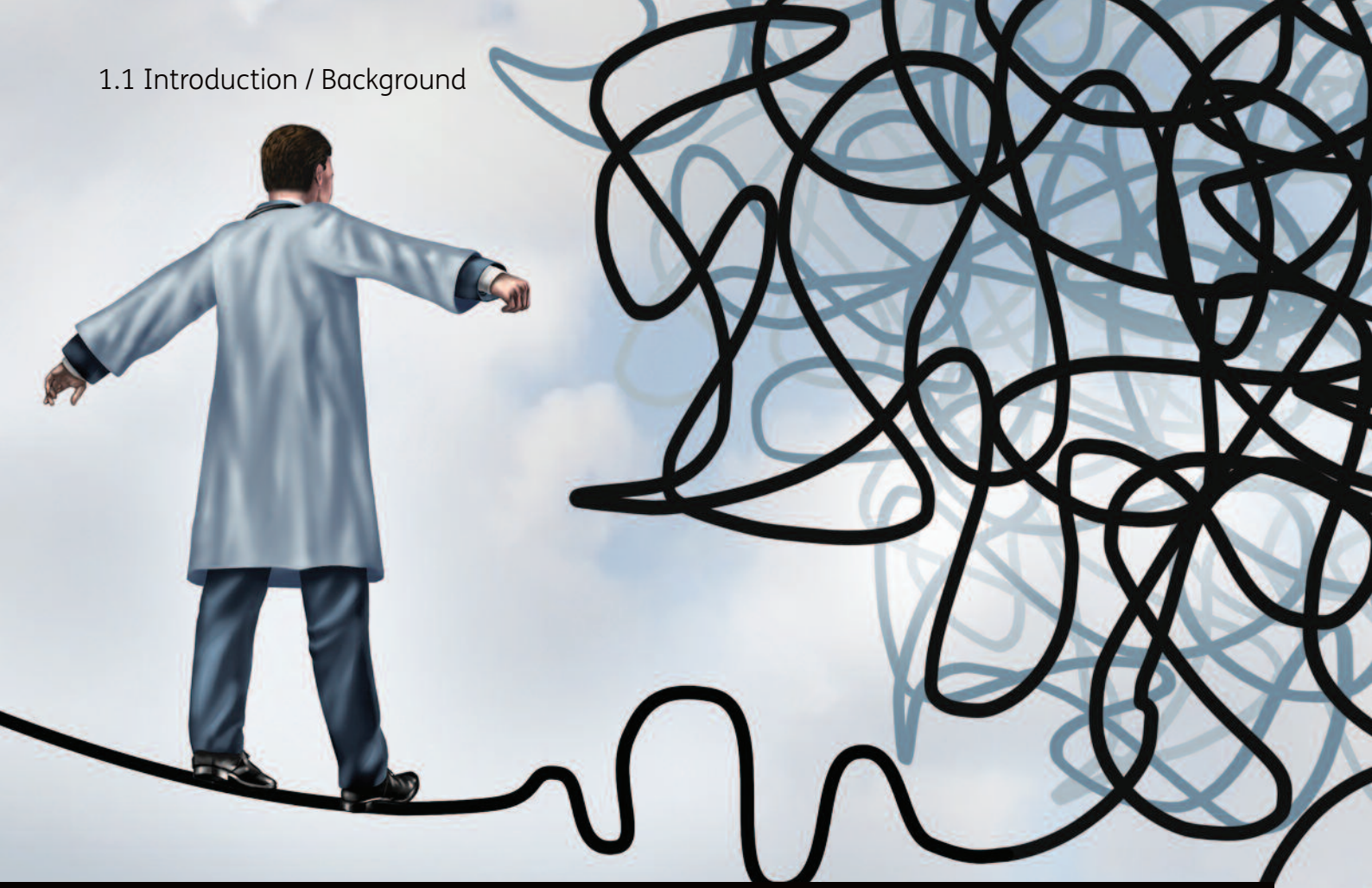
**EDITION 2**
November 2015



# Mission statement

**Healthcare research UK Ltd**
is a study group comprised of interested business persons, whose aim is to influence Government Policy with respect to legislation in the area of Health and Wellbeing.

**Author's Note:**
Recommendations and suggestions made in this publication are directed at the Government and other civil servants engaged in Health and Wellbeing policy in the UK.



# Background

## There is no disputing the fact that the NHS has dramatically improved over the past fifteen years. Cancer and cardiac outcomes are better; waiting times are shorter and patient satisfaction much higher.

However, twelve years ago, Derek Wanless' health review warned that unless the country took prevention seriously, we would be faced with a sharply rising burden of avoidable illness. That warning has not been heeded – almost two thirds of the adults are now overweight or obese and the number of obese children doubles while they are at primary school.

Bluntly speaking, Tam Fry, [1] from the National Obesity Forum, said: "Putting it simply, current figures show that we are killing ourselves. Despite warnings for years that obesity causes a whole host of health problems, including heart disease, stroke and cancer, the public is paying no attention."

From 2010 - 2015, the previous Coalition Government's hand was tied by its overarching responsibility to address the volume of debt accumulated in the fiscal crisis which had unfolded since 2008. However, one area where spending was not to be reduced was the NHS where the budget was described as being "ring-fenced" [2].

Nevertheless, because the NHS had benefitted from unprecedented amounts of additional funding during the previous decade, a much reduced budget increase coupled with the targeted £15 - £20 billion efficiency savings were perceived by the general public as cuts to healthcare and therefore aroused significant opposition.

One of the most significant political events during the previous administration was the introduction of the Health and Social Care bill. This was anticipated by many as the vehicle for much needed NHS reform debated at length prior to the general election in May 2010.

The softly-softly approach to the NHS eventually adopted by the Tories in the run-up to the subsequent election, while politically effective - health hardly featured in the 2010 general election campaign - was undermined by the huge re-organisation that followed. The reforms, despite having considerable intellectual merit, jarred with David Cameron's talk in opposition of no more top-down re-organisation. The problem was compounded by the failure to explain to either patients or NHS staff why the changes were needed, or indeed how they would benefit them.

Gradually the magnitude of the changes and related upheaval necessary to achieve the reforms to the much cherished UK healthcare service began to dawn on the general public. Massive organised opposition commenced, fuelled by both unions and health professionals alike, tending to completely mask the good intentions of the bill designed to reform many parts of the service [3].

So great was the force of opposition to the bill, the Government was abruptly forced to pause in a "listening exercise" and commission the Future Forum to consider modifications to the bill. They promptly issued 16 recommendations in an attempt to appease the objectors [4].

The introduction of "any willing provider" to enhance quality and patient choice by opening up the NHS to competition gave rise to cries that the NHS was being privatised. These were swiftly rebutted by the Health Secretary at the time as "ludicrous scaremongering" [5].

During the latter part of 2011 and continuing into 2012, many demonstrations took place which reflected the high level of public animosity towards the Coalition Government's (by then) infamous NHS Health and Social Care bill.

Another significant event was the unfolding of the terrible failures of care at Mid Staffordshire hospital between 2005 and 2009. The caring image of the NHS was severely jolted by the findings of the Francis Report [6], and galvanised the new Health Secretary into action to introduce a whole series of policies and procedures to ensure patients were protected from these terrible events ever happening in the NHS again.

Consequently, and to his credit, the new Health Secretary, Jeremy Hunt began to focus his attention on preventative patient-friendly policies designed to protect individuals from poor and unsafe treatment whilst undergoing acute hospital care in the NHS. The following policies were rolled out in quick succession, an **NHS Mandate** [7] and a **Compassion in Practice policy** [8], with a **Statutory Duty of Candour** [9] announced a year later.

In a recent report [10] by the Nuffield Trust entitled The Francis Report – one year on, Ruth Thorlby, lead author wrote in the study conclusion: "Many of the themes and lessons from the Francis Report... were recognised by the hospital leaders in this study, who described their efforts to give greater weight to the quality and safety of patient care, and the underlying culture that drives quality."

"Nursing is receiving a significant degree of attention, in particular in staffing levels, the role of ward managers, and ensuring fundamental standards of care. Staff engagement is a higher priority than before, as is a renewed approach to the handling of patient complaints and the reporting of hospital performance."

Robert Francis QC himself, commenting on the Nuffield Trust research, said: "It is reassuring to see that in large part the respondents to this research appear to have embraced the need to learn from the two inquiries into Stafford... there appears to be general acceptance that quality needs to be given a much greater priority."

"It is concerning, however, that some respondents reported that national bodies have persisted in some of the behaviours towards hospitals that evidently contributed to the problems identified by the two inquiries."

"If true, it would suggest that the lack of coordination and elements of the system-based culture so evident in the regulation and oversight of Mid Staffordshire have persisted in spite of the assertions to the contrary by the regulators. It is vital that national bodies exemplify in their own practice the change of cultural values which all seem to agree is needed in the NHS."

# Five year forward view

In October 2014, Simon Stevens, the new head of NHS England [11] published his first paper entitled the "Five Year Forward View".

Apart from being an unprecedented demand for extra funding, the plan was embraced by the main political parties as fitting with their plans for the NHS. One of the refreshing calls was for a "radical upgrade in prevention and public health" with which we wholeheartedly concur.

One of the widening gaps referred to in the document is the Health and Wellbeing gap. It points out that unless the nation gets serious about prevention, then recent progress in healthy life expectancies will stall, resulting in widening health inequalities. Furthermore, our ability to fund beneficial new treatments will be quenched by the need to spend billions of pounds on wholly avoidable illnesses.

*For references (1) to (11) see page 35*

# Potential efficiencies achievable

From: Healthy Outcomes are good for the Economy, Edition 1, July 2011 [12]

| INITIATIVE | RESULTS | | |
|---|---|---|---|
| | For NHS | For UK Health | For Economy |
| A & E Abuse protection | Positive – freed up for genuine emergencies | Positive | Positive |
| Missed appointment policies | Potential £650m saving | Improved access | Potential £650m saving |
| Medicine wastage policies | £2.5m potential saving in an example PCT | Improved availability of drugs | £375m total potential saving |
| Tax incentives for private healthcare policy holders | Waiting times reduced | Positive | Positive for business<br>Net win for treasury<br>Potential £30m gain |
| Healthy workforce incentives | Keeping persons fitter and out of hospital | Positive | Employment growth stimulated |
| More involvement of private sector | Waiting times reduced | Positive | Private sector growth stimulated |
| Achieving cultural shift | Keeping persons fitter and out of hospital | Positive<br>Health inequalities reduced | Positive<br>Raises profile in areas of high deprivation |
| Encouraging self care | Keeping persons out of hospital<br>Potential saving £2bn | Positive | NHS efficiency increased<br>Potential saving £2bn |
| Improving GP practices | Keeping persons out of A & E | Positive<br>Public health benefit | Positive for business<br>Less sick leave |
| Health education | Keeping persons fitter | Positive<br>Public health benefit | Positive |
| Redefining NHS as "Prevention Service" | Reduces NHS workload in Acute sector | Positive | Long term savings & Employment growth |

## In the current paper, which is Edition 2, we have recorded a timeline of events since 2010. Interventions, announcements or outcomes have been classified as either Negative or Positive.

We suggest how the positive outcomes can assist in providing a sustainable future for the NHS as a Prevention Service with its main objective of keeping people out of hospital. These are enumerated on page 8 to demonstrate that:

**“Healthy Outcomes are good for the Economy”**

*For reference (12) see page 35*

# Performance of the NHS since 2010

## Timeline of negative events

| MONTH | EVENT |
|---|---|
| Jan 2011 | Health and Social Care Bill published under Andrew Lansley, appearing as if whole system was to be torn down. |
| Apr 2011 | Massive opposition to the bill from the BMA, Royal College of Nursing, various unions, pressure groups amass petition with 250,000 signatures. |
| | RCN moves motion of no confidence in Andrew Lansley by 96%. |
| Jun 2011 | Government conducts "listening exercise" into the bill. Future Forum publishes 16 recommendations to "water down" the bill. |
| Aug 2011 | 10 year NHS IT programme to be scrapped, £ billions wasted. Denounced by Public Accounts Committee as huge waste of taxpayers money. |
| Oct 2011 | Protest organised by UK Uncut against now deeply unpopular bill takes place on Westminster Bridge, 2000 health workers participate. |
| Nov 2011 | New NHS 111 emergency number runs into trouble. Over 12% calls in a pilot scheme go unanswered. |
| Mar 2012 | Campaign group 38 degrees erects 130 billboards in centre of London with aim of persuading David Cameron to abandon the H & S C bill. |
| Apr 2012 | "Any Qualified Provider" launched to expand patient choice but perversely interpreted by opposers of the bill as NHS "privatisation". |
| Jun 2012 | Much amended H & S C bill finally published, although embodying much NHS reform has unacceptably high cost (£3bn) and much negative publicity. |
| Sep 2012 | Andrew Lansley sacked as Health Secretary and replaced by Jeremy Hunt. |
| Jan 2013 | A Social Enterprise worker observes an enormous need for preventative interventions. Focus in schools should shift from academic performance to health and well-being, especially primary schools. |
| Feb 2013 | Final Mid Staffs report published with 290 recommendations having major implications across every level of the NHS. |
| | David Cameron forced to make a public apology statement in the House of Commons. |
| | Media reports state "Culture of Secrecy" is killing the NHS. |
| | Sir Bruce Keogh conducts mortality review, 14 hospitals under investigation. |
| | Many Tory MPs and individuals demand resignation of Sir David Nicholson as CEO of NHS England. |
| Apr 2013 | Criminal investigation into death of diabetic patient, aged 66, at Stafford hospital in 2007. |
| | Mid-Staffordshire NHS Trust declared bankrupt and becomes first NHS foundation Trust to go into administration. |
| May 2013 | NHS 111 has a very disappointing start. |
| | Over 1 million more patients admitted to A & E since previous year. |
| | Head of NHS, Sir David Nicholson announces he is to step down in March 2014 with £1.9m pension pot, dubbed "Man with no shame". |
| Jul 2013 | Head of Care Quality Commission admits scandal-mired regulator "got it wrong" when it refused to divulge names involved in a cover-up. |
| | David Cameron's minimum alcohol price strategy plan is scrapped. |
| | NHS Direct announces plan to pull out of its NHS 111 contract due to severe problems. |
| Sep 2013 | Prof John Appleby of Kings Fund announces NHS will struggle to meet its £20bn productivity target. |
| Nov 2013 | Reform raises prospect of raising charges in the NHS as a sustainable way forward. |
| Dec 2013 | Nick Bosanquet observes no mention of NHS in Autumn Statement. Health – positive economic role. |
| | Employee Wellbeing is "all talk and no action" say workers. Survey – more than two thirds workers say employers do not invest in wellbeing initiatives. |
| | One third of GP practices inspected are failing to meet basic standards say CQC. |
| Jan 2014 | Huge increase in heart attack and strokes predicted as obesity rises faster than expected. |

# Progress

## Timeline of positive events

| MONTH | EVENT |
|---|---|
| May 2010 | Stroke act F.A.S.T. campaign wins award |
| Jun 2010 | Andrew Lansley, Health Secretary, announces public enquiry for Mid Staffs scandal to be set up in response to victims' relatives. |
| Jul 2010 | "Equity and Excellence liberating NHS" White Paper launched. |
| Aug 2010 | NHS 111 launched to replace NHS direct and act as easily memorable number to run alongside 999. |
| Nov 2010 | Antibiotics awareness campaign re-launched. |
| May 2011 | Reform seminar on "Food can be the best Medicine". |
| Oct 2011 | "Living well with Dementia" launched. |
| Mar 2012 | Government announces its minimum unit pricing for alcohol and other policies for managing alcohol. |
| Apr 2012 | Extra 1.12 million people access NHS Dentistry since May 2010. |
| Jul 2012 | Patient Choice scheme announced and introduction of outer practice boundaries. |
| Nov 2012 | NHS Mandate launched. |
| | National rollout of personal budgets. |
| Dec 2012 | "Compassion in Practice" launched. |
| | Statutory Duty of Candour incorporated into NHS contract. |
| Feb 2013 | Review of training and recruitment of all Healthcare Assistants. |
| Mar 2013 | Prof Don Berwick, previous health adviser to President Obama, appointed to create a "zero-tolerance" culture in the NHS. |
| | Jeremy Hunt recommends NHS overhaul and return to old fashioned care. |
| Apr 2013 | The New NHS commences operation. |
| | NHS Business Plan, 2013/2014 "Putting Patients First". |
| | Updated version of NHS Constitution launched. |
| | NHS Family and Friends test launched. |
| Aug 2013 | New Health Secretary throws lifeline to A & E of additional £500 million. |
| Oct 2013 | Announcement that Simon Stevens, ex aide to Tony Blair, will take over as CEO of NHS England. |
| Nov 2013 | Sir Bruce Keogh, NHS England Medical Director, introduces his blueprint for emergency care. A & E units to be split into Major Emergency and Emergency Centres. |
| | Elderly patients are to be assigned a GP personally responsible for their care. |

| MONTH | EVENT |
|---|---|
| Dec 2013 | Every patient to have an allocated nurse and doctor named on beds. |
| | Hospitals to publish the number of nurses on each ward. |
| | Doctors and nurses to be suspended or struck off for not owning up to mistakes. |
| | Doctors and nurses to face up to five years in jail if they wilfully neglect patients. |
| | Failed managers to be blacklisted and barred from getting other jobs in the NHS. |
| | Hospitals to put up "how to complain" guides in wards. |
| | Government pledge to double funding for Dementia Research by 2020. |
| | Fraser Nelson, in The Telegraph, observes that the Health Secretary has begun a hard but vital journey to transfer power to patients. |
| Jan 2014 | Plans to improve care for patients in hospitals in England at weekends are commended by the Health Secretary in preparation for 24/7 healthcare. |
| | He has called for health professionals to be more "open and honest" when things go wrong in a bid to win back patient trust in the NHS. |
| | NHS patients should be treated as people rather than a collection of body parts. |
| | Health Secretary announces plans for single doctor to take charge of each patient from the minute they are admitted to the second they are discharged. |
| Feb 2014 | Health Secretary announces Britain's elderly will witness a revolution in dementia care, with those suspected of suffering from the condition given a diagnosis within six weeks rather than six months. |
| Mar 2014 | Much debated winter A & E crisis fails to materialise. |
| Apr 2014 | David Cameron announces that new opening hours for some GP surgeries in England will benefit more than seven million patients, far more than originally planned. The prime minister announced the £50m GP Access Fund in October - and he now says a "great response" from surgeries means 1,147 will take part. He says "surgeries will offer access to GPs outside normal hours and by methods including phone, email and Skype." |
| Jun 2014 | Health Secretary announces several new initiatives to strengthen patient safety in the NHS and becomes known as the "Patient's Champion". |
| Oct 2014 | Simon Stevens, new CEO of NHS England, publishes "Five Year Forward View". |

# Patient friendly policies

## The introduction of several specific patient friendly policies is to be applauded.

We suggest the previous Government's bold actions should be viewed as positive levers in order to restore a sense of stability and confidence into the NHS. The distance covered since 2010 in putting the patient firmly back in the driving seat [13], can be seen in the positive outcomes, interventions and announcements over the following pages:

**Re-launch of antibiotics awareness campaign in November 2010 to combat antibiotic resistance.**

We have to better promote appropriate use of antibiotics to preserve these life-saving tools.

**Access to NHS Dentistry increased.**

Extra 1.12 million people at April 2012 seeing NHS Dentist.


**Increasing patient choice in July 2012 through:**

a) Patient Choice Scheme and
b) Introduction of outer practice boundaries.

*(continued over)*

*For reference (13) see page 35*


**NHS Mandate published in November 2012.**

a) Preventing people from dying prematurely
b) Enhancing quality of life for people with long-term conditions.
c) Helping people to recover from episodes of ill health or following injury.
d) Ensuring that people have a positive experience of care.
e) Treating and caring for people in a safe environment and protecting from avoidable harm.

**National rollout of Personal Budgets** also introduced in November 2012.

**Compassion in Practice launched,** and a new 3-year vision and strategy for nursing, midwifery and care staff introduced in December 2012.

**Statutory Duty of Candour incorporated** into new NHS contract as from April 1st 2013, which also applies to all NHS providers – announced in December 2012.

**Training and recruitment of healthcare assistants in practices to be reviewed.**

The Government announced in February 2013 that it is to conduct an independent review into the recruitment and training of healthcare assistants, including those employed in GP practices.

**On April 1st 2013, The New NHS commences operation based on the new NHS Business Plan 2013/2014 – Putting Patients First.**

- Updated version of NHS Constitution launched.
- NHS Family and Friends test launched.

THE NHS CONSTITUTION


**Health Secretary throws a lifeline to the A & E service in August 2013.**

Struggling A&E departments in England are to be given a £500m Government bailout to help relieve pressure over the winter months.

**Elderly patients are to be assigned a GP personally responsible for their care, Health Secretary announced in November 2013.**

In a radical shake-up of care for the nation's four million over-75s, he also promised telephone consultations day and night.

**In December 2013, Health Secretary announces sweeping additional NHS reforms as a robust response to the Francis report on the Mid Staffordshire hospital crisis.**

a) Fines for hospitals if they try to cover up mistakes.

b) Every patient to have an allocated nurse and doctor, with the names posted above their beds.

c) Re-establishment of the "Doctor-Patient" relationship while in Acute Care.

**Hospitals in England will have to ensure senior doctors and key diagnostic tests are available seven days a week under new plans announced in November 2013.**

The measures form part of a vision unveiled by NHS England to tackle higher death rates at weekends and are supported in principle by the BMA. The changes, proposed by medical director Prof Sir Bruce Keogh, will be applied to urgent and emergency services over the next three years.

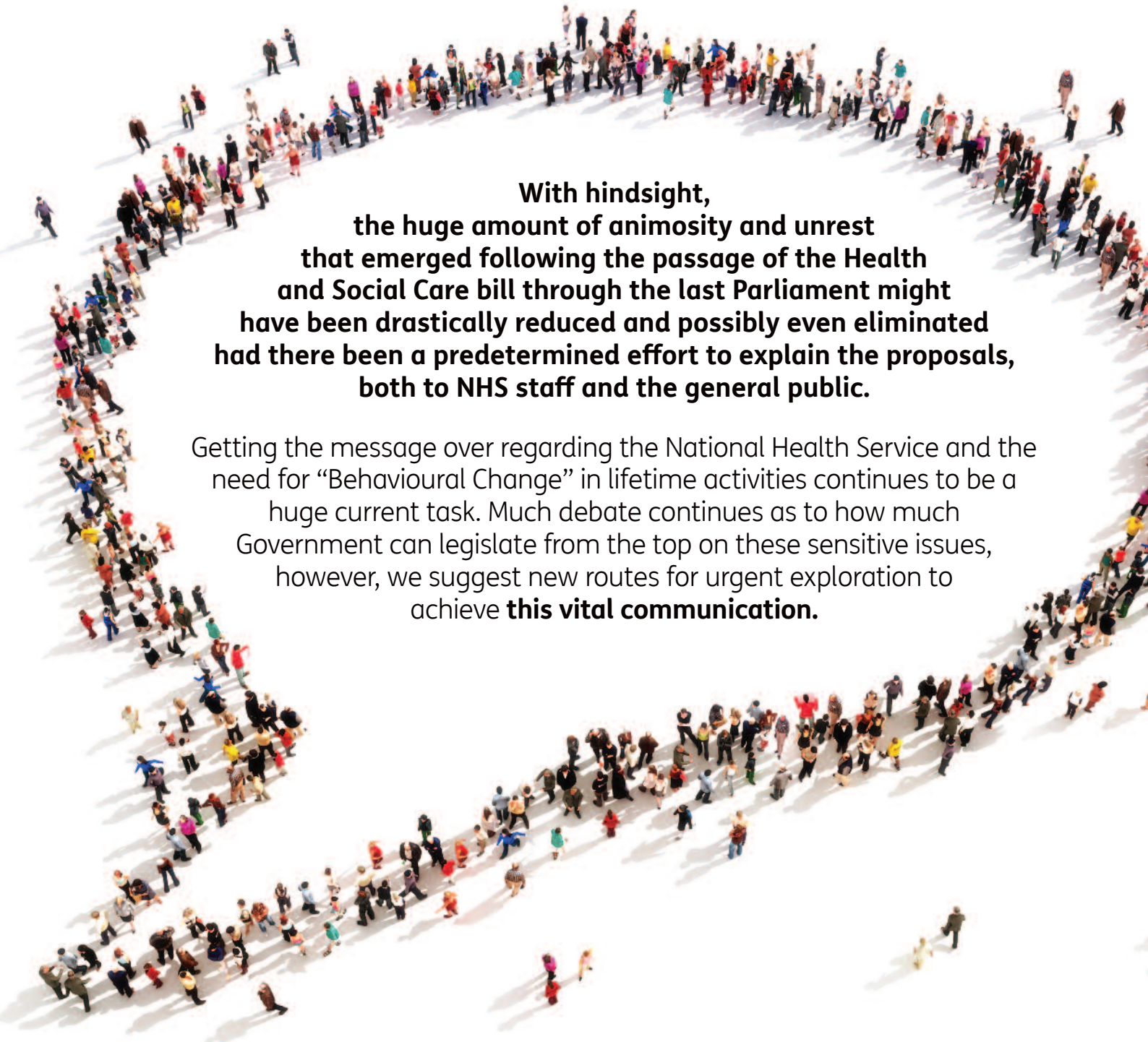
**Doctors and nurses will be required to apologise for any care failings to end a "culture of defensiveness", the Health Secretary has claimed.**

In January 2014 he called for health professionals to be more "open and honest" when things go wrong in a bid to win back patient trust in the NHS.

**The Health Secretary warns that hospital care has become a series of "brief encounters" with staff and calls for the end of "ping-pong" referrals that leave patients feeling "like parcels".**

He announces plans for a single doctor to take charge of each patient from the minute they are admitted to the second they are discharged.

# Communication with the public

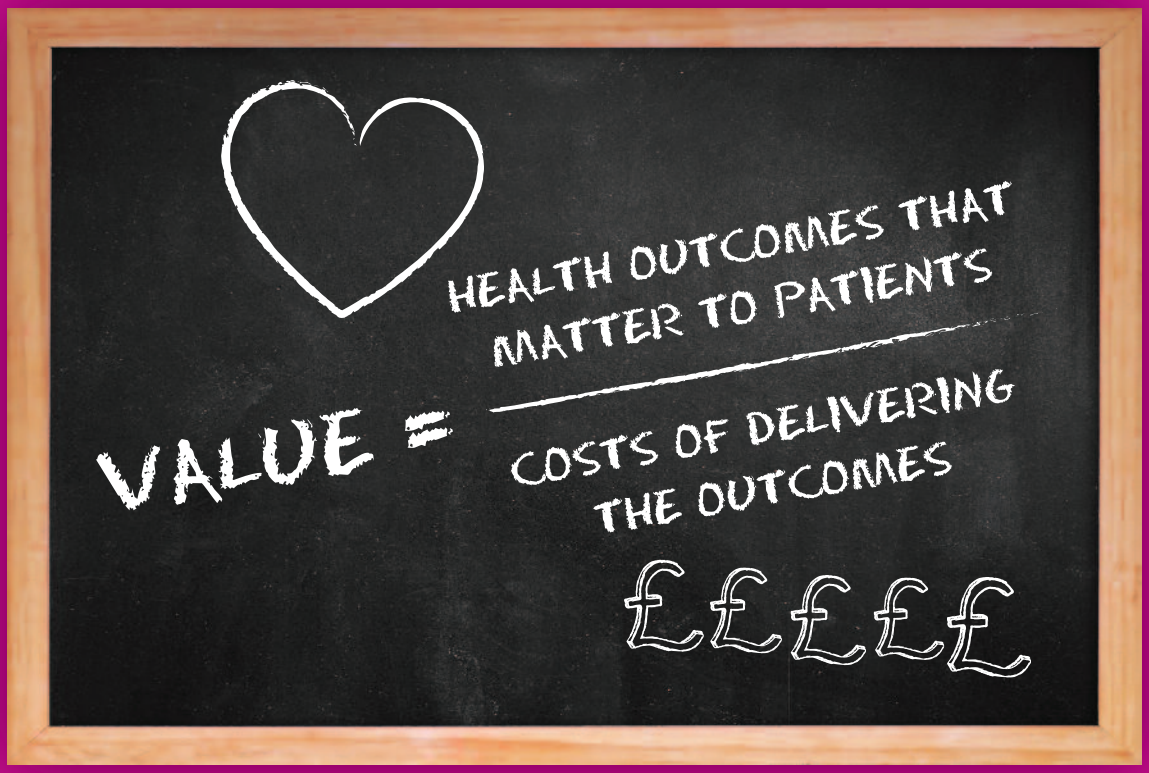


**With hindsight, the huge amount of animosity and unrest that emerged following the passage of the Health and Social Care bill through the last Parliament might have been drastically reduced and possibly even eliminated had there been a predetermined effort to explain the proposals, both to NHS staff and the general public.**

Getting the message over regarding the National Health Service and the need for "Behavioural Change" in lifetime activities continues to be a huge current task. Much debate continues as to how much Government can legislate from the top on these sensitive issues, however, we suggest new routes for urgent exploration to achieve **this vital communication.**

# Value based healthcare

**According to Professor Michael Porter [14], of Harvard Business School USA, the main theme for a strategy to fix healthcare in the UK, is for all parts of the system to support the single aim of increasing value; where value is defined as improvement in outcomes relative to cost. If value is relentlessly pursued, a sustainable, high quality system will result.**




According to Porter, an outcome is different from patient experience, and relates to how the patient is functionally, quality of life, complications, recurrence of disease; in other words – the actual results. We would contest, along with others [15], however, that the result or outcome is very much enhanced by a positive patient experience which would contribute to the value as defined above.

Consequently, we would argue that in each and every one of the patient friendly policy announcements enumerated in the previous section on pages 9-12 of this publication, the value of healthcare administered to the patient is significantly increased.

*For references (14) to (15) see page 35*

# NHS and the 2015 Election

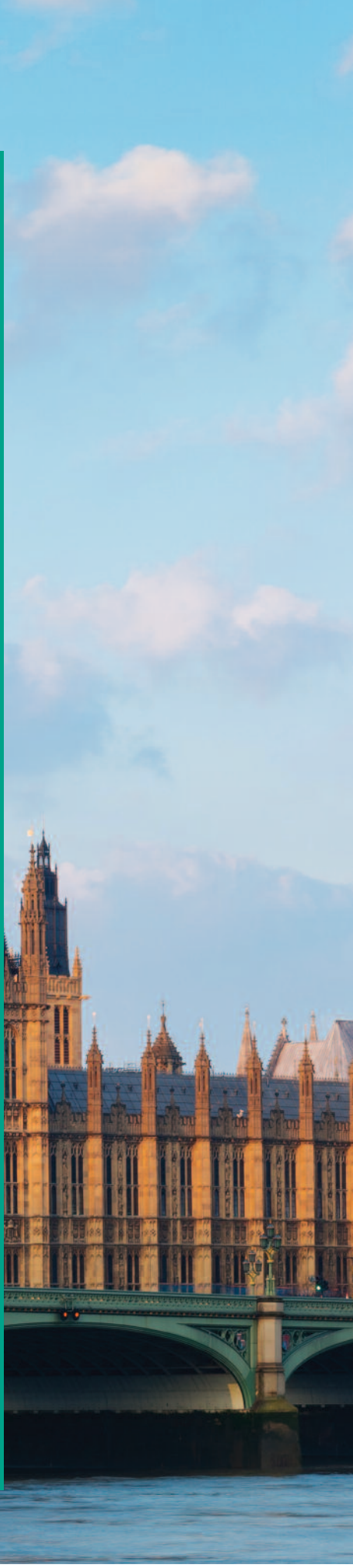
**In sharp contrast to 2010, the NHS was one of the most important issues to voters in the most recent General Election.**

**A BBC/Populus poll suggested that people thought the National Health Service was the most important issue to be covered by the news. The NHS came ahead of the economy, immigration, welfare and jobs [16]. Of 4,209 adults asked, 74% ranked it "very important" while 93% found it either "very" or "fairly important".**

In the penultimate PMQs exchange of 2014, Labour were determined (again!) to paint the Conservatives as hell-bent on mass "privatisation" of the NHS. It may be recalled that Labour had complained that permitting third sector and private companies into the health service supply chain was "back door privatisation". Perhaps they had forgotten that increases in outsourcing to the private sector between 2006 – 2010, significantly exceeded that between 2010 – 2015!

By contrast, the Conservatives simply stated that nobody is either privatising or wanting to privatise the NHS. It will remain free at the point of delivery, funded by general taxation. The Health Secretary, Jeremy Hunt's priorities were thus to avoid a "winter crisis", close down weaknesses and press on with change and the message was clear: the Government's changes are about making the service better for patients.

As the election approached, satisfaction ratings with the NHS were found to be at their second highest on record. This was an unfavourable background for Labour's campaign. But the Health Secretary couldn't simply rely on the Coalition's record; nor could he stop Labour making the "privatisation" charge, he just proceeded to blunt it.



# Post Election state of the NHS

**A recent remark by David Prior [17], the ex-Conservative MP and hospital trust chairman who is now a new health minister in the Lords, warned that the premise of a tax-funded model would have to be questioned if patient demand for care outstripped economic growth, and neatly summarises the present crisis in the NHS.**

His idea is similar to that put forward during the election campaign by the then coalition Liberal Democrat health minister, Norman Lamb. "The pressures on the NHS's current and future funding were so great that politicians needed to set aside their differences and convene a non-partisan commission to see how the service's needs could be best met", he urged.

The only way the insatiably increasing demand for healthcare in the UK is to be stemmed is by awakening a national interest in a "Wellness Culture" at home, school and the workplace to prevent 'people' becoming 'patients'.

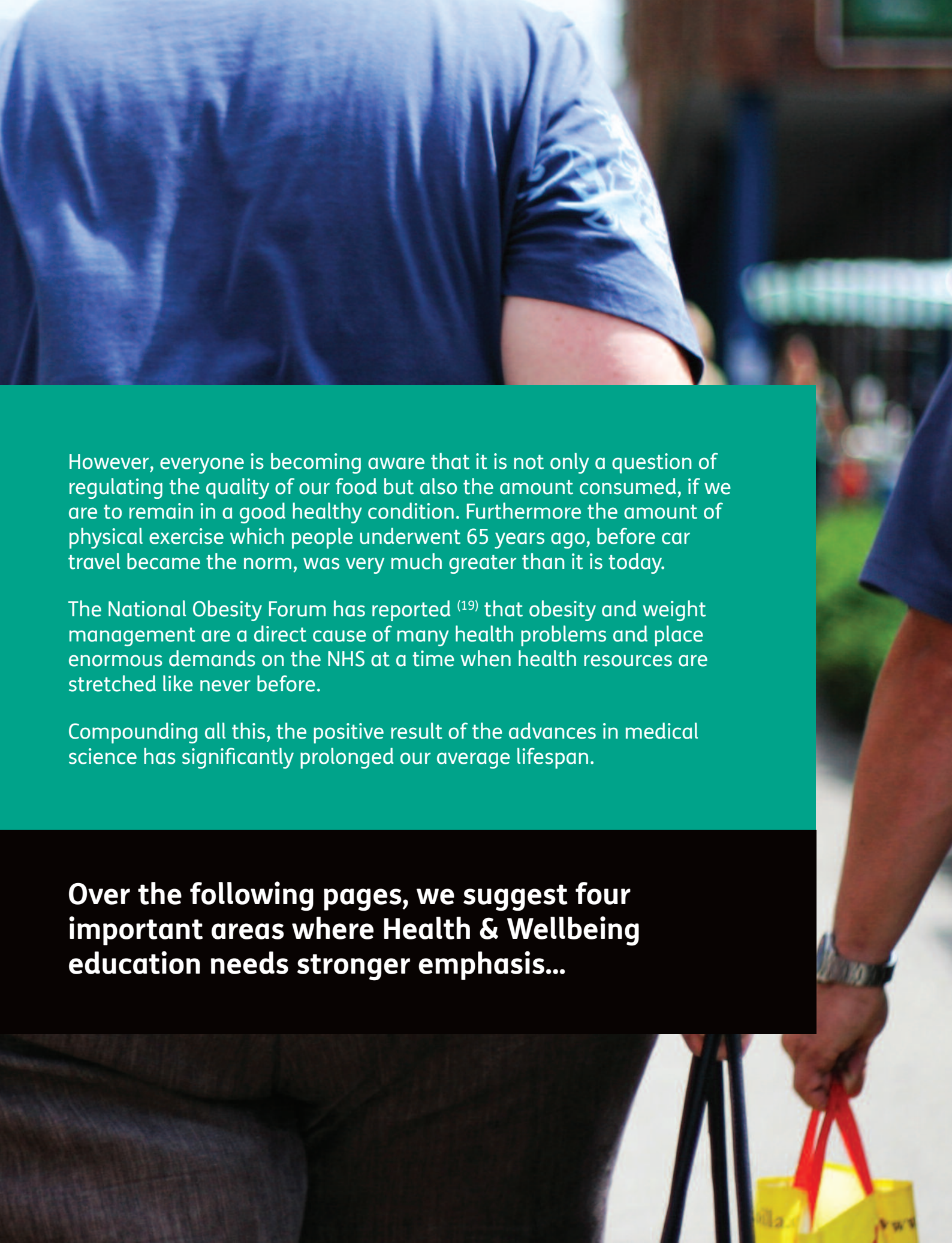
So as the prime minister stated in his first speech [18] since being re-elected.... "We know we need a completely new approach to public health and preventable diseases. A real focus on healthy living. That's why it's at the heart of the plan".

## This plan must succeed if the NHS is to survive.

*For references (16) to (18) see page 35*

# The need for behavioural change

**No one would dispute the very significant difference between today's economic environment and that which existed in 1948, the year the NHS was formed. Let us remind ourselves that the general health of the nation has undergone a seismic shift for the better.**



However, everyone is becoming aware that it is not only a question of regulating the quality of our food but also the amount consumed, if we are to remain in a good healthy condition. Furthermore the amount of physical exercise which people underwent 65 years ago, before car travel became the norm, was very much greater than it is today.

The National Obesity Forum has reported [19] that obesity and weight management are a direct cause of many health problems and place enormous demands on the NHS at a time when health resources are stretched like never before.

Compounding all this, the positive result of the advances in medical science has significantly prolonged our average lifespan.

**Over the following pages, we suggest four important areas where Health & Wellbeing education needs stronger emphasis...**

*For reference (19) see page 35*

# Promote self care

The previous head of NHS England, Sir David Nicholson, in delivering a parting shot [20] has declared that:

***"NHS has to adapt to survive, front-line NHS care must be rebuilt from the bottom up". He sees a £30bn black hole in health funding ahead and hence the urgent need to act to prevent patients needing hospital services.***

The Department of Health has described self care as:

***"The actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital".***

We suggest there is an urgent need for the Government to promote such a strategy since it is becoming all too clear there will not be extra money on this scale to maintain sustainability in the NHS.

Interestingly – the Labour Party recently argued for NHS patients to be able to treat themselves. Patients should be helped to treat their own conditions as part of a shake-up of health and social care, Ed Miliband revealed [21].


## THE SELF CARE FORUM'S SIX-POINT CALL TO ACTION TO SAVE THE NHS [22]:

1. Recognition that supporting self care can create capacity in general practice for longer consultations, enabling better management of patients with co-morbidities, referrals and quality of care.

2. Implementation of the ability for all healthcare professionals to support self care behaviour at every contact, to build people's confidence in caring for themselves and their families at home, acting as an effective strategy for demand management.

3. Adoption of a self care aware conversation in all consultations, whether on the phone or face-to-face, that encourages and supports patients and the public to consider what they can do to help themselves.

4. Implementation of the NHS Constitution at practice level to underpin support for self care so people can take greater responsibility for their own and their families' health and wellbeing. Self care is mentioned in the Constitution, and commissioners must take action.

5. Support for Patient Participation Groups to implement the National Association of Patient Participation programmes supporting self care for the practice population.

6. Encouraging healthcare professionals to enable patients to self care by developing national and local incentive schemes.

# Promote the pharmacy

Complementary to persons taking responsibility for their own health and wellbeing is the pharmacy network. We suspect this to be an underused valuable resource to alleviate pressure on both primary care and A & E services.

The local pharmacy can provide for many minor illnesses and injuries. Pharmacists give expert, confidential advice and treatment. There may be a very small wait but there is no need for an appointment.

Advice can be obtained about health issues and the best medicine.

Last year 8% of A&E visits could have been dealt with by a pharmacist. That means hundreds of thousands of people sat in A&E for hours when a nearby pharmacist could have seen them within minutes.

Furthermore they are also qualified to give advice on staying healthy, including eating healthily, stopping smoking and getting enough exercise.

**We suggest the extension of their activities to include the first stage of obesity screening would be both sensible and timely.**

*For references (20) to (22) see page 35*

# Education
## in the classroom

According to the British Nutrition Foundation [23], development of taste preferences begins very early in life during breast feeding and weaning into early childhood. Children who have not developed "taste bridges" from our innate preferences for sweet, energy dense foods to non-sweet nutrient-rich foods with a lower energy density (e.g. vegetables) can struggle to develop healthy eating patterns. However, although it is ideal to establish healthy eating patterns during early life, all of childhood can be a window for change.

Since dietary habits and common misconceptions are frequently passed down successive generations, we suggest a much greater emphasis be placed on Health and Wellbeing at primary school level.

Whereas it is to be applauded that Health and Wellbeing is included in the curriculum under the heading of PHSE for key stages 3 and 4, we are disappointed that it remains an non-statutory subject [24]. We do note, however, that the previous Government has made cooking and food education compulsory for pupils aged five to 14 in a new national curriculum implemented in September 2014.

## Challenges for Health & Wellbeing boards [25]:

- **Have they an agreed method of engaging with schools?**
- **Have Health and Wellbeing boards a clear plan to maximise the use of public assets (children's centres, schools, youth services, health centres, etc.) to improve health outcomes for children?**

## We would also like to see the following introduced into schools for pupils in earlier years.

- Brief History of the National Health Service since inception in 1948.
- What is the purpose of the NHS, and how does it function.
- How to access the various services – GP, Accident & Emergency, NHS 111.
- Influence of politics on the NHS and the Health Budget.
- Simple principles of Nutrition.
- Importance of "Self Care" and a healthy diet plan.
- Dangers of Alcohol and Drugs
- Why Physical Education is important.

**It is also clear that for progress to be made it is imperative to ensure a "wellness" culture is embedded in every school.**

*For references (23) to (25) see page 35*

# Incentivise employers

Obesity is set to cripple the working age population. Obesity rates are increasing exponentially so that the following are developing at ever increasing rates: diabetes, heart disease, stroke, peripheral vascular disease, musculoskeletal disease, chronic leg venous, and skin disease.

Other conditions on the increase are depression, obstetric complications, benign intracranial hypertension and eye diseases [26].

On March 20th 2013, the Chancellor of the Exchequer announced that employers who help their employees to return to work after periods of sickness will get new support through the tax system [27]. This followed the DWP and BIS commissioned report "Health at Work – an independent review of sickness absence" by Dame Carol Black and David Frost.

Where an employer funds such health-related interventions, the expenditure, up to a cap of £500 per employee, will be exempt from income tax and National Insurance contributions. This measure was later confirmed in the Budget to commence from October 2014.

Although this announcement was most welcome, we feel the previous Government missed an opportunity to extend the exemption to cover all interventions provided by employers to maintain the health and wellbeing of their healthy employees, in order to prevent them becoming absent through sickness in the first place. For example, counselling for mental health problems caused by stress, and physical exercise where the job involves a high percentage of desk work.

According to research by the British Heart Foundation (BHF), more than two-thirds (68%) of respondents believe their employer should take more responsibility for general health at work.

**The research, published to coincide with the run-up to National Heart Month from 1st February 2013, surveyed more than 1,200 working adults about their views on workplace health [28].**

## The research also found:

- 32% of respondents think their bosses do not care about their health.
- 26% of respondents said they believe that being healthy at work is important, but the current economic climate means health is not a priority for their employer.
- 18% of respondents do absolutely no physical activity during working hours and 27% only manage up to 20 minutes or less over the entire working day.
- 49% of respondents said they feel stressed at work on a daily basis.
- 55% of decision makers with HR responsibilities agree that all companies should be given tax breaks in order to provide their entire staff with medical insurance and lessen the burden on the NHS, according to research by healthcare provider Simplyhealth.

  *"Our findings confirm that there is appetite for a new approach to employee health and wellbeing. 52% of respondents whose businesses only offer private medical insurance to some employees stated that they would be more likely to provide a private medical insurance benefit to all employees if organisations received a tax break for those employees who are standard rate tax payers [29]."*

Therefore we would advocate that all employers who provide any of the following should be included in those who qualify for this tax break for costing these interventions.

This is discussed further later in this paper under the heading “A New Funding Stream”.

- **Private Healthcare subscriptions.**
- **In house health aids.**
- **Healthy Eating seminars.**
- **Physical exercise regimes.**
- **Mental health counselling for stress.**

It is also evident that employers could take more responsibility for their employees’ bad eating habits [30]. A recent survey suggests too many employees are failing to eat healthily and take exercise, leading to poor productivity and potential increases in absence.

Research suggests almost a third of workers find they do not have time for a proper lunch break and instead eat lunch at their desks, while working.

The research, carried out on behalf of Canada Life, shows that over a quarter (27%) of employees find they tend to eat at “odd times” due to the stresses of work and, additionally, one in five (21%) say they plan to eat a healthy lunch but end up skipping it, turning to sugary snacks when they are bored or feel under pressure.

Eight per cent of over 900 people surveyed for Canada Life say they tend to eat more junk food at work than at home and 13% blame their weight gain on the food culture and stresses at work.

**Employers thus need incentivising to present a Healthy Eating culture and provide proper facilities to alleviate these conditions.**

***(continued over)***

*For references (26) to (30) see page 35*

# We suggest employers should be able to claim tax relief or government grants when promoting engagement of employees in the following regimes [31].

## Physical activity

1. Encourage employees to walk or cycle to work. Provision of cycle racks and shower rooms.
2. Involve employees in organising a workplace activity programme to encourage employees to be more active both in and outside working hours. Provision of exercise equipment.
3. Make the stairwells more attractive and use signage to encourage use of stairs rather than lifts. Provision of signs and artwork.
4. Provide information on the benefits of physical activity.
5. Consider negotiating discounted membership of a local gym for employees, and supporting activity or sports programmes in and outside the workplace.

## Healthy eating

6. Ensure that eating facilities are clean and attractive, to encourage employees to take a break away from their workstation and to eat in a hygienic area. Provision of catering for Healthy Eating.
7. Make sure that vending machines contain low-sugar drinks, water and fruit, rather than just high-sugar soft drinks, chocolate and crisps. Experiment with pricing of vending items – for example, subsidising the healthier ones and increasing the price of less healthy ones.

*If you have in-house catering facilities:*

8. Make sure that a range of healthy foods and drinks is provided, and that portions are not too large. Remove salt from tables; provide it on demand instead.
9. Identify the healthier options on menus – for example with simple labels, or with a traffic lights or logo system. Provide information on food content.
10. Provide information on healthy eating and support 'healthy eating weeks'.

*For reference (31) see page 35*

# The food & drinks industry

**A national agreement between the UK government and the food and drinks industry launched on 14th March 2011 met with a sceptical reaction from health professionals and charities.**

The "Responsibility Deal", an agreement between the government, the industry, and health organisations, contained a series of voluntary pledges aimed at improving public health in England, but several health bodies and charities refused to sign up to it.

In addition to the likes of the BMA and Alcohol Concern, which pulled out of the deal at an early stage, Diabetes UK and the British Heart Foundation later also withdrew their support.

The government's controversial and voluntary public health deal also came under attack from the consumer group Which? for failing to make food and drink firms and supermarkets do more to encourage Britons to eat healthily.

In the report [32], Which? said many initiatives such as cutting salt and removing harmful trans fats were already under way before the scheme was launched, while newer ones such as the drive to increase vegetable and fruit consumption were too "vague" to be meaningful.

A final nail in the coffin came in July 2013, when the Government scrapped its minimum alcohol price strategy [33]. We believe that this needs revisiting as soon as possible to arrest the increasing burden of alcohol-related incidents on the A & E service.

Recently, a GP and obesity researcher, Dr Ian Lake, has suggested [34] that tax incentives are likely to be more successful than punitive taxes in changing behaviour.

Three-quarters of produce sold in UK is through just five supermarkets who also use loyalty cards which could track purchases, so that changes in buying behaviour could easily be followed. Government could compile a list of healthy foods, the sales of which could be rewarded if certain levels are exceeded. This is discussed further on pages 29-30 of this publication.

We also feel the need for more rigour to be applied in forcing food manufacturers to employ correct food labels which facilitate and distinguish better quality foods which enhance health.

# Food & nutrition

## Over recent years, government has stated that primary care is an ideal setting to provide nutrition education to the public.

However, there currently is a mismatch between the attitude of the public, who appear willing to accept dietary advice from primary care professionals, and the reluctance on behalf of these professionals to fulfil this role [35].

Hippocrates' (460 BC – 370 BC) famous quotation: "Let food be thy medicine and medicine be thy food" if followed could transform both the nation's healthcare and the NHS.

At a Reform seminar on the subject "Food can be the best Medicine" [36], it was revealed that a GP in the UK receives a grand total of one hour on nutritional education during medical training. They very clearly disclose that this is not an area where they feel comfortable... they're not educated... they haven't got the knowledge... that's out of our depth... they say.

Consequently, there is much greater need for medical professionals to be actually trained in even the very basics of nutrition.

Another observation about the NHS at that event, was the completely unhealthy food that is still being delivered to patients in hospitals. Even in staff canteens, meals in general remain unhealthy. Whilst a healthy diet is advised, healthy options couldn't always be found. Although the situation is beginning to receive more attention thanks to celebrity chefs like James Martin – it is clearly an area where the message needs strengthening.

*For references (32) to (36) see page 35*


# Sustainability of the NHS

**Evidence of the current anxiety for the sustainability of the NHS comes from Lord Warner [37], a former Labour health minister. In his recent book [38] he confirms the view that many commentators are taking that for the NHS to continue, there will have to be a major change in the funding stream.**

The combined cost of Health and Social care is costing the state a cool £130 billion a year. Yet services often fail to meet the needs of the frail elderly and those with chronic conditions, and also fail to make a convincing case for preventative healthcare.

Lord Warner and his co-author Jack O'Sullivan proposed:

**That everyone should pay £10 per week "membership fee" collected in a similar way to council tax.**

**Inflation-proofed hypothecated taxes on alcohol and tobacco plus similar taxes on other products deleterious to health such as those with excessive amounts of sugar.**

**More widespread payment of inheritance tax.**

**Social care tax introduced in middle age.**

**Various co-payments.**

However, with his opening remarks stating that the NHS ... "has become a national icon...." and the description an erstwhile Conservative Chancellor gave as "the nearest thing this country has to a religion", we envisage the British public being simply adamant to such changes.

# How much income tax does the NHS absorb?

In 2012, there was significant support for an annual tax-spend statement [39]. Ben Gummer, Conservative MP for Ipswich, (now a Health Minister) who proposed a Ten Minute Bill, stated that:

**"Every month we are made to surrender a load of our hard-earned cash to the government – and yet we are not told where it all goes. We would never hand so much money over to anyone else without knowing what for. When we spend money in the supermarket, on gas or on a phone bill, we get a receipt. Why should the government be different? For too long the public has been the victim of a collective fraud by politicians. Instead of being open with people, governments have taken people's money and obscured what they spent it on. This must change".**

For a person earning a gross income of £25,500, the amount paid on the NHS was a massive £1,094 (2011/2012). The breakdown revealed the following:

### *Tax breakdown for £25,500 salary*

**£2,080 Pensions and Benefits**
(including £212 on Housing Benefit and £296 on Incapacity Benefits)

**£1,094 on the NHS**

**£824 on Education**

**£339 on Defence**

**£160 on the Police**

**£44 on Prisons**

**£92 on Roads**

**£71 on Railways**

Daniel Finkelstein's (the Times) solution to the Government's NHS problems: Keep the ring-fencing – but fund the service from a new health tax [40].

"So here's what I think [the Government] should do. They should renew their offer to ring-fence NHS spending in the next Parliament, but they should announce that it will be financed by a separate NHS tax. And they should pledge to keep that tax constant throughout the Parliament."

"A separate tax would make the costs of the NHS immediately obvious. It wouldn't be possible for the proportion of national income devoted to healthcare simply to drift upwards, without anyone realising. As the proportion rose, it would require a tax rise directly caused by it, which would force a debate about whether the increase was something we really wanted to pay for."

**We support this idea and suggest a cross-party appeal to voters that NHS survival demands such a radical change.**

**The more people understand the cost of their healthcare, the more responsibility they'll take.**

*For references (37) to (40) see page 33*

# "The National Health Contribution"

**The Kings Fund has recommended [41] the Government start charging up to £25 for a GP appointment. Their chief economist, Professor John Appleby, recently declared that... "it is now a question of when not if the NHS runs out of money. Without significant additional funding, this will lead to rising waiting times, cuts in staff and a deteriorating quality of care."**

In a recent survey of 1000 UK patients [42] conducted by KPMG, 87% said that people's long-term healthcare should be paid for by the Government, and 82% said that social care should also be paid from the public purse. Furthermore some 54% said that they would be willing to pay more in tax to meet the cost of the population's long-term health needs and a similar number said they would be happy for spending on other public services – such as defence and education – to be cut so that the health service could meet demand in the future.

**Consequently, we suggest the funding of the nation's healthcare be covered by a new, entirely separate tax which replaces the existing proportion of income tax - "The National Health Contribution".**

**It would operate as an income tax in order to prevent the burden of the new tax falling only on people of working age.**

**People of all ages would pay more according to their income, but those earning less than the new £11,000 tax threshold would be protected. Everybody would be able to see how much they are contributing to the NHS.**

**The new tax would also resonate well with the proposals to merge income tax and national insurance [43], and health and social care [44].**

**Since it has been recently shown [45] that the public does not support the idea of any additional tax for the NHS – the new funding stream will need strategic marketing to reflect every taxpayer's identifiable healthcare contribution.**

Alongside, we would like to see tax breaks introduced to incentivise individuals whether employees or employers who are taking responsible action to lessen the burden on the national system. We see this as an incentive for everyone to start assuming more responsibility for their own health.

Additionally, we see an opportunity to incentivise healthy food options by subsidising food manufacturers so that a whole range of healthy lifestyle options become affordable by the less well off. Instead of penalising the non-healthy options we consider this positive approach to be a win-win situation for all ages and socio-economic backgrounds. These food subsidies could be financed from the new tax.

Similarly, health interventions such as self funded private schemes would be eligible for tax breaks since the burden on the state system is being reduced.

**We suggest the following interventions for employers be considered:**

**Exercise promotion at the workplace**

**Private healthcare subscriptions for employees**

**In-house health aids**

**Healthy eating seminars**

**Physical exercise regimes**

**Mental health counselling for stress**

Anyone accepting responsibility for a healthy lifestyle and therefore keeping themselves fit and well is in effect assisting in prevention from hospital care.

We suggest the following should be considered for Government subsidies.

**Fresh fruit and vegetables**

**Specific food products where deleterious ingredients have been excluded**

**Gluten free produce**

**Approved vitamin supplements**

Interestingly, Simon Stevens, the new of NHS England, last year advocated [46] employers could receive tax breaks for setting up slimming clubs, team weigh-ins, and jogging groups under NHS plans to combat obesity.

*For references (41) to (46) see page 35*

# Conclusions

The Government should build on the Patient Friendly Policies introduced into the NHS since 2010. They mark a significant milestone in the history of the NHS going forward in the 21st century.

The Government has a moral responsibility to introduce policies to counteract the alarming levels of rising obesity among all age groups as outlined in the Five Year Forward View.

The urgent need for behavioural change in the nation's lifestyle habits needs more rigorous implementation by Health & Wellbeing boards.

The National Health Service and in particular Primary Care has a duty of care to prevent people falling into poor health and hence being referred for acute hospital care.

There should be a shift of focus on Health and Wellbeing in schools to address eating preferences by young children. The subject should be compulsory rather than voluntary in the curriculum beginning at primary level.

The school curriculum should embrace the National Health Service – the founding principles, the NHS constitution, and how and when to access it at various levels.

Calling 999, the Accident and Emergency service and the NHS 111 number should be included in early-years education.

GPs training must include a greater element on Food and Nutrition to assist in the drive to prevention and wellbeing.

The need for Government to promote self care; how to embrace healthy eating, learning how to cook would also be expected to be compulsory school curriculum subjects.

We propose a new funding stream for the NHS in the form of a "National Health Contribution" to be operated as an income tax.

This is not an additional tax - it is a replacement - an identifiable contribution towards an individual's health and social care provision.

Tax break for health interventions by employers to assist sick employees' return to work should be extended to cover preventative interventions for all.

This should embrace Health Insurance cover, in-house health aids, healthy eating interventions and seminars, physical exercise regimes and mental health counselling for stress.

We urge Government to assist in making healthy foods more accessible by rewarding retailers to lower prices so that poor families in deprived areas are incentivised to adopt a healthy eating culture.

This could be funded from the new tax mentioned previously.

# Healthy outcomes are good for the economy

# References


| | | |
|---|---|---|
| 1. | The Telegraph. Laura Donnelly, Health Editor. | 26/11/14 |
| 2. | Pharmacy Business. David J Hunter, Health Policy Management. | 18/08/10 |
| 3. | Royal College Of Nursing. RCN Briefing. | 01/01/12 |
| 4. | BBC News. Nick Triggle, Health Reporter. | 06/04/11 |
| 5. | BBC News. Nick Triggle, Health Reporter. | 06/09/11 |
| 6. | www.midstaffspublicenquiry.com. | 06/02/13 |
| 7. | NHS England. www.england.nhs.uk. | 13/11/13 |
| 8. | Department of Health, NHS Commissioning Board. | 04/12/12 |
| 9. | Department of Health. www.gov.uk. | 26/03/14 |
| 10. | The Nuffield Trust. Francis Report, one year on. | 06/02/14 |
| 11. | Five Year Forward View. Simon Stevens, NHS England. | 23/10/14 |
| 12. | Healthcare Research UK Ltd. “Healthy Outcomes Edition 1”. www.healthcareresearchuk.com | 01/07/11 |
| 13. | The Telegraph. Fraser Nelson. | 12/12/13 |
| 14. | Reform conference. Prof Michael Porter. “A strategy to fix healthcare”. | 22/01/14 |
| 15. | Reform conference. Jeremy Taylor. “A strategy to fix healthcare” . | 22/01/14 |
| 16. | BBC News. UK Politics. | 26/01/15 |
| 17. | The Guardian. Denis Campbell. | 16/07/15 |
| 18. | David Cameron 10, Downing Street. www.gov.uk. | 18/05/15 |
| 19. | National Obesity Forum. “State of the nation’s waistline”. | 12/12/13 |
| 20. | The Telegraph. Sir David Nicholson. | 11/02/14 |
| 21. | The Telegraph. James Kirkup, Political Editor. | 04/03/14 |
| 22. | Self Care Forum 15th conference. “Six point call to action” | 09/10/13 |
| 23. | British Nutrition Foundation. 45th Annual Conference. | 26/06/12 |

| | | |
|---|---|---|
| 24. | www.pshe-association.org.uk. | March 2013 |
| 25. | Children & Young People's Health Outcomes Forum. Department of Health. | October 2013 |
| 26. | Private communication. Dr John Smith. | 01/12/14 |
| 27. | H M Treasury. www.gov.uk. | 27/03/13 |
| 28. | Employee Benefits. Jennifer Paterson. | 29/01/13 |
| 29. | Simply Health News. | 21/12/11 |
| 30. | British Medical Journal. | 01/03/12 |
| 31. | A Guide on Occupational Safety for Health Professionals and Employers. www.facoccmed.ac.uk. | 2006 |
| 32. | Which? Reports. | 10/12/12 |
| 33. | BBC News. UK Politics. | 17/07/13 |
| 34. | Foodnavigator.com. Caroline Scott-Thomas. | 20/05/13 |
| 35. | Oxford Journals, Medicine & Health, Family Practice. V17 issue 2 pp 197-202. | 26/10/99 |
| 36. | Reform Seminar. "Food can be the best Medicine". | 19/05/11 |
| 37. | The Guardian. Lord Warner. | 31/03/14 |
| 38. | "Solving The NHS Care & Cash Crisis". N Warner & J O'Sullivan. | March 2014 |
| 39. | BBC News. Ben Gummer, MP. "Where does all out tax go?" | 27/01/12 |
| 40. | The Times. "A separate NHS tax would rein in spending". Daniel Finkelstein. | 08/01/14 |
| 41. | Pulse Today. Caroline Price. | 03/04/14 |
| 42. | KPMG website. Research by Andrew Hine. | 13/08/13 |
| 43. | Conservative Home. "Merge National Insurance & Income Tax". Jonathan Isaby. | 15/11/11 |
| 44. | The Barker Report. Chris Ham, The Kings Fund. | 04/09/14 |
| 45. | Reform. "Two thirds of voters oppose additional tax for NHS". Andrew Haldenby. | 03/09/14 |
| 46. | The Telegraph. Laura Donnelly, Health editor. | 17/09/14 |

# Acknowledgements

The editor wishes to thank Dr Jeffrey Fine and Professor Karol Sikora for reviewing the draft document and Dr John Smith for his extensive and helpful comments in his review.

Editor:
Deryck South

t: 01332 851 430
m: 07824 435 796
e: deryck@healthcareresearchuk.com

www.healthcareresearchuk.com

healthcare RESEARCH

Healthcare Research UK Limited

t: 01332 851 430
m: 07824 435 796
e: deryck@healthcareresearchuk.com

www.healthcareresearchuk.com

# healthcare RESEARCH

Healthcare Research UK Limited