



Leadership and Management course
August 19-23, 2024
Canterbury Christ Church University



The NHS – Historical perspective Day 1 Monday
19th August 2024
Kath Hayden President

What is the National Health Service (NHS)? healthcare for all based on need

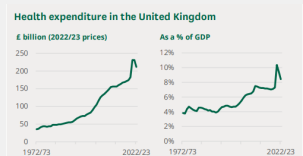
- established in 1948
- based on need and not the ability to pay
- funded by the taxpayer mostly through National Insurance contributions
- accountable to Parliament
 - Secretary of State for Health and Social Care Wes Streeting MP
- the Department of Health provides strategic leadership and has overall responsibility for healthcare services and spending

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Figures

Nationwide the NHS employs 1.5 million staff
(just under half are clinically qualified)
(74% are female)

Cost £181.7 billion to run in 2022/23
(£437 million in 1948)



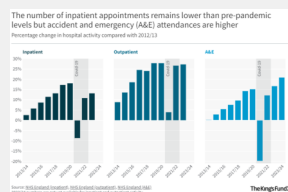
Responsibility for health services is devolved to the Scottish, Welsh and NI administrations alongside England (since 1999).

In 2022/23 health expenditure per head was highest in Wales £3,337 and lowest in England £3,064 (includes every man, woman and child in the UK).

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NHS Activity

- The NHS deals with 1.7 million interactions with patients every day including hospital, GP, community, NHS 111 and ambulance services, and sees 1.3 million people every day (2023/24)
- In May 2024 an average of 13,555 people were admitted to hospital via their Emergency Department each day in England alone.
- Laboratories performed 1.12 billion tests per year in 105 hospitals in England (2019/20)
- Between January 2022 and March 2023 the independent sector has carried out 1.8 million treatments for NHS patients.



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NHS Activity: backlogs

- For NHS England as from May 2024 there are 7.6 million cases from approx. 6.38 million individual patients waiting for treatment
- Around 3.11 million patients have been waiting over 18 weeks
- Almost 307,500 have been waiting over a year for treatment
- Median waiting time for treatment is 14.2 weeks, almost double the pre-COVID median wait of 7.2 weeks in April 2019

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Early foundations

1752 Manchester Royal Infirmary was formed by a group led by Joseph Bancroft and surgeon Charles White in a small house with 12 beds off Withy Grove

1755 Opening of the new Infirmary with 50 beds and a similar sized wing added the following year in what is now known as Piccadilly

These hospitals were funded by a system of patronage including subscribers and trustees. In 1779 in an attempt to increase subscriptions the Infirmary built a set of baths with a special rate for trustees which proved extremely popular.

Initially did not admit 'pregnant women, children, lunatics or sufferers from infectious diseases'.

1766 Manchester Lunatic Hospital (later Cheadle Royal Hospital)

1790 Lying-in Hospital

1829 Dispensary for Children (later Royal Manchester Children's Hospital)

1830 The Infirmary received royal patronage and became the Manchester Royal Infirmary

1908 New building on Oxford Road opened housing 500 beds



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Medical schools

First medical school in the UK was established at the University of Edinburgh in 1726

- Prior to that medical education was based on learning from observation and apprenticeship.

Oldest medical school in England was at St George's, University of London from 1751

- Surgery was seen as a separate profession 'Barber-surgeons' by apprenticeship and then regulation by guild and later by the Royal Colleges of Edinburgh, Glasgow, England and Ireland.

The Medical Act 1858 was the key development in professionalising medical practice and training introducing the General Medical Council and the Medical Register.



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Improving nursing

Florence Nightingale (1820- 1910)

Crimean War Campaign

4 November 1854 Florence Nightingale arrived at the Barrack Hospital in Scutari.

She returned home in August 1856, four months after the peace treaty was signed.



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Improving nursing

Florence Nightingale (1820- 1910)

Some of her most famous quotes include:

"The very first requirement (in a hospital) is that it should do (the sick) no harm".

Notes on hospitals, 3rd edition, 1863

"The word nursing... has been limited to signify little more than the administration of medicines and the application of poultices. It ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and the proper selection and administration of diet".

Notes on Nursing, What it is and what it is Not 1859

Shocked by the terrible conditions, low hygiene standards and mass infections, she pioneered cleaning standards in wards, frequent hand washing, good diet and adequate light and ventilation to improve patient care.

By 1860 she had used donations to establish the world's first professional nursing school at St Thomas' Hospital, London.

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What was there before?

Local authorities

Municipal hospitals

e.g. maternity hospitals, infectious diseases hospitals, elderly, mentally ill, disabled

Mentally ill people

large forbidding institutions
poor conditions

Older people

the Victorian workhouse
renamed in 1929 as Public Assistance Institutions



Opened 1855



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What was there before?

The Victorian workhouse



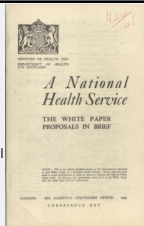
North Manchester General Hospital, Crumpsall, today



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Conception of the NHS from cradle to grave

- 1909 Royal Commission on the Poor Law
 - submission by Beatrice Webb
- 1942 Beveridge Report
 - identified health care as one of three basic requisites for a viable social security system
- 1944 White paper A National Health Service
 - everybody, irrespective of means, age, sex or occupation shall have equal opportunity to benefit from the best and most up-to-date medical and allied services.
 - services should be comprehensive and free of charge and should promote good health as well as treating sickness and disease.
- 1945 Second white paper



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The delivery Aneurin Bevan

- 15th Nov 1897 born Tredegar, Monmouthshire
- 1929 elected Labour MP for Ebbw Vale
- 1934 married Jennie Lee MP



Inspired by the Tredegar Medical Aid Society in his home town he led the campaign for a national health service.

- 1944 White paper A National Health Service
- 1945 Second white paper
- 1945 appointed Minister for Health for Labour
- 1946 National Health Service Act
- 5th July 1948 birth of the National Health Service
- 1951 moved to be Minister for Labour
- 21st April 1951 resigned in protest at the introduction of prescription charges for dental care and spectacles
- 1959 elected Deputy Leader of the Labour party
- 6th July 1960 died of stomach cancer



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Complications at the birth Opposition

- The *British Medical Association* mounted a vigorous campaign against a 'free to all who want to use it' National Health Service between 1946 and 1948 and claimed that only 4,734 doctors out of 45,148 polled were in favour of a National Health Service.
- Charles Hill Secretary of BMA describing Bevan as "a complete and uncontrolled dictator"



Political satire

- "The State medical service is part of the Socialist plot to convert Great Britain into a National Socialist economy. The doctors' stand is the first effective revolt of the professional classes against social tyranny." The Daily Sketch (February 1948)



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Complications at the birth Opposition

- Two key elements of Bevan's proposals were the nationalisation of hospitals and the abolition of the 'sale and purchase of goodwill' by general practitioners.
- The former aimed to provide a uniform standard of consultant-led care and expertise across the country; the latter often placed new entrants to general practice in large amount of debt
- After 18 months of dispute between the BMA and the government, Bevan managed to win over the vast majority of doctors by offering a couple of minor concessions
 - Allowing consultants to keep their own private practices
 - Continuing to allow doctors to be paid in capitation fees rather than salaries



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Birth of the National Health Service 5th July 1948

6th November 1946 The National Health Service Act

- proposed the nationalisation of all 2,688 voluntary and municipal hospitals in England and Wales and the creation of 14 regional hospital boards to control them
- a comprehensive health service designed to secure improvement in the physical and mental health of the people of England and Wales and the prevention, diagnosis and treatment of illness funded through general taxation not national insurance
- Followed by National Health Service (Scotland) Act 1947 and creation of the National Health and Social Care service by the Parliament of Northern Ireland in 1948



5th July 1948 the NHS came into being

- Nye Bevan attended a ceremony at Park Hospital, Trafford (now Trafford General Hospital)

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Early years: 1948 to 1957 Community Health

- Hospitals, Family practitioners and community based services into one organisation
- 1952 introduced prescription charge of 1 shilling (5p); ordinary dental treatment £1
- Debate centred on how to organise, manage, fund expectations versus finite resources "We shall never have all we need" Nye Bevan
- Concept of a community services acting as a gatekeeper for the NHS
- Major innovation of community health centres



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Adolescence: 1958 to 1967

- Royal Commission on Doctors pay; Review Body Award; Modern Group Practice
- 1962 call for unification by medical profession of the three parts of the NHS (hospitals, general practice and local health authorities)
- 1962- Enoch Powells Hospital Plan – a ten year programme to develop District General Hospitals for populations of 125,000
- Postgraduate Education Centres established for doctors and nurses
- 1967 Senior nursing staff structure introduced



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Rethinking the service: 1968 to 1977 resources planning

- new technologies endoscopy, computerised axial tomography (CT), transplant surgery, intensive care units
- non-steroidal anti-inflammatory treatments
- kidney dialysis, genetic engineering
- first steps in computerisation and information technology
- need for reorganisation to ensure better planning and redistribution of resources



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Reorganisation 1974: five tiers of management



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Advancing into crisis: 1978 to 1987

- 1978 Winter of Discontent; oil crisis; financial problems
- 1979 Little change in policy following change in government
- 1982 restructure
- 1983-85 additional tier of general management
- Transfer of care from hospital to community considered
- Increasing debts, waiting lists growing, hospital wards closing despite increased spending, increased staffing, increased patients treated



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Working for Patients 1989: the Purchaser Provider Split 'the internal market'

Trust hospitals

self governing hospitals or community care providers

Fund-Holding GP's

independent purchasers of health care through block contracts or cost per case

Family Health Service Authority

replaces the Family Practitioner Committee
'holds' the money for GP Fund Holders



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New pathways: 1988 to 1997

- 1990 NHS and Community Care Act Purchasers and Providers
- 57 NHS Trusts formed
- 1992 all healthcare providers now NHS Trusts
- Improved cost consciousness though the internal market
- However led to duplication of services and decreased collaboration between Trusts



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1997 New Government : New Structure

The new NHS: modern, dependable

White paper for England

Six principles of the NHS

- a national service providing consistently high quality, prompt and accessible services
- driven by local doctors and nurses
- characterised by partnership, not competition
- efficient
- focused on excellence and quality
- a public service, accountable to patients and shaped by their views



Tony Blair writes in the Forward to this document that ... one of the main reasons people elected a new Government on May 1st was their concern that the NHS was failing them and their families
Crown Copyright 1997

Scotland has 'Designed to Care'



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New pathways: 1998 to 2008

The NHS Plan – Patient Choice

- 1998 NHS Direct Launches
- 1999 NICE, Primary Care Groups
- 2000 *NHS Plan*, better NHS funding, CHI, NHS Walk-in centres
- 2001 Wanless to look at NHS finance
- 2002 'Devolution day', Primary care trusts launched and funding increases
- 2003 *Building on the Best*, GPs and Consultants' new contract
- 2004 First Foundation Trusts, Patient Choice Pilots
- 2005 Payment by results
- 2006 Choose and Book, Strategic Health Authorities cut to 10
- 2007 Prof Lord Ari Darzi report *our NHS, our future*



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Reforming the market: "contestability" under Labour

Competition between providers



Private sector organisations invited to build and operate

- Hospitals
- Independent Treatment Centres
- NHS Walk-in Centres

under public/private partnerships
PFI (Private Finance Initiative)
LIFT (Local Improvement Finance Trust)

WARNING!
NHS market reforms are damaging our health service



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The NHS Plan July 2000

A plan for investment, the proposal:

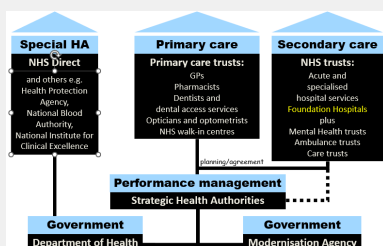
6.3% annual real terms growth to fund investment in NHS facilities to include (between 2000 2010)

- 7,000 extra beds
- 1,000 new hospital schemes



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Delivery of care



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the sixth decade of the NHS problems recognised

- staffing issues
 - enlarged medical schools, changes in nurse education
- better hospital food and cleanliness
- clinical networks
 - cancer networks, ambulatory care centres
- advances in medical science
 - NICE recommendations drove up costs
- government policies increased centralisation
- habitual policies of reorganising
- devolution to Scotland, Wales and NI from 1999



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The NHS Improvement Plan (white paper 2004)

Putting people at the heart of public services

Will get rid of "hidden" waiting lists

By end 2005

Patients to have choice of four or five hospitals

By 2008

Total maximum wait for operation 18 weeks

Patient can choose where to be treated (including private sector)

15% provided by the private sector

Investment to reach £90.2 billion (7.3% real terms growth over 5 years)

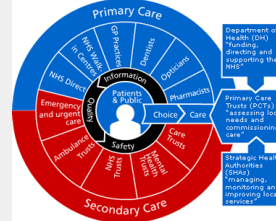
Community matrons to provide personalised care



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Patients at the centre

Primary Care Trusts (PCTs) in charge of the money



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our NHS, our future – October 2007

Government commissions NHS Next Stage Review

Prof Lord Ari Darzi

a high-profile surgeon Imperial College London

appointed Parliamentary Under-Secretary of State in the DoH 2007

our NHS, our future Interim report 2007 proposes:

- improving patients' access to General Practitioners,
- tackling the spread of infections in hospitals
- using IT and technology to make the NHS run more smoothly

High Quality Care for All Final report 2008 highlights:

- getting the basics right first time, every time
- need for independent quality standards, clinical priority setting
- continuous quality improvement



Gordon Brown
PM - June 2007



Alan Johnson
Sec of State



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NHS Constitution

The NHS belongs to the people.

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

21 January 2009
Health Act 2009



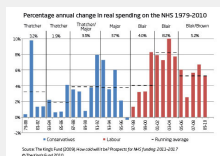
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Another election looms (May 2010)

NHS proposals are most significant reform for 60 years
...a voluntary insurance based system – as advocated by the Tories – would be more expensive than a compulsory one and leave millions without healthcare...



Andy Burnham
Sec of State



...there is a clear echo here of the current US healthcare debate and also an echo of that which surrounded the creation of the NHS in 1948

...we have established a principal that we all come together as a society to look after people

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New administration and new visions

"I want to be clear – while the NHS will no longer be accountable to ministers or the department for its performance... it will be very much accountable to patients and the public it serves.

Patients will be entitled to rights under the NHS Constitution and the quality of their experiences and outcomes are what will drive improvements in the future."

Andrew Lansley, 21st June 2010



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No decisions about me without me.. 2010-2015

All GPs to join a local commissioning consortium (5-600) to take full financial responsibility from April 2013
 Patients given right to register with any general practice
 Patients to be able to choose between consultant led teams for elective care by April 2011
 All NHS trusts to become foundation trusts by 2013-14

HealthWatch, a new independent consumer champion, to be established
 Monitor to become an economic regulator
 Strategic health authorities to be abolished in 2012, PCTs in April 2013
 Reduction of NHS quangos by at least a third
 NHS outcomes framework to be fully implemented by April 2012
 NICE to produce 150 quality standards by July 2015



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Health and Social Care Bill 2012

In England

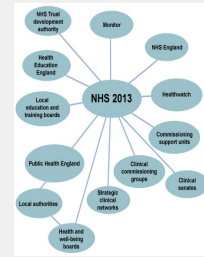
Abolished
 Strategic Health Authorities
 Primary Care Trusts

Established

NHS England (4 regions and 27 areas)
 NHS Commissioning Board
 Commissioning Care Groups (211)
 Commissioning Support Units
 Clinical Senates
 Health Education England
 Local Education and Training Boards (LETB's)
 Public Health England
 NHS Trust Development Authority
 Health & Wellbeing Boards

Regulators and Others

Monitor
 Care Quality Commission
 Professional regulatory bodies (GMC, HCPC etc.)
 National Institute for Health and Care Excellence
 Medicines and Healthcare products Regulatory Agency
 Health Watch England
 Health and Social Care Information Centre

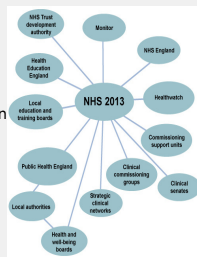


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Health and Social Care Act 2012

So what did that actual mean..

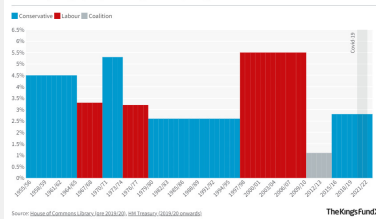
Establishing the NHS Commissioning Board and commissioning groups with the aim of market based reform, a greater focus on competition, and more frequent re-commissioning of services.



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Tightening spending, 'efficiency savings' 2015

NHS England spending has varied substantially over time
 Real terms (in 2022/23 prices) increase in government spending on health

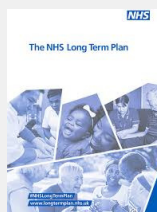


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NHS Long Term Plan January 2019

making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy



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NHS Long Term Plan January 2019

delivery of world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24

Supporting people to age well

- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives



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Delivery of the NHS Long Term Plan

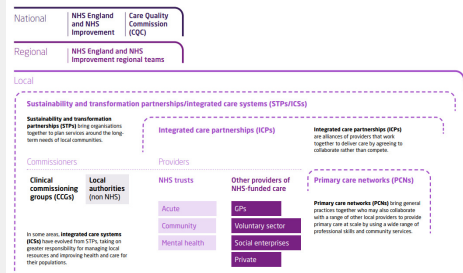
1. Doing things differently: giving people more control over their own health and the care they receive and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
2. Preventing illness and tackling health inequalities
3. Backing our workforce: continue to increase the NHS workforce, training and recruiting more professionals.
4. Making better use of data and digital technology: providing more convenient access to services and health information for patients, with the new NHS App.
5. Getting the most out of taxpayers' investment in the NHS: identify ways to reduce duplication in how clinical services are delivered.

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2020

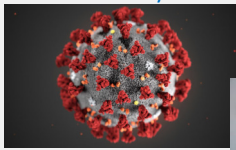
TheKingsFund

The NHS: how providers are regulated and commissioned



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and then...January 2020



NHS COVID-19



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Health and Care Act 2022

- NHS Commissioning Board comes under NHS England
- Establishes 42 Integrated Care Systems

ICSs are partnerships that bring together NHS organisations, local authorities and other groups to take collective responsibility for planning services, improving health and reducing inequalities.

Map 1: The 42 integrated care systems in England

This map shows the location and boundaries of the 42 integrated care systems (ICSs) in England.



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The government's (Rishi Sunak) 2023 mandate to NHS England (policy paper)

Priority

1. Cut NHS waiting lists and recover performance
 - tackling the COVID-19 backlog of elective care
 - improving cancer outcomes, increasing early detection, expand diagnostic capacity through community diagnostic centres, access to personalised care.
2. Support the workforce through training, retention and modernising the way staff work (NHS Long Term Workforce Plan)
3. Deliver recovery through the use of data and technology. 75% all adults in England to be registered on the NHS App by March 2024

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New Labour government July 2024

The Secretary of State Wes Streeting has commissioned an immediate and independent investigation of the NHS.

Professor Ara Darzi, now Baron Darzi of Denham, appointed to lead, 16 years on from his last review

Rapid assessment due to deliver in September 2024

To focus particularly on current performance, health inequalities and unwarranted variation in access to, and the quality and outcomes of, NHS services

Its findings will provide the basis for the new government's 10 year plan to 'radically reform the NHS'

...so we wait for September



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The NHS:
now 76
years old



What next
for the NHS?

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What are the qualities of a good leader?



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● | ANY QUESTIONS?