Over the past 15 years the NHS has performed remarkably well. Cancer survival is at its highest ever, elective surgery waiting times have been cut from 18 months to 18 weeks, and public satisfaction with the NHS has nearly doubled.1

However, despite almost £20 billion of efficiency improvements, the system is showing strain, both financially and in terms of performance. We are faced with the challenges of a growing and ageing population with greater prevalence of long-term conditions, 5 years of protected but nearly flat funding, rising costs attributable in part to expensive new drugs and treatments, in addition to growing expectations; all converging to a crucial inflection point for the NHS.

Change we must. And not alone. To address these challenges the NHS needs the next government and the public to support changes as they happen; a cross-sectoral responsibility for the health of our population, fitness of our children, and care of our older people is required. A well-funded and redesigned health and social care system with erosion of historical demarcations between primary, community, and specialist care, and between health and social care is necessary. Demand growth must be moderated: the Five Year Forward View sets a case for a more active role in social care system with erosion of historical demarcations between primary, community, and social care is necessary. Demand growth must be moderated: the Five Year Forward View sets a case for a more active role in social care. Providers, primary and acute care systems, demand for services where appropriate, and enhanced care homes. Interwoven with these models will be cross-cutting initiatives: embracing the panoply of newer technologies available, ensuring medical records are accessible across the system within 5 years, improving transparency with openness of more outcomes and patient-reported outcome measures. There will be a greater drive towards 7-day services; pilots are already underway across hospitals and GP practices to determine how they can be best delivered.

Notably, the Five Year Forward View outlines a new deal for primary care. General practice is one of the great strengths of the NHS. However, it has been placed under strain by a lack of recent investment compared to hospitals, an increasing workload and fewer doctors choosing to train as GPs. The next few years will need to see an increase in investment in primary care. There will be a period of stability in the core funding of general medical services, more support to reduce the attrition of those in training combined with an improved ‘returners’ scheme. Campaigns will be used to build understanding about what care to seek in what circumstance, and where preferred, GPs will be placed at the heart of commissioning. Variations in GP provision will be tackled, working with clinical commissioning groups and others on incentives to establish new practices in those communities most poorly served.

It’s time to act. The way services are provided needs to change. What is not needed, is another system-wide administrative re-organisation; current arrangements need to be given a chance to work, evolve, and improve. How far and how fast we change will depend on money and political permission. Fixed 5-term parliaments offer an opportunity for firm commitments to funding and stability. Although there is reason for optimism, without necessary investment the NHS will decline. We are presented with a real choice. If the right decision is made, with the help of others, we can achieve a world-leading service fit for the 21st century, a service that remains true to the founding values and mission of the NHS.

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REFERENCES