Editor's Briefing

AFTER THE PARTY

The recently announced increases in funding for the NHS provide a breathing space for the service to consider a new future. Almost everyone agrees that the new money can't simply be used to pay for more of the same. This issue of the *BJGP*, focusing, in research papers and editorials, on chronic diseases, provides some of the backdrop to matters that urgently require attention. Four of these subjects of recent publications are: an attack on waste and on the persistence of ineffective therapies and interventions, the continuing search for new service designs that provide integrated care more cost-effectively, the fullest possible incorporation of information technology into infrastructure and clinical services, and, perhaps most important of all, a new contract between the NHS and the British population.

Last month the NHS Board announced a consultation on evidence-based interventions, aimed at freeing up around £200 million a year for reinvestment.[1] Seventeen interventions for which *'there is clinical consensus and evidence that they should either not be routinely commissioned or should only be commissioned when certain criteria are met'* have been identified. Top of the list are snoring surgery, dilatation and curettage for heavy menstrual bleeding, knee arthroscopy for osteoarthritis, and injections for non-specific low back pain without sciatica. Lower down the list are grommets, tonsillectomy, haemorrhoids, carpal tunnel, and Dupuytren's contracture. The consultation runs until 28 September.

The NHS Digital annual report was published at the beginning of July,[2] and summarises a range of activities and achievements, including greater and more secure use of ICT, strengthened 'cyber resilience', high usage of NHS Choices, improvement of health and care databases, including patient opt-out services, and improved usability of the Summary Care Record and e-Referral Service. However, evidence of the widespread and effective use of advanced digital technologies in frontline services is lacking.

The National Audit Office has recently reported on the development of new models of care through NHS vanguards.[3] NHS England provided £329 million to 50 vanguards to support the implementation and testing of new care models. The report analyses barriers to developing new models of service delivery and threats to their sustainability, as well as their value for money. Although there are many uncertainties, they concluded that there are early signs of a positive impact on reducing emergency admissions, and recommends that NHS England should set out what it has learned from the Vanguard programme and consider how it can incentivise NHS bodies to replicate or scale up good practice, and do so quickly.

Finally, the King's Fund has just published a big report on *The Public and the NHS*.[4] They found strong support for the service, but concerns about waste. Many patients are less demanding of the NHS than they are of other services but have identified problems with access, appointment management, and information sharing, and attributed this mostly to the government and politicians, as well as to lack of funding. The public would be willing to pay more tax to maintain the NHS and many people saw a dedicated NHS tax as the best way of doing this. They accepted that individuals are responsible for using services appropriately and also having a key role in keeping themselves healthy. Views on how the system should operate were underpinned by the concept of fairness, and acknowledgement of responsibilities on both sides. This report and the detailed consideration of patients' views about the NHS re-asserts the importance of a moral compass in navigating our healthcare future, and ensuring that whatever changes take place they do nothing to widen any further the inequalities in resources, health, and life chances that afflict an unacceptable proportion of our fellow citizens.

Roger Jones,
Editor

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