



GENERAL ELECTION

What health and care need
from the next government

Improving access to treatment

Briefing

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General Election briefings



Our briefings set out issues where we believe there is clear evidence that a government taking or returning to office in the next year must act to meaningfully improve health and care in England.



We are presenting a series of tests that any policy programme during the next Parliament should meet.



We hope these briefings will help political parties over the coming months as they draw up a platform to put to the British people – and give journalists, MPs and health organisations key questions to ask them.

Test 1

There needs to be a limited number of targets and pledges, based on how much care the NHS can actually provide

What's the problem?

The English NHS is not delivering nine out of eleven of the waiting times targets in the NHS Constitution handbook and has never delivered all eleven of the targets at once

The rate of appointments and procedures does not match demand

Current election campaigns on waiting times pledges are not based on calculations of whether the NHS can actually deliver enough care to meet them within its budget

Targets that are not backed by credible plans or the resources to achieve them are demoralising for staff and the public. They distract the NHS and can drive unhelpful behaviours.

What needs to happen?

Targets and promises must be justified by calculations showing how the total number of treatments they require will be delivered, through a combination of funding and productivity

Don't introduce new targets when existing ones are being missed – even targets in similar areas divert attention and resources

When changing targets, as a general rule, stick to one in, one out

Test 2

Improve people's access to all NHS services, not just hospitals

What's the problem?

Successive governments have focussed on improving access to hospitals at the expense of services provided closer to home

In the last 7 years there has barely been any increase to the funding for NHS community services, like district nursing, worsening the impact on hospitals

National commitments on mental health have focussed on talking therapies and individual support plans but there is a lack of emphasis on autism and ADHD, where waiting times are poor and deteriorating

What needs to happen?

To make the goal of reducing dependence on hospitals a reality, understand why community services spend has fallen and take steps to address it

Undertake comprehensive reform of the broken social care system

Place more attention on overlooked areas of mental health such as autism, ADHD and inpatient services

Test 3

Invest in buildings and equipment

What's the problem?

The UK has lagged behind comparable countries on investment in buildings and equipment for most of the last 20 years

There is a backlog of building repairs and out-of-date IT systems. All available figures suggest that the UK also lags behind in the number of diagnostic scanners – crucial for addressing waiting lists

The capital budget has been repeatedly raided to be used to prop up day-to-day NHS services

Almost every area of investment spending has been short-changed. Commitment to put the long-term first is needed

What needs to happen?

Capital funding for buildings and equipment should be comparable to other countries – move beyond just specific funding pots for particular issues

Do not raid the capital budget to cover NHS running costs – instead maintain it at well above historic levels

Test 4

Set up long-term programmes for improvement over multiple years and don't raid them

What's the problem?

Studies suggest that stable, consistent and focussed policies are more effective and generate more legitimacy among staff

Initiatives and extra money for health and social care just before winter have not delivered transformative results – short-term plans and funding pots cannot be used to achieve long-term goals

Like the capital budget, NHS funding for reform and improvement has also been raided often moved towards day-to-day service delivery and balancing the books

What needs to happen?

Policies should be consistent and long-term – short-term initiatives are associated with failure to improve and give staff little incentive for change

Focus on fewer, larger pots of funding for more strategic goals – smaller inflexible pots make it difficult for services to plan wider improvements

Money for improvement programmes should not be relied on to balance the books – repeatedly recycling money for change projects into the general budget has undermined the success of such programmes

Test 5

Tackle the way that planned treatment favours the fortunate

What's the problem?

People in wealthier areas get more planned care than those in the poorest, even after accounting for age and sex

The growing backlog – exacerbated by the pandemic – has worsened inequalities in access to timely care. White people receive more planned care, adjusted for age and sex, than Black, Mixed and Asian ethnic groups

Focussing only on deprivation by area not individual patients may create hidden disparities but there is currently no way to measure this

The NHS has not taken a systematic approach to inclusive elective recovery and there are no national commitments to incentivise change

What needs to happen?

The next government should set a clear target to reduce the gap in planned care between rich and poor (for example using planned care weighted by cost) – it should be realistic and sustainable

Look at ways to measure deprivation and wealth for individual patients to properly understand and act on inequalities in access to care

Test 6

Don't fixate on closing the gap between 'the best and the rest'

What's the problem?

All incoming governments see that some parts of the NHS achieve goals better than others and think that this can easily be spread – but this is not as simple as it seems and has at times worsened the divide

One size does not fit all – in the pandemic for example, despite national guidance hospitals had to take different approaches to account for their size and available infrastructure

Locally specified solutions have shown success (for example expanding physical health checks for people with severe mental illness)

What needs to happen?

Do not assume that meeting blanket standards or improving the best so that it spreads is the right approach – different areas or organisations may have different opportunities to improve

If there is a lack of clear evidence that a single solution is best, consider allowing local services to decide how to achieve set goals

Test 7

Improve data collection to understand what works and what is fair

What's the problem?

Long-standing gaps and a lack of joined-up data make it hard to tell if new initiative on waiting times and efficiency are working, whether they are fair, or whether they are safe

Outside hospital, there is less information collected or it's collected in different ways, making analysis challenging

NHS data analysts are an overlooked staff group

It is difficult to compare how the English NHS compares across the UK, and the rest of the world due to statistics being poorly aligned or no longer published

Ethnicity coding is a particular problem, which undermines efforts to understand and tackle inequalities in care

What needs to happen?

The next government must address barriers to using linked datasets across community, GP, hospital and social care data including improving trust in data-sharing

It needs to be possible to benchmark English and UK data against other countries – government must ensure we hand in up-to-date and complete data to the OECD

Improve the usability of the community services dataset and ensure social care providers are supported to fully implement the new client level data for adult social care

Implement recommendations to bring recording of ethnicity within the NHS in line with 2021 census codes