

A new relationship between patients and communities: the policy context

Catherine Foot

Assistant Director, Policy, The King's Fund

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c.foot@kingsfund.org.uk

 @csfoot

What are we trying to achieve?

From	To
Doctor knows best	I'm the expert on me
What's the matter with you?	What matters to you?
Adult-Child	Adult-Adult
Care organised round the organisations' needs	Care organised around people's needs
Heroic rescue medicine	Proactive, anticipatory support
Tick-box consultation	Genuine co-design
People as sources of need	People as assets
Rhetoric and ambition	Reality and delivery

Why are we trying to achieve it?

- It will improve people's health and care outcomes
- It will deliver the services that people want and need
- It is ethical and democratic
- It will save money by making the most of all our assets

Why does health policy play an important role?

- › The system needs goals, strategy, structure, rules and accountability
- › We face complex immediate and long-term challenges that local areas can't solve on their own
- › The impact that the system's rules and structures have on daily clinical and management practice (and the damage that impact can have when it is badly designed)

Why health policymaking is difficult

- › The health care system is complex
- › Culture change and relationships are hard to shift from Whitehall
- › Vested interests and tribes
- › Events and media attention drive political focus
- › Unhelpful totems (hospitals, A&E waits)
- › Politicians want 'doorstep friendly' policies
- › We want contradictory things (proactive but accessible, local but fair)
- › Balancing assurance vs improvement
- › Political tendency to reorganise (despite transaction costs) and failure to act for the long-term

Policy for engaging patients and communities

- › A triumph of rhetoric over real prioritisation or action
- › Increasingly less confused (cf the Five Year Forward View)
- › Still at the level of general ambition despite evidence for specific action
- › Some specific commitments (eg Integrated Personal Commissioning)



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Ideas that change
health care

The money

- › Nearly two-thirds of acute hospitals are now in deficit, and many hospitals have been received emergency financial support.
- › The promised £8 billion by 2020/21 is the bare minimum needed to maintain standards of care – it will not pay for new initiatives.
- › It also depends on delivering efficiency savings of £22 billion a year by 2020/21, which is hugely ambitious.
- › Major cuts in social care have reduced access to services and increased pressure on the NHS, and there are no commitments to increase funding for social care.

What policymakers need to do

- › Fund both health and social care sufficiently
- › Use levers like performance measurement, contracts and the NHS Mandate to make this agenda a real priority: it's hard to improve what you don't measure
- › Support the understanding and spread of evidence-based approaches for implementation