

Securing our Future Health: Taking a Long-Term
View

Chancellor of the Exchequer's Review of Health
Trends and Resources

Interim Report by Derek Wanless, November 2001

BUPA's response to public consultation

January 2002

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Summary

Introduction

- As a provident association and an independent purchaser and provider of healthcare, committed to putting its customers first and delivering health quality services, BUPA welcomes the Wanless Interim Report and the opportunity to comment. Much of our contribution is informed by a Health Dynamics Project (HDP) which BUPA is undertaking with input from independent third parties.

BUPA Endorses the Report's Approach

- We endorse the view that the demand for healthcare needs examining before looking at how best to organise and finance it. As the Report highlights, many significant issues and uncertainties are involved, particularly in the field of medical science and the whole area is made more complicated by the many different stakeholder interests involved.

BUPA's Assessment of the Future Drivers of Healthcare Need

- The BUPA HDP attempts to predict the likely growth of demand. Its inputs are drawn from a variety of published sources. This work has enabled us to form preliminary views about the quantum of change needed and the potential impact of certain developments in policy and planning. We have informally shared some of this work with the Health Trends Team.
- We agree with the Report's assessment that the main drivers in health are: patterns of disease, demography, technology, expectations, workforce and productivity issues. Our detailed comments are included in the supporting document.
- The least significant are likely to be demography and patterns of disease which, for example, will add a little over one per cent per annum (in volume terms) to demand for GP services.
- The more significant drivers will be the adoption of new technologies and meeting growing patient expectations. We estimate that the cost of diffusing existing technologies, combined with the take-up of relevant new ones, could increase non-labour costs in acute care by as much as 8% pa in real terms. As for future patient expectations, even meeting acceptable levels of waiting will place a heavy burden on healthcare resources over the next ten years. To keep pace with contemporary service standards will require a step change in investment.
- Based on the BUPA HDP work, three major issues emerge:
 - The risk of unmet demand, over the next 20 years on the UK health system will be significant. Our estimates suggest that even a 7% per annum increase in funding in real terms over 10 years will not make a noticeable impact on waiting times.
 - We have real concern over the scope for productivity gains achievable in the NHS in the short term. We doubt the 2% target is achievable without extra nursing staff, together with some radical redesign of clinical processes. This is in part based on our assessment of productivity gains to date.

- The major constraint over the next 10 years will be the shortage of medical manpower, particularly nurses. The proposals in the NHS Plan are insufficient to address the necessary demand.

The Case For Additional Voluntary Funding

- The Report highlights a number of important factors for the country to tackle. Two major themes stand out, with which we agree:
 - That the UK has suffered from cumulative under investment in the healthcare system over the last 20 years, and late, slow and uneven healthcare technology adoption. The results of this are now being felt in terms of performance, manpower, infrastructure and outcomes.
 - That the demands on the UK healthcare system over the next twenty years will be significant and will compound the UK's funding burden.
- Our view is that the Government needs to encourage additional voluntary funding to help it cope with these substantial demands. We argue that it should use the experience of the private sector to do so. The advantages of this include the creation of a direct relationship between customer and the provider, greater responsiveness and flexibility and the extension of choice and competition. It would also mitigate the burden on the public purse.
- There are many models of voluntary funding and they all have strengths and weaknesses. We propose they be considered in detail.
- We would also challenge some of the presumptions on public finance in the Report:
 - While we recognise that different forms of finance have different characteristics, we note that it has been a wholly public finance system that has been associated with the level and scale of problems described in the interim Report.
 - BUPA believes that a comparison of other OECD and European countries' healthcare systems suggest that their greater use of the private/voluntary sector, in combination with the mandatory element, has in fact contributed to better comparative outcomes and the UK could learn from their experience.
 - BUPA believes that public finance systems in general tend to be less accountable and responsive to change and demands for very personal services, which in turn lead to poor service provision and lower patient satisfaction levels.

It Is Not Just About Finance

- We agree with the Report's assessment of the current situation of the health system in the UK. We believe many of the problems are exacerbated by the structure of the UK healthcare system. We encourage the Health Trends Team to consider potential system solutions that have the following characteristics:
 - is sustainable over the long run and has, within its design, the capacity to adapt and evolve over time;
 - has the flexibility to cope with the huge uncertainties and potential developments in medical science;
 - is accountable and responsive to patient needs;
 - can attract and retain the necessary manpower to deliver the services;

- and has a culture of continuous clinical quality and service improvement.
- The ultimate guarantor of equity in, and access to, a national system must be the Government, but we believe in the importance of competition and customer choice in helping to deliver some of these requirements. We see competition and the availability of customer choice as key ingredients in creating the right environment for a responsive and dynamic health system.

BUPA's Support for the Government's Health Strategy

- BUPA supports the Government's current strategy of building capacity and the capability to deliver consistently high quality, high value services. BUPA has already demonstrated its ability to produce publicly-funded, residential social care to a higher standard and lower cost than local authority providers and has begun to explore the contribution it can make to NHS provision.
- The time is now right to take a more strategic view about what manner of health and social system the UK will need and demand in 2020. The Chancellor's Review of Health Trends should be regarded as an important first step in that process.

Introduction

The Chancellor's Review of Health Trends addresses important issues at an appropriate moment. The Review has the potential to improve the manner in which the Government evaluates the resource implications of future health trends. Such evaluation clearly provides essential strategic information for forward Government policy; but in addition it also has the potential to provide valuable information to other public and private stakeholders in the UK health economy.

The Treasury Health Trends Team (HTT) have marshalled a wide array of existing information quickly and coherently. They have identified gaps and trends. Just as important has been the constructive and open-minded manner in which they have worked. BUPA has valued the business like manner with which they have engaged the independent healthcare sector.

The Review's Terms of Reference require Mr Wanless to report back to the Chancellor by April so that the evaluation can inform the coming Spending Review round. BUPA recognises both the economic and political necessity for the constrained timetable. This has meant however that the Review's Interim Report for this public consultation tends to use facts and figures in an "illustrative" manner that is less than "definitive".

Nonetheless, the HTT and BUPA have, independently, come to almost unanimous views about the "key drivers" of trends in UK health services over the coming twenty years:

- Changes in the pattern and burden of disease
- Demographic changes, notably migration and ageing
- Adoption of new technologies
- Public, patient and professional expectations
- Issues associated with workforce and productivity

Both organisations also have similar views on the issues of:

- Cumulative under-investment to date
- The late, slow and uneven adoption of technology; and
- The central importance of improved clinical manpower, training, education governance and retention

There is possibly one issue on which our organisations have a marked difference of view. From our discussions with HTT we have deduced that they believe that productivity improvements of at least 2% per annum might be expected within the NHS in the coming years. BUPA is less optimistic, at least in the short run. BUPA believe that the productivity of NHS hospital staff is unlikely to rise in the short term and that shortages of experienced nursing staff will, in particular, continue to be a major constraint on overall productivity of NHS hospitals for the foreseeable future.

BUPA concurs that increases in productivity can and should be achieved, but think that this will require well targeted prior changes and investment in education and training and clinical and information technologies.

The structure of BUPA's response

This response to consultation very largely follows the structure and sequence of Mr Wanless' Interim Report, but deviates in several important respects. Changes in demography, the burden of disease and technology are addressed first for these collectively express patients "needs"; Expectations and Quality issues (in the broadest sense) then follow, these express stakeholder "wants". Only when these matters have been evaluated can issues about human, material and financial resources be scoped and addressed.

BUPA thinks that useful and definitive discussions about financing issues can only take place when the cumulative impact of all the above issues have been quantified. The issue of health care financing is therefore addressed in the penultimate section of our response.

Background

As the HTT is aware, BUPA is running a parallel project, called the Health Dynamics Project (HDP), which is covering largely the same ground as the Wanless Review. The project, whilst led by BUPA, has involved external advisers. The economic consultants NERA are also providing extensive economic and modelling expertise to the project.

BUPA's research leads it to concur with the HTT that the UK health system in general, and the NHS in particular, is characterised by:

- A history of under investment
- Late, slow and uneven adoption of technology
- Too few doctors, nurses and other health care professionals
- Poor health outcomes
- Not meeting the needs of an ageing population

BUPA thinks that these undesirable features are aggravated and at least partly caused by the overall structure of the UK health and social care system.

Looking forward the challenges facing the UK health system are substantial, characterised by uncertainty and complexity. Key issues include:

- The size, characteristics and expectations of the population;
- The effects of migration and travel on patterns of disease;
- The effects of lifestyle, environment and technology on morbidity;
- Future patterns of work and career building
- Availability of appropriately skilled clinical manpower, and
- The rate of progress of medical advances, including genomics

The UK needs both to catch up and to invest more in the future.

International Comparisons

Comparative studies of health systems fall into three broad categories:

Structure and dynamics
Performance
Impact

As acknowledged (para 4.49) HTT's comparative analysis of the *structure and dynamics* of systems in Chapter 4 of the Report is concentrated only on the sources of funding and does not take into account the many other components in any health system. It is thus very incomplete and does not analyse the possible effects of funding source on the performance of the other components.

Overall the report's analysis of *performance* makes tentative international comparisons about inputs (technological, human and financial) and outcomes, but says little about differences in systems outputs.

Regarding *impact* the reports analysis of health outcomes is stronger and makes clear distinctions between cardinal indicators (life expectancies and disability adjusted life expectancy) and other indicators which give more specific indications of the extent and distribution of the beneficial effects, and overall impact of a health system.

The principal weaknesses of Chapter Four however are that "equity" is poorly defined and that the Report makes no serious analysis of the potential contribution that voluntary funding can make over and above general taxation.

Changing Healthcare Needs

The report reflects considerable uncertainty as to how fast the UK is likely to grow over the coming twenty years (2 Million to 8 Million). This reflects uncertainties about birth and death rates; but principally uncertainty about patterns of migration which affect both communicable and non-communicable disease patterns.

Notwithstanding this, BUPA concurs with HTT's tentative conclusion that changes in demography and the burden of disease not likely to be the principal "drivers" of increases in health and social care expenditure on the coming twenty years. BUPA's own modelling has assumed only a very modest increase in the size of the UK population between 2000 and 2010, from 49.5 Million to 50.59 Million.

As HTT note, work by Murray and Lopez suggests that the ranking of the main burdens of disease in established market economies is likely to remain largely stable over the coming twenty years.

BUPA has estimated that the combined effects of demography and epidemiology might raise demand for GP appointments (the principal and one of the least constrained expressions of demand) by 1.3% per annum between 2000 and 2010. This is not substantially different from a similar analysis by the Nuffield Trust of the combined effects of increased demand arising from the elderly, immigrants and the socially excluded which they estimate at 1.45% per annum.

Technology and Medical Advance

BUPA concurs with HTT's analysis that the UK, and the NHS in particular, has lagged behind other countries in the adoption and diffusion of new health care technologies. The uptake of such technologies in the UK has been late, slow and uneven. Any assessment of the future cost of such technologies will need to make explicit assumptions about diffusion rates.

BUPA's base modelling assumption is that the NHS will need to increase non staff costs for acute health services by 8% per annum between 2000 and 2010. This reflects pressures to diffuse existing technologies, introduce new technologies, to quality assure clinical and managerial performance better (i.e. the technical component of quality) and to restore the NHS estate.

BUPA does not expect the technology pressure in primary care to be so severe and expects non staff costs in that sector to increase by 3% per annum over the same period. This primarily reflects increases in the number and quality of pharmaceuticals available.

Expectations

BUPA thinks that patient, public and professional expectations will all significantly influence demand for health services in the coming years at a greater rate than has been experienced to date. It broadly concurs with the analysis by McKinsey's of "Tomorrows Patients" and their expectations.

BUPA is concerned that expectations will outstrip the ability of the NHS to deliver. Our modelling work suggests that even with significant real terms investment in the NHS, there will be little noticeable impact on waiting times for treatment. Without addressing this aspect of patient expectations, it is difficult to see how the NHS can hope to meet other patient expectations.

Quality

Notwithstanding its provident ethos and structure, BUPA's commercial orientation and experience tend to influence its view that patient "choice" is a more reliable spur to quality than "voice". More broadly BUPA thinks that a culture of continuous quality improvement linked to strong positive and negative incentives to actions and omissions is the most effective way to achieve a high quality of service.

Patients clearly want a sound and reliable quality of service, delivered by polite and articulate staff, in a pleasant environment at the time and place of need or choice. Sound technical quality is probably the most important criterion for those seeking "treatment", but environment and "personal service" is more important for those seeking "care".

The Future Workforce

BUPA's most substantial concerns are around the UK's future workforce planning.

BUPA believes that the Government's present approach tends to:

- Under-estimate fluctuations in the workforce, particularly the female workforce;
- Under-estimate the manpower needs arising from independently funded health and social care; and
- Ignore the foreign earnings potential and wider benefits of a larger UK health and social care workforce

BUPA's modelling work suggests that the Government has seriously under-estimated the number of nurses required to meet likely demands on the UK health and care system in future years.

The NHS Plan sets the objective of increasing the number of nurses in the NHS by 20,000 by 2004. If this rate of increase was achieved and continued to 2010 the NHS would employ an additional 53,030 nurses at that time.

BUPA's modelling suggests that the efficiency and productivity of the hospitals and community health services element of the NHS would be maximised if by 2010 an additional 96,600 nurses were employed in hospitals for the care of NHS patients.

BUPA think that such a large shortfall in the number of nurses available to the NHS in 2010 would undermine attempts to change and enhance the role of nurse practitioners in both primary and secondary care.

BUPA recognises that future generations of information and communications technologies may improve the productivity of clinical staff, but only some years after a substantial investment has been made in those technologies. Patterns of education, training and continuous professional development all have to be adjusted if the workforce is to have the necessary skills to deliver such productivity gains.

Costs and Productivity

BUPA's baseline assumption is that the cost of each consultant to the NHS will rise by 4% per annum in real throughout the coming decade. It also assumes that the cost to the NHS of other hospital staff will rise by 3.5% per annum in real terms over the same period. It anticipates that the cost of all staff including GP's will rise by 3% per annum in real terms through the period.

BUPA is relatively pessimistic about productivity improvements by NHS staff. It assumes that the productivity of NHS consultants will remain static throughout the coming decade, though in the longer term the technical quality of service might improve and re-admission rates might fall. BUPA assumes that GP productivity will actually fall marginally (by -0.6% per annum) to reflect smaller lists and increases in the length of consultation.

BUPA does however expect to see some further improvement through the decade in the productivity of hospital beds utilisation by the NHS (at 3% per annum).

All all of BUPA's estimates and assumptions in this response link back to underlying assumptions that overall the UK economy will continue to grow by 2.6% per annum in real terms throughout the coming decade, and that overall inflation will remain constant at 2.5% per annum.

Cumulative Impact

BUPA estimates that if the NHS is to keep pace with demand and improve the technical quality and environmental amenity of its services a real price increase of at least 7% per annum will be required throughout the coming decade.

BUPA does not believe that the NHS can significantly reduce inpatient waiting times during the coming decade without a radical upward revision to its planned increases in nursing manpower. This will would increase the cost still further and also require the generation of additional medical staff and facilities.

The reform of system infrastructure and healthcare provision

BUPA has supported and contributed to the Government's plans to improve the regulation of social care. We have also supported the Government's plan to regulate clinical and organisational quality in both the NHS and independent healthcare sector. BUPA accepts the Government's proposed structures for the time being but would wish to see co-ordination and convergence of the various systems in the coming years.

BUPA has given wholehearted support to the Government's analysis of gaps and shortfalls in NHS provision. BUPA continues to support the NHS Plan insofar as this addresses identified deficits and builds overall health and social care capacity throughout the UK.

Financing Healthcare

BUPA draws a distinction between the mandatory and voluntary elements of a health system. The mandatory funding element is that which citizens or organisations are required to make by government. The voluntary element comprises the additional, discretionary funding that individuals and employers are prepared to pay for healthcare services.

The UK was, by the foundation of the NHS, one of the first countries to mandate by Government action comprehensive health services for everyone, largely free at the point of use. The UK now has a tradition of voluntary funding, the largest element of which is provided by employers. Employers have a clear vested interest in the healthcare of their employees. Estimates of the total costs to UK employers of health matters amount to £22bn, combining both days productivity lost to sickness absence and specific related employee costs. BUPA believes this approach to financing an aspect of healthcare coverage needs proper recognition and appropriate mechanisms should be put in place to encourage employers to make this contribution.

BUPA thinks that the principles of the NHS can be maintained and modernised without much of the "treble nationalisation" of the current structure. It is not necessary for the purchasing and provision of NHS services to be undertaken by public bodies. Best value and choice could be improved by increased plurality.

The principal point however that BUPA wishes to make in this submission is that voluntary funding for health services can and should play a larger role in the UK health system.

Whatever the Exchequer is willing and able to obtain through taxation for “NHS funding”, this will not match many people’s ability and desire to invest more in their personal health. The reason is simple. A fiscally progressive approach to funding a “comprehensive” and universal service in a developed market economy is inevitably highly re-distributive. Peoples altruism and their “indirect self interest” in such a system has boundaries.

The high level OECD analysis summarised in Table 5.2 of the Report suggests that there is only a marginal differential between the total efficiency (allocative and productive) of public and private health funding in the countries studied. This suggests to BUPA that an increase in voluntary health funding could not only improve overall health outcomes in the UK but also improve the productive efficiency of the UK economy as a whole.

Next Steps

BUPA notes that HTT have place on record their intentions that:

- The Final Report of the Review will be published at the time it is submitted to the Chancellor;
- The evidence underpinning the recommendations in the Final Report will be set out as fully as possible;
- At the time of the Final Report, or shortly thereafter the HTT will place in the public domain as much of the information and primary research they have amassed as possible; and finally that
- HTT will place in the public domain the software model they are developing to evaluate the cumulative impact of the trends analysed.

The potential benefits of these actions are considerable, for they can help the Government build a broad and well informed consensus on the best ways forward and thereby reduce the polarisation of debate that has, too often, characterised these matters to date.

Annex A

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Annex B

BUPA's response to specific questions for consultation

Questions re Health Trends

Consultation Question 9.1

Are there any other key changes in the health needs of the UK population that are likely to have a significant impact on expenditure over the next twenty years? Are there data available so that their impact can be quantified?

BUPA's baseline modelling assumption is that the age specific incidence of disease will remain broadly stable. The overall burden will increase with an ageing population.

The impact of migration and resistance to immunisation programmes on communicable disease is however hard to assess. There may for example be some resurgence of measles, TB, diphtheria and malaria.

BSE however illustrates the unpredictability of new disease outbreaks.

Consultation Question 9.2

How will the trends in the number of elderly people, their morbidity and expectations affect social care and its relationship with health care in the future? How will the impact on health and social care differ?

Trends in the numbers and disability of elderly people in the UK were well summarised by Khaw (BMJ 1999; 319:1350-1352).

BUPA believes that there may be increasing medicalisation of frailty as community support, more accurate prognosis and improved treatments enable people to live longer in the community.

It is difficult to predict any differential between demands for health and social care by the elderly. The elderly may have benefited relatively poorly and unevenly from technology diffusion over the last decade. There is plenty of scope to catch up. Whilst future demand for residential social care may be mitigated by increases in domiciliary care and health care, BUPA expect a substantial number of elderly people to be willing to supplement local authority social care entitlements in the future.

Consultation Question 9.3

How is life expectancy likely to change over the next twenty years? What do the changes mean for the assumptions the Review should make about the future size and structure of the population and the future patterns of disease?

BUPA thinks that the work of Office of Population and Census Surveys in recent years is the most reliable source of information about UK life expectancy.

As the Interim Report has indicated future patterns in both communicable and non-communicable disease are sensitive to migration patterns; the latter because the health of adults and the elderly is heavily informed by their childhood health.

Consultation Question 9.4

Will there be a compression or expansion of morbidity among future elderly people

BUPA's epidemiologists infer some morbidity compression from the work of Khaw (op. cit.) and others

Consultation Question 9.5

What health promotion and disease prevention interventions over and above smoking cessation are likely to have a significant and sustained impact on health service utilisation over the coming twenty years? To what extent will health inequalities change? What impact will this have?

Exercise and diet are likely to be amongst the most effective health promotion strategies. This will be supplemented by targeted disease prevention interventions such as patient education in diabetes, which can help prevent obesity and improve the management of glucose control.

Consultation Question 9.6

How are future elderly people's demands for health care likely to differ from the current elderly? How will their changing expectations relate to health service use?

They will expect increasing sub-specialisation of medical care specifically for the elderly. They will evaluate the likely functional benefits of treatment more carefully before giving their consent.

Consultation Question 9.7

What evidence is available on trends in the likelihood of people seeking care for a given health problem?

Health Trends is the key source for this information.

Consultation Question 12.1

Are there any health trends that will affect different parts of the UK in different ways which need to be taken account in the final report?

The incidence of breast cancer is the major disease that runs counter to the usual social-economic gradient.

Questions re Technology and Medical Advance

Consultation Question 10.1

Is it right to conclude that, in aggregate, technology and medical advance will increase expenditure?

Yes. BUPA's estimate is that a 8% real terms increase per annum will be required throughout the coming decade in hospital non staff cost to diffuse existing technologies more evenly, introduce some new technologies and improve quality of the NHS estate.

TECH (2001) (Technological Change in Health Care – “Technological Change Around the World: Evidence of Heart Attack Care”, *Health Affairs*, May/June 2001) was one of the studies, which used qualitative assessment of broad trend in the effects of new technology on proxies for health care cost indicators. Their research shown that countries with faster adoption of new technologies in cardiovascular medicine (particularly heart attack related conditions) had a faster growth in health care expenditure.

Another study by Chernew et al (1998) looked at the wide range of literature reviewing empirical studies on introduction of advanced medical technology and increase in health care expenditure. Their analysis indicated that technical innovation led to growth in medical costs.

Consultation Question 10.2

Have the main drivers of future spending on technology been identified? Which do you expect to be the most important in terms of impact on the health service over the next twenty years?

BUPA notes the interesting breakdown provided by the Nuffield Trust in their submission. The Nuffield Trust’s aggregate total appears to be in the same order as BUPA’s, but from quite a distinct approach methodologically.

Consultation Question 10.5

How much impact do you expect genetics and stem cell technology to have over the next twenty years and what will be the implications for health spending?

Limited. BUPA expects some pharmacogenomics and the first wave of pharmacogenetics within the period. The use of stem cell technologies is dependent on related progress in immunology.

Expectations

Consultation Question 7.1

The review is based on the assumption that the core principles for the health service set out in the NHS Plan will remain valid over the next twenty years. Are there any further important principles that will emerge?

BUPA thinks that the NHS can only be “comprehensive” in the sense that funds “much” of what is needed. “Comprehensive” is not synonymous with “complete”.

Consultation Question 7.2

How do standards of health care in the UK currently compare with patients expectations for a high quality, comprehensive NHS?

Dissatisfaction with the NHS has increased significantly over the last two decades, although there are significant geographical differences as well as variations across the age bands. (Jowell et al (eds.) *British Social Attitudes; THE 14TH report*, Ashgate Publishing, Miligan J.A. (2000) *What do the public think?*, Health Care UK, Winter 2000.) There are data available on increasing litigation cost.

Consultation Question 7.3

What will patients and the public expect from a high quality, comprehensive health service in twenty years time? Is it right for the Review to base its projections on:

- *Safer, higher quality treatment;*
- *Faster access, ‘waiting within reason’;*
- *A more integrated, joined-up system;*
- *More comfortable accommodation services; and*
- *A more patient-centred service?*

We agree with the Review’s basis of its projections.

BUPA’s overall assessment, from its modelling to date, is that an increase in funding of 7% per annum in real terms throughout the coming decade would deliver most aspects of the NHS Plan, except a significant decrease in inpatient and outpatient waiting times. The NHS Estate could be improved and existing technology and best practice diffused more evenly. Major evolutions in the workforce and the pattern of services provided would however require even higher investment.

Consultation Question 7.4

In twenty years time will patients continue to expect the health service to be equitable and fair?

Yes, patients will expect both the NHS and the overall UK health system to be equitable. BUPA does not however think that “equality of health outcome” is a practical or achievable definition of equity. As worst it might mask the Government’s reluctance to set more concrete targets for access and outcome.

Quality

Consultation Question 8.1

Has the Review identified the main trends and cost drivers associated with ‘universalising the best’:

- *Delivering the National Service Frameworks*
- *Improving clinical governance across the NHS;*
- *Reducing waiting times*
- *Modernising the NHS estate and improving accommodation services; and*
- *Improving patient information, using ICT more effectively to help people to take more responsibility for their own care?*

Are these the right areas and are the cost estimates robust?

See answer to Question 7.3 above

Consultation Question 8.2

Will patients in the future want more choice? What aspects of increased choice in the NHS should the Review examine?

BUPA believes that choice is not only what is wanted but is also important in making the NHS more responsive. In particular choice of location of treatment and over who carries out the treatment. Access to information about disease and treatment options, specific information about public entitlements and information about the performance and accessibility of service providers will also be important.

Patients may also want to select their health and social care commissioner to make personal choices about the range of entitlements they receive. They will expect both choice and “seamless service”. This is particularly important for the elderly.

The Future Workforce

Consultation Question 11.1

What are the key changes in the roles of health care professionals that are likely to occur over the next two decades, in particular:

- *What is the scope for a significant expansion in nurse-led services;*
- *How will the use of health care assistants change;*
- *How will partnerships with other professionals, especially social care, change?*

The key challenge is to have a cost-efficient skill mix within the system. There is certainly a scope for further development of nurse-led services. However, there will still be a need for more than the planned increases in the number of doctors.

Consultation Question 11.2

Will the current training places give the UK the number and mix of health care professionals it needs?

No. The NHS Plan sets the objective of increasing the number of nurses in the NHS by 20,000 by 2004. If this rate of increase was achieved and continued to 2010 the NHS would employ an additional 53,030 nurses at that time.

BUPA’s modelling to date suggests that optimising the productivity of existing and planned NHS hospital services would require an additional 96,600 nurses by 2010. In addition to this the need for qualified nurses in primary care, social care and independent healthcare will also increase. BUPA’s assessment is that nursing shortages will remain a major constraint on UK health and care services. A radical new approach to career development in nursing and medicine are both urgently required.

Costs and Productivity

Consultation Question 11.4

What is the scope for significant gains in the productivity of the health care workforce beyond the two per cent a year growth which might be expected for the UK workforce as a whole? Will productivity gains be more likely to improve quality and outcomes or to reduce costs and improve efficiency?

BUPA is not optimistic, at least in the short run, that the health care workforce in the NHS will achieve 2% gains in productivity. BUPA believes that shortages of experienced nursing staff will, in particular, continue to be a major constraint on overall productivity of NHS hospitals for the foreseeable future.

Consultation Question 11.5

What other factors will drive productivity gains and what are the potential barriers to achieving them? Is it skill mix, contact time or other workforce and organisational factors?

BUPA believe that independent healthcare provision can help to increase the productive efficiency of the NHS, at least in the medium term.

BUPA has already demonstrated its ability to produce publicly funded, residential social care to a higher standard and lower cost than local authority providers on a large scale. It has begun to explore the contribution it can make to NHS provision.

Consultation Question 10.6

What should be the main priorities for the health service in increasing investment in information and communication technology?

Secure internet based email systems that link all parts of the health and social care economy. Focus on reliable and proven technology. Encouraging widespread adoption within a framework of common standards. Facilitating the introduction of e-prescribing.