



SELECT COMMITTEE ON THE LONG-TERM SUSTAINABILITY OF THE NHS

Call for Evidence

The Select Committee on the Long-term Sustainability of the NHS of the House of Lords, chaired by Lord Patel, is conducting an inquiry into the sustainability issues facing the NHS and the impact they will have over the next 15–20 years. The Committee invites interested individuals and organisations to submit evidence.

Written evidence is sought by Friday 23 September 2016. The submissions will guide the Committee’s deliberations in oral evidence sessions which will be held later this year and inform the Committee’s final conclusions and recommendations.

Public hearings began in early July and will continue until late December. The Committee aims to report to the House with recommendations by March 2017. The report will receive a response from the UK Government and will be debated in the House.

Background

The terms of reference for the inquiry as set by the House of Lords are “*to consider the long-term sustainability of the NHS*” and to report back to the House by Friday 31 March 2017.

The sustainability of the NHS is a topic of significant political and public interest. There remains a continuing level of support for a national health service which is free at the point of use.

Yet the demographics of both England and the UK are changing rapidly. There are estimated to be 51% more people aged 65 and over in England in 2030 compared to 2010. Moreover, 101% more people in England will be aged 85 and over in 2030 compared to 2010. People with three or more long-term conditions in England will increase by over 50% by 2018 compared to 2008.

These demographic changes directly affect healthcare expenditure, potentially putting financial stability and sustainability at risk. In 2015/16 NHS providers ended in deficit for the second year running.

Alongside this, the pace of change in healthcare is dramatic. Developments in drugs and medical technology mean that treatment and prevention are becoming more personalised, opening the door for more targeted treatment of diseases.

The Committee will be looking at UK Government policy and practice. It will consider whether their strategies and planning are sufficiently long-term, and what might usefully be done in practical terms to guarantee the sustainability of the NHS. The Committee will focus its inquiry on five main themes:

- resource issues, including funding, productivity and demand management;
- workforce, especially supply, retention and skills;
- models of service delivery and integration
- prevention and public engagement; and
- digitisation of services, Big Data and informatics.

The Committee will attempt to identify the main problems in each of these areas and explore potential solutions.

The Committee is keen to take evidence from as diverse and as wide a range of stakeholders as possible, from a variety of sectors. This includes, but is not limited to: NHS Trusts and Foundation Trusts; patient organisations and charities; Royal Colleges; academics; local authorities; consultancies; civil society and non-governmental organisations; organisations working in the EU and other international bodies. We would like to hear from as many organisations and people working in these sectors as possible.

The Committee's inquiry will focus on the long-term sustainability of the NHS in relation to the five areas identified above. Submissions which do not address one or more of these issues, or which focus on the past, current, or short-term situation, may not be accepted as evidence.

The Committee will not look at or comment on personal cases. Individuals who wish to seek advice on healthcare-related complaints are encouraged to contact the Parliamentary and Health Service Ombudsman on 0345 015 4033 or at www.ombudsman.org.uk.

Questions

The following questions cover the full focus of the Committee's inquiry. It is not necessary to answer every question in detail in your submission and you are encouraged to share any other information with the Committee that you feel is relevant to the focus of the inquiry. Please consult the staff of the Committee if you have any questions. Submissions should be limited to six pages. You need not address all the questions in your response.

The future healthcare system

1. Taking into account medical innovation, demographic changes, and changes in the frequency of long-term conditions, how must the health and care systems change to cope by 2030?

Resource issues, including funding, productivity, demand management and resource use

2. To what extent is the current funding envelope for the NHS realistic?
 - a. Does the wider societal value of the healthcare system exceed its monetary cost?
 - b. What funding model(s) would best ensure financial stability and sustainability without compromising the quality of care? What financial system would help determine where money might be best spent?
 - c. What is the scope for changes to current funding streams such as a hypothecated health tax, sin taxes, inheritance and property taxes, new voluntary local taxes, and expansion on co-payments (with agreed exceptions)?
 - d. Should the scope of what is free at the point of use be more tightly drawn? For instance, could certain procedures be removed from the NHS or made available on a means-tested basis, or could continuing care be made means-tested with a Dilnot-style cap?

Workforce

3. What are the requirements of the future workforce going to be, and how can the supply of key groups of healthcare workers such as doctors, nurses, and other healthcare professionals and staff, be optimised for the long term needs of the NHS?
 - a. What are the options for increasing supply, for instance through changing entry systems, overseas recruitment, internal development and progression?
 - b. What effect will the UK leaving the European Union have on the continued supply of healthcare workers from overseas?
 - c. What are the retention issues for key groups of healthcare workers and how should these be addressed?
4. How can the UK ensure its health and social care workforce is sufficiently and appropriately trained?
 - a. What changes, such as the use of new technologies, can be made to increase the agility of the health and social care workforce?
 - b. What are the cost implications of moving towards a workforce that is equipped with a more adaptable skill mix being deployed in the right place at the right time to better meet the needs of patients?
 - c. What investment model would most speedily enhance and stabilise the workforce?

Models of service delivery and integration

5. What are the practical changes required to provide the population with an integrated National Health and Care Service?
 - a. How could truly integrated budgets for the NHS and social care work and what changes would be required at national and local levels to make this work smoothly?
 - b. How can local organisations be incentivised to work together?
 - c. How can the balance between (a) hospital and community services and (b) mental and physical health and care services be improved?

Prevention and public engagement

6. What are the practical changes required to enable the NHS to shift to a more preventative rather than acute treatment service?
 - a. What are the key elements of a public health policy that would enhance a population's health and wellbeing and increase years of good health?
 - b. What should be the role of the State, the individual and local and regional bodies in an enhanced prevention and public health strategy; and what are the key changes required to the present arrangements to support this?
 - c. Is there a mismatch between the funding and delivery of public health and prevention, compared with the amount of money spent on treatment? How can public health funding be brought more in line with the anticipated need, for instance a period of protection or ring-fencing?
 - d. Should the UK Government legislate for greater industry responsibility to safeguard national health, for example the sugar tax? If so how?
 - e. By what means can providers be incentivised to keep people healthier for longer therefore requiring a lower level of overall care?
 - f. What are the barriers to taking on received knowledge about healthy places to live and work?
 - g. How could technology play a greater role in enhancing prevention and public health?
7. What are the best ways to engage the public in talking about what they want from a health service?

Digitisation of services, Big Data and informatics

8. How can new technologies be used to ensure the sustainability of the NHS?
 - a. What is the role of technology such as telecare and telehealth, wearable technologies and genetic and genome medicine in reducing costs and managing demand?
 - b. What is the role of 'Big Data' in reducing costs and managing demand?
 - c. What are the barriers to industrial roll out of new technologies and the use of 'Big Data'?
 - d. How can healthcare providers be incentivised to take up new technologies?
 - e. Where is investment in technology and informatics most needed?

Instructions for submitting written evidence

Written evidence should be submitted online using the written submission form available at www.parliament.uk/nhs-sustainability-written-submission-form. This page also provides guidance on submitting evidence. If you have difficulty submitting evidence online, please contact the Committee staff by email at hlhssustainability@parliament.uk or by telephoning 020 7219 6968.

The deadline for written evidence is Friday 23 September.

Short submissions are preferred. A submission longer than six pages should include a one-page summary.

Paragraphs should be numbered. All submissions made through the written submission form will be acknowledged automatically by email.

Evidence should be dated, with a note of the author's name and status, and of whether the evidence is submitted on an individual or corporate basis. Where acronyms are used, such as for organisations, these should be spelt out in full when first used.

Evidence which is accepted by the Committee may be published online at any stage; when it is so published it becomes subject to parliamentary copyright and is protected by parliamentary privilege. Submissions which have been previously published will not be accepted as evidence. Once you have received acknowledgement that the evidence has been accepted you will receive a further email, and at this point you may publicise or publish your evidence yourself. In doing so you must indicate that it was prepared for the Committee, and you should be aware that your publication or re-publication of your evidence may not be protected by parliamentary privilege.

Personal contact details will be removed from evidence before publication, but will be retained by the Committee Office and used for specific purposes relating to the Committee's work, for instance to seek additional information.

Persons who submit written evidence, and others, may be invited to give oral evidence. Oral evidence is usually given in public at Westminster and broadcast online; transcripts are also taken and published online. Persons invited to give oral evidence will be notified separately of the procedure to be followed and the topics likely to be discussed.

Substantive communications to the Committee about the inquiry should be addressed through the Clerk of the Committee, whether or not they are intended to constitute formal evidence to the Committee.

This is a public Call for Evidence. Please bring it to the attention of other groups and individuals who may not have received a copy directly.

You may follow the progress of the inquiry at <http://www.parliament.uk/nhs-sustainability>. You may also wish to join the discussion on Twitter using #HLNHS.