Reforming the Welfare State: the Parliamentarian’s View

Professor the Lord Kakkar
My talk today

- The fiscal challenge
- Evolution of the Welfare State
- Delivering comprehensive healthcare
- The challenges facing society
Background

- Cross bench Peer – independent member of the House of Lords
- Appointed in 2010
- Significant changes due to new government and devastating fiscal situation
2010: debt/GDP ratio
Public perceptions
Birth of the Welfare State

Beveridge Report of 1942

Recommended that the government should find ways of fighting the five ‘Giant Evils’ of ‘Want, Disease, Ignorance, Squalor and Idleness’
## Healthcare demand at the birth of NHS in 1948 and 60 years later

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<thead>
<tr>
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<th>1948</th>
<th>2008</th>
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<tbody>
<tr>
<td>Life expectancy for men</td>
<td>66</td>
<td>77.2</td>
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<tr>
<td>Life expectancy for women</td>
<td>71</td>
<td>81.5</td>
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<tr>
<td>Deaths per 100,000 live births</td>
<td>86</td>
<td>6.2</td>
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<tr>
<td>Infant mortality per 1,000 live births</td>
<td>34.5</td>
<td>5</td>
</tr>
<tr>
<td>Deaths caused by heart disease (percentage of total deaths)</td>
<td>35.4%</td>
<td>34.6%</td>
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<tr>
<td>Deaths caused by stroke (percentage of total deaths)</td>
<td>11.5%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Total NHS budget</td>
<td>£280m</td>
<td>£89.5bn</td>
</tr>
<tr>
<td>Total drug budget</td>
<td>£31.7m</td>
<td>£11bn</td>
</tr>
<tr>
<td>Cost per head per lifetime</td>
<td>£200</td>
<td>£1,700</td>
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How did we manage heart disease in 1948

By 1948, sodium was widely recognized as the major determinant in extracellular fluid volume.

Drug therapy was confined to pain relief and anti-coagulants, with mercurial diuretics for heart failure, and noradrenaline for shock. The in-hospital mortality was in the region of 25–30%.

Debates arose over armchair vs. bed rest treatment for MI.

Armchair Treatment of Myocardial Infarction
Advice for a cardiologist in 1956

“In 1956, when I was working at the National Heart Hospital in London, the Professor of Medicine in my old medical school advised me not to pursue a career in cardiology. He saw little future in it as ‘all the mitrals had been operated upon’.”

-D. Julian

Focus today is on prevention of:
- coronary disease
- hypertension
- diabetes
- cardiomyopathy

How do we manage heart disease today

- 82% of patients having a heart attack in England will undergo primary angioplasty (Primary angioplasty has led to a 22% reduction in mortality)
- Multiple pharmaceutical agents
  - Aspirin
  - Anti-hypertensive agents
  - Other anti-platelet and anti-coagulants
  - Statins
  - Anti-arrhythmics
- 23% of the cost of the £9bn spent on CVD was on drugs in 2009
- Open heart surgery slowly being replaced by less invasive approaches
Health and Social Care Act 2012
Health and Social Care Act 2012

- April 1st 2013
- Significant changes to the structure of the NHS
- Key priorities for health and care
  - Reducing preventable early death
  - Improving standard of care that people receive
  - Improving the treatment and care of people with dementia, mental illness and other long-term conditions
  - Bringing the technology revolution to the health and care sectors
What does this mean for us as clinicians

- **Rationing**
  - Reducing the number of cycles available for IVF on the NHS
  - Limited access to chemotherapeutic agents
  - Requiring physiotherapist reviews prior to accessing orthopaedic services for back pain

- **Changing the way we deliver care**
  - Integrated care
  - Care at home
  - Telemedicine

- **‘Nicholson Challenge’ in the NHS**
  - deliver efficiency savings of £15-20 billion between 2011 and 2014
  - Efficiency gains of 4% per year
NICE's role is to improve outcomes for people using the NHS and other public health and social care services.

This is done by:

- Producing evidence-based guidance and advice for health, public health and social care practitioners.
- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services;
- Providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.
Health informatics is the knowledge, skills and tools which enable information to be collected, managed, used and shared to support the delivery of healthcare and promote health.

Bioinformatics is the use of computational, mathematical and statistical methods to organise, analyse and interpret biological information, particularly at the molecular, cellular, genetic and genomic levels.
Bioinformatics

- Bioinformatics is central to the interpretation and exploitation of the wealth of biological data being generated in the post-genome era with the consequential major clinical and commercial benefits.

- 100,000 genome project; the UK government pronounced that this project will sequence the personal DNA code of up to 100,000 patients over the next five years leading to better and earlier diagnosis and personalised care.

- Herceptin, in 2010, became the first genetically targeted therapy for breast cancer.
Health informatics

• Health Informatics is the clinical application of information technology providing immediate access to accurate information at the point at which it is needed.
  • Facilitating joined-up care by enabling the secure sharing of clinical information across a variety of organisations and care settings.
  • Improving access to high quality and reliable clinical information, for patients and clinicians alike.
  • Improved medical technology helps clinicians to deliver safe and appropriate care, which directly improves service quality and patient health outcomes.

• Health informatics is one of the fastest growing areas within healthcare. In its most simplest term, health informatics is about getting the right information to the right person at the right time.
What will this mean for patients and society

- **Improved patient choice to allow for competition between hospitals and providers**
- **Greater personal responsibility for health including the use of personalized health budgets**
- **Difficult choices**
  - Closure of hospitals
  - Reduced access to medicines and treatments not deemed appropriate by NICE
  - Reconfiguration of services
  - Public health considerations vs. advanced technological intervention at the end of life
Summary

- The end of the Welfare state : NO
- Need for serious reform : YES

- In healthcare this will require innovation, integrated care, greater focus on prevention

- Health and social care will become a seamless continuum

- Patients will become custodians of their own budgets

- Health informatics and bioinformatics will drive the personalized medicine revolution