

Darzi Investigation of the NHS in England



The investigation explores the challenges facing the NHS and sets the major themes for the forthcoming 10-year health plan

Context for the Independent Investigation of the National Health Service in England

- **The National Health Service is in serious trouble:** The NHS is a much-treasured public institution embedded into the national psyche but is now in critical condition and experiencing falling public confidence
- **The health of the nation is worse:** increasing long-term conditions and worsening mental health, leading to a spike in 2.8m long-term sick from 2m, while the public health grant reduced by 25% and the public health body has been split into two
- **This is not a reason to question the principles of the NHS or to blame management:** managers have been “keeping the show on the road” and there is a virtuous circle where the NHS can help people back to work and act as an engine for national prosperity

The challenges facing the NHS are interlinked...

Waiting time targets have been missed consistently for nearly a decade and satisfaction is at an all-time low



People struggle to see a GP despite more patients than ever being seen, the relative number of GPs is falling, particularly in deprived areas, leading to record low satisfaction



Community waiting lists have soared to 1million with 80% being children and young people; 345k people are waiting more than a year for **Mental Health** services



A&E is in an awful state and long waits contribute 14,000 additional deaths per year, while **elective waits have ballooned** with 15x more people waiting >1 year

People receive high quality care if they access the right service at the right time, without health deteriorating



Cardiovascular mortality has rolled back as rapid access has deteriorated



Cancer mortality is higher in part due to minimal improvement in detecting cancer at stage I and II



Dementia has a higher mortality rate in the UK than OECD and only 65% of patients are diagnosed

Funding has been misaligned to strategy, with increased expenditure in acute driven by poor productivity



Too great a share of funding is on hospitals, increasing from 47% to 58% of the NHS budget since 2006, with 13% of beds occupied by people who could be discharged



The number of hospital staff has increased sharply, equal to a 17% since 2019, with 35% more working with adults and 75% more working with children



Patients no longer flow through hospitals properly leading to 7% fewer OP appts. per consultant, and 18% less activity for each clinician working in emergency

Four main drivers are identified...

It has been the most austere period in NHS history with revenue prioritised over capital

- 2010-2018 funding grew at 1% compared to long term average of 3.4%
- £4.3bn has been raided from capital budgets between 2014 and 2019
- £37bn shortfall of capital investment has deprived the system of funds for new hospitals, primary care, diagnostics or digital

The pandemic's legacy has been long-lasting on the health of the NHS and population

- The NHS entered the pandemic with higher bed occupancy, fewer clinical staff and capital assets than comparable systems
- NHS volume dropped more sharply than any other comparable health system, e.g. 69% UK drop vs OECD 20% in knee replacements

The voice of staff and patients is not loud enough as a vehicle to drive change

- Patients feel less empowered or secure and compensation claims stand at £3bn per year
- Priorities of patients have not been addressed, notably in maternity reviews
- Staff sickness is equal to one-month a year for each nurse or midwife
- Discretionary effort has fallen up to 15% for nursing staff since 2019

Management structures and systems have been subject to turbulence and are confused

- The 2012 Health and Social Care Act was disastrous
- The 2022 Act brought some coherence but there is a lack of clarity in responsibilities and in performance management
- Regulatory organisations employ 35 staff per trust, doubling in size in the last 20 years
- Framework of standards and financial incentives is no longer effective

Addressing these in the forthcoming 10-year health plan needs to include...

- **Re-engage staff and re-empower patients,** harnessing staff talent to deliver change and enabling patients to control their care
- **Change financial flows** to promote and sustain the expansion of GP, MH and Community services at a local level, embracing a multidisciplinary neighbourhood care team model that brings these services together
- **Improve productivity** in hospitals through improved operational management, capital investment and empowering staff
- Across the system, **tilt towards technology** through digital systems, especially for staff outside hospitals, and embracing the potential of AI for care and life sciences
- **Clarify roles and accountabilities** in NHS England and ICBs, rebalancing management resource with emphasis on the capacity to deliver plans, while avoiding top-down reorganisation
- **Direct effort** at aspects that will drive national prosperity by supporting people to get back to work, and working with British biopharmaceutical companies