

Looking forward: the views of health and social care leaders

Health and Social Care Leaders' Panel

Helen Crump and Ruth Thorlby

Survey no. 4, March 2015

About the Health and Social Care Leaders' Panel

In the run-up to the 2015 General Election, the Nuffield Trust is regularly surveying a panel of 100 health and social care leaders in England for their views on a range of issues, including the state of the NHS and social care system, and what they believe should be the priority areas for reform during the next Parliament.

This is the fourth survey, drawing on the views of panel members from across the NHS and social care, including hospitals, ambulance trusts, community services, general practice, local authorities, and private and voluntary sector providers. The patient's perspective is provided by individuals working in local Healthwatch bodies. The first survey was conducted in June 2014, the second in September 2014, the third in December 2014 and the fourth in March 2015.

Each survey asks the panellists a number of 'tracker' questions on overall perceptions about the quality and sustainability of NHS services. In addition, each survey focuses on a specific topical issue. This fourth survey looks at the future of the NHS, and in particular whether NHS England's Five Year Forward View has accurately diagnosed the challenges faced by the health service, and whether the strategy will be able to drive the changes required to address these problems.

These results will provide useful insights for policy-makers into the views of health and social care leaders as we approach the 2015 General Election.

Find out more and join the debate

We encourage you to comment on our survey findings and find out more about the Health and Social Care Leaders' Panel. You can:



follow the project on Twitter via **#HealthLeaders** – tell us your views



find out more about the 100 health and social care professionals who have come together to form our panel: **www.nuffieldtrust.org.uk/health-leaders-panel**



read analysis and commentary on the survey findings from panel members and Nuffield Trust experts via our blog: **www.nuffieldtrust.org.uk/general-election-2015**



be the first to receive our latest reports, analysis and invitations to events by signing up to our monthly newsletter and email updates via: **www.nuffieldtrust.org.uk/newsletter**

Key points

- **77%** of our panellists think ensuring adequate funding for health and social care is one of the greatest challenges facing the incoming government.
- **61%** think NHS England's Five Year Forward View is effective in identifying the challenges they are experiencing locally.
- **'In-reach support in care homes'** is the new care model described in the Five Year Forward View that respondents view as likely to be most effective in helping the NHS meet its quality and efficiency targets.
- **Three quarters** are not convinced that the NHS can meet the £22 billion efficiency challenge.
- **82%** expect volunteers to play a greater role in their own organisation in the next five years.
- **Only 41%** think the voluntary sector is well equipped to perform a wider role in the NHS.

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- **28%** of our panellists think the quality of health care has worsened over the last year, an increase of 15 percentage points since we first asked the panel in June 2014.
 - **85%** think the quality of social care services has worsened over the last year, an increase of 29 percentage points since June 2014.
 - **57%** believe that the NHS will be free at the point of use in ten years' time, up from 47% in June.
 - **37%** identified access to urgent care services as the most concerning access challenge, with access to social care for vulnerable people being identified as most concerning by 30% of respondents.



Introduction

One hundred leaders drawn from across the NHS and social care system have come together to form the Nuffield Trust's Health and Social Care Leaders' Panel. The majority of our 100 panellists work in acute and mental health trusts, ambulance trusts, community services, clinical commissioning groups (CCGs), local authority social services departments, and private and voluntary sector providers. Fifteen of our panel are GPs. The patient's perspective is provided by individuals working in local Healthwatch bodies. [Find out more about our panel members.](#)

Methods

Our fourth poll was conducted between 20 February and 6 March 2015, via an online survey.

In total, 66 of our 100 panellists responded. Of the 66 respondents, 28 are senior NHS managers, 20 are clinicians or clinical leaders, ten are from local Healthwatch bodies and six are from the social care sector. Of the health service managers and clinicians, 22 are from acute hospitals, nine from CCGs, five from private or voluntary sector providers, four from mental health providers, four from NHS ambulance trusts and four from NHS community trusts. Two did not provide information to identify themselves.

The panel members are named on our website but their individual responses to the survey are anonymised.

Our survey results are accompanied by a series of policy briefings on the issues and challenges we believe are critical to the longer-term success of the health and social care system, and which any new administration following the election will need to prioritise.

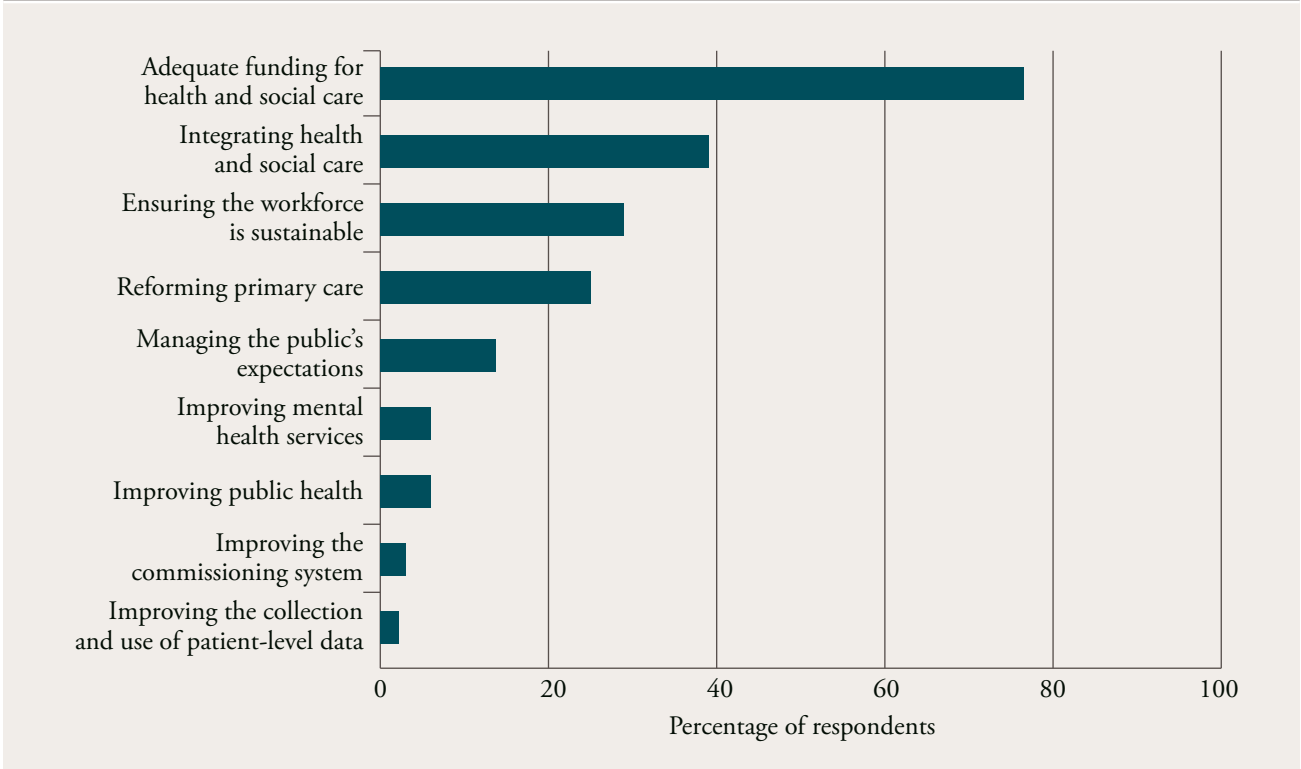
Find out more about our policy briefings and our other General Election work at: [**www.nuffieldtrust.org.uk/general-election-2015**](http://www.nuffieldtrust.org.uk/general-election-2015)

Findings and analysis

Which are the two greatest challenges facing the incoming government?

In the first Health Leaders' Panel survey in June 2014, panellists were asked for their priorities for the next government. From these answers we produced a shortlist of the most common priorities they identified and in this survey asked them to select from this list the two greatest challenges for the next government. Unsurprisingly, ensuring 'adequate funding for health and social care' was chosen by 77% of respondents, but the second most popular choice was 'integrating health and social care', selected by 38%. This suggests that the sector believes further integration will be necessary in the next parliament, regardless of whether this has been set out as a policy commitment by the major parties.

Figure 1: Which are the two greatest challenges facing the incoming government?



How effective do you feel NHS England's Five Year Forward View is in identifying the challenges you are experiencing locally?

In a vote of support for NHS England's Five Year Forward View, 61% of respondents said that the plan is very effective or quite effective in identifying the challenges they are experiencing locally. However, there was less certainty about how well placed the service is to achieve the objectives set out in the document. One described the document as "politically astutely placed" but added:

“ [There is a] risk of confusion and too many options being run and wasted effort, but [it] has galvanised hope amongst many that finally we have an NHS leader that understands not only the need to change, but allowing the operationally expert frontline to design and run with what works best for patients

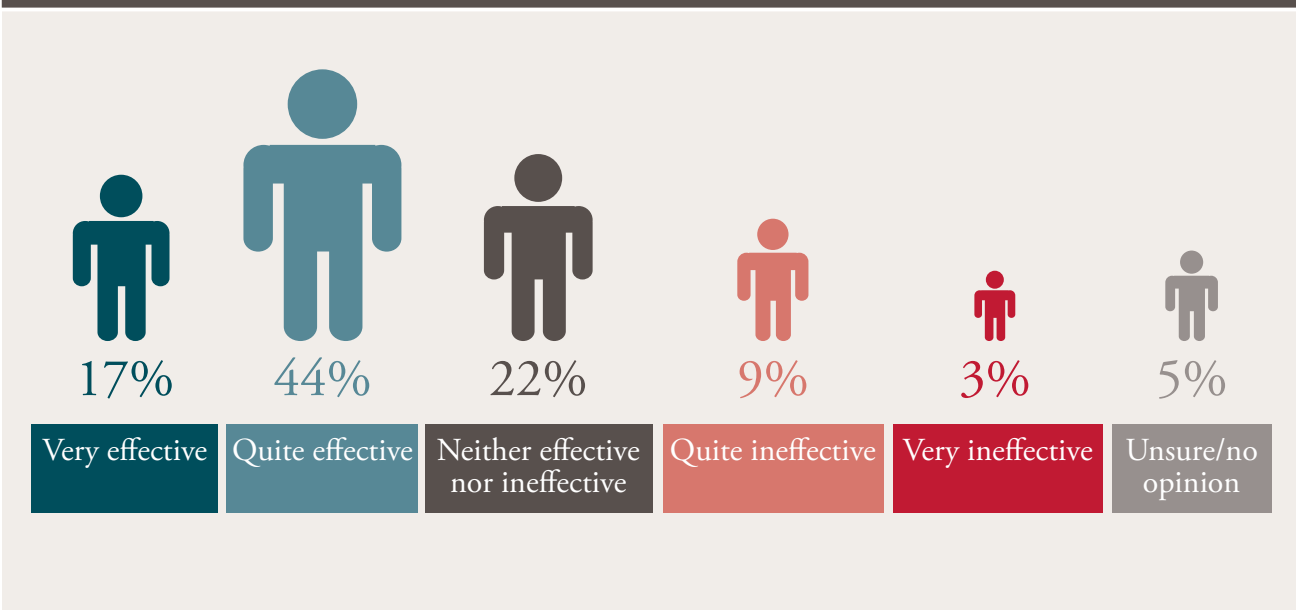
Acute trust panel member

Another said:

“ I think the diagnosis on the strategy is good, but am not so sure that the proposed steps will achieve the objectives

Healthwatch panel member

Figure 2: How effective do you feel NHS England's Five Year Forward View is in identifying the challenges you are experiencing locally?



How effective or ineffective do you think the new care models set out in the Five Year Forward View will be in helping the NHS meet its *quality* objectives over the next five years?

We asked panellists to think about the likely impact of some of the new models of care outlined in the Five Year Forward View. These are summarised in the box below.

Of the new care models set out below, the model viewed as best placed to help the NHS meet its quality objectives by most respondents was ‘in-reach support in care homes’, with 81% of respondents selecting this as either very or quite effective. This was followed by ‘multi-specialty community providers’ (67%), ‘further concentration of specialised surgery and cancer services’ (66%), ‘urgent and emergency care networks’ (64%) and ‘primary and acute care systems/accountable care organisations’ (63%). The only care model not viewed as effective by a majority of respondents was ‘making small hospitals viable’ (47%).

New care models set out in the Five Year Forward View

Further concentration of specialised surgery and cancer services

Centralising cancer and surgery services where there is evidence that bigger units with more senior doctors, support staff and technology can improve quality.

In-reach support in care homes

New ways for the NHS to work with people in care homes to stop their needs intensifying, including rehabilitation programmes and reviews by doctors.

Making small hospitals viable

Sustaining smaller hospitals by creating chains, integrating or inviting specialist providers to provide some services at smaller hospitals.

Multi-speciality community providers

Groups of GP practices forming larger organisations and employing specialists to deliver outpatient treatment and targeted support for people with long-term illnesses.

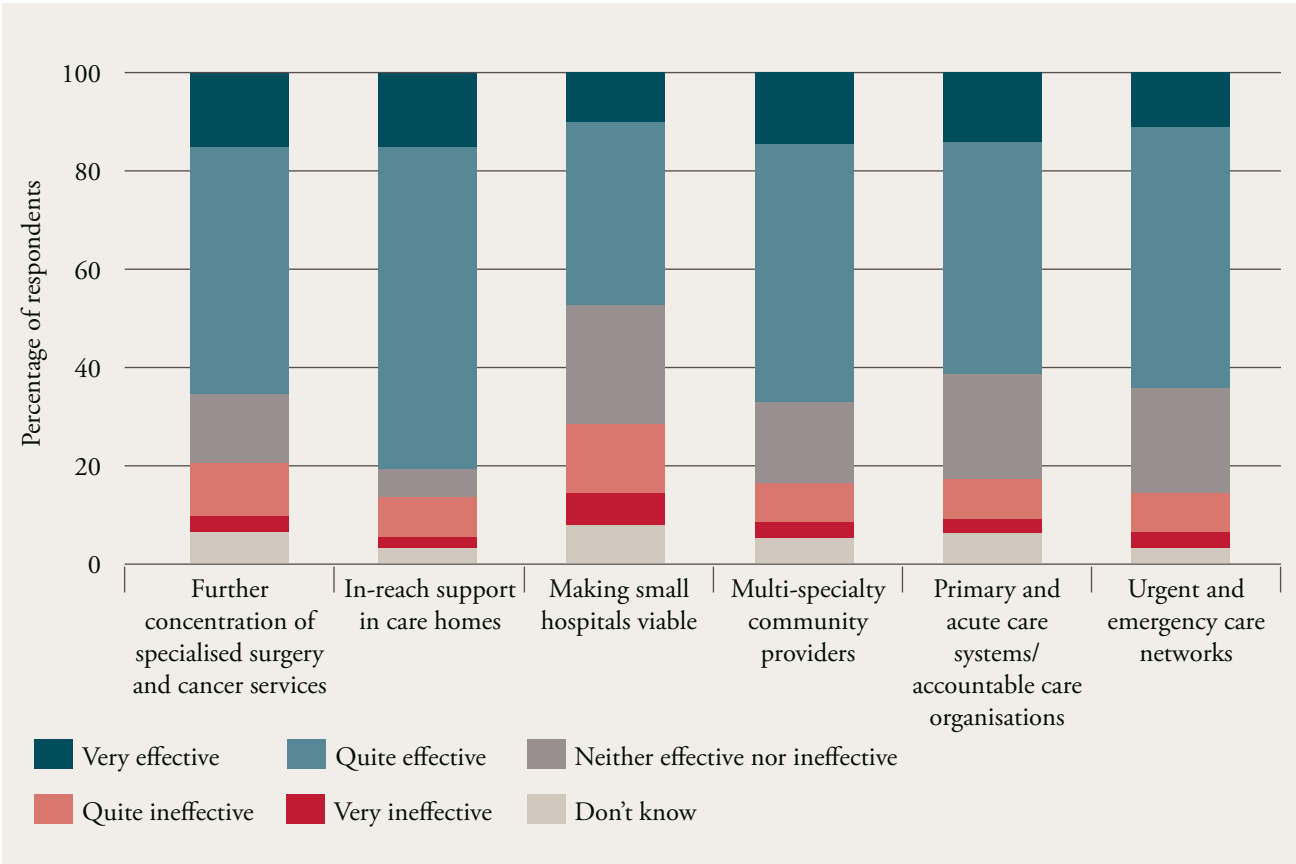
Primary and acute care systems/accountable care organisations

Combining primary and acute provision, potentially leading to new organisations taking accountability for the whole health needs of a registered list of patients.

Urgent and emergency care networks

Linking hospitals to make sure emergency patients get to where their needs can be met in the quickest and most efficient way, along with improved mental health crisis services and expanded GP out-of-hours provision.

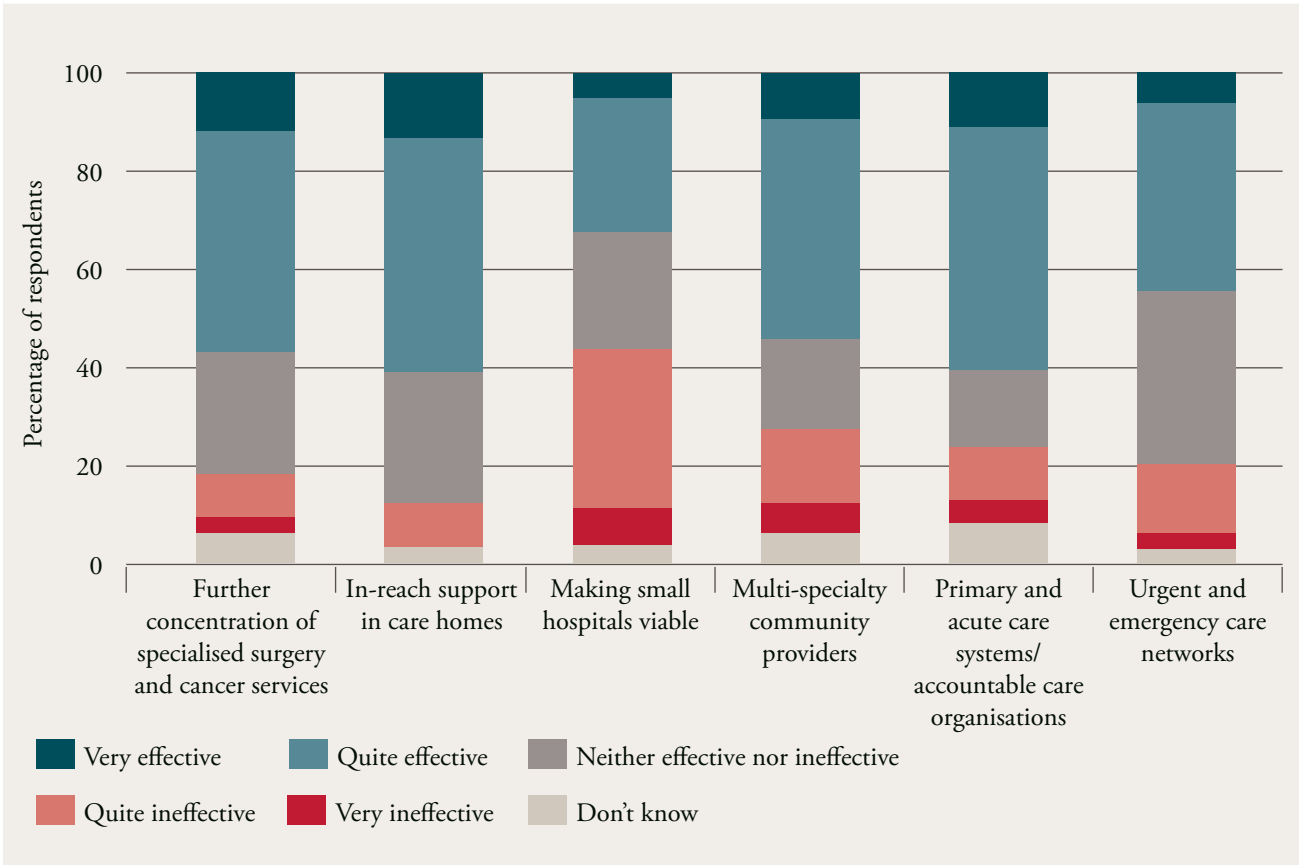
Figure 3: How effective or ineffective do you think the following new care models set out in the Five Year Forward View will be in helping the NHS meet its *quality* objectives over the next five years?



How effective or ineffective do you think the new care models set out in the Five Year Forward View will be in helping the NHS meet its *efficiency* objectives over the next five years?

When efficiency objectives were considered, ‘in-reach support in care homes’ was once again viewed as effective by most people (60%), but ‘primary and acute care systems/ accountable care organisations’ also achieved this score. This suggests that participants are much more confident about the ability of primary and acute care systems to release efficiency gains than to drive quality, but feel that ‘in-reach support in care homes’ would achieve both objectives. ‘Further concentration of specialised surgery and cancer services’ was viewed as very or quite effective by 56% of respondents, and ‘multi-specialty community providers’ by 53%. Neither ‘urgent and emergency care networks’ (44%) nor ‘making small hospitals viable’ (31%) were viewed as very or quite effective by a majority of respondents.

Figure 4: How effective or ineffective do you think the following new care models set out in the Five Year Forward View will be in helping the NHS meet its *efficiency* objectives over the next five years?



Do you think the development of multi-specialty community providers and primary and acute care systems will lead to a significant change in the way commissioning is organised?

Sixty-seven per cent of respondents feel that the development of multi-specialty community providers and primary and acute care systems (two new care models outlined in the Five Year Forward View) would lead to significant change in how commissioning is organised.

One respondent suggested payments and incentives would need to change, with 'year of care' approaches becoming more common. Another said:

“ Commissioning should become very high-level and based on outcomes and value for money, it should be combined health and social care. The footprint for commissioning should also be over a much wider area than currently

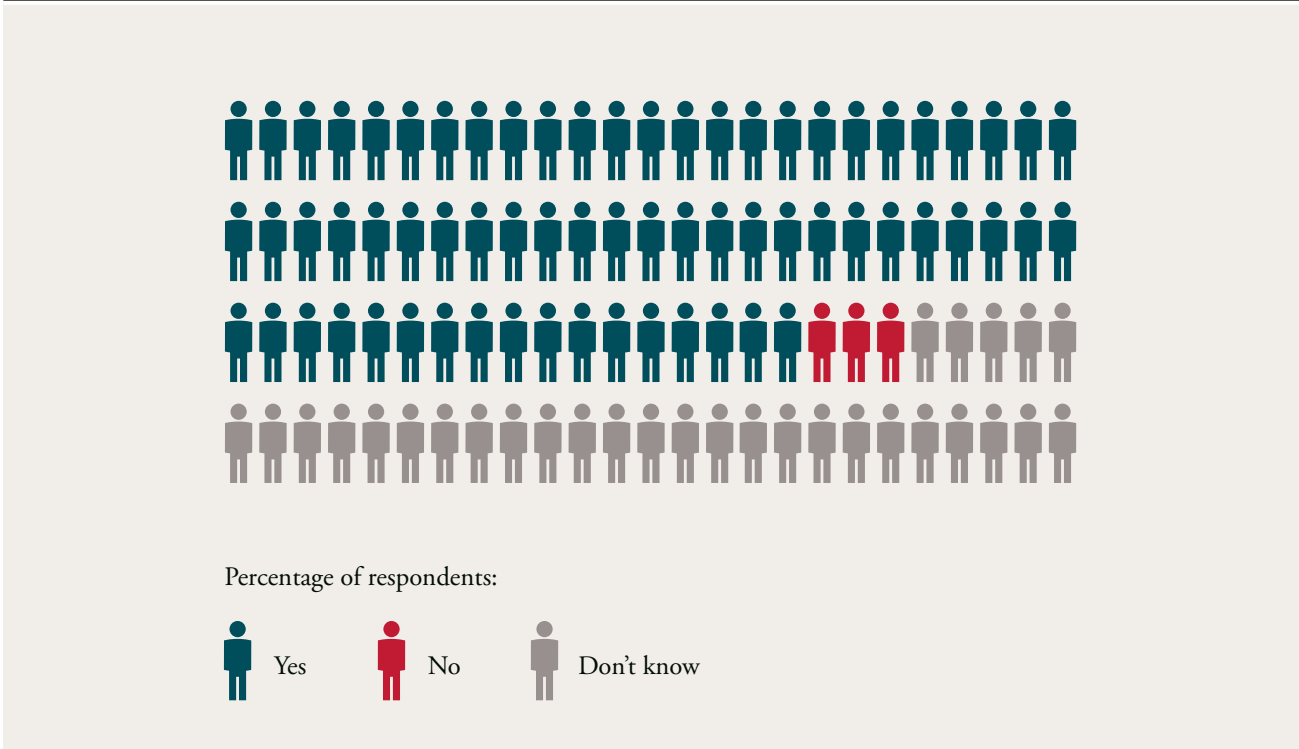
Acute trust panel member

A further respondent said:

“ If it doesn't [lead to a significant change] we will not get the benefits out. Capitation funding needs to be part of the new model and most of the transactional commissioning activity will be required

Acute trust panel member

Figure 5: Will the development of multi-specialty community providers (MCPs) and primary and acute care systems (PACS) lead to a significant change in the way commissioning is organised?

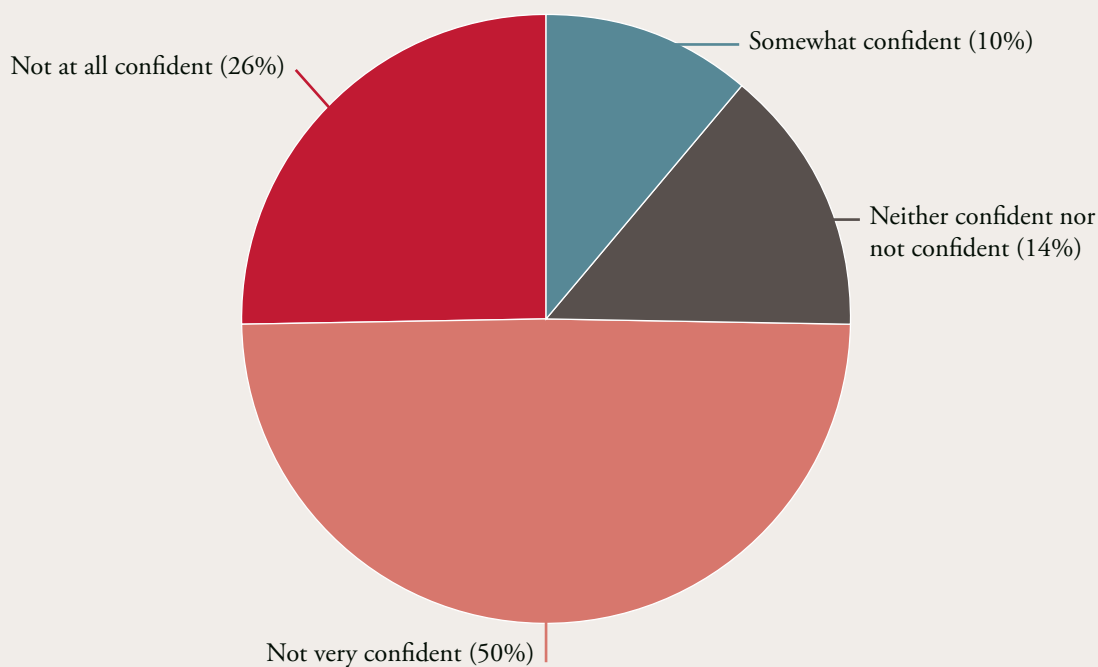


How confident are you that the NHS can meet the £22 billion efficiency challenge, as implied by the Five Year Forward View?

Although respondents are broadly positive about the Five Year Forward View's success in identifying the challenges they face, they are not convinced about its ability to help them generate the significant savings required.

Three quarters of respondents (76%) said they are either not very or not at all confident that the NHS can meet the £22 billion efficiency challenge, as implied by the Five Year Forward View. No respondents said they were very confident that the NHS could meet the efficiency challenge.

Figure 6: How confident are you that the NHS can meet the £22 billion efficiency challenge, as implied by the Five Year Forward View?



How well equipped do you think the voluntary sector is to perform a wider role in the NHS?

Views were mixed in response to this question, with 41% of respondents stating that the voluntary sector was very well or quite well equipped to perform a wider role in the NHS (as suggested in the Five Year Forward View), while 35% said it was quite unequipped or very unequipped.

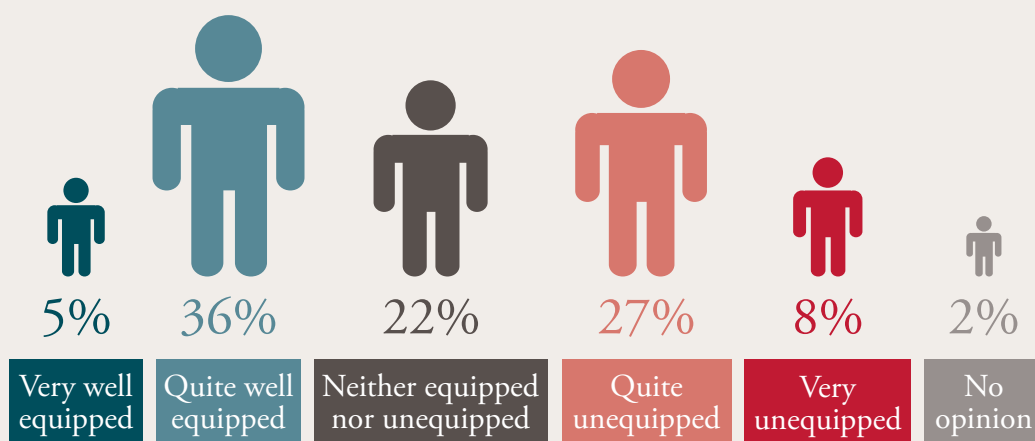
Respondents suggested the voluntary sector was under-resourced and often had problems 'gaining traction' at local level. One respondent said:

“Parts are well established and can contribute, others less so. Some of the big voluntary sector players are running businesses with ethical values and not for profit, but they are businesses. The costs they are generating are similar to other providers so one must question the added value. Smaller-scale mid-sized local organisations that can maximise local social capital are better placed to be part of a PACS [primary and acute care systems] solution

Acute trust panel member

Another spoke of 'some stunning examples of high-quality voluntary or community interest company provider organisations' (Healthwatch panel member). However, there were also concerns about poor governance and management.

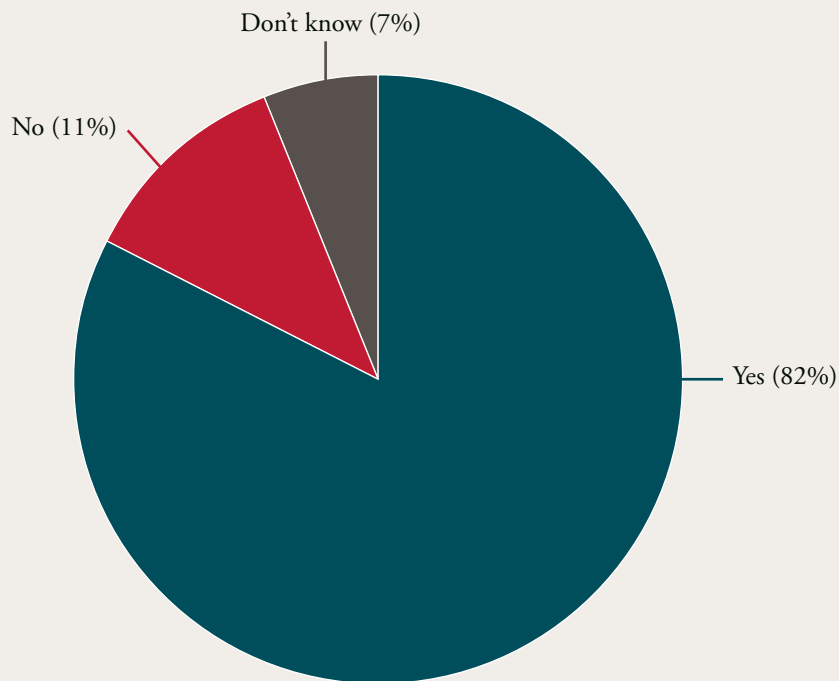
Figure 7: How well equipped do you think the voluntary sector is to perform a wider role in the NHS?



Do you envisage volunteers playing a greater role in your organisation in the next five years?

In spite of the mixed response to the previous question, a significant majority of respondents (82%) said they expect volunteers to play a greater role in their own organisation in the next five years. Many respondents described advisory and support roles such as patient buddying, advocacy and peer support, but others suggested supporting direct care and fundraising, and even care-giving on wards, and administrative and clerical support functions.

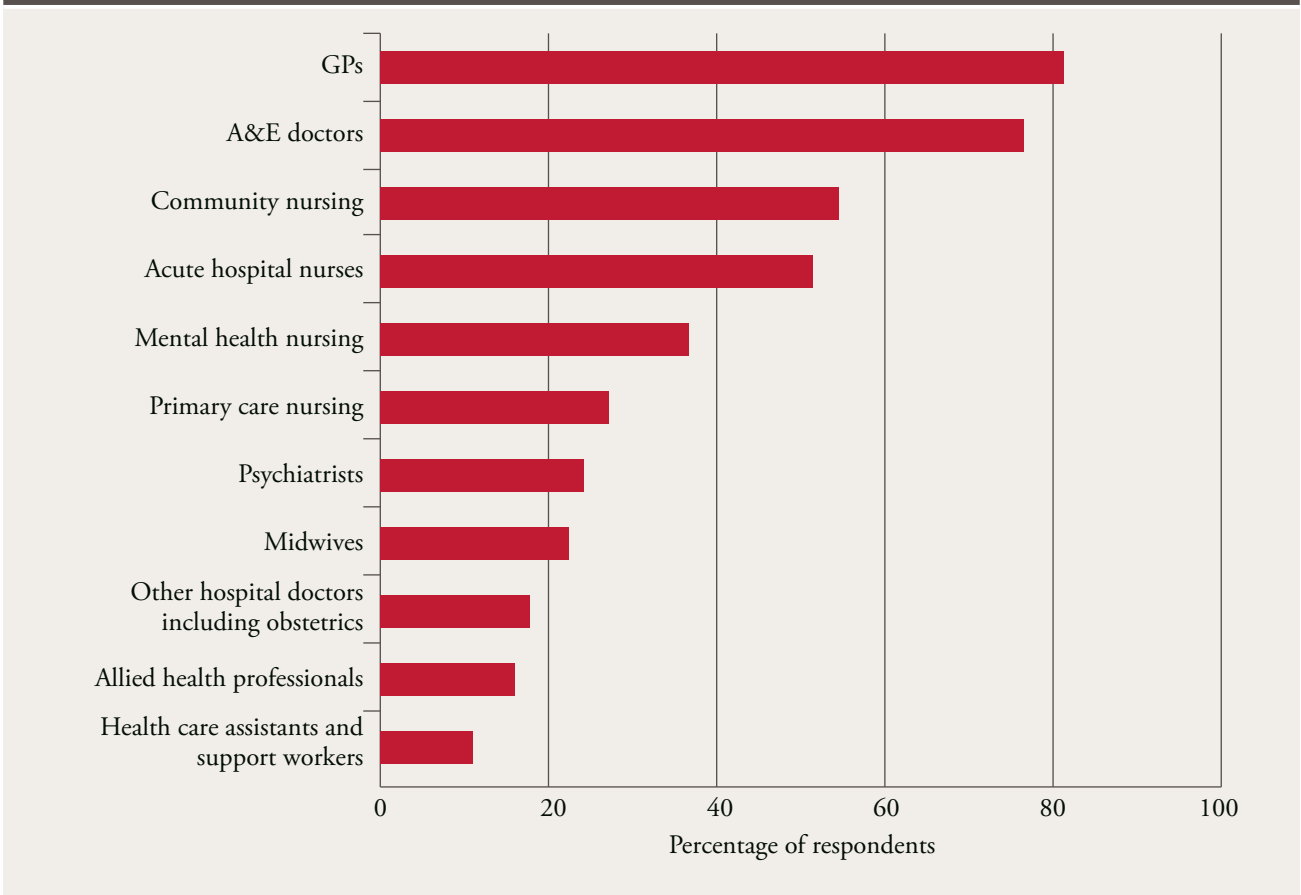
Figure 8: Do you envisage volunteers playing a greater role in your organisation in the next five years?



Which area or areas of the NHS workforce do you think will experience the greatest staff shortages over the next five years?

The most frequent response from our panellists on which area of the NHS workforce will experience the greatest staff shortages over the next five years was general practice, an option selected by 81% of respondents. Seventy-six per cent selected accident and emergency doctors, and 53% chose community nursing. More than one respondent commented on the challenge that already exists in recruiting paramedics.

Figure 9: Which area or areas of the NHS workforce do you think will experience the greatest staff shortages over the next five years?



What obstacles do you think there are preventing the implementation of the ideas set out in the Five Year Forward View?

Several panellists spoke of the need to fight fires and to focus on day-to-day survival getting in the way of implementation of the Five Year Forward View goals. Others identified culture and poor leadership as obstacles.

One highlighted cynicism and a desire to centrally control rather than to ‘allow local expertise to be freed and focused on patient care’ (Acute trust panel member). Another said ‘lack of courage in our NHS leadership and interference by local politicians – NIMBYism will rule’ (Community trust panel member).

More than one respondent said that CCGs were too small in size to drive the changes effectively.

Which mechanism do you think has been the most effective in improving the NHS to date?

Asked to choose between the options set out in Figure 10 (p.17), a quarter of respondents (26%) selected clinical leadership as the most effective improvement mechanism, with organisational leadership being chosen by 23%, learning from the Francis review and other service failures chosen by 13%, and local innovation by 13%. One respondent said:



Francis was a wake-up call and has definitely had an impact on how people approach improvement

Healthwatch panel member

But another said:



There is no one silver bullet – it is a combination of many initiatives taken by management and staff at all levels

Healthwatch panel member

Which mechanism do you think has been the least effective in improving the NHS to date?

Nineteen per cent of panellists selected financial penalties such as the marginal tariff as being the least effective mechanism in improving the NHS, with 15% choosing competition, the same percentage picking locally led system management, and 11% choosing central targets and performance management.

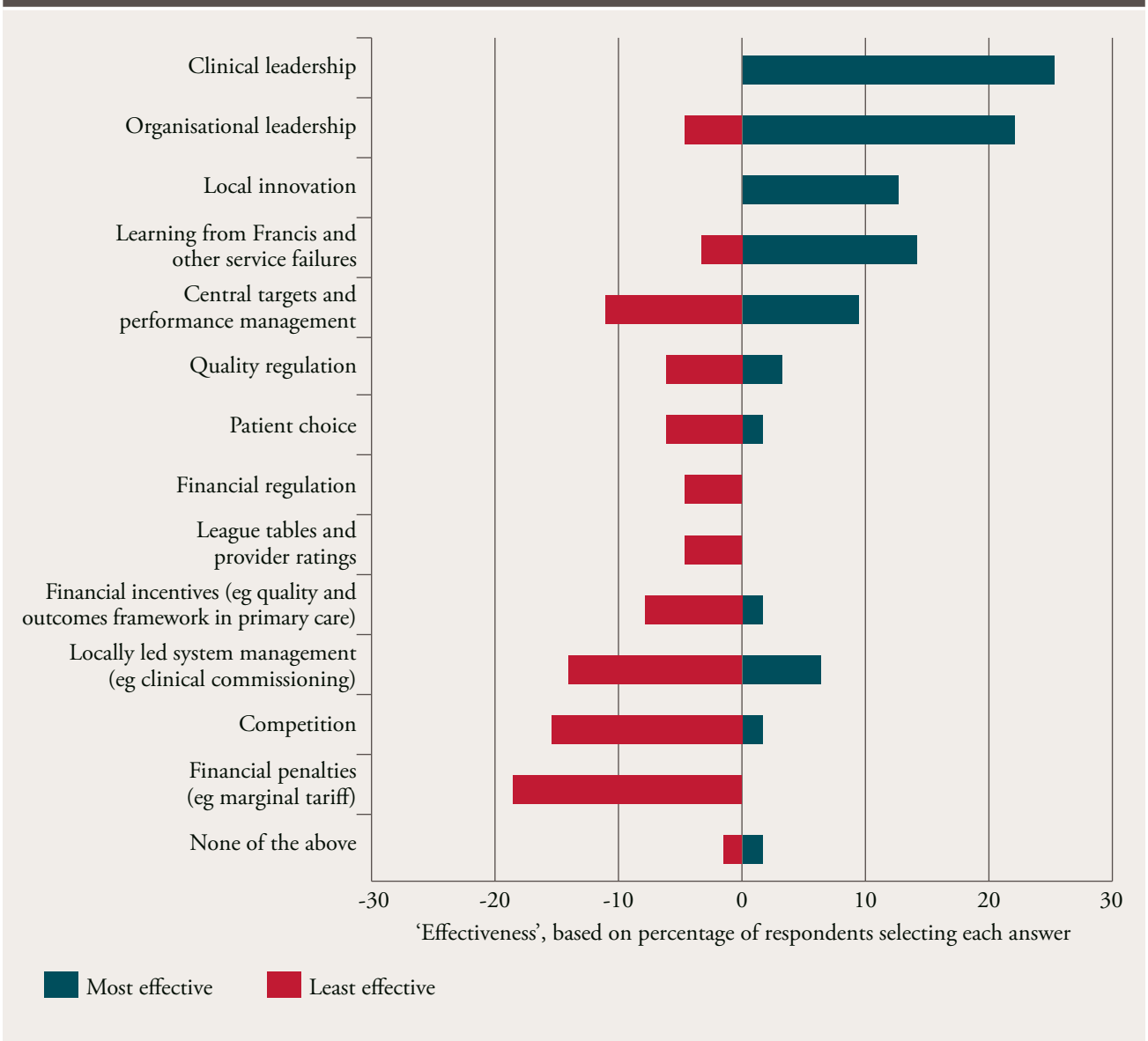
Several respondents were critical of the regulatory system, with one saying:

“ The system of economic regulation pushes organisations to act in their own best interest, not those of the system as a whole
CCG panel member

Another said:

“ There’s no evidence that regulation improves quality
Acute trust panel member

Figure 10: Which mechanisms do you think have been the most and least effective in improving the NHS to date?



Views on health and social care – tracker questions

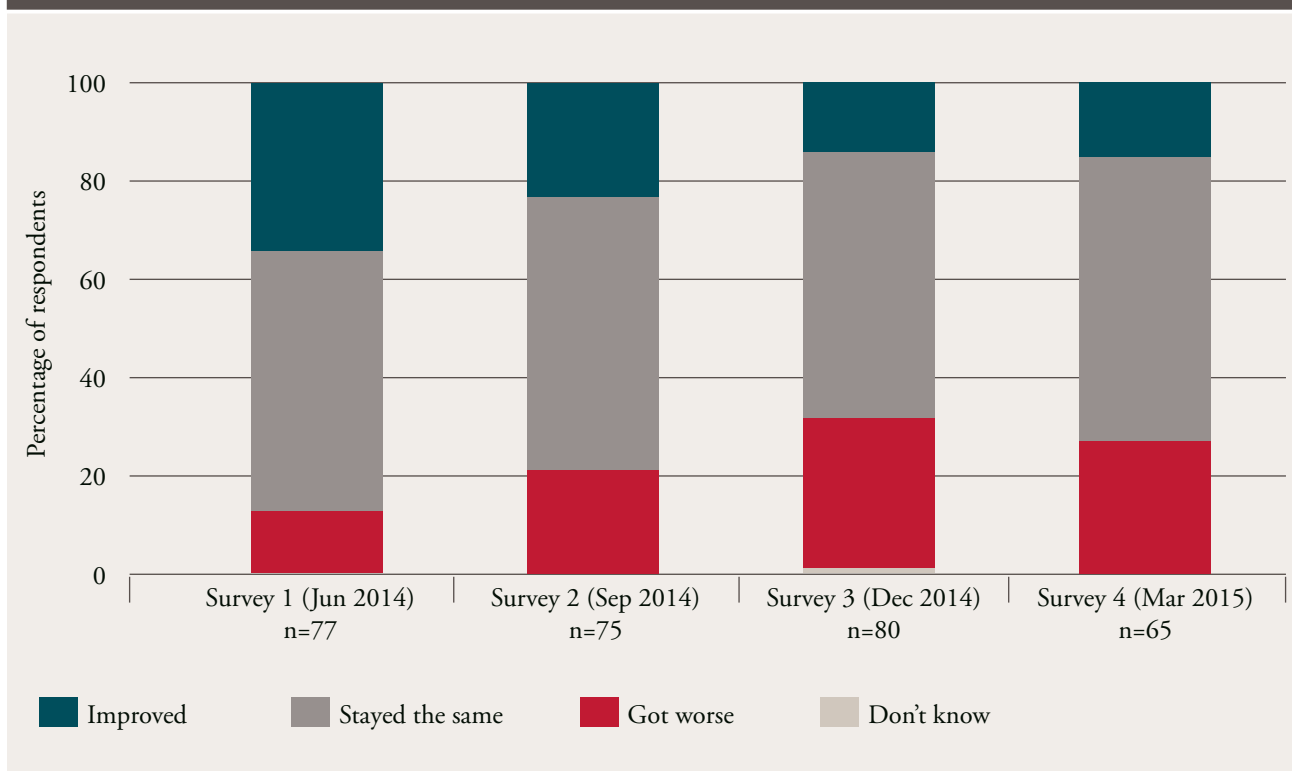
Each survey in our series asks a number of ‘tracker’ questions, to assess whether there are shifts in the views of the health and social care leaders over time. These questions cover access to health and social care, any perceived changes in the quality of both health and social care, and the long-term viability of comprehensive, publicly funded health care.

Given the small sample size, caution should be exercised in the interpretation of changes over time; however, we are including the comparisons between surveys as a general indication of perceptions among the panel members.

Since this time last year, do you think that the quality of health care that patients receive from the NHS has improved, got worse or stayed the same?

Yet again, a majority of panel members completing this fourth survey (72%) think that the quality of NHS health care has either improved or stayed the same. The proportion of respondents holding this view has increased by four percentage points compared with the previous survey. Conversely, the number believing that the quality of health care has worsened decreased to 28%; however, this was 15 percentage points higher than when we first asked the panel in June 2014.

Figure 11: Since this time last year, do you think that the quality of health care that patients receive from the NHS has improved, got worse or stayed the same?



Comments made by panellists illustrate the pressure that NHS staff are experiencing:

“ The quality of health and social care is being sustained by the inherent professionalism of clinicians and care-givers rather than the development of improved clinical services or investment

CCG panel member

“ Throughout the health and social care system there are increasing signs of battle fatigue on the part of really hard-pressed staff struggling with inadequate capacity and compounded by intrusive monitoring and assurance demands from the centre

CCG panel member

Since this time last year, do you think that the quality of social care that service users receive from local authorities has improved, got worse or stayed the same?

The picture for social care quality is bleaker than for health care. Eighty-five per cent of panellists answering the March survey think social care has got worse over the last year; an increase of seven percentage points on the previous survey and an increase of 29 percentage points since we first asked the panel in June 2014.

One respondent told us:

“ Social care is really in dire need – and feeling the impact of local authority spending cuts. It is often seen as the poor relation to that of NHS health care – yet it props up the health and social care system with carers that are largely on zero-hour contracts and minimum wages

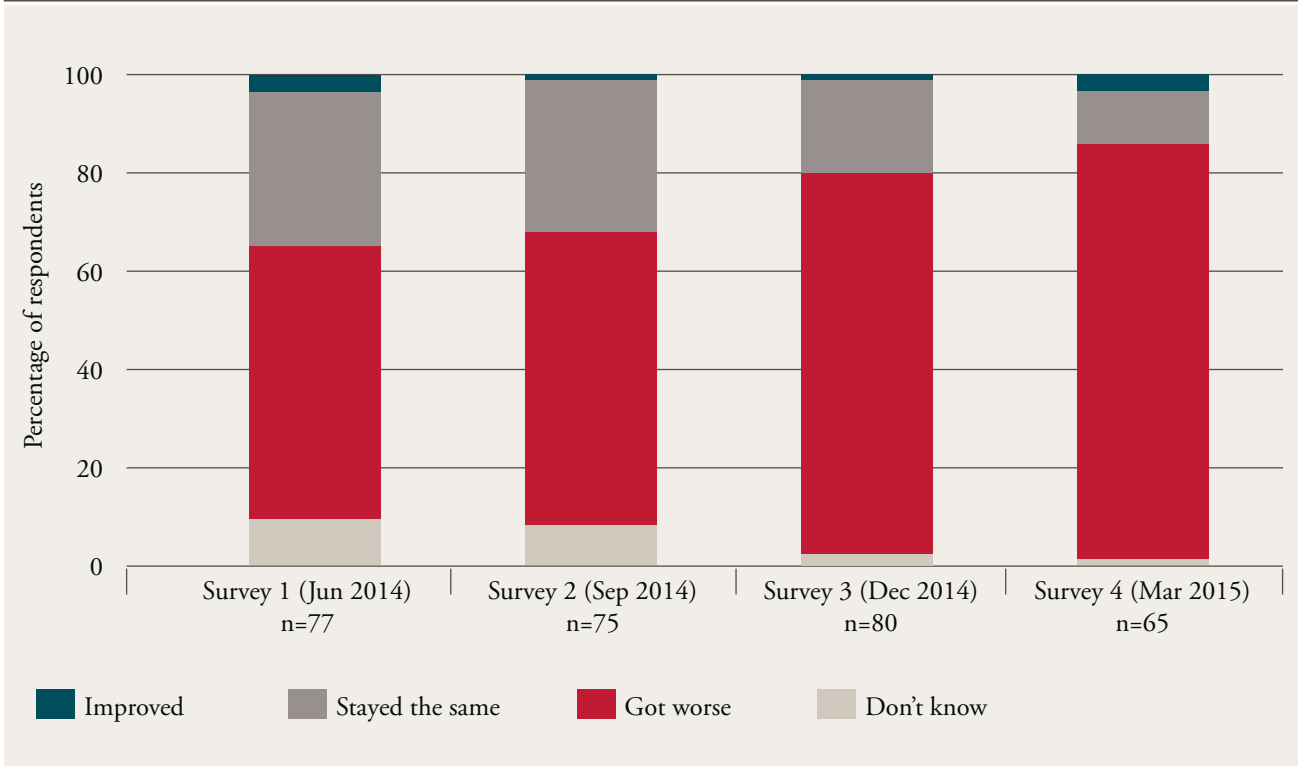
Healthwatch panel member

Another said:

“ Access to urgent care in my hospital is limited by four wards of patients awaiting discharge – some of this is for social care

Acute trust panel member

Figure 12: Since this time last year, do you think that the quality of social care that service users receive from local authorities has improved, got worse or stayed the same?

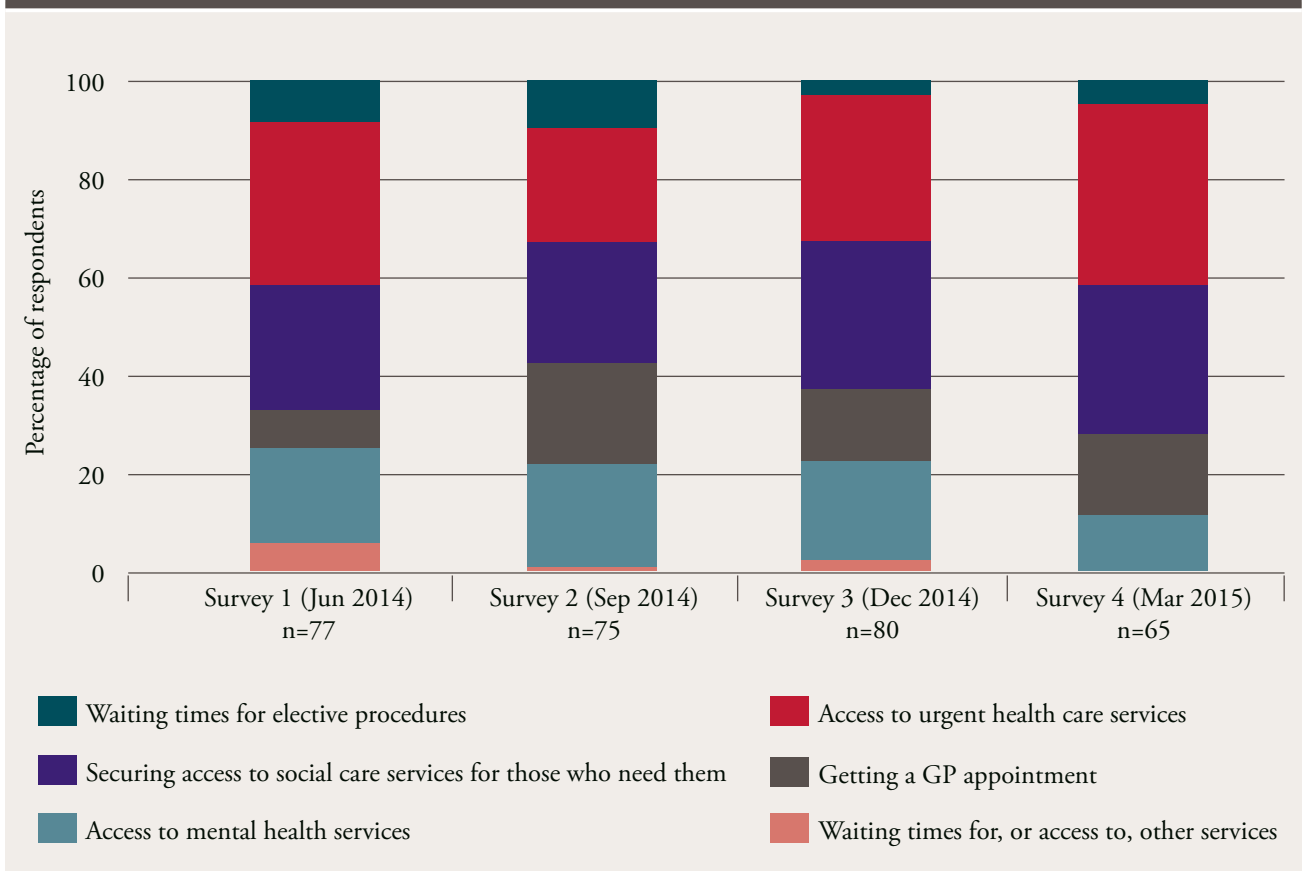


At the present time, which issue concerns you most regarding access to health and social care services in your local area?

Access to urgent health care services was rated as most concerning by 37% of respondents, with access to social care being selected by 31% of respondents. These two areas continue to preoccupy health leaders, having now been identified as the most concerning for all four surveys.

Getting a GP appointment was selected as most important by a further 17% of respondents, followed by mental health services, with 11% choosing it as most important.

Figure 13: At the present time, which issue concerns you most regarding access to health and social care services in your local area?



How likely do you think it is that comprehensive health care (excluding charges that already apply) will still be provided free at the point of use in England in ten years' time?

In our December survey, 58% of panellists said they thought it likely that comprehensive health care would still be provided free at the point of use in England in ten years' time. In March, the figure is 57%. This hints at a renewed optimism since we first asked the panel in June 2014, when just 47% said they thought it was 'very' or 'quite' likely that comprehensive health care would be provided free at the point of use ten years' time

Panellists' comments suggested a degree of confidence in the sustainability of the political commitment to a service free at the point of use. One said:



I think there is a distinct change in the public mood towards support for the NHS, which will help secure its future

Acute trust panel member

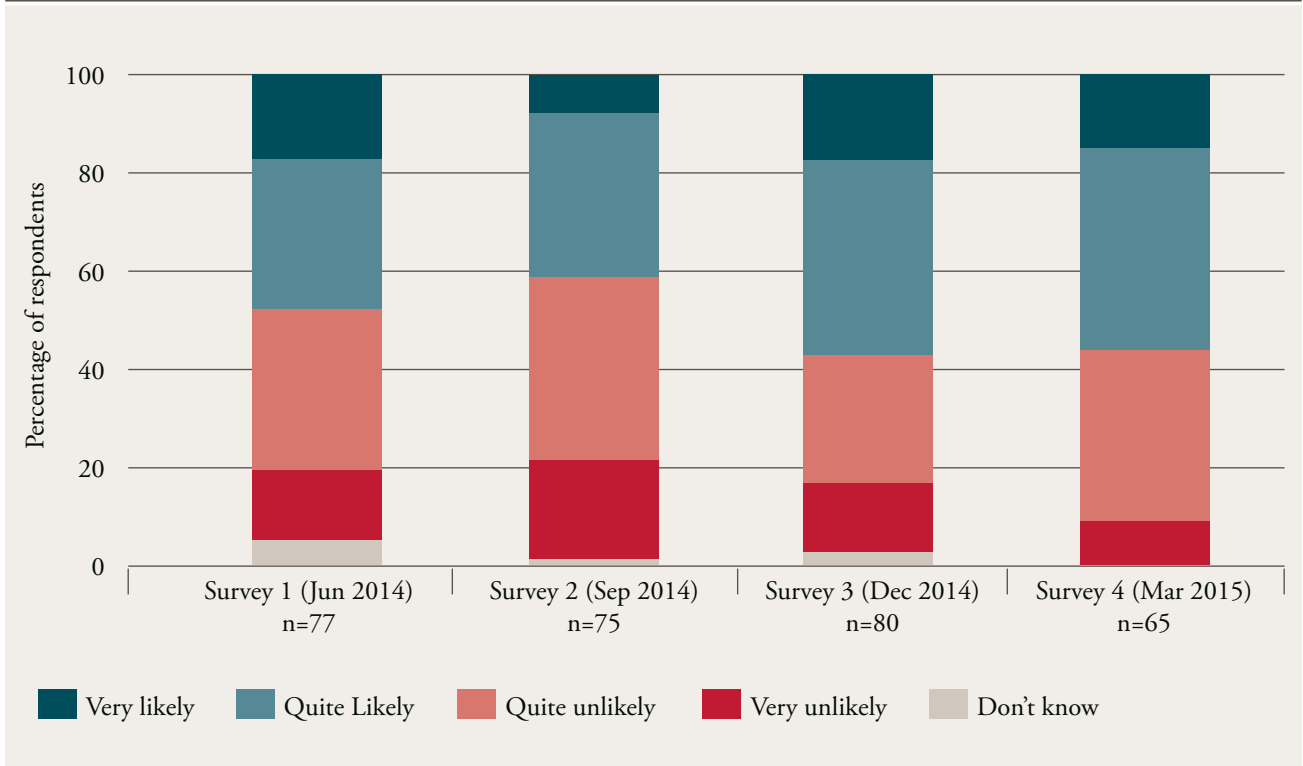
Another said:



Care is unlikely to not be free at the point of access due to political imperatives, however costs will need to be contained and rationing appears likely in some form, overt or covert

Ambulance trust panel member

Figure 14: How likely do you think it is that comprehensive health care (excluding charges that already apply) will still be provided free at the point of use in England in ten years' time?



Conclusion

Although panellists believe that NHS England's Five Year Forward View has accurately diagnosed the challenges faced by the NHS, they are far from certain that the strategy will be able to drive the changes required to address these problems.

Unsurprisingly, financial pressures are still viewed as the most significant problem facing the health service, but there is ambivalence about the ability of the voluntary sector to contribute to addressing these challenges.

Looking at the ability of NHS organisations to drive change, there is some support for many of the models proposed by the Five Year Forward View, but a recognition that both day-to-day management challenges and broader cultural issues will need to be overcome in order to drive the necessary change.

About the authors

Helen Crump is a Fellow in Health Policy at the Nuffield Trust. She has specialised in understanding NHS structural and system reform, regulatory policy and commissioning. Prior to joining the Trust, Helen worked at the Foundation Trust Network, where she led the organisation's regulatory policy programme, designing and implementing projects to assess the impact of new regulatory systems on NHS provider organisations.

Previously, she worked for the NHS Confederation's Primary Care Trust Network, undertaking qualitative research projects including a study into primary care trust commissioners' and GPs' experiences of practice-based commissioning. As a qualified journalist she has worked at specialist public sector titles such as *Health Service Journal*, *Local Government Chronicle* and *Pulse*.

Helen has studied qualitative and quantitative research methods, and completed an MSc in Health Economics and Health Policy at the University of Birmingham.


Ruth Thorlby is a Senior Fellow in Health Policy at the Nuffield Trust. Her research interests include NHS reform, GP commissioning, accountability, international comparisons and health inequalities. Before joining the Trust she was a Senior Fellow at The King's Fund, where her publications included two major reviews of NHS performance as well as a range of briefing and research papers.

She was a 2008–09 Harkness Fellow, based at Harvard Medical School, where she researched how physicians and health care organisations in the United States understood and tackled racial inequalities in the quality of health services.

Ruth has an MSc in Social Policy from the London School of Economics. Before moving into health policy research Ruth was a broadcast journalist, working for the BBC World Service, and BBC News and Current Affairs programmes including *Panorama*.

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