

Health Care: A Radical Rethink

Aim: How to radically improve cancer care in the UK, rebuild a world-class cancer service and, by extension, create a template for the broader NHS.

The aim of the Consultation is to provide a safe physical and intellectual space where participants can talk openly, independently and laterally around the current NHS cancer care crisis, develop some overarching potential solutions and develop future areas of work that can be progressed in partnership with St George's House.

This work seeks to:

- Act as a catalyst to change thinking on NHS care delivery in the UK
- Focus on Cancer as a template for other areas within the NHS
- Provide space for lateral thinking around: organisational transformation, business efficiencies, ethics, international comparisons, public engagement, digital transformation, getting things done; lessons from other organisations, dealing with backlogs.

Background and Needs in NHS cancer care

UK cancer survivals were the lowest of high-income countries before Covid. As a result of Covid and the challenges it put in the NH a huge backlog has built up. Cancer services are now unable to catch up. [UK cancer care: a watershed moment and the need for urgent intervention - The Lancet Oncology](#). [Cancer, health-care backlogs, and the cost-of-living crisis - The Lancet Oncology](#). This deterioration in services will reduce cancer survival figures further: for every 4 weeks delay in cancer treatment there is an average of 10% reduction in survival. Cancer care recovery and delivery in the UK needs a rapid and radical rethink. Recently, academics have published a proposed ten-point plan suggesting how to catch up with cancer and how to build a resilient national cancer control plan. [The future of cancer care in the UK—time for a radical and sustainable National Cancer Plan - The Lancet Oncology](#). This is in line with the CRUK November 2023 manifesto for cancer research and care. *"Longer, better lives - a programme for UK Government for cancer research and care"* [CRUK Manifesto](#).

Developments in cancer care since the first national cancer plan over two decades ago have been truly transformational for patients. However, as a result, cancer care has now become extremely complex and expensive. Consequently, the current NHS model and funding is unable to meet new demands. Cancer incidence is also set to increase with the aging population and the effect of life-style factors. CRUK estimate that by 2040 there will be a 30% increase in cancer incidence. While plans are in place to increase preventative strategies and increase the rate of early diagnosis, the NHS is unable to deal with the current cancer treatment backlog, never mind cope with the projected 30% increase in incidence.

Operation of the NHS

The UK NHS is no longer delivering for patients (too expensive, waiting lists are too long and its services are not joined up with social care). In particular, it is failing too many cancer patients. Without urgent changes things are not going to get better.

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A recent World Bank Report was unable to define a perfect model of national health care systems which underlines the challenge we face. The public want change as do NHS staff. Many have suggested root and branch reform is needed, embedded within a cross-party agreement to allow (i) long-term strategic change, (ii) a national conversation around what the NHS should decide to pay for and (iii) an urgent need to eradicate unnecessary waste. The NHS urgently needs to become resilient to new and growing external forces; pandemics, conflict, the effects of climate change, migration and political change. What we learnt from Covid is that running an NHS too "hot" i.e. at maximum capacity is high-risk, inefficient and detrimental to patient care.

Among the issues (by no means exclusive) to consider at our Consultation are:

1. The possible need for a Royal Commission to address fundamentally how the NHS could be better run and financed. How is a public health service best organized and run?
2. The potential for cross-party agreement that might create the ecology for long-term planning, the lack of which is one of the biggest threat to the NHS.
3. Do we need a national public conversation about what the health service in general and cancer service in particular should look like? Do we need to educate the public further about cancer and cancer care?
4. Is the NHS sufficiently transparent? Is it properly accountable? Is it sufficiently resilient in light of the new and growing external forces mentioned above?
5. What is the digital/IT /medtech transformation needed to make the NHS an efficient world-class service? Can we learn from international models?
6. What is the role of the patient in key clinical decision-making? Does our health service really put the patient first? Do front-line staff have sufficient involvement in key clinical decision making?

Planned output

A St George's House Consultation cannot hope to rectify the problems facing cancer care and the NHS in the space of twenty-four hours. However, we can generate a serious, focused discussion on how we might properly begin to address these hugely significant issues. A rapporteur will produce a summary report, written under the Chatham House Rule, which will be made available to participants and more widely to people and organisations who should know that the discussion has happened. The report will:

1. Identify, where possible, solutions to existing problems.
2. Suggest streams of work which individuals and/or organisations can take to the next stage in light of the discussion.
3. Indicate further areas for discussion that St George's House might undertake and the people essential to such discussion.

ENDS



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