

Centre for Progressive Policy

Public deliberation on NHS funding and system reform

SEPTEMBER 2018

Populus





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Executive summary

Executive summary (1/2)

- Over the course of the one day deliberative forum, participants were asked about where to spend additional funds and presented three scenarios for additional spending: 1. on improving health and social care services, 2. on keeping people healthy throughout their lives, or 3. considering a combined approach
- Participants believed spending money on health and social care, specifically acute (and primary) health care, should be an absolute priority
 - Focusing on front line services and hiring and pay of clinical staff was often mentioned
- There was a sense that the system could be improved to get better value for money and participants cited perceived inefficiencies and waste in the NHS (e.g. too many non-clinical staff, over dependence on expensive contract staff). Some also believed that savings could be made from restrictions on use of NHS services by non UK citizens
- Participants found it difficult to comprehend and accept the size of the spending shortfall, and struggled with the concept that any additional funding given by government would be unsustainable given the increasing demand and pressures on the NHS
- There was recognition that community services and social/economic infrastructure were important for improving people's health; prevention was important and should be considered and invested in

Executive summary (2/2)

- Ultimately the majority of participants voted for a combined approach (39 participants vs. 10 for health and social care only)
- However, discussions around keeping people healthy were limited by perceptions that these things were happening already and they were the remit of individuals (and possibly schools – focusing on young people) but not necessarily government
- Ultimately the crisis in health and social care was considered too big an issue, requiring, if not all, then most of the focus of future spending and there was concern that health outcomes would deteriorate without sustained focus on acute care and access to GP appointments

Background and methodology

Background

The Centre for Progressive Policy (CPP) is a new think tank committed to making inclusive economic growth a reality. By working with national and local partners, its aim is to devise effective, pragmatic policy solutions to drive productivity and shared prosperity in the UK.

As part of its work, CPP is conducting research on the long-term sustainability of high quality health and social care services in England and Wales. In June 2018 it launched *Diagnosis Critical*, its first major inquiry on health and social care.

CPP commissioned Populus to conduct public engagement on the topic to collect qualitative data on public attitudes towards health and social care funding to build on and support its own quantitative analysis outlined in the *Diagnosis Critical* report.

The findings will feed directly into CPP's engagement with health and social care professionals at the NHS Expo and with politicians and policy makers during at party conferences.

The aims of the piece of research were:

- To make participants consider the current demand and supply pressures facing health and social care in England and the impact this is having on access to, and quality of care and health outcomes
- To explore scenarios about future funding and the implications these might have for services under the current system
- To assess the viability of alternative policy options
- To identify areas of broad-based consensus

Methodology

CPP and Populus conducted a one-day **deliberative forum** in Watford (Borehamwood) on 6 August 2018.

Participants were recruited from areas local to Watford to ensure the 50 participants were broadly representative of the GB population in terms of:

- Age
- Gender
- Socio-economic grade (SEG)
- Ethnicity
- Urban/rural spread

Participants were also recruited to ensure:

- An even split of Leave and Remain voters at the 2016 EU referendum
- A mix of parties voted for at the 2017 General Election

Exclusions were made to ensure that:

- No participant was a medical professional
- None worked for the NHS
- No participant regularly used the NHS (i.e. not more than once a month) or had a chronic illness for which they needed regular treatment

Note on the report:

The deliberative approach is essentially qualitative in nature. Whilst participants voted on options throughout the day (the results of which are shown in this report), most data presented in this report (including ranking of suggestions and scenarios) is qualitative and based on moderated discussions held over the course of the day and smaller group exercises.

Deliberative forum format

A mix of plenary sessions (from the front of the room) for presentations, voting and feedback, and moderated discussions around tables of 10. There were breaks throughout the day.

Session format	Topic
Plenary and table discussion	Welcome, purpose of the day and introductions. Initial vote on options
Plenary presentation: Living in a healthy society	Introduction to social and economic determinants of health, challenges for the future of health and social care and future funding commitments
Table discussion	Response to presentation, initial participant ideas for spending additional funding
Plenary presentation: Scenario 1, Improving current health social care services	Explanation of health and social care services, five suggestions for spending additional funding
Table discussion	Response to five suggestions and any additional participant suggestions
Plenary presentation: Scenario 2, Keeping people healthy throughout their lives	Benefits of preventative approach, five suggestions on how to keep people healthy throughout their lives, including case studies
Table discussion	Response to five suggestions and any additional participant suggestions
Plenary presentation: Scenario 3, Combination of approaches, some tough choices	Option to combine both approaches presented, but to do so would require tough choices assuming that funding remains the same, three tough choices presented
Table discussion	Response to three tough choices plus additional participant suggestions
Plenary and table discussion	Conclusions and final vote. End of day questionnaire.

Introduction to the day: NHS spending and shortfall



Participants were presented with information on current NHS spending and were asked where they thought the extra money pledged by government should be spent

Participants thought that money should be used to improve front-line services



- Some said the money should be spent on building new hospitals, increasing the number of GP appointments or ‘out of hours’ services and improving A&E services
- Others felt that the money should be spent on those working in the NHS:
 - a) to increase the pay of current staff (particularly nurses and paramedics)
 - b) to recruit new staff to join the NHS
- This would help future-proof the NHS in their view by making sure there was enough staff to treat increasing numbers of patients

Nevertheless, a number of participants shared suggestions separate from those relating to front-line services

- They suggested the money should be used to:
 - a) Implement more technology in the NHS
 - b) Improve mental health and social care services
 - c) Increase education around healthy lifestyles and strengthen preventative measures



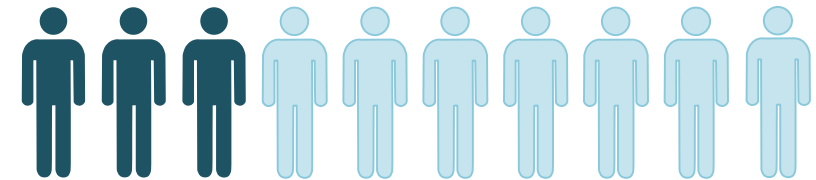
After the first presentation from CPP about living in a healthy society, participants were asked to vote on where they thought extra money given to the NHS should be spent

The majority believed that money should be spent on health and social care services



7/10

thought money should be spent on
health and social care services



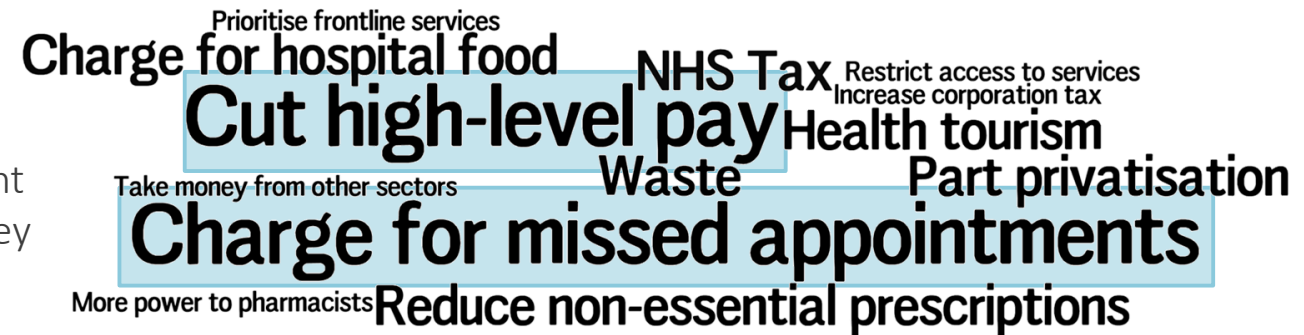
3/10

thought money should be spent on
keeping people healthy

Participants were then asked what the government should do about the spending shortfall

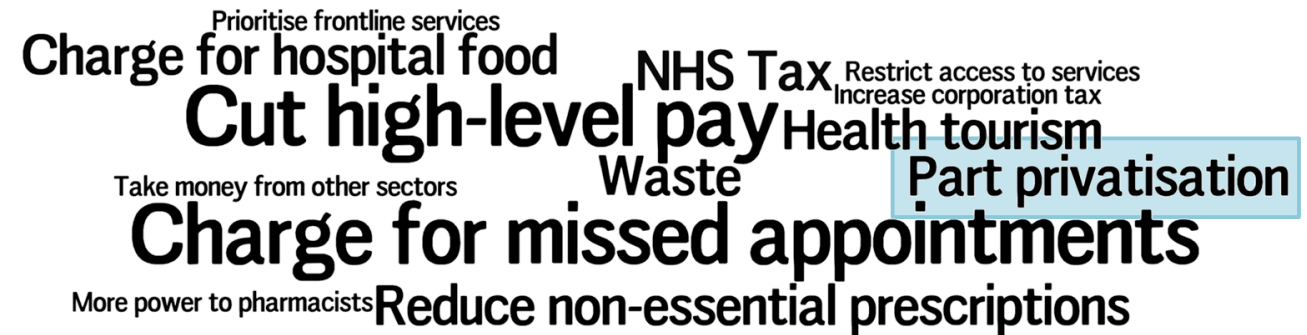
Serious concerns about inefficiency influenced participants' views on how the spending shortfall should be tackled

- Participants believed the shortfall would be covered by:
 - a) reducing the amount of staff outsourced from agencies
 - b) reducing the number and/or pay of managers within the NHS
 - c) fining patients for missed appointments
- A number of participants were also concerned about the number of non-UK citizens using NHS services. They thought it was not fair for them to benefit from free treatment if they had not paid for it through taxes
- A couple of others suggested allocating money from elsewhere (e.g. defence or aid budgets)



A few mentioned an insurance based model as a solution to the shortfall

- A few participants alluded to a part-privatised or insurance based model as a solution to the spending shortfall within the NHS
- However, this suggestion was not top of mind for most participants, and was not well-received by many*



1. *See slide 63 for more information
2. Wordle shows coded responses to spontaneous answers to the question: “What should be done about the shortfall?”. N.B. The bigger the word the more times it was mentioned

Scenario 1: Improving health and social care services



Improving health and social care services: an overview of responses

- Overall, this scenario was most popular with participants
- It was compatible with their concerns about current strains on the health and social care system
- Of the suggestions presented, the most popular were those that related to pay of staff
- Focus on acute care and for some primary care (GPs) is the cornerstone of participant expectations of health care delivery and funding for this must be prioritised to ensure that health outcomes do not deteriorate

CPP presented participants with five suggestions as to how money could be spent on health and social care and asked them to debate the options

Suggestion 1

Increase the pay of nurses, midwives, social care workers and other health professionals

- In 2017 there were 117,000 vacancies for nurses, midwives and other health and social care professionals. Some have suggested that the high number of vacancies may be down to low pay



Suggestion 3

Hire more clinical staff and nurses to deal with the increasing number of people using A&E

- The current A&E target to see at least 95% of patients within 4 hours of them attending hospital has not been met since 2015
- The delays are due to the rising number of people using A&E services, the greater number of emergency admissions and staff shortages



Suggestion 5

Improve access to GPs; increase appointment times to 15 minutes per patient

- At the moment a GP appointment is scheduled to last 10 minutes per appointment.
- There have been calls to lengthen the time that a GP can spend which each patient to improve their decision-making process.
- The British Medical Association has suggested to extend this time to 15 minutes.



Suggestion 2

Give more money to NHS Trusts

- An NHS trust is an organisation that serves either a geographical area or a specialised function (such as an ambulance service).
- In any particular place there may be several trusts involved in the different aspects of healthcare for a resident.
- NHS Trusts are currently running with a deficit (debt).
- The cost of getting rid of this deficit would be between £645 million and £960 million a year.



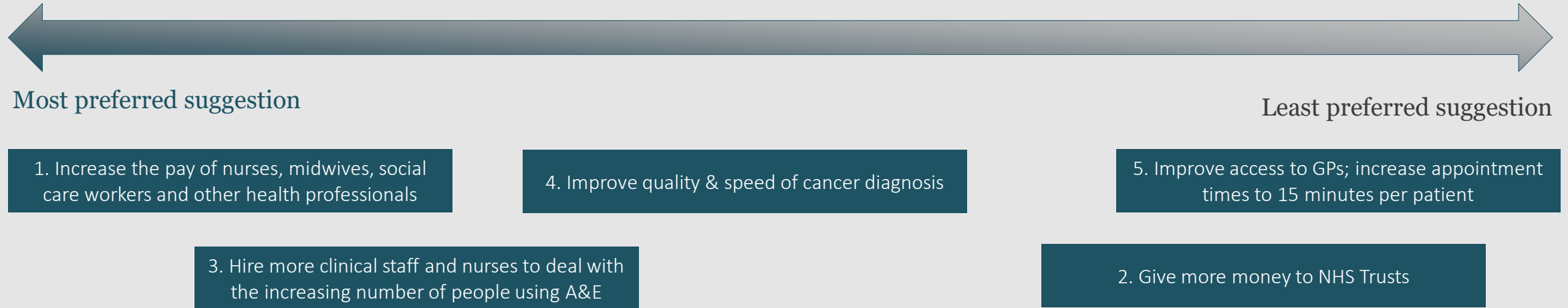
Suggestion 4

Improve quality & speed of cancer diagnosis

- Cancers remain the most common cause of death in the UK.
- The government says that at least 85% of all cancer patients will receive first treatment within two months from urgent referral for suspected cancer.
- Earlier diagnosis is the key to improving survival rates.



Suggestions relating specifically to staff within the NHS were better received than others



- Suggestions one and three (those relating directly to staff) were the most well received
- Not only was this because they saw these suggestions as more tangible and because they found these suggestions easier to understand, but because they thought they would significantly alleviate issues faced by the NHS

- Participants were less favourable towards suggestions two and five as they were unconvinced that they would make significant improvements to the NHS
- Rather than being able to see the benefits, participants thought that these suggestions would only worsen waste/inefficiency within the system

Suggestion 1: Increase the pay of nurses, midwives, social care workers and other health professionals

Overview

- Given that many participants spontaneously raised the issue of NHS staff pay, this idea was very well-received by most
- Not only did they think it would make current staff feel more appreciated (and therefore work harder and be more efficient), they thought it would aid the recruitment of new staff – an area where they thought the NHS was currently struggling
- Of all the suggestions raised by CPP, this was by far the most favoured among participants

Overall, what do you think of this idea? I think its a good idea. Will improve their work ethic and a form of motivation. Will have a better outcome overall.

“[This idea] will improve their work ethic and [it will also be] a form of motivation”

Suggestion 1: Increase the pay of nurses, midwives, social care workers and other health professionals

Likes

- Participants thought that this demonstrated appreciation for NHS staff they saw as currently overworked and underpaid
- Some viewed pay increases as an incentive for current staff to stay within the profession
- Others thought it would make the profession more attractive to potential new staff, eventually increasing the numbers of people working in the NHS
- They thought that greater numbers of staff would eventually increase NHS standards as waiting times would drop

Likes:
- would retain and keep the service.
- Entice more students to become nurses
- Boost morale within nursing

"[It will] boost morale."

Likes:
Rewarded profession and it is ^{Retain staff} the important jobs.
It has a knock on effect as the whole service will improve -

"It has a knock-on effect as the whole service will improve."

"Giving more money [to staff] guarantees retention and shows them that they're valued."

"[This career] needs to be more enticing for them."

"A big issue with [nurses, midwives, social care workers and other health professionals] is money."

"It would improve their worth ethic."

"[Increasing] their pay shows that we value their work."

"It's going to attract more people [to the career]"

"At the moment it's so expensive to actually train that we need to pay these people a decent salary."

Suggestion 1: Increase the pay of nurses, midwives, social care workers and other health professionals

Dislikes

- Participants shared concerns, rather than dislikes about this suggestion
- They caveated their positivity by questioning where the money would come from, and how sustainable the funding was. They wanted clarification that any increase in pay would be maintained
- Others said they needed more proof that a pay rise would be given to nurses, midwives, social care workers etc. instead of consultants and directors (who they said felt were already well-paid)

Dislikes:

None, they deserve the best pay.

"None. They [nurses, midwives, social care workers] deserve the best pay"

"If you're leaving because you're stressed...an extra 2% is not going to keep you in that job."

Suggestion 3: Hire more clinical staff and nurses to deal with the increasing number of people using A&E

Overview

- Participants across all groups were more split on their views towards this suggestion
- While many were favourable towards the idea of increasing numbers of clinical staff, there was uncertainty about whether or not increasing the numbers of clinical staff was a genuine long-term solution to the problems faced by the NHS
- Others thought that it was important that money would also be spent on building new hospitals so that there was less pressure on current A&Es

Suggestion 3: Hire more clinical staff and nurses to deal with the increasing number of people using A&E

Likes

- Participants thought that the extra funding directly to A&E services would likely increase efficiency and reduce waiting times
- They also thought that it would positively impact staff retention within the NHS, something which they felt was a particular pain point

Likes: People will get seen quicker, saving money in the meantime.

"People will get seen quicker, saving money in the meantime."

"If you hire more clinical staff, then the system is going to become more efficient."

"Without funding for more staff, its just going to be a vicious cycle with the burden of waiting times."

"We need more people to deal with the [growing number of] people that are in hospitals."

"Staff are dead on their feet."

"If you've got more staff the waiting times should actually go down."

Suggestion 3: Hire more clinical staff and nurses to deal with the increasing number of people using A&E

Dislikes

- However, they thought that this suggestion failed to take into consideration the issues of waste within the NHS
- A few referred directly to the perceived number of people attending A&E instead of visiting their local GP, arguing that more should be done to increase the number of GP appointments
- Some were generally critical of the proposed waiting time target, suggesting that four hours was too long a time for people to wait to be seen

“So many people don’t need to be [in A&E].”

“If the GP was open longer hours you wouldn’t need all these people waiting in A&E.”

“You need quality rather than quantity [of staff].”

“That’s too long for people to have to wait to be seen.”

Suggestion 4: Improve quality & speed of cancer diagnosis

Overview

- This idea was viewed favourably by most participants
- Many in the room had suffered from cancer themselves, or had close family members and friends who had had cancer which meant they were able to share personal experiences of cancer diagnoses
- Participants thought that it was hugely important to get early cancer diagnosis which meant many thought this idea was a “no brainer”
- However, some were critical of the idea for two main reasons:
 - a) They felt it ignored other, similarly serious, illnesses that also needed improvements in the way they were treated
 - b) They thought that two months was too long for people to have to wait for treatment

Suggestion 4: Improve quality & speed of cancer diagnosis

Likes

- Participants favoured this idea because easily understood the implications of improving the quality and speed of cancer diagnosis
- They believed that targeting funding in this area would very likely improve survival rates, or (at least) improve patients' quality of life
- Others said that if survival rates were improved, the NHS could save money long-term on palliative care

— could save lives.

“Could save lives.”

“Biggest area that needs focusing on — hone in on the best and most efficient treatment.”

biggest area that needs focusing on — hone in on the best + most efficient treatment. — also care in other ways like talking not just

“Cancer is a big thing, it affects everybody at some point in their life.”

“Cancer is the most common cause of death in the UK.”

“All cancer is very bad...you don't know how quickly its going to escalate.”

“The quicker the diagnosis, the less treatment [that] is going to be needed.”

“Stepping up screening programmes could really help survival rates.”

Suggestion 4: Improve quality & speed of cancer diagnosis

Dislikes

- Participants were quite critical towards the timeframe suggested
- Many felt that people should not have to wait up to two months for treatment from an urgent referral of suspected cancer
- Others were critical of this suggestion as they felt it ignored a number of other serious illnesses which also required improvements

62 days seems far too long

"62 days seems far too long."

Dislikes:
2 months is far too long to wait for treatment - this should be immediate from diagnosis

"Two months is far too long to wait for treatment - this should be immediate from diagnosis."

"There are other illnesses in the world...they need to be more focused on research and prevention."

"A lot can happen in two months if you've got cancer."

"Two months is far too long to wait for treatment."

Suggestion 2:

Give more money to NHS Trusts

Overview

- Participants' overall view was that this was a good suggestion, as they felt that NHS Trusts would have a better idea of where funding was lacking and how much money should be spent across
- While well-received by many, there were some participants who viewed this suggestion with some uncertainty as they were confused as to what exactly NHS Trusts were, and what they controlled
- Indeed, participants who were most critical of waste within the NHS struggled to view this suggestion as effective as they believed executives and senior managers would benefit more from this than front line staff

Overall, what do you think of this idea?

The NHS needs more money but better communication between trusts would save money & duplication of resources.

"The NHS needs more money but better communication between Trusts would save money and duplication of resources."

Suggestion 2: Give more money to NHS Trusts

Likes

- Participants thought it was extremely important to reduce the current deficit within the NHS
- In their opinion, those in charge of the Trusts are probably best-placed to decide where extra money would be most effective
- A few also thought that NHS Trusts would ensure that money was spread fairly to regions

“If they do distribute it to the right services, then that would be the top choice [for spending funding].”

“The Trust is better prepared prioritise what it needs in its area than anyone else.”

“We liked how it was local and focused on particular services in one area.”

“[The money could be used to] go into mental health, for example.”

Suggestion 2: Give more money to NHS Trusts

Dislikes

- Those who disliked this idea tended to be those who were critical of waste/inefficiencies within the NHS
- They believed that money given to Trust would not be spent on delivering services, but rather on managers' salaries
- A few people said that without proper oversight from government, the money would not be spent in the right areas and would lead to greater inconsistencies between health services across the country

Dislikes:
not sure £ gets spent
efficiently.

"Not sure it gets spent efficiently."

"We need to make absolutely sure that the funds go to the right services without any wastage."

"I think we should see what they all earn, all their wages from top to bottom, then ideally that's being looked at [concern over higher-level pay]."

"Lots of money is spent inefficiently."

"[You would need to see] the transparency of funds on a balance sheet."

"It should be very transparent."

"Trusts needs to be more efficient"

Suggestion 5: Improve access to GPs; increase appointment times to 15 minutes per patient

Overview

- This suggestion tended to divide participants more than any other suggestion; though some thought it was a good idea and could see the benefits of increasing appointment times, others were very unfavourable towards it
- For many of those participants who were critical of the idea, their unfavourability stemmed from the concept of GP appointments having a time limit *at all*, rather than the suggestion that the time limit should be increased
- Of all the suggestions raised by CPP, this was the least favoured by participants as they believed it would lead to fewer GP appointments overall

Overall, what do you think of this idea?

We do not think it is necessary

“We do not think it is necessary [to increase GP appointment times to 15 minutes].”

Suggestion 5: Improve access to GPs; increase appointment times to 15 minutes per patient

Likes

- Participants (including some of those who were less favourable towards the idea) were in agreement that increasing appointment times would likely help doctors make better diagnoses first time around which, in turn, would make them more efficient
- They also felt that the increased appointment times would positively impact doctors, who would feel less rushed and pressured because of longer appointment times

Likes:
- potential to have time to diagnose things properly - less pressure = better work by GP.

"Potential to have time to diagnose things properly. Less pressure means better work by the GP."

Likes: would not feel so rushed, & Doctor would not feel under pressure. Possibly cut waiting times, in the waiting room.

"[Appointments] would not feel so rushed, and doctor would not feel under pressure. [It could] possibly cut waiting times."

"If there's less pressure to just stick to ten minutes, then they're going to work better and more efficiently."

"Making doctors appointments more accessible [would mean that some people] wouldn't go to A&E."

"They [currently] do not have time to focus on you...and they're obliged to do admin as well."

"It's a simple idea and it's not going to cost so much money to do it."

"These appointment are where education starts and where a long term view is built. We need to invest more in these areas."

Suggestion 5: Improve access to GPs; increase appointment times to 15 minutes per patient

Dislikes

- Participants did not see this as a priority for the NHS
- They were also concerned that longer appointment times would result in GPs seeing fewer patients in a day (which might result in GP appointments being even more difficult to access)
- Others were concerned about the impact of missed appointments and the increased time pressures on overall NHS waste

Dislikes:

less people will be seen as a result

“Less [sic] people will be seen as a result [of increased appointment times].”

“My worry is that they wouldn’t be able to see so many patients in a day.”

“If it’s serious enough for you to have longer with the doctor they will spend more time with you anyway.”

“15 minutes is too long [for a GP appointment].”

“Why cant you just leave it to the discretion of the GP?”

“I think [appointments may be misused as] some of them want to talk about their life, especially they’re lonely.”

“it’s a lot more strain on the GP. It leaves a lot more waiting time for the patients.”

“It’s not going to improve access [to GPs].”

Participants were asked to propose their own ideas as to where the extra money should be spent...

More out of hours walk-in centres

- Participants expressed much frustration at the perceived lack of GP appointments available (which they believed lead people to turn to A&E instead)
- In their opinion, more 'out of hours' services, particularly walk-in centres would alleviate pressure on both GP surgeries and A&Es as well as preventing further waste of both services

"They should keep the doctors open 24 hours."

"If you had walk in clinics open until 11pm, people would go and it would take the pressure off A&E."

Increase the power of pharmacists

- Participants reiterated their concerns about inefficiency within the NHS, and believed that money could ultimately be saved by investing more into pharmacies
- They suggested that increasing the powers of pharmacists (e.g. allowing them to prescribe medicines for certain illnesses) would alleviate the burden on GP surgeries and A&Es which they felt were already over capacity and understaffed

"They could even be your first point of call for a lot of minor [issues]."

"[If this is happening now], they should publicise it a bit more."

Greater research into prevention

- A few participants raised the idea of investing extra NHS funding into preventing illnesses (e.g. through greater education on healthy lifestyles)
- Though not an immediate solution, they thought that any money invested now would likely have greater impacts on the NHS in the longer-term

"They should invest in social care, which will help with prevention of serious illnesses."

"They should focus on research for prevention solutions."

Scenario 2: Keeping people healthy throughout their lives

Populus



Keeping people healthy throughout their lives: an overview of responses

- Overall, participants felt that the prevention agenda was important and recognised that community services and social/economic infrastructure were important to improving people's overall health. Nevertheless, participants struggled to recognise the potential benefits to society overall of any suggestion other than the one relating to educating people about health. Indeed, these suggestions were far too removed from the day-to-day lives of the vast majority of participants
- There had been some limited spontaneous discussion about maintaining healthy lifestyles in the introductory part of the day among a couple of participants, though this was limited to a couple of participants across a few tables
- However participants raised three concerns about the prioritisation of this scenario:
 1. The need in acute health services is so great that money should be spent there first and foremost
 2. Responsibility for prevention lies beyond government; it is the role of individuals (especially parents) and possibly schools to educate
 3. For many, there was a sense that they personally were already doing things to remain healthy and they were aware of initiatives already happening in their community / in the country which addressed the issues presented to them

CPP presented participants with five suggestions as to how money could be spent on keeping people healthy throughout their lives

Suggestion 1

Better integration of health and social care services

- GPs surgeries could be located amongst other services that could help with people's health and wellbeing.
- This gives an opportunity to support people in addressing the wider determinants of health.



Suggestion 2

Educate people about the benefits of healthy living

- Many diseases are caused by lifestyle factors such as poor diet, addictions (e.g. smoking, alcohol) and lack of physical exercise.
- This can be helped by teaching people of all ages how to adjust their daily routines.



Suggestion 3

Give every child the best start in life

- Positive experiences when growing up ensures that children are ready to learn, have good life chances and remain healthy throughout their lives.
- Parenting, social status (parents' income, education) and early education and care are factors that influence children's emotional and physical development.



Suggestion 4

Strengthen communities and help people come together in a healthy environment

- The social environment in which people live has a significant impact on mental and physical wellbeing.
- Feeling a part of a community is known to have important health benefits.
- And a healthy living environment, with access to healthy food, clean water, energy and green spaces is essential.



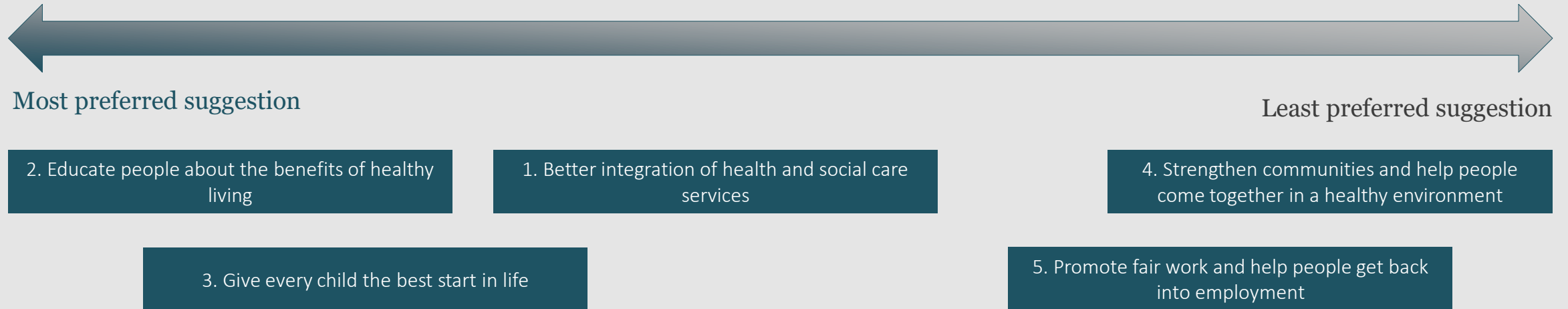
Suggestion 5

Promote fair work and help people back into employment

- Unemployment and poverty are responsible for many physical and mental health issues.
- Supporting people in getting back to work will help to keep them well.



Suggestions that in some way involved children tended to be more well-received than others



- Of all the ideas presented, suggestions two and three were the most preferred among participants
- For the most part this was because both suggestions (to some extent) involved engaging young people and giving them the tools early on in life to ensure they lived healthily, and remained so throughout their lives
- Participants were less positive towards suggestions five and four as they struggled to understand why the NHS should have any involvement in these ideas
- Not only was this because they thought there were other agencies better placed and better funded to help, but because they struggled to understand how either idea would positively impact individuals' health

Suggestion 2: Educate people about the benefits of healthy living

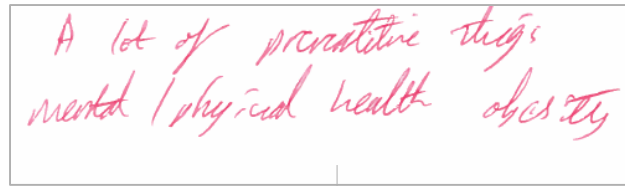
Overview

- The most popular of all suggestions, most participants were broadly favourable towards this idea as they thought it was a simple yet effective long-term solution to ensuring people remained healthy throughout their lives
- Those who disliked this idea as they believed that this information was available elsewhere (e.g. in schools) and that the NHS should not have to be the organisation spending its money on educating people
- Though not all participants were in favour of this idea, this suggestion had the most favourable response among participants

Suggestion 2: Educate people about the benefits of healthy living

Likes

- Participants thought this was a good suggestion to ensure long-term financial savings within the NHS
- In their opinion, educating people (and children in particular) about the benefits of healthy lifestyles would prevent them from developing unhealthy habits which would be detrimental to their long-term health.
- Participants also thought that this advice would be beneficial for parents to hear, as they might also be likely to change their daily routines to become healthier



A lot of preventative things
mental / physical health obesity

"[Education could encompass] a lot of proactive things [e.g.] mental/ physical health, obesity."

"By the time they get to their teenage years, it's too late."

"When we're giving children the best start in life, we're not only educating the children, we're also educating the parents at the same time."

"This has got to be the most important [suggestion for spending]."

"It helps people in the long run."

"Education is the key to solving anything."

"At the end of the day this is going to stop more issues coming up to go to the NHS."

Suggestion 2: Educate people about the benefits of healthy living

Dislikes

- Participants who were critical of this idea believed that it was a genuine waste of NHS money
- In their opinion, this type of education was the responsibility of parents or schools, rather than the healthcare system
- Some went so far as to say it this information was “common sense” that did not need teaching by anyone other than parents

*It should be parents responsibility.
You can access all information
already.*

“It should be parents’ responsibility. You can access all [the] information already.”

“I don't think it's up to the schools to implement it.”

“You can't re-educate bad parents.”

“What are they going to do different this time to make sure it works? Because we were taught in school about healthy food.”

“Why does the NHS have to fund this?”

“Isn't this all common sense?”

“There's already so much education in schools. There's already loads of chefs thinking about how to make it easy and quick to eat healthily.”

Suggestion 3: Give every child the best start in life

Overview

- Though participants tended to struggle with the concept and benefits outlined in this suggestion, participants overall were broadly favourable towards it
- Their main concern, however, was on the possible impact of a drop in funding would have on children's lives
- A few assumed that the funding for paid parental leave and free music lessons was not sustainable and would eventually be scrapped

Can be done at primary school,
then beyond.

"[It] can be done at primary school then beyond."

Suggestion 3: Give every child the best start in life

Likes

- Participants liked this suggestion because it focused on early-years which they saw as a formative time in any child's life
- They also felt it gave children from low-income families the same opportunities as other children
- Those participants who were very favourable towards this idea described it as a “thoughtful” and “creative” suggestion

“Good idea because it is best to start early from a young age.”

Good idea because it is best to start early from a young age

“The first five years of the [child's] life totally determine how that child will be for the rest of their life.”

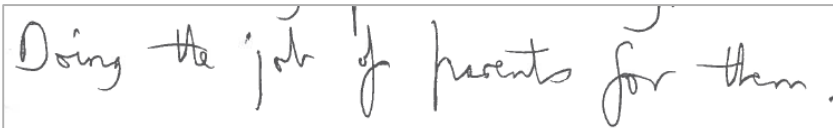
“If you have a good start from the beginning...things get better as they get older and they go through life.”

Suggestion 3: Give every child the best start in life

Dislikes

- Those who were unfavourable were often unsure and unconvinced by the benefits of giving children music lessons (as highlighted in the presented case study)
- They felt the idea was “too theoretical” and would be difficult to implement in practice
- Others were concerned about what would happen to children if/when the funding for this scheme was no longer available

“Doing the job of the parents for them.”



Doing the job of parents for them.

“Pretty much common sense.”

“Some kids don’t want to learn an instrument...there’s got to be something else for them to do to engage everyone.”

“How do you measure the success of that? You can’t monitor that.”

“It’s only from the years five to seven, so what are they going to do after?”

“We think it’s the state overplaying its hand in a big way.”

Suggestion 1: Better integration of health and social care services

Overview

- Participants were generally favourable towards this idea as they thought it would be beneficial for patients with non-medical needs to have a variety of services in one location
- Nevertheless, there was some concern about whether or not this idea applied to both new and existing GP surgeries and how it would work in practice

Suggestion 1: Better integration of health and social care services

Likes

- Participants felt that some people would benefit from having a number of services available in the same location
- Not only did they think that it would improve access, some thought that having health and social care services better-integrated would also help some chronically-ill patients recover and become healthier (e.g. a GP surgery based alongside social welfare advice clinics)

Brings medical care & 'after care' seamlessly together. Very important for elderly & chronically sick.

"Brings medical care and 'after care' seamlessly together. Very important for elderly and chronically sick."

"Makes it easier to get many services in one place."

Makes it easier to get many services in one place

"[It's a] more realistic approach, not resulting to medication straight away."

"You get access to other services rather than going to the GP [which reduces pressure]."

"[We liked that you would] have a seamlessly interwoven set of processes, or set of services, overseen by somebody whose responsibility is to make sure that they operate together."

Suggestion 1: Better integration of health and social care services

Dislikes

- However, their concerns about time wasting in doctors' surgeries extended to this suggestion
- Some worried about whether centres covering would be abused by "time wasters"
- Some were also concerned about whether or not these centres would be discreet enough; a few thought that people might be worried to attend for fear that others might think they were there to attend something other than a GP appointment
- Others raised the issue of how centres like this would be created and whether this idea would just apply to new surgeries

Longer waiting times
could be abused

*"[Issues could include] Longer waiting times.
[The services] could be abused."*

"You're more likely to bump into someone you know."

"We just couldn't quite see how it would work."

"We like the idea in principle, but not sure how practical it was to roll it out."

Suggestion 5: Promote fair work and help people get back into employment

Overview

- Participants were split with regards to their opinion of this suggestion
- Those who criticised the idea, felt that it was unnecessary for the NHS to help people find jobs. In their opinion, there were enough services available to help people back into employment, and it was not the NHS's role to give further support
- Nevertheless, those who were positive towards the idea felt it was a way of ensuring that all people received the right help and support, regardless of their mental or physical health issues, their socio-economic status or background

*Being out & amongst people
makes people feel better in themselves*

*"Being out amongst people makes people feel
better in themselves."*

Suggestion 5: Promote fair work and help people get back into employment

Likes

- Those who favoured this idea were quick to recognise the health benefits of employment
- These participants liked the fact that this suggestion gave people from all backgrounds the help and support to get back into work – something which they believed was not offered elsewhere

- Minimises discrimination
- more open
- Reduce certain mental health
- Reduce benefit costs

“Minimises discrimination, more open, reduces certain mental health [problems], reduces [employment] benefit costs.”

“People [will] know that they’re educating themselves towards a goal [employment] they can actually succeed in.”

“Poverty is linked with health, having a good job gives you more confidence.”

“Not getting a job, can cause mental health. If there’s someone where people feel like...they’re going to help them find a job, that would actually help the NHS.”

“It provides the help necessary, [especially for] mental health, if you are able to access a job.”

“It’s going to address those issues with physical and mental health. “

Suggestion 5: Promote fair work and help people get back into employment

Dislikes

- Those who were unfavourable towards this idea were critical for two main reasons:
 - a) they did not think more help should be given to people who they believed “did not want to be in work”
 - b) if help was going to be given, they did not think it should be the NHS’s priority
- In their opinion, it would be unlikely to have a real impact, and therefore was a waste of the NHS’s time and money

“[Some people] prefer to live on benefits.”

“[A barrier might be] unaffordable child costs.”

“It’s a very dangerous idea because what it’s going to do is set targets for healthcare to get people back into work.”

“The system makes it too easy not to work. Because a lot of people out there just don’t work.”

“It doesn’t feel like it falls under the remit of the NHS.”

“It is probably not very cost efficient, and job schemes are always expensive.”

Suggestion 4: Strengthen communities and help people come together in a healthy environment

Overview

- Participants were divided in their opinion of this suggestion
- Those who were favourable towards it thought that it would be a good way of positively impacting people's lives, and in particular the lives of lonely or vulnerable adults
- However, those participants who were unfavourable towards this suggestion said it was because of the amount of money they believed would need to be spent, for a limited outcome. Others were critical of the idea because they believed it would be difficult to create a community feel and to force people to engage and participate
- Of all the ideas presented, participants were least favourable towards this suggestion

Suggestion 4: Strengthen communities and help people come together in a healthy environment

Likes

- Participants favourable towards this idea genuinely believed that bringing people together would have a significant impact on their physical and mental wellbeing
- They also thought that this idea would be particularly effective in treating older, lonely or vulnerable people

Improving transport + ways for the elderly to engage with the community.

"Improving transport and ways for the elderly to engage with the community."

"[Benefits would include] brings people together, feeling of belonging, positive environment equals positive mind."

brings people together
feeling of belonging.
positive environment = positive mind

"For the elderly, get them involved, because they get very lonely and depressed."

"People that don't have family ties, they can be involved in the community and not feel alone."

"It may [positively] affect the violence that's going on."

"It's something that will be cheap to run. It can literally be held anywhere, it's readily available."

Suggestion 4: Strengthen communities and help people come together in a healthy environment

Dislikes

- Those unfavourable towards this idea criticised it as they did not believe there was a 'one-size-fits-all' option to creating local communities that would benefit everyone
- Others thought that it would be too difficult to encourage people to engage with the scheme
- Indeed, some argued that there would be very little take-up and that people should not feel forced into taking part

Needs to be able to cater to each community and not be a standardised programme

"[This idea] needs needs to be able to cater to each community and not be a standardised programme."

"It doesn't address everybody."

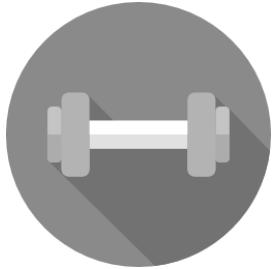
"People move all the time. So, you're not always going to stay within the same community."

"Not everyone wants to be involved in the community."

"Most communities already have this stuff in place."



Participants were then asked to come up with their own ideas of how people could be kept healthy...



Subsidised gym memberships

- Rather than investing vast amounts of money into developing community hubs, or on educating people about the benefits of healthy livings, a few participants suggested that the NHS should use the money to give people subsidised gym memberships
- These participants argued that people would be more likely to participate in physical activity if they had a subsidised (or free) gym membership which, in turn, would be a more effective investment of NHS money

“Gym memberships are also very expensive...people won’t have the money to do that.”

“Gyms charge an extortionate amount of money, and that just puts you off.”



Impose restrictions on fast food restaurants

- A couple of participants suggested that a more effective way of keeping people healthy would be to limit their opportunity to buy and consume unhealthy foods
- These individuals felt that people would be forced to cook their own food and eat more healthily if fast food was not so readily available to them

“Because fast food is always there, and the easier option because its cheaper, people go for that.”

“Make the takeaway companies more responsible.”

Scenario 3: Considering a combined approach

Populus



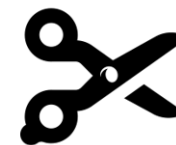
Considering a combined approach: an overview of responses

- Most participants advocated a combined approach (spending money on health and social care services as well as on keeping people healthy)
- However they talked about proportions, with a common suggestion of 70% of additional funding to be spent on health and social care services, with a remaining 30% to be spent on keeping people healthy
 - Prioritising spending on health and social care services was key for most as it is where they perceived the greatest need (particularly acute health care services)
- Discussion about tough choices to enable this combined approach was extremely challenging across all tables, for two main reasons:
 1. Despite much information presented on the scale of the funding shortfall, participants found this difficult to grasp. Some continued to suggest that making the NHS 'more efficient' and limiting use by non-UK citizens could plug the gap
 2. The options presented seemed too much of a leap for most – too significant a departure from the status quo and not in the spirit of their own views and experiences of the NHS. They want services to remain free at the point of use and were concerned about limiting universal accessibility, particularly for the vulnerable in society. The options were thus regarded as unfair, as well as being problematic to implement
- All three suggestions were broadly rejected, with the idea of limiting eligibility the most polarising suggestion

Participants were presented with three 'tough choices' as options for enabling a combined approach

Option 1

Rationing services for patients



- Fewer GP practices and fewer hospitals (could mean more travel for people)
- There could be more internet or telephone based services

Option 2

Changing who is eligible to use health care (for free)



No smoking



- If people are unhealthy, they won't necessarily get access to certain services
 - If you are a smoker, you might not be eligible to have routine surgery
 - If you are obese, you might be restricted from accessing interventional cardiology
 - If you drink alcohol excessively, you might have restricted access to A&E services

Option 3

Fund the NHS is a completely different way



- Pay for health and social care mainly by insurance rather than by tax
 - There could be cover for the poorest or most vulnerable in society
 - But others would have to have health insurance
 - Employers could contribute

Option 1: Rationing services for patients

Whilst technological solutions were popular, there was overriding concern for vulnerable people and a possible rise in mortality rates

- There was some awareness that rationing is happening already and it is unpopular with participants. The idea of further rationing was therefore unwelcomed
- Participants worried that increasing travel time could ultimately increase mortality rates. One table talked about it being a backwards step and some saw it as a regression in standards.
- They were also concerned for vulnerable people in society (e.g. elderly and disabled) being most affected
- They did however, like the idea of more internet and telephone based services
 - There had been some spontaneous mention of this throughout the day and participants regarded this an appropriate modernisation of services

“I think there could be more mortalities...if you can't get to the hospital in time.”

“The telephone is no good if you're deaf. The internet is no good if you're blind. It's really discriminatory.”

“It's the modern day. You can FaceTime a doctor.”

Option 2: Changing who is eligible to use health care (for free)

The most polarising suggestion, most disliked it, but a few thought it was a good idea

- Limiting eligibility had been mentioned spontaneously by some participants over the course of the day and for those participants, this idea was popular
 - They considered it to be fair as those less deserving because of their own actions would suffer meaning the more deserving would benefit
 - They said that it might help incentivise people to live more healthily
- It was, however, polarising and many participants strongly disliked this idea
 - They were concerned by decisions not being ‘black and white’ much of the time (e.g. alcoholism as a disease not to be punished by limited health service access) and they listed numerous grey areas, questioning how decisions on eligibility will be made and by whom
 - They were concerned that it would be open to abuse (e.g. people lying)
 - They believed it would be a divisive policy

“It may be that [the health problem] is not their fault...and you’re cutting their lifespan very short.”

“You need to give people advice first on how to stop smoking and things like that. Once that’s done, then you can make them pay.”

Option 3: Funding the NHS in a completely different way

An insurance based model was difficult for some to understand and numerous questions were raised about how it would work

- Concerns with this suggestions were numerous:
 - Participants were concerned about the cost of insurance and how it would be funded
 - There was a perception that insurance companies keen to make profit would ultimately drive up prices
 - They were worried about costs for those who were self-employed
 - They were worried about levels of cover and poor cover for the less well off. Some mentioned concern for the 'squeezed middle' with the poor getting cover from the state and the rich paying for comprehensive coverage
- There was some limited awareness of an insurance based system in other countries (e.g. America) but an overall perception that it was a problematic system in these countries and often did not work well
- Participants struggled to think of any benefits of this suggestion

"It would encourage a race for the bottom and it would be terribly divisive in society."

"The self-employed haven't got an employer to pay [a contribution for them]."

"There are a lot of people who wouldn't be able to afford the insurance"

Participants were then asked to come up with their own ideas to enable a combined approach...

Top of mind ideas here were those that had been repeatedly mentioned throughout the day. Participants struggled when challenged that these may not raise the level of funding required.



More efficient running of health care services

- As with earlier discussion, suggestion here focused on perceived NHS inefficiencies. Their suggestions for making the NHS “more efficient” included reducing the amount of staff outsourced from agencies, reducing the number and/or pay of managers within the NHS or by fining patients for missed appointments



Limit use by non-UK citizens

- Some expressed the idea that limiting the use of NHS services by non-UK citizens using NHS services would be a fair way of freeing up budget (given that they had not paid any/sufficient tax in the UK)
- Some believed that by combining this idea and by running the NHS more efficiently savings would be significant and would make up the shortfall required to fund a combined approach



Take money from other government budgets

- On a couple of tables there were suggestions of taking from other budgets, specifically international aid. This was justified as participants felt that the priority for government spending ought to be on its own citizens, especially on something perceived as significant as a health and social care budgetary shortfall

One table suggested an “NHS tax”

Discussion on this table centred on the creation of a ‘ring-fenced’ tax that went directly to funding the NHS

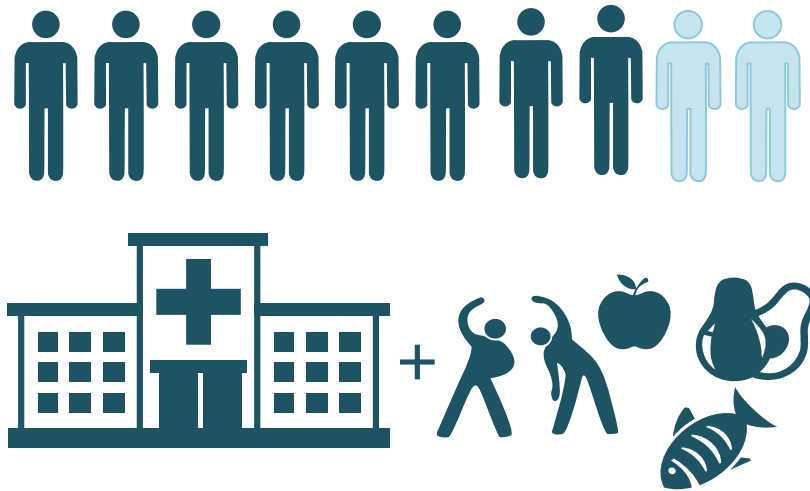


An NHS tax

- Participants believed this was the only way they could be sure the money was going directly to the services that needed it the most. Most even said that they would be happy to pay slightly *more* tax with the knowledge of how and where it would be spent
- However, when told exactly how much extra they would need to pay to cover the shortfall, participants were shocked and were reluctant to believe that the amount was as high as suggested
- Once presented with this figure, response to an NHS tax was slightly less positive towards the idea, though there were some who were still adamant that this was the best and fairest way of reducing the shortfall and improving the overall service

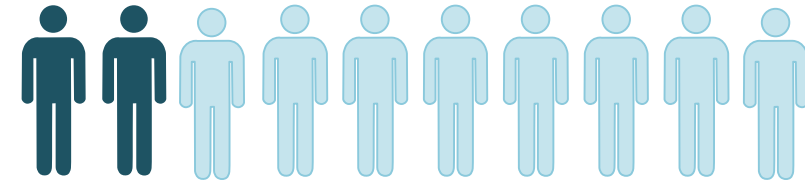
At the end of the day, participants were asked to choose how to spend the additional funding

The majority believed that money should be spent on a combined approach



8/10

thought money should be spent on a
COMBINATION OF
health and social care services and keeping
people healthy



2/10

thought money should be spent on
health and social care services only

Appendix: Deliberative forum presentation deck

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