



Doctors' Policy Research Group

Can the political
promise of integrated
care be delivered
on-budget in a time of
rising demand?

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Healthcare, demographics and expectations have all changed. There has been a generational step-change in medical knowledge; technology has brought us advances from human genome mapping to face transplants. Average life expectancy has increased by 8 years for men, and by 6 years for women. By 2032¹, it is forecast to rise further still, by another 4 years for men and another 6 years for women.

With this success, however, comes the potential to develop a ‘perfect storm’: a 65-year-old NHS caught in the demographic deluge of older citizens with expensive co-morbidities, citizens who have spent a lifetime paying taxes into the NHS system. Their needs span across several different service areas, but state payments for provision are split between primary care, secondary care, mental health care, community care and social care, to name but a few. No supermarket in the world would have a separate check-out for vegetables, for meat and for milk; yet this, essentially, is the situation in healthcare systems. How can we make sense of it?

The buzzword is now ‘integrated care’ - bringing these disparate parts of care back together into a whole. This may sound simple enough, but, as the Nuffield Trust highlighted, over 175 different definitions of integrated care² rapidly developed into ‘the imprecise hodgepodge’³ of integrated services. National Voices has since developed the universally accepted definition: “person-centred coordinated care”⁴.

“Person-centred”: it sounds obvious enough. Still, the Mid Staffordshire inquiry made clear how far the patient has been pushed to the back of the queue, behind administrative box-ticking. The Francis report rightly highlighted the necessity of ‘patient-centred’ care delivery. Coordination, however, is a harder nut to crack.

Within a ‘nationalised’ healthcare system, seamless care could have organically developed. What happened instead is that healthcare has become hyper-specialised, increasing from 15 to 145 named specialties over the last 30 years⁵. The result is that holistic care has become difficult to deliver.

What has also evolved in this time is a clear divide between specialties, as well as between levels of provision and between health and social care budgets. Perhaps this is natural self-interest: constant, short-termist political tinkering led pockets of services to develop in an insular structure, so as to protect themselves.

Less than two years out from the next general election, the conundrum of how to transform and improve the healthcare system could quickly turn into a defining issue. Labour MP and Shadow Health Secretary Andy Burnham has already stated that he is “determined to make the NHS one of the key election issues.”⁶ Although there is much cross-party agreement over the need to combine health and social care, scratching the surface reveals that, rather than inhabiting the middle ground, the parties have retreated to polarised political ideologies.

Conservative MP Jeremy Hunt, Secretary of State for Health, has proposed a £3.8 billion joint commissioning pot for health and social care needs, declaring it “a huge moment in the NHS’s history”. Hunt wants this to give birth to ‘Accountable Care Organisations’, shifting financial responsibility to providers. These ‘providers’ can be public or private, as long as they deliver care. This more free-market approach is emblematic of the Conservative Party’s thinking: faith placed in competition to drive up standards. The Labour Party, meanwhile, wants to fully merge the NHS and social care budgets, opting for their traditional mantra that only the monolithic state can finally

deliver seamless, joint commissioning across all kinds of care. The Liberal Democrats have also retreated to their safe haven of the localism agenda, believing that Health and Wellbeing Boards, made up of local representatives, can transform and integrate services.

Of course, if integrated care were easy, it would already exist. Positively, we have finally reached the point where the integrated care goal is shared by policymakers across the spectrum. However, behind the scenes, a struggle is developing between the different visions for how the journey should take shape. All of this was against the background of an increasingly disenfranchised and sceptical medical profession claiming that political posturing ahead of an election is merely “voodoo med-economics.”⁷

About Us

Doctors' Policy Research Group is the first and only UK think tank led by doctors. Formerly known as Doctors Think Tank, it pooled resources and expertise with Civitas in June 2013 with the aim of contributing to public debate about the provision of NHS services. It is not a union and - like Civitas - has no allegiance to any political party.

Its members wish to encourage a vigorous discussion about the future of the UK's healthcare, and how it can be provided to the very highest standards, while always ensuring comprehensive provision remains free at the point of need and with the patient's interest the foremost consideration at all times.

The group's dedicated page can be found [here](#), while its work pre-dating its association with Civitas can be found at its own website [here](#).

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1 King's Fund

2 What is Integrated Care? The Nuffield Trust

3 Kodner D (2009) 'All together now: a conceptual exploration of integrated care', *Healthcare Quarterly* 13(Sp), 6–15.

4 www.nationalvoices.org.uk/files/narrative-coordinated-care.pdf

5 American Board of Medical Specialties

6 <http://www.bbc.co.uk/news/health-24038702>

7 Chair elect of the Royal College of GPs, *HSJ* 9/9/13