

The future of the NHS

Jonathan Shapiro

The 2010 general election has now taken place and the new coalition government is settling in and beginning to introduce its policies, whether in the fields of fiscal and economic recovery, defence, or public services. And that alone provides a good opportunity to review the future of the most publicly visible of public services in the UK, the NHS.

In fact, there are other, less prosaic, reasons to use the opportunity; a review of the future of healthcare is necessary because, along with health services all across the developed world, the costs of providing care are rising more quickly than we, as a society, are happily prepared to pay. Part of this is due to the inflation linked to new technology that tends to rise more steeply than the nation's prosperity (when that is rising at all); but there is a deeper reason, and that is the diminishing returns that are associated with improving healthcare using the biomechanical models so favoured by society.

Having conquered many of the traditionally lethal diseases, the developed world is now spending ever increasing amounts of money at the margins of effectiveness, whether by developing ever more expensive drugs with limited impact on debilitating illnesses, such as Alzheimer's disease, or by beginning to address areas of disease that rarely cause mortality or even significant physical morbidity (the so-called 'lifestyle' illnesses). Given the aspirational nature of 21st century western civilization, the supply of new treatments generally creates the demands for their use, and expense (or more especially, cost benefit) takes a poor second place in the eyes of the public. In a publicly funded service such as the NHS, where the real costs of treatments are rarely known, even to the clinicians prescribing them, there seem to be no real 'brakes' in the system; even governments baulk at the prospect of losing votes by rationing effective treatments to a public encouraged to be consumerist in every other aspect of their lives.

Thus there is an increasing tension, perhaps about to come to a head because of the current economic stringencies, and so it is a genuinely opportune time to review the future of health services in the UK. This new series will:

- cover the funding of services, in terms of both the source of the funding and the relationship between hard cash and the value placed on a service
- look at the commissioning process, and whether the separation of procurement and provision is passé
- consider whether the role of the private sector is 'grit in the oyster' of public services or a genuine alternative
- include papers on the management of risk in 21st century medicine, on the place of efficiency in the battle to contain

costs, on the role of agencies such as the National Institute for Health and Clinical Excellence in rationing treatment, on the usefulness (or otherwise) of the primary/secondary care divide, and on the possibilities of genuinely changing the public's expectations of healthcare.

It may even look at the real arbiters of health improvement, and consider those factors beyond the scope of the medical profession that genuinely do have an impact on the health of the population, rather than merely repairing health when it goes wrong.

Throughout the series, the emphasis will be on how the futures being discussed may affect practising clinicians and how they, in turn, may be able to influence these possibilities. The series is intended to be as interactive as possible and to that end a variety of styles, authors, and controversial approaches have been sought. The good thing about soothsaying, of course, is that time will tell whether we are right or not....

**Address for correspondence: Dr J Shapiro, Healthcare Development Unit, School of Health and Population Sciences, 90 Vincent Drive, Birmingham B15 2SP.
Email: J.A.Shapiro@bham.ac.uk**

Jonathan Shapiro, senior lecturer in health services research, University of Birmingham