The United Kingdom

Constant change: redirecting the National Health Service

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Physician Working Conditions in European Healthcare Systems Genoa, 9th April 2016

Declaration of conflict of interest

Edwin Borman

- Medical Director and Consultant Anaesthetist (paid)
 - The Shrewsbury and Telford Hospital NHS Trust, UK
- Educational Consultancy (paid)
 - Wentz-Miller and Associates: no projects in the last three years
 - Individual consultancy work: one paid in the last three years
- Medicopolitical representative
 - Secretary General, European Union of Medical Specialists (UEMS, 2012 2015)
 - British Medical Association (BMA)



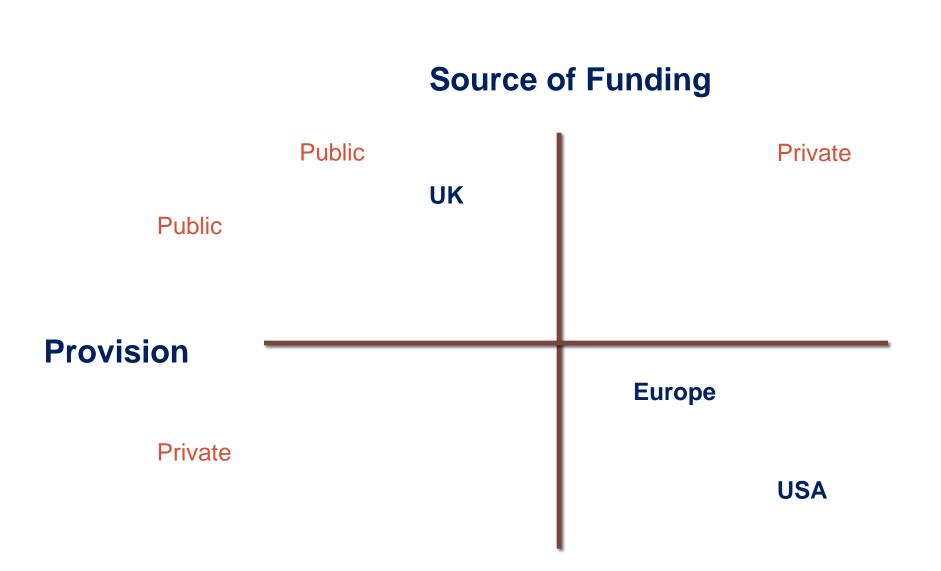
The Shrewsbury and Telford Hospital NHS Trust





The National Health Service

- Founded in 1948
- Funded from taxation
- Free at the point of delivery; Comprehensive; Equity
- The "Gatekeeper" role of Primary Care
- 1983 Griffiths report management
- 1990 "Internal Market" of Purchasers and Providers
- 1994 "self-governing" NHS Trusts
- 2012 General Practitioners (CCG) as Commissioners



Key facts about the NHS

- UK population: 63.7 million
- Life expectancy female 83 years
- Life expectancy male 79 years
- Hospital clinic appointments:
- Accident and Emergency:
- Hospital admissions:
- Operations in hospital:

Obesity

75.5 million
21.7 million
15.1 million
10.6 million (2012-13)

24.4%

Key facts about the NHS

 Health expenditure (percent of GDP) (2011)• UK France Germany Italy USA 11.3% • 9.4% 11.6% 9.2% 17.7% Physicians per 1.000 population (2011)• UK France Germany Italy USA 4.1% 3.3% 3.8% 2.5% • 2.8% Hospital beds per 1.000 population (2011)• UK France Germany Italy USA 6.4% • 3.0% 8.3% 3.4%

International comparators

Commonwealth Fund review

Annual review of healthcare systems of seven countries Australia, Canada, Germany, Netherlands New Zealand, United Kingdom, United States of America

UK consistently in the top three for the last five years rated as the best system in terms of... efficiency, effective care and cost-related problems ranked second for equity and safe care

A Patient's experience of the NHS

Access

- Free at the point of delivery
- Comprehensive service with limited rationing
- Eligibility determined by UK and EU/EEA-citizenship
- Nation-wide (approximate) equivalence of care
- Via a General Practitioner, who can refer to Hospital

Outcomes

- Defined "maximum" waiting times
- Good clinical outcomes, but not the best in all specialities
- High satisfaction scores

NHS Employees and Employers

 Doctors 	147,087
Nurses	371,777
 Therapists & Technical Staff 	154,109
 Managers 	36,360 (2013)

160

- General Practice premises
 7,960
- Clinical Commissioning Groups 211
- Total number of all types of Hospitals 2,300
- Acute Hospital Trusts

Funding

National annual budget

(England, 2013-14)

- **£110 billion** (approximately 132 billion Euro)
- This almost doubled over the last decade
- Now the priority is Save, Save, Save

• More than 60% of this budget is controlled by CCGs

- responsive to local population's healthcare needs
- contracts placed with competing Providers
- incentive payments for quality of care

Personal expenditure

- per capita annual expenditure £1980
- patients with LTCs, more than £8000

(approximately 2,375 Euro)

Accountability

- The Doctor is accountable to...
- their Employer
 - contractual responsibilities and procedures
 - warning, remediation, dismissal
- their Royal College
 - professional responsibilities and procedures
 - re-training

the General Medical Council

- fitness to practice procedures
 - advice, warning, conditions, removal of licence to practise
- the Law
 - law-suits, health and safety, manslaughter...
 - fines, prison

Doctors' Working Conditions in Europe – UK

For a Hospital Consultant

Employment

- Very stable, with most doctors staying with the same employer
 - in most cases a job from appointment to retirement
- Good working conditions
 - Basic contract 40 hours per week plus on call commitment
 - Work sessions are based on 4 hour blocks called "Programmed Activities" (PAs)

2.5 SPAs

- A weekly Job Plan usually is of:
 - 30 hours of direct clinical care 7.5 DCC PAs
 - 10 hours of supporting professional activities
- Annual leave (6 weeks per year paid)
- Study leave (10 days per year paid)

Working Time

- Rights in accordance with the European Working Time Regulations
 - Doctors are permitted to opt out of this protection
 - only by their own decision
 - The Government would like to reduce these rights!
- Junior Doctors are most protected
 - have regular hours monitoring, and
 - are most likely to challenge their working hours
- Senior Doctors are less interested in challenging their working hours
 - but want compensatory rest if working at night
- The Government is trying to introduce more "Seven day working"
 - But there are not enough doctors, nurses, HCPs
 - Or money!

Medical Liability

- All doctors employed by the NHS are covered by "Crown Indemnity"
 - however, this does not cover all situations
- Doctors also have medical insurance cover
 - this is now a requirement by the General Medical Council
 - provided by the Defence Organisations
 - a tax-deductible expense
- Most parts of the UK do not have "no fault compensation"
 - so malpractice claims are tested in Court
 - claims have been increasing in frequency
 - and in cost!

Career Development

- There are two major career paths:
- General Practice primary care
 - "self-employed", usually in combined practices
 - linked to Clinical Commissioning Groups (CCGs)
- Hospital Practice secondary and tertiary care
 - employed status as senior doctors
 - most are Consultants, but also "non-Consultant" specialist grades
 - have a large, but reducing amount of clinical autonomy
- Junior Doctors
 - most are trained within very closely managed postgraduate schemes
 - typically of five to seven years' duration
 - are fully salaried while they are in training

THANK YOU

FOR YOUR ATTENTION

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