

**Minutes of the Derby Medical Society Wednesday 15th March,  
Derby Medical School Lecture Theatre**

**Speaker:**

Mr Stephen Dorrell  
Previous MP Loughborough until 2015  
Secretary of State for Health 1995-1997  
Chair NHS Confederation

**A Vision of Health and Social Care in the future**

Mr Dorrell started by explaining that the Health and Care sector in the politics of our society has been and remains his main interest.

He came into Health Service politics with a business background and he has always wanted to bring the business perspective into health.

He continues to engage in health planning and as it is fundamental to the society we live in and he wants to bequeath a Health Service to his children.

Social policy, management and business skills make the Health Sector so interesting for him.

Health is a mix of Social and Economic policy.

It is important to separate the payment (payer) and provision (provider) elements of Health and Social care.

**Social Policy**

"The NHS is closest thing we have to an established church" quoted by Nigel Lawson..."in which the doctors are the bishops"

The values in the public support of the NHS reflect the core values of humanity.

He does not think that UK healthcare is uniquely political due to being funded by taxation. It becomes political as healthcare and equitable access is fundamental to universal human values. It is social justice.

Mr Dorrell used examples of current American politics which has been dominated by Obama Care in the past few years, India's current government (BJP) has promised universal access to Primary Healthcare. Both countries do not have taxpayer funded healthcare free at the point of access. Therefore politics cannot be removed from Healthcare.

Pressure is building in the health can social care sector. Society's aspirations and demands are higher.

**Healthcare**

The NHS is viewed by some politicians as a Public Service that is different to other wealth generation organisations.

Wealth creation in healthcare is generated by the individuals within the organisation delivering the service to maintain and improve the health of the citizens in the UK.

10% of all goods and services in the UK economy are generated from the health service.

What can the health service learn from the rest of the services generating the other 90% of goods and services contributing to the UK economy?

It is normal practice to adapt and change goods and services in response to consumer demands. Needs are related to consumer demand and there is a change in what is possible in society. Changing demand is the changing burden of disease, modern technologies and pharmaceuticals becoming available.

The application of IT technology to develop systems and structures is essential for flow of information.

Policy political questions related to concerns regarding Health and Social Care provision are raised by citizens every day in constituencies.  
Health and Care are integral to one another.

The old model has been that the NHS is celebrated and NHS budget protected but surrounding services are cut.

The acute hospital cannot be "the city on the hill", it must be part of the fabric of the healthcare community.

Better information flows need to be established across care services - this has been talked about since at least 1968.

The payer function:

Mr Dorrell was clear that he is not in favour of joining everything with the hospital.

Developing disciplines are needed and there is a need to re-engage communities with resources and promote integration.

What current Health Policy is seeking to do:

Prompt access for acute illness - this has been focused on with recent initiatives

Deliver quality services to promote healthy living for patients

"It is not effective use of resources to be able to see a doctor quickly but what you really need is debt advice."

There were many questions from the Society members present around the themes of:

The Health and Social Care integration pilot in Manchester - this has been possible due to changes in Local Government infrastructure in Manchester. This was a 25 year vision by Sir Howard Bernstein. It would not work everywhere.

What are we going to do to get to the point of integrated services? - Mr Dorrell did give some advice to Jeremy Hunt, cuts to Public Services are connected to needs of community and Mr Dorrell recognised the knock-on effects to health and social care services when community facilities are cut.

What modern technologies mean for services

QALYs and difficulty with evidence based medicine taking time to establish the benefits of treatments.

Why has the NHS not negotiated for reduced drug costs with pharmaceutical companies? - more of an issue with reducing waste in pharmaceutical research and development

Why is there variation in services across the UK? - there are now ways in identifying variations in outcomes

How far have we moved in 20 years to reduce deprivation to improve health? Green Paper - this is proven as is adequate housing

Public consultation on commissioning (Oregon project). Would it work in UK? - this project found that people attach highest priority to those things that will directly affect them

Is the first step to more local health policy, the abolition of the DoH? - the exceptionalism of health is the problem

Register                      29 members  
                                         3 guests

Although 43 audience members present

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Mr K. Jones, President, Derby Medical Society