ANDREW MARR SHOW
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SIMON STEVENS
Chief Executive, NHS ENGLAND

AM: Can I ask you first of all, Simon Stevens, is the money on offer enough?

SS: It represents a real step change in the money that will be going into the National Health Service over the next five years, compared with the last five or ten and we’ve got a health service right now, Andrew, that is under real pressure. We saw that over the course of the last winter; we know that staff are working incredibly hard under very demanding circumstances. So this represents not only a significant improvement on that situation but it also gives us five years of certainty with which to plan.

AM: I guess my key word was ‘enough.’ Because you yourself have said that you needed 4% extra to just stand still and you’ve got 3.4%.

SS: We can do more than stand still with this funding, but we recognise that we’re still going to have to make sensible phased improvements, not least because part of how we’re going to be able to do more is by getting the staff that we need. And it takes, as you know, ten years to train a GP, 12 to 14 years to train a consultant. We’ve got nursing pressures right across the health service, so we’ve got to sync up the money with the workforce with the improvements and that’s what the ten year plan that we’re going to be developing will do.

AM: Was part of this deal with Jeremy Hunt and Philip Hammond, the Chancellor, that you would now come onto programmes like this and say how good it was?
SS: No. I was obviously asked, given that I’d been fairly outspoken about the funding pressures in the National Health Service, what the health service would need. As you say, I’ve been very frank about that and when we get a response with the funding certainty that we’ve got, then we should acknowledge that.

AM: Well let’s keep pressing on the money because the Health Foundation, which is widely respected, says: ‘A giant sticking plaster is still just a sticking plaster. Increases of 3.4% will mean longer waits for treatment, ongoing staff shortages, deterioration of NHS buildings and equipment, and little progress to address cancer care, taking the huge disparity in access to mental health care will have to be an aspiration, rather than a reality for another five years.’

SS: Well we’re going to use the next five months with the frontline staff of the National Health Service and with patient groups set out practically speaking what can be done over the next five and ten years. And I think we will find when we get to November that that will bring about genuine improvements in cancer care and mental health services and some of the services that are under real pressure in the here and now. GP services, for example. GP numbers have been going down, we need more GPs, they’re the bedrock of the NHS.

AM: Because when this deal was done it was said by Jeremy Hunt again and again and again that the other side of this there was going to be a plan from Simon Stevens which will involve the future of the NHS. Can I ask, does that plan involve further savings, further cuts?

SS: Well those are two separate things. Because the health service is publicly owned any savings that we’re able to make from taking out waste or inefficiency – and although we’re incredibly
efficient overall there is still some waste in the National Health Service – all of that can be put back into frontline improvements for patients. So yes, we do want to tackle some of that inefficiency where we see it as we have been doing and in fact the productivity in the National Health Service has been growing far faster than in the UK economy as a whole over the last five years, which has been a huge testament to the work of staff right across the health service.

AM: This week you’ve released a whole series of operations that the NHS will no longer offer, at least routinely, and many of them are things like pinning back Andrew Marr’s ears and so forth and you can understand why the NHS would not want to spend money on doing that. But some of them are quite serious. Carpal Tunnel Syndrome for instance is a really unpleasant and debilitating problem of the hand, you no longer are going to offer an operation for that. Can you understand why somebody with Carpal Tunnel Syndrome, for instance, sees this £20 billion going into the NHS and thinks ‘but I’m not going to get my operation’ and is quite hacked off?

SS: Well, these are proposals that have been drawn up by doctors and are now going to be consulted on. But the reason that these suggestions have been made is because there are now usually better treatments or alternative treatments or these treatments are deemed not to work terribly well. If an individual doctor thinks that an individual patient would however benefit, they will still be able to provide that service.

AM: So people who read through this list shouldn’t be too worried? For instance, I mean another very distressing thing can be excessive menstrual bleeding and the NHS used to offer hysterectomies for that and according to the list will no longer do so.
SS: Well we have the Academy of Medical Royal Colleges, the top medical experts in the country alongside NICE which looks at the medical evidence of what conditions benefit from which treatments and this is the list that they have come up with. As I say we’ll all be consulting on it and then on the basis of that making some decisions.

AM: It’s a pretty tough kind of hardboiled look at what the NHS absolutely must do and what it doesn’t really need to do. Looking forward, are we going to see more of this?

SS: We want to make sure that all of the work that is done by the NHS is benefitting patients and where we’ve got – we’ve still got a lot of variation in practice between different parts of the country, and so yeah, we want to make sure that every pound, every extra pound we get we spend wisely, recognising, however, that the NHS is arguably already the most efficient health service in the industrialised world.

AM: You talk about different parts of the country. Let me give you a different example which is IVF. Lots of people are tragically unable to conceive naturally and the NHS official guidance says that they ought to be offered three cycles of treatment to help them. If you’ve living in Scotland you get three cycles of treatment. If you’re living in England it’s very unlikely that you’re going to get three. I think only one in ten Health Trusts actually offers three cycles and some offer none, or just one. Why is that?

SS: Well the NHS has never been able to offer all of the IVF that people might want. I think we’ve been offering under half of the IVF cycles that have been funded but we’re still spending between

AM: But they can do it in Scotland.
SS: - 50 and a hundred million pounds on doing so. I hope that over time we'll be able to have more IVF, but we've got to make judgements about whether to put extra money in that area or into improved cancer treatments or stroke care or mental health services, so we want an expanding and a growing NHS but there are real difficult choices that have to be made by local GP groups and that's what you're describing.

AM: Can I ask what the effect would be on the NHS if we leave the EU next March without a deal.

SS: Well, the main issue for the NHS has always been how well does the British economy do and I'm not going to speculate on the consequences there obviously. There is immediate planning which the health department with other parts of government are undertaking around securing medicine supply and equipment under different scenarios and that will obviously crystallize when it's clear later this autumn what the UK's position will be.

AM: Because I think when you were talking to MPs last autumn you said that you hadn't been asked by government to plan for no deal. Has that changed?

SS: There is now significant planning going on around all the scenarios, including these medicine supply scenarios.

AM: Because I think there's something like 37 million packs of medicine come in every month from the EU to the UK. There's blood plasma supplies, there's all sorts of particular technical equipment we rely on. You can guarantee to people that if we have to leave without a deal those items will carry on being available within NHS hospitals?

SS: Well I think nobody's in any doubt whatsoever that top of the list in terms of ensuring continued supplies for all the things that
we need in this country, right at the top of the list has got to be those medical supplies.

AM: So how do we actually guarantee that those supplies keep flowing if there isn’t a deal?

SS: Well, as I say, there’s extensive work underway now between the Dept of Health, other parts of government. The life sciences industry, the pharma companies, so nobody’s pretending this is a desirable situation, but if that’s where we get to then it will not have been unforeseen.

AM: And 60,000 of your employees, you’re a very big employer, 60,000 of them are EU nationals, many of them worrying about their future status. What conservations have taken place to guarantee their status under the different scenarios if we leave, when we leave?

SS: So every hospital has now been written to asking them to reach out to their staff from the rest of the EU, reminding them that the Home Secretary has now set a clear process by which people can apply to stay in this country, which we hope they will do, but alongside our reliance on international staff we obviously want to boost the training and the availability of a British trained staff. So we’ve got five new medical schools that are coming on line over the next several years, that’s going to mean a 25% increase in the number of home grown British doctors, we need to do the same with nursing and other disciplines.

AM: You’re growing lots of British doctors but you’re not always keeping them. Why are so many GPs leaving so quickly?

SS: Well we’ve actually now got record numbers of young doctors choosing General Practice for their specialty, which is fantastic, but the pressures in General Practice mean that a lot of GPs are
choosing to retire early. So part of what we’ve got to do is we’ve
got to not just expand but we’ve got to redesign the way GP
services work, relieving some of that load from them, including by
more practice nurses and pharmacists and new technology.

AM: Let’s just go back to the big picture and that very large
amount of money that’s gone into the NHS. You yourself have
made it clear, that’s only really half of the story. Unless we solve
social care we’re going to have terrible problems in the NHS. What
kind of guarantees have you got for ministers that you are going
to be able to solve social care?

SS: The Prime Minister’s been explicit that the settlement for
social care will be such that there will not be extra pressure
coming into the NHS as a consequence, and that’s increasingly
important because if we look out over the next ten years we can
see there are going to be a million and a half more people aged
over 75, it’s one of the huge seachanges in the 70 years of the
NHS.

AM: And if the NHS was left to cope with that unaided as it were
that would ruin all your plans for the next five or ten years,
wouldn’t it?

SS: I think we’re seeing today that part of the reason hospitals are
under such pressure is because we’ve got about 18,000 people in
hospital who’ve been there for more than 3 weeks and many of
those with appropriate community health services and social care
could be back on their feet at home. I think that case has been
now well understood. I think there are some immediate support
that is required over the next several years and there’s frankly a
big national debate which has been due to crystallize for some
time now, Andrew, about what we do looking out over the next 10
and 20 years.
AM: You say that you’ve been given a guarantee there won’t be additional pressures on the NHS because of social care failures. That must mean, presumably, there is more money coming for social care. Must mean.

SS: I think that’s the obvious implication, but equally given that social care is such a big part of council’s budgets understandably those decisions are going to be made in the context of the overall council budget setting process later in the year.

AM: Because Philip Hammond, the Chancellor, famously said, Simon Stevens has got his 20 billion quid, that’s it. There is no more money for anybody else. But from Simon Stevens’ point of view that does not include social care.

SS: Well, as I say, the Prime Minister has been clear that the government understands the pressures on social care and I think one of the points that has been very obviously looking out, but looking back over the last 5 years is that unless you are able to support social care then the health service will struggle as well. So I think there’s real agreement on that. I don’t think that’s a point of argument.

AM: Where there is no agreement is how we’re going to pay for it all. You yourself have suggested in the past that people’s homes should be part of this. That all this money, the trillions and trillions accumulating in the homes of pensioners is part of the answer to paying for social care. Do you still agree with yourself?

SS: Well, what I think many people don’t understand is that that is already the situation. Already if you’re going to qualify for public support in a care home place then your housing assets are taken into account. They’re just not - that just doesn’t take place in a very fair way.
AM: So more of that rather than –

SS: Well a lot of the debate is about how do you make it more transparent and fairer and frankly an answer here is going to have to have cross party support. I think it’s quite encouraging that –

AM: Because it went so well for the Conservatives during the election campaign.

SS: Well it’s quite encouraging that within the last week actually we’ve seen two cross party Select Committees in parliament come up with proposals. There will be a debate about whether those are the right proposals or not, but the fact is I think people now get the idea that this is not an issue that can be ducked indefinitely.

AM: What about public health education? It’s another area which falls outside the 20 billion, as I understand it. It’s extra money that needs to be found. How concerned are you when campaigns for instance against smoking, which keeps people out of hospitals, keeps them out of GPs surgeries are being underfunded at the moment?

SS: So the smoking rate is coming down but we’ve still got nearly six million smokers and as you know, Andrew, two fifths of cancers are preventable and a lot of those are caused by smoking, but also obesity. So the war on smoking is definitely not won, but we do have other health threats as well. And childhood obesity within the last ten years we’ve seen a doubling of the number of fast food outlets within five minutes of a school gate, we’ve also got new threats to young people’s health around the stresses and strains of adolescence, young people’s mental health services.

AM: Well you mention mental health. When are we going to actually see – we talk about parity of esteem for mental health
and physical health issues, when are we going to see it actually happening?

SS: That’s one of the things that this ten year long term plan has got to spell out very clearly what that improvement will look like. We have made some progress over the last couple of years, but it’s not just the NHS. The fact is if you look at the increasing pressures on young people around eating disorder services, we have to think about the whole environment in which children are being exposed to. Some of that is social media, but I mean even if you take a show like Love Island look at the adverts that are being shown alongside Love Island. You’ve got explicit ads aiming at young women around breast cosmetic surgery. That is all playing into a set of pressures around body image that are showing up as a burden on other services.

AM: As a country what should we be doing about this? Those kind of adverts and some of the adverts you see online all over the place aimed at young people?

SS: I think the time has come really to think long and hard as to whether we should be exposing young people to those kinds of pressures and social media and advertising has got to look very carefully at the kinds of impacts that it is having. I think that’s been accepted as part of the childhood obesity strategy but it’s as relevant in mental health.

AM: So if I was working for Facebook or Twitter or Instagram, what would you be saying to me?

SS: Well it’s interesting. We’re seeing on TV at the moment a bunch of Facebook ads describing how they are seeking to become more responsible, so I think they and others are beginning to recognise that they are in danger of ending up on the wrong side of history.
AM: Just going back to the money yet again. I can remember before the election when you did the first deal you got £8 billion extra from the government and you promised £22 billion of savings. Have you actually delivered those savings?

SS: Over the last five years the NHS has provided care on £27 billion less accumulatively than we would have had had funding been growing at its long run average. And NHS productivity has been going up far faster than the rest of the economy. The fact is we have a very efficient and low cost health service. You know we’re spending 30% less than the Germans and now it’s right that we actually pivot back to something closer to long term funding growth, if on the 70th anniversary we want to sustain the kind of brilliant health service that we’ve enjoyed for the last seven decades.

AM: And it’s 70 years old and everybody loves it. Can I ask you one question. Why is it that our cancer survival rates are so poor compared to other comparative countries?

SS: Because we get diagnosed too late and so the most important thing over the next 5 years is going to be early diagnosis, particularly for bowel cancer and for lung cancer. So in the case of lung cancer for example you’re going to start seeing CT scanners parked in supermarket car parks. We started that in Manchester and we found that whereas previously only one in five people in Manchester were getting their lung cancer diagnosed early, when we were doing it in the supermarket car parks it was two thirds and in the case of bowel cancer, people are going to start getting new kit through their letterbox soon and we would ask them to actually mail them back to us. I’ve got this little test here which is like a little dipstick, you dip it into your poo –

AM: We won’t show it live on air.
SS: We won’t do it live on air, Andrew, but you dip it into your poo, you mail it back to the NHS and this saves lives. Because if we pick up bowel cancer early 95% of people survive.

AM: I’m so glad that we’ve run out of time, Simon Stevens. Ends