ANDREW MARR: 
Now Simon Stevens is the man brought in by the government to oversee the NHS in England. During the election campaign, we heard a lot about an alleged “crisis” in the NHS – pressures on A&E, more elderly patients, shortage of GPs – and Simon Stevens himself has warned that unless the NHS becomes much more efficient and gets more money, it could be short of £30 billion in just 5 years’ time. So he’s got a tough job and he’s with me now. Good morning to you. Is there a crisis in the NHS?

SIMON STEVENS: 
Well the NHS is under pressure and there’s no great surprise about that. We’ve got a growing population, we’ve got an ageing population, and there are many more fantastic treatments that we can offer. In fact when you think about it, the children who are born in an NHS hospital today, 1 in 3 of them are likely to live to 100. So these are pressures that …

ANDREW MARR: 
(over) There are real pressures on?
SIMON STEVENS:
Real pressures that all healthcare systems are facing. But, Andrew, I would say there’s a lot that we should be very proud of in the NHS.

ANDREW MARR:
Sure.

SIMON STEVENS:
Our life expectancy’s the highest; cancer survival rates the greatest they’ve ever been; waiting times slashed; public satisfaction at its second highest ever.

ANDREW MARR:
So it’s not all a bad story.

SIMON STEVENS:
It’s not.

ANDREW MARR:
Now during the election campaign, I think it was your pressure really that got David Cameron and George Osborne to absolutely guarantee you an extra £8 billion by the end of this parliament. In your 5 year look ahead, you say that money needs to be spent very quickly to get infrastructure and managerial reforms, enabling you then to make the savings to keep the show on the road. Does that mean that £8 billion has to be frontloaded, you’d like it soon?

SIMON STEVENS:
We’ve said that we’re going to need at least £8 billion by the end of the decade and obviously that’s going to have to be phased and the government has accepted that. But what we’ve also got to do in the health service along the way is make some pretty big changes. We’ve got to change the way in which care is provided, we’ve got to get serious about prevention, and we’ve got to make sure that we’re using the money we’ve already got very wisely.
ANDREW MARR:
So to make those changes, does the tap need to be turned on quite quickly?

SIMON STEVENS:
Well it’s going to have to be phased and the reality is that we’ve got to do some things immediately in the NHS to ensure that we are getting maximum bangs for the buck that the taxpayer’s already providing us for. We’ve seen, for example, hospitals with big extra spending on temporary staffing over the course of the last year, overspending by £1.8 billion on temporary staffing …

ANDREW MARR:
(over) I certainly want to talk about that.

SIMON STEVENS:
… so we’ve got to tackle that.

ANDREW MARR:
It’s a huge issue because you’re getting nurses paid £3,000 a shift, those kind of stories around the place, and lots of trusts breaking their budgets partly because of this. So would you support a change in the law to put a real tight cap on agency payments?

SIMON STEVENS:
Well what’s happening here is that for the last several years, rightly, there has been a big focus on increasing nurse staffing across the NHS, particularly in the light of the report that Robert Francis did into Mid-Staffordshire. But obviously it takes 3 years to train a nurse, and so if you do this very quickly then you end up relying on temporary staffing.

ANDREW MARR:
(over) … running around paying huge amounts to agencies.

SIMON STEVENS:
Exactly. So what we’ve got to do is to convert that spending into good paying
permanent jobs.

**ANDREW MARR:**
So my question is how really?

**SIMON STEVENS:**
Well one of the things we’ve got to do is ensure that NHS hospitals are offering flexible employment for these nurses who are currently working in these temporary agencies, but also we will have to clamp down on some of these staffing agencies who, frankly, are ripping off the NHS.

**ANDREW MARR:**
Can you actually put in some kind of legal cap on those fees? I don’t know how you do it, that’s the question, because if a trust really wants more nurses in and the agency’s saying well that’s what it costs, then it’s very hard to intervene... You have to intervene in that transaction, don’t you?

**SIMON STEVENS:**
It’s very hard for individual hospitals to do this, but collectively the NHS can take action here and we will be doing that.

**ANDREW MARR:**
You will be doing that. And that might require a change in the law, I’m told.

**SIMON STEVENS:**
No I don’t... I don’t think that’s right.

**ANDREW MARR:**
*(over)* You don’t think so. Okay let me talk about another big, big election issue which caused a lot of interest when it was announced by the Prime Minister. That’s the 24 hour, 7 day a week NHS. First of all, what does that really mean? Does that mean every GP surgery staying open all of Sunday? Does it mean hospitals doing all their routine operations through the weekend? What does it mean?
SIMON STEVENS:
Well the thought behind this is that, first of all, we know that the quality of care in hospitals on weekends – not just in this country but in most countries – is not as consistent as it is during the weekdays, and so …

ANDREW MARR:
(over) You’re much likelier to die if you go into hospital at the weekend.

SIMON STEVENS:
And so what we’re going to need is we’re going to need more senior consultants available, more diagnostic equipment working through the weekends, and that’s obviously going to have to be phased as we build staffing and capacity. But we also know that part of the reason why people end up having to go to A&E departments at evenings and weekends is when they find it hard to get hold of their GP services, and that’s because we’ve …

ANDREW MARR:
(over) And that happens at the weekends and so on.

SIMON STEVENS:
(over) … systematically underinvested in general practice relative to hospitals for at least 10 years and probably more. So we’ve got to make out of hospital options easier, less confusing for people – you know whether to call your GP, whether to go to A&E.

ANDREW MARR:
(over) If we’re really going to get … Sorry. If we’re really going to get to a 24 hour/7 day a week NHS …

SIMON STEVENS:
Yeah.

ANDREW MARR:
… how much more money does that cost?
SIMON STEVENS:
Well we’re going to need to expand GP services. We’re doing that now …

ANDREW MARR:
(over) In a big way.

SIMON STEVENS:
… covering about 18 million people. So a bit like on a weekend if you need to go to the duty chemist, not every chemist in your town or local area will be open but there’ll be a rota, we’ll need to do something similar with GP services.

ANDREW MARR:
So this costs real money. This is expensive. I’m just wondering how much it costs?

SIMON STEVENS:
Well we’re also going to … There will … there will be costs associated with it …

ANDREW MARR:
How much? Sorry.

SIMON STEVENS:
... but there will also be efficiencies. And the reason for that is that if you’re admitted to hospital on a weekend, your length of stay in hospital turns out to be rather longer because some of the other services you need aren’t in place.

ANDREW MARR:
Okay.

SIMON STEVENS:
So there will be extra costs. That’s why we’re going to need the extra resources that we’ve set out.

ANDREW MARR:
And is that inside the £8 billion that’s been talked about or is that additional?
SIMON STEVENS:
Well we’ve got parts of the country that at the moment are testing these new models. Of course remember that nurses already work 7 days a week …

ANDREW MARR:
Sure.

SIMON STEVENS:
… shift working, doctors as well. The question is which are the changes that will make the biggest impact? We are seeing in some places GPs coming together, creating options whereby you can skype your GP on your iPhone, for example. There’s not a huge extra cost to that …

ANDREW MARR:
(over) So … I’m sorry, my …

SIMON STEVENS:
(over) … but it does improve convenience and service.

ANDREW MARR:
… my question is relatively simple, I think, straightforward, which is: is moving to a 24 hour/7 day a week NHS additional in terms of its cost to the £8 billion that you’ve asked for and got?

SIMON STEVENS:
Well we are going to have to see what the phasing of this will look like.

ANDREW MARR:
So it could be?

SIMON STEVENS:
There will be extra costs in some parts of the system, but the net effect of that I think will depend on how these options develop.
ANDREW MARR:
If you talk to people round the country, the first thing they say to you again and again and again – I’m sure they say the same thing to you –

SIMON STEVENS:
Yeah.

ANDREW MARR:
- is it’s really, really hard to get a GP appointment. It takes longer and longer and longer. And that is because, as you suggested, we don’t have enough GPs; not enough people in training want to be GPs; perhaps the structure of the pay and lifestyle isn’t any longer attractive. You need a real, real shake-up. You need to do something dramatic, don’t you, to get GPs back into the system in large numbers?

SIMON STEVENS:
Yes. And the reason for that is that GPs handle 90 per cent of the patient contacts with the NHS – something like 370 million visits a year compared with 23 million to A&E – and yet despite handling 90 per cent of the work, we’re investing less than 10 per cent of the funds. So we’ve got to increase our money …

ANDREW MARR:
(over) So you’re going to shift money to GPs?

SIMON STEVENS:
That’s right. We’re making a big start on that this year with £250 million of investment in GP premises, to be continued for the next 4 years. Over and above that though, we also need more team working in primary care – making better use of pharmacists, practice nurses – and we’ve got to join up services so that the GPs, the community nurses, social services, hospital specialists are working together much more closely.

ANDREW MARR
Alright. Now the other thing … Before doing this interview, I talked to a fair number
of consultants, senior people at the sharp end in hospitals, and I said “What would you do?” And they said, “Tell Simon Stevens we are drowning under management. In the Blair years we had huge numbers of accountants coming in, the purchase/provider split, and that shackled us. Now we have managers, managers, managers everywhere. Ask him if he is going to cut the number of managers in the NHS because it is destroying us.” That’s what they say. So I ask you the question.

SIMON STEVENS:
(laughs) Well for a start there have of course been very substantial reductions in our running costs, our administrative costs over the last several years. Now …

ANDREW MARR:
(over) The numbers are going back up again.

SIMON STEVENS:
No, now we’re spending less than 3 pence on the pound on administration in the NHS compared with more than 5 per cent in France or Germany. And so at the same time as we’ve had this reduction in management spending, we’ve also had a big increase in the number of nurses and doctors. But the reality is – and what I would say to those same consultants – is that when you think about how well your outpatient clinic is organised, when you think about the medical record systems, when you think about the working that you’re going to need with social services to get your patients discharged, it’s NHS managers who do that; and rather than denigrate the role of NHS managers, we need to recognise that the NHS needs the best management we can possibly muster.

ANDREW MARR:
There’s been a lot of comment about how as a country we’re still smoking much too much, we’re drinking too much, and we’re getting far too fat. Now you’ve been very tough on all of that. Do you support those trusts who have introduced the idea of rationing for people who are still smoking despite medical advice or who are grossly obese and say okay it’s going to take longer for you to get the operation that you think you need?
SIMON STEVENS:
Well the basis on which people get care on the NHS should be their ability to benefit. That should be the test. So the doctors have to …

ANDREW MARR:
(over) So you’re against that kind of rationing?

SIMON STEVENS:
… doctors have to … Certainly blanket exclusions like that are not consistent with the principle that the test should be: ‘will be this patient benefit from this treatment?’ But the underlying point is that we have got to get much more serious as a nation about our own health and about prevention. And we’ve done actually very well in terms of cutting smoking and teenage pregnancy and drink driving but the new smoking is obesity, and - as we’ve just seen this past weekend in fact - 1 in 5 cancer deaths now caused by obesity, so we’ve got to get …

ANDREW MARR:
(over) So what can we do about that as a country because if you just simply wave your finger at people across the television channel, they just ignore people. You know I mean people carry … have been told again and again, warned about you know burgers and sugary foods and sugary drinks, and we get fatter and fatter and fatter. People have to have more than simply a waved finger. So what about, for instance, the kind of alcohol pricing legislation the Scots have introduced? Would you like to see that in England?

SIMON STEVENS:
Well it’s going to take all of us to play our part. As parents – and I say this as a dad of two school age kids – we’ve got responsibilities. So when your children come home after school then it’s water or milk, not fizzy drinks and juice; it’s cut up apples, not sugary bars. We’ve got responsibilities as schools and a number of schools are getting serious.

ANDREW MARR:
(over) But what about the government? Shouldn’t the government be introducing
higher alcohol pricing - I mean alcohol prices went up quite sharply for a while, then they've tailed off again - and making it more expensive to buy high fat, high sugar food?

SIMON STEVENS:
Well the food industry does have a huge responsibility here and we are seeing that perhaps 1 in 3 of our teenagers are drinking these high energy, sugary drinks. We’ve got the biggest use of fizzy, sugary drinks of any country in Europe and so …

ANDREW MARR:
(over) So surely the government must act?

SIMON STEVENS:
So I do think we’re going to need reformulation to take sugar out of foods in the same way that successfully that’s happened with salt over the last several years. I think responsible retailers, food producers can smell the coffee here.

ANDREW MARR:
(over) Higher taxes?

SIMON STEVENS:
They can see that public attitudes are changing. And they are going to need to take action because we can see that if that doesn’t happen, then in effect what we’re doing is a slow burn food poisoning through all of this sugar that then goes on to cause cancer, diabetes, heart disease. That’s what we’re doing to our kids. We’ve got to stop it.

ANDREW MARR:
We certainly do. Simon Stevens, thank you very much indeed for joining me this morning.

INTERVIEW ENDS