



INTERVIEW WITH NIALL DICKSON

Chief Executive, NHS Confederation

As chief executive of the NHS Confederation, I lead an organisation which supports the United Kingdom's most cherished institution: the National Health Service (NHS). We bring together and speak on behalf of organisations that plan, commission and provide NHS services in England, Wales and Northern Ireland.

Through our networks in England and our operations in Wales and Northern Ireland, we represent the wide variety of organisations in the NHS and as such, are well placed to articulate the interests of the healthcare system.



In England, we also run NHS Employers, a support service for NHS organisations who together form the nation's largest employer. In addition, we have a small international team which focuses on the NHS's links with other health systems and which operates the NHS's European Office in Brussels, which has been concerned with EU legislation and more recently on the health implications of the UK's decision to leave the EU.

KEY CHALLENGES AND ACCOMPLISHMENTS FOR SERVICE DELIVERY IN THE UK

Across the UK, the NHS is grappling with the same issues facing healthcare system across the world, such as rising demand, funding constraints and workforce pressures.

The challenges are significant and have been exacerbated by a decade of very low funding growth. Overall, the NHS has done well to cope with intense operational pressures while beginning to address the need to transform and futureproof services in the years ahead. In all three jurisdictions represented by the NHS Confederation, (England, Wales and Northern Ireland), there are strategic plans which set out a roadmap for the way ahead. There is general support for the plans and commitment locally to turn these visions into reality.

But we are clear that if they are to succeed, there is a need for sustainable funding for the health and care systems throughout the UK. This will mean additional investment, in particular, for social care provision, capital, workforce training and public health.

KEY CHALLENGES AND PERSPECTIVES IN HEALTHCARE ON THE INTERNATIONAL LEVEL

First, the threat of pandemic – this is not a question of if, it is a matter of when. For advanced healthcare systems, there is the need to make sure effective systems are in place. Everything from accurate information and support, to the identification and isolation of cases, through to international collaboration to develop effective vaccines. Just as important, we need to make sure there are arrangements to support less well-developed healthcare systems.

Second, tackling demand. We must develop sustainable services which meet modern needs. Social and economic change and advances in medical science will continue to drive inexorable increases in demand for healthcare and the need for new ways to support patients and users. This will only work if we find ways of intervening earlier and providing more care closer to people's homes and communities.

With massive workforce shortages, we need resources devoted to training and retaining professional and support staff if we are to have any chance of meeting growing needs. This will also require thinking through and creating new types of workers with different and adaptable skills.

And fourth, embracing data and technology. Healthcare needs to be much quicker and slicker at working with the digital revolution. This offers the chance to create new relationships with more empowered patients and new more bespoke interventions informed by data.

EXPECTATIONS FROM AND CONTRIBUTIONS TO THE IHF

I hope the IHF will be a source of ideas and innovation for us and for all its members. The Federation is a great opportunity to understand the challenges and imaginative solutions being applied in different countries around the world. We all have so much in common and much to learn from each other. There is much that more developed systems can glean from those that are less well-resourced and who often demonstrate how you can do more with less.

I would like more of a debate on international recruitment and how we can make sure this has a strong ethical basis. And I would like a debate about how healthcare systems will develop with hospitals as a vital part but not as the sole focus of that debate.

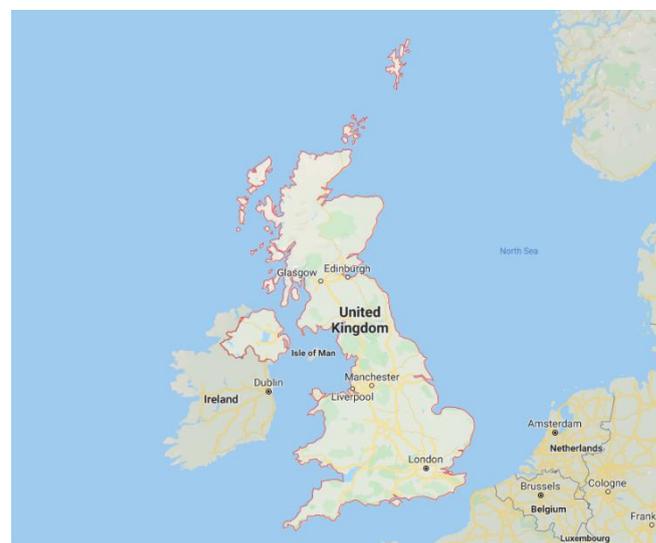
EVOLUTION OF THE IHF IN THE NEXT FIVE YEARS

Over the next five years, I see the IHF moving towards closer working with the World Health Organization and having a clear view about how we can support global objectives.

We should also consider a debate about whether we should change our name to International Healthcare Federation, or at least International Hospital and Healthcare Federation, which would reflect the reality of what confronts our members.

A real ambition to build a major international event which would attract at least 5,000 leaders and major sponsorship, which could spread the influence of and help to fund the federation going forward.

THE UK'S HEALTHCARE STRUCTURE



The NHS employs around 1.5 million people across the UK, making it the fifth largest employer in the world.

Health has been a devolved matter since 1999, with all four parts of the UK – England, Wales, Scotland and Northern Ireland – entirely responsible for legislation and policy relating to health. As a result, while the NHS is based on common principles throughout the UK, the structure in each jurisdiction is distinctive. While health and social care is delivered within different legislative frameworks and structures, across the UK the NHS faces similar challenges.

Indirectly, though, ultimate responsibility for NHS funding could be said to reside with the UK parliament. As the NHS is financed mainly through taxation, it is the UK parliament which distributes funds to the Scottish parliament and the devolved assemblies, although how much of that is devoted to health is a matter for local determination.

In England, at a strategic level, much of the day-to-day responsibility for the NHS was passed from the Department of Health in 2013 to an arm's-length body now known as NHS England and NHS Improvement, and other arm's-length bodies. At an operational level, clinical commissioning groups (known as CCGs) have responsibility for local funding decisions, while hospitals, community services and other forms of provision come under separate statutory organisations, which in theory at least have a degree of autonomy. Private providers also deliver NHS services under contracts, mostly agreed at local level but with nationally set prices. All providers are subject to statutory inspection.

In the last few years, new forms of partnership have been introduced to foster closer collaboration between health and social care providers, together with commissioners, local government and the voluntary sector. These are being developed into so called integrated care systems (ICSs). By April 2021, every area of England will be covered by an ICS. Currently, it is expected there will be between 40 and 50 of these systems.

In Scotland, the NHS is governed by 14 NHS boards each covering an area of the country, as well as seven special NHS boards and one public health body. The NHS boards are responsible for

population health and the delivery of frontline healthcare services. Special NHS boards provide specialist and national services. As in other parts of the UK, primary care is largely provided by independent contractors but is closely integrated with other NHS services.

Northern Ireland has six combined health and social care trusts. Primary care is provided across the province and as elsewhere these services are increasingly operating as federations of family doctors working as part of multidisciplinary teams.

And in Wales, seven local health boards plan, secure and deliver healthcare services in their areas. As elsewhere, Wales is focused on improving partnership working and collaborations across health, social care and the public sector. Legislation in 2015 and a long-term plan for health and social care in Wales provide the strategic direction to switch the main focus from hospital-based care and treatment to wider health, wellbeing and prevention.

ABOUT THE NHS CONFEDERATION



The NHS Confederation is focused on supporting members – including hospitals, community and mental health providers, ambulance trusts, primary care networks and clinical commissioning groups – to deliver for patients and local communities. We do this in four ways:

- Inform members about the changing health and care landscape in a concise and accessible way.
- Represent the views of members, giving a voice to their expert knowledge and concerns at the highest levels.
- Influence the development of policy relevant to members through gathering feedback and engaging with decision makers.
- Support members to share ideas, insights and best practice, and by providing a platform for leaders to network and come together.

We see our critical role as being able to bring together all parts of the health and care system to help develop solutions to the challenges it faces. We work closely with national bodies, including governments and stakeholders and support local leaders.

Our priority areas include workforce; transformation and integration; funding and finances; the future of commissioning; community and primary care services; mental health; Brexit and international; equality, diversity and inclusion; social care; and supporting leaders.

NHS ConfedExpo 2020

This year, our flagship conference will provide a great opportunity for healthcare leaders across the world to engage with their counterparts in the NHS in the UK.

NHS ConfedExpo in June is being run jointly by the NHS Confederation and the organisation which funds and regulates the NHS in England: NHS England and NHS Improvement. The event will bring together 5,000 senior health professionals and managers from across the health and care sector for two days of practical learning and debate, spotlighting innovative solutions to challenges faced by health systems across the globe. Exploring everything from environment and sustainability, to collaboration and partnerships, and quality and clinical improvement, the gathering will unite leaders from across the UK and abroad.

Among an array of speakers will be Sir Simon Stevens the chief executive of NHS England; Lord Adebowale, the newly appointed chair of the NHS Confederation; Dr David Feinberg, vice president of Google Health; and Amy Edmondson, Novartis professor of leadership and management at Harvard Business School.

With 150 hours of interactive content – plus a major exhibition with the latest technology and innovative solutions – NHS ConfedExpo will be the main event in the UK's health and care calendar. It will offer a great opportunity for delegates from other systems to engage with the NHS.

Join us in Manchester on 10 and 11 June and be part of the conversation. Find out more at www.confedexpo.org