In the spotlight

As it celebrates its 70th birthday, the NHS is at a critical point in its lifetime

David Brentnall

The talk is not of space, but of time. The National Health Service (NHS) is 70 years old this year. It was the brainchild of Aneurin Bevan, the longest serving health secretary. The NHS is now the envy of and reserved for nearly every country in the world. It’s an icon of the British welfare state, a symbol of national identity and a source of pride for many people. And yet, despite its achievements, the future of the NHS remains uncertain.

Today, though, it’s 79 and almost 80 years old. The NHS has been through many ups and downs, from its inception in 1948 to the present day. It has seen changes in government, funding, and healthcare policies. Yet, despite these challenges, the NHS has persevered and continues to evolve.

The NHS is a model of care that has been admired by many countries around the world. It offers free at the point of need healthcare and is funded primarily through national insurance contributions. In 2018, the NHS had a workforce of over 1.4 million staff, including doctors, nurses, and other health professionals.

Despite its successes, the NHS is facing challenges. The demand for healthcare is increasing, and funding is limited. The government is investing more money into the NHS, but there are concerns about how this will be spent. Additionally, the UK is facing a shortage of healthcare workers, particularly nurses.

The NHS is at a critical point in its lifetime. As it celebrates its 70th birthday, it must continue to innovate and adapt to meet the needs of the future. The NHS is a model of care that is admired worldwide, but it is not without its challenges. The future of the NHS is uncertain, but it remains a vital part of the UK’s social fabric.

61% of people say who they are prepared to pay more tax to keep the NHS in England.

The average number of patients the NHS treats every 24 hours is 1.4 million.

On 5 July 1948, life expectancy for men was 65 years and 10”. As the 70th birthday of the NHS approaches, the NHS will continue to provide care to millions of people, no matter their background or income.

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Five sites. Thousands of nurses, doctors and allied health professionals. One shared mission: to work together to provide an exceptional level of care for our patients.

Comprising of King’s College Hospital, Princess Royal University Hospital, Orpington Hospital, Beckenham Beacon, and Queen Mary’s Hospital, these five sites have come together to form King’s College Hospital NHS Foundation Trust – a Trust that is recognised across the world thanks to our high standards and shared values.

With these values including our commitment to work together, make a difference in our community, inspire confidence in our care, aim higher, and understand our patients, we are excited about what the future holds.

And what a future that is! With a state-of-the-art critical care unit currently being developed, we are further enhancing our ability to provide high calibre emergency care including major trauma and surgical services to London’s communities.

Constantly striving to excel in our capabilities, King’s has a long and rich history that we are immensely proud of. Established in the 1840s as a student training facility, we have been around for longer than the NHS, caring for millions of Londoners through two World Wars, and sharing our exceptional knowledge and research capabilities with the wider medical community.

Research remains at the heart of our progressive work, and as one of the largest teaching hospitals in the UK, we are determined to find solutions that will save and improve even more lives. That’s why we’re delighted to be part of the King’s Health Partnership—an unashamedly ambitious programme in which cutting-edge research is being translated into medical breakthroughs and world-class education and training.

At King’s, we never stand still. We are honoured to support the incredible talent within our teams, working together to devise world-class solutions, and striving to ensure our people are developed to their full potential. It’s what makes us so special – and it’s what you can expect when you join Team King’s.

Thousands of careers supported. Millions of lives saved and transformed. One bright communal future.

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Tredegar
Why the little town in south Wales that forged the NHS now points to its future

The birthplace of Aneurin Bevan offers a microcosm of the health and social care problems facing the nation

Kim Thomas

Growing up in Tredegar in the 1960s, Jackie Rowlands vividly remembers the long benches in the surgery waiting room. Patients would move along the bench until it was their turn to see the doctor: “They were absolutely shining, so people just slid along because they were polished all the time. When you were a child, they were wonderful. You might be at the surgery at nine o’clock in the morning and not be seen until 11 o’clock, and if the doctor was called out to an emergency nobody complained.” She recalls a spirit of camaraderie: “Women used to knit in the surgery. And you had conversations – you got to know people along the bench.”

Coal mining had brought jobs and relative prosperity to the town: Rowlands remembers Tredegar as a thriving community, with two cinemas, a “massive library”, weekly dances, and a snooker hall. But the industry took its toll on health: pneumoconiosis, a lung ailment caused by coal dust, was widespread. Utterly不堪 description and associated ill health. It also expressed concern at the area’s difficulty in recruiting GPs. In the 1960s, Tredegar and other south Wales towns benefited from an influx of doctors from South Asia, recruited by local MP, Michael Foot (“a very different set of workers to form self-help organisations to pay for members’ medical care. The Tredegar Workmen’s Medical Aid Society, however, was one of the most successful and comprehensive. It began life in the late 19th century, and was initially made up of miners and steelworkers, though membership was later extended to include their relatives and other workers.

By the 1920s, the society employed the services of five doctors, one surgeon, two pharmacists, a physiotherapist, a dentist, and a district nurse. For an extra sum each week, members could also benefit from hospital treatment. During the inter-war depression, the society continued to provide services to unemployed people, even though they could no longer afford to pay a subscription. By the mid-1940s, the society was providing medical care for 22,800 of the town’s 24,000 inhabitants. Aneurin Bevan, who was born in Tredegar, took the Workmen’s Medical Aid Society as his inspiration for the NHS, saying: “All I am doing is ‘Tredegarising’ for a generation or more. We are going to ‘Tredegarise’ you.”

Young people undergoing treatment for heart disease, stroke and cancer, often need social care support more than they need medical care and support and yet one is free at the point of use and the other is means tested and needs tested. And that seems increasingly anomalous.” To achieve that requires a journey similar to that which led to Bevan’s NHS in 1948, he says: “We need a government that has the vision, the courage, the ambition to want to do that, and so far we haven’t had one.”
Working in healthcare
Professionals on the frontline have their say

Interviews by Debbie Andalo

Mairead Roche
Hill surgery,
Maidenhead

Mairead Roche, 50, runs the practice in Maidenhead, where she is the sole partner. When the practice manager position was vacated, Mairead’s husband, a GP, encouraged her to become managing director. She says she enjoys the new role and that she has learned much.

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St. Luke’s
Moray Pharmacy

The pharmacy at St Luke’s in Moray, Scotland is a community pharmacy that has a number of unique features.

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Michelle Chapman
East Surrey hospital, Redhill

Michelle Chapman, 36, is a physician associate at the Royal Marsden, London. She has worked in healthcare for 10 years and has managed a variety of clinical roles.

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Care in the NHS
How the UK’s biggest employer is future proofing its workforce

Professionals in nursing and the allied health professions are working to ensure the future of the NHS.

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The government is committed to seeing where they develop and grow. Sometimes it is the consultant led ward round, or I might manage patients referred from A&E. Work under the supervision of a doctor. I can decide on patient treatment plans – which is in consultation with – and I can write it down and monitor the patient. I can order investigations, but I can’t prescribe for an acute injury. We’re replacing doctors, but we won’t replace them to complement them.

Most of the growth in jobs is expected to happen in the community as more people move towards centralised core clinical roles, training, including the chance to work overseas - in essence HEE is already exploring. Cunliffe adds: “More people want to work in the community and we’re looking at what we can do to build links.”

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Future proofing is a key priority for the NHS, with a focus on ensuring that the workforce is able to meet the needs of an ageing population.

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Innovations
Nine advances in medical science that help the NHS save lives

Vaccines
1. In the 1950s, the birth of the NHS saw vaccines programmes put in place to vaccinate children against some of the most serious illnesses. This included diphtheria, pertussis (whooping cough), diphtheria and tetanus (DPT) vaccine in 1960. In the 1970s, polio and Hib were added to the programme.

Antibiotics
2. The discovery of penicillin by Alexander Fleming in 1928 arguably represents the greatest medical advance in the 20th century, through saving millions of lives. Fleming observed that a fungus growing in an experiment petri dish, Penicillium notatum, secreted a substance which destroyed a culture of Staphylococcus aureus bacteria. The disease was once called the "Great War Disease" because it killed millions of people. Since then, penicillin has been used to cure bacterial infections.

Keyhole surgery
3. Keyhole surgery, or laparoscopy, in which surgeons make small incisions through which they insert tiny instruments and camera to see what they’re doing, has been widely adopted. The operation has involved a large incision can now be carried out with minimum impact.

Medical imaging
4. X-rays have been available since the late 19th century, but the 1970s saw the advent of two other revolutionary technologies: the computed tomography (CT) scan, sometimes referred to as a CAT scan, and the magnetic resonance imaging (MRI) scan. Both can produce very clear images of the inside of the body, including internal organs, blood vessels and bones, making it possible to detect and diagnose diseases such as strokes and cancer, as well as joint damage or internal organ damage. The number of CT scans delivered annually, however, is currently rising. Every year, a figure that includes X-rays and ultrasound as well as MRI and CT scans.

Organ transplants
5. In 1954, just six years after the NHS was founded, Joseph Murray and Elliott Fisk at Boston, USA, performed the first successful kidney transplant from one donor and transferring it into the same patient. Two years later, after much trial and error, the first successful transplant into a new person, a 26-year-old man, was carried out in Oxford, England. Since then, more than 150,000 transplants have been carried out worldwide, including for heart, liver, lung and kidney. This has transformed the lives of many people and has been a great step forward in medicine.

Safety culture in anaesthesia
6. Sometimes the smallest of changes can make a huge difference. There have been enormous strides forward in understanding how human factors contribute to adverse outcomes in anaesthesia. The introduction of the WHO surgical safety checklist in 2009 is just one example of a series of checks to make before and after surgery, which has been enthusiastically adopted. It now involves more than 80 procedures and laparoscopic transplants from 1984 donors. Many more lives could be saved, however, if people would support organ donation. In the UK, about one in five people in the UK have a pacemaker fitted each year. Of May 2018 has now become the main cause of death since the late 1990s. The UK’s first successful liver transplant in 1967, carried out by Sir Thomas E Starzl in Pittsburgh, USA, involved a partial liver transplant from a living donor. This was a major breakthrough, and since then, more than 170,000 liver transplants have been carried out worldwide, including for heart, liver, lung and kidney transplants. Every year, 50,000 transplants are carried out worldwide, including for heart, liver, lung and kidney.

Pacemakers
7. The cardiac pacemaker was pioneered in 1958 by Canadian electrical engineer, John Rife, who first demonstrated that electricity could stimulate the heart. Since then, pacemakers have been used to treat a wide range of conditions, including heart blockages, arrhythmias and heart failure. In 1967, the first successful heart transplant in the UK was carried out by Sir Thomas E Starzl in Pittsburgh, USA, involving a partial liver transplant from a living donor. This was a major breakthrough, and since then, more than 170,000 liver transplants have been carried out worldwide, including for heart, liver, lung and kidney.

Antiviral therapy for HIV
8. When Aids, caused by the HIV virus, took hold in the 1980s, there was no cure. The first case of Aids was diagnosed in 1954, just six years after the NHS was founded. It was seen as a death sentence, and by 1980, up to 20,000 people in the UK had contracted the virus. Development of antiviral drugs in the late 1980s meant that patients could still be managed with one or two drugs, but there was no cure. In 1996, the first antiretroviral therapy was approved by the US Food and Drug Administration. This combination of drugs, known as a "triple therapy" regimen, was the first to show promise of slowing the progression of HIV. Since then, antiretroviral therapy has become the standard of care for people living with HIV.

Understanding the human genome
9. Since the human genome project was completed in 2003, it has helped scientists better understand diseases caused by genetic mutations and how to deliver better care to patients. This has been invaluable, and has helped researchers to identify specific treatments for patients, such as cancer therapy. It has also helped researchers to understand how different diseases are linked, and that they will be able to treat related diseases through gene therapy, which involves introducing "good" genes to replace or correct a faulty gene. This has led to a number of advances in the treatment of diseases, such as cancer, heart disease and diabetes.

Consultant Radiotherapists Consultant Oncologists

Consultant Radiologists Consultant Oncologists

Consistently rated one of the top-performing hospitals in the country, The Clatterbridge Cancer Centre is a full range of diagnostics and treatment options, including chemotherapy, immunotherapy, radiotherapy and surgery.

We have a full range of modern radiotherapy facilities and a highly experienced team of specialists. The centre has been delivering high-quality service for over 40 years. Our team of experts includes consultant radiotherapists and oncologists, as well as specialist nurses and support staff.

We are building on our success in the area of radiation oncology with a new department in Liverpool, which will be operational by 2020. This will provide a comprehensive range of diagnostic and treatment options, including chemotherapy, immunotherapy, radiotherapy and surgery.

The centre is staffed by a team of experienced and highly trained professionals, as well as specialist nurses and support staff.

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The role of nursing

The ceiling has been lifted on where nurses see themselves today'

Nurses were once seen as bedside helpers – now, they perform a complex variety of medical roles vital to the NHS

Debbie Andalo

Today’s nurses run their own clinics, diagnose patients and prescribe drugs and can be found leading cutting-edge medical research. Others are in high-level management roles, and it’s not unusual to find nurse academics training junior doctors alongside student nurses in university medical schools. The responsibilities they carry, and the contribution they make to every part of the NHS – spanning the whole cycle of life from preconception to death – could never have been imagined by their predecessors 70 years ago.

“They were originally the handmaids to the medics, but those boundaries have moved and their responsibilities have risen exponentially,” says Toni Schwarz, head of the department for nursing and midwifery at Sheffield Hallam University, one of the largest nurse-training universities in England. “We have lifted the ceiling on where student nurses should see themselves today – it’s not just about being at the patient bedside.” That view is confirmed by student nurse and career changer Clare Manley, who gave up her job as a £49,000-a-year highschool business manager to train as a nurse. Forty-two-year-old Manley originally began nurse training 20 years ago, but was forced to give it up when she was diagnosed with epilepsy. But the desire to nurse – something she describes as “an itch which needed to be scratched” – stayed with her. She is now in her second year at Sheffield Hallam and plans to become a nurse consultant, probably in mental health.

“That for me is where I want to go. There are four parts to the job – practice and patients, research, training and education, and some policy development,” she says. Today’s student nurses are ambitious. “They want to feel they are always being developed,” says Prof Lisa Bayliss-Pratt director of nursing at Health Education England, the government agency responsible for NHS workforce education and training. It is advances in medicine and science, and the way that the burden of disease has changed over 70 years, that have influenced nurse development. Back in 1948 their priorities would have been infection control, improving sanitation and people’s diet in post-war Britain. “It was doctors who gave the first antibiotics, doctors who measured blood pressure,” says Prof Donna Kinnair, director of nursing, policy and practice at the Royal College of Nursing. “I think if you were to compare the knowledge of a doctor in 1948, with a qualified nurse today, there wouldn’t be much difference.”

An increasing older population, living longer with more complex and often multiple needs, and the growing number of people with long-term conditions such as type 2 diabetes, are perhaps the biggest issues influencing the future direction of nursing.

New nursing roles, such as nurse associate, are being developed to take on tasks traditionally performed by registered nurses, who are then free to adopt more complex work.

In the next 10 to 15 years the community nursing workforce is expected to grow, supporting people living in their own homes or in intermediate care. They will work in an integrated health and care system – between hospital and community – and have broader, and more advanced, clinical skills, offering complex care including pain relief and intravenous fluids. Hospitals will become centres for patients who are acutely ill, requiring a nursing workforce who are “highly technically competent,” says Schwarz. Summing up the future, Bayliss-Pratt says: “Our advance nurse practitioners of today should be the community practitioners of tomorrow.”

‘Compare a doctor in 1948 with a qualified nurse today – there wouldn’t be much difference’

Prof Donna Kinnair
Royal College of Nursing

A trainee nurse at Sheffield Hallam University: the profession is set to become more focused on clinical skills

The bedrock of the NHS

The National Health Service is founded, employing 149,000 nurses and midwives.

1919 The Nurses’ Registration Act is established.

1948 The Society of Male Nurses merges with the RCN.


1854 Mary Seacole (above, left) builds the British Hotel at Balaclava, Crimea, as “comfortable quarters for sick and convalescent officers”.

1855 The Nightingale training school opens at St Thomas’s, London.

1860 The College of Nursing launches. It later became the Royal College of Nursing (RCN).

1916 The Nurses’ Association of the British Empire launches. It later became the Royal College of Nursing.

1972 Briggs Committee wants nurse degree-level training.

1982 First nurses trained to prescribe medicines.

1995 New nursing associate role announced.

1996 Nursing and Midwifery Council introduces revalidation for registrants, described as the biggest shakeup in nursing history.

2006 New nurse degree-level apprenticeships announced.

2007 University bursaries abolished for nursing (above) in England.

11

Wednesday 23 May 2018
The Guardian
Seventy years of the NHS
The future’s bright

There are no limits to the range of opportunities for psychiatrists to develop and influence their field of practice.

“We’re inviting trainees and clinicians not only locally but from all over the world to work and train with us”

Developing together:

Our well developed appraisal system ensures all doctors revalidate and develop professionally through their career. We’re proud of our track record in providing excellent training to doctors in their undergraduate and postgraduate years, throughout foundation, core and speciality training, and beyond into consultant life.

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Our doctors contribute to national NHS policy and publish regularly in peer reviewed journals, blogs, invited articles and via social media.

Best for work life balance

Consultant psychiatrist and director of education, Dr Indira Vinjamuri lives outside the city in St Helens. “It’s a lovely place to bring up a family – house prices are very reasonable, there’s a big choice of good state and independent schools, and childcare is much easier to arrange than it would be in London and the south east.”

Housing

House prices on Merseyside are among the lowest of any UK. Last year semi detached properties sold for on average £167,399. Terraced properties sold for an average price of £106,173, while detached properties fetched £297,065 (source Rightmove).

Transport

Merseyside has many excellent road and rail links – commuting in from the suburbs is fast and easy London trains run several times daily and you can fly from Liverpool airport to more than 200 worldwide destinations.

Education

The city is home to 149 state funded schools, 13 independent schools, several further education colleges and three universities.

Merseyside: A great place to live

Liverpool has been voted as one of the best cities in the UK for work-life balance. The city’s famous waterfront is a designated World Heritage site, retail development Liverpool ONE has more than 150 stores and the city boasts the largest collection of museums and art galleries outside London including Tate Liverpool.

Support for staff to take on external posts is important to Dr Kuben Naidoo, a consultant psychiatrist specialising in adult ADHD. He is the chairman of the board of trustees for the ADHD Foundation and an examiner for the Royal College of Psychiatrists.

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Consultants and teams get the right support

Dr Arun Chidambaram, Deputy Medical Director.

“We’re using our experience and success to expand and create even more clinical opportunities as we strive to become a centre of clinical excellence”, says Dr Arun Chidambaram, Deputy Medical Director at Mersey Care NHS Foundation Trust.

“Support for staff to take on external posts is important to Dr Kuben Naidoo, a consultant psychiatrist specialising in adult ADHD. He is the chairman of the board of trustees for the ADHD Foundation and an examiner for the Royal College of Psychiatrists.”

“Dr Naidoo is particularly proud of the trust’s Centre for Perfect Care, an evidence base that collates research, innovations and experience from across the world centre for perfect care. He says: “It’s a great place to be a doctor, the work here is incredibly varied. Basically there are no limits to the range of opportunities for psychiatrists to develop and influence their field of practice. And in terms of personal and family wellbeing it’s a great place to live.”

“It’s a great place to be a doctor”

Dr Kuben Naidoo, consultant psychiatrist.
General practitioners and the vital role they play ‘holding the risk for the NHS’

As gatekeepers to secondary care, GPs must protect patients and the services to which they refer them

Andrew Cole

Although much has changed beyond recognition in the NHS over the past 70 years, one common strand has been the central role of the general practitioner as gatekeeper for nearly all other healthcare services, both in hospital and primary care. For most patients, GPs are the face of the NHS. According to NHS England, more than 5 million come through surgery doors each week. Just as importantly, most will return home or simply make a trip to the pharmacy afterwards.

In fact a major part of the GP’s role is “holding the risk for the NHS,” says Prof Helen Stokes-Lampard, chair of the Royal College of GPs. So, for instance, a GP may refer one patient for a hip replacement much sooner than another, depending on their need and circumstances. “There is very sophisticated thinking going on when you make these decisions - you are weighing up so many factors.”

The gatekeeping role, which is widely admired around the world, actually pre-dates the founding of the NHS. But once the service became universal, everyone was expected to register with their family doctor. The resulting patient list is one of the foundation stones of the NHS system, says Dr Richard Vautrey, chair of the GPs’ committee at the British Medical Association.

It means GPs can build up a relationship with the patient over many visits and possibly over many generations. “This enables continuity of care and holistic, family medicine,” Vautrey observes.

It also protects patients from unnecessary hospital visits and treatments. “We can help to interpret information and work in partnership with the patient to find the best course of action for a particular problem. Direct access to services can lead to the wrong treatment in the wrong place, as well as increased costs.”

Current pressures on the NHS, and on GPs in particular, are clearly placing this approach under strain. The rapid increase in A&E attendances over recent years, for instance, reflects in part the growing problems in getting a GP appointment. At the same time, initiatives such as referral management centres are seeking to ration the number of referrals to secondary care.

But for Vautrey, the biggest threat to the gatekeeping role could be online services. “The registered list depends on the fact that the majority don’t use the practice very often, while a small minority use it quite often,” he says. “If you shift the balance and practices lose those ‘balancing’ patients, then you end up with an unstable system. There is a danger that something very precious will be lost.”

Are virtual doctors destabilising the local practice model?

Online GPs offer swift consultations, but some accuse them of cherry-picking younger patients

Andrew Cole

The online service GP at Hand has been operating for only six months but it already appears to have set a cat among the pigeons. For supporters, it is the most exciting development in the NHS in decades - but many GPs fear it could destabilise the entire practice system.

The service offers many of the things traditional practices increasingly struggle to provide: a response in minutes, a video consultation with a GP in hours, and a face-to-face appointment, if needed, the same or next day at one of its five London-based clinics. So far 26,000 people have registered for the free service, which is backed by NHS England. Patient satisfaction rates are put at about 95% and there are plans to extend to other cities over the next year.

Dr Mobasher Butt, medical director of Babylon Health, which provides the service’s digital interface, says the virtual doctor-patient relationship accounts for around 85% of interactions. A small proportion of patients still needs to be seen face to face, but he believes that will get smaller.

It is easy to see the appeal of “smart” appointments like these, especially for younger people leading busy, peripatetic lives who don’t want to spend hours on the phone or in the surgery. Not surprisingly, most of those who have signed up are of working age. Indeed, those applying to register are warned these services may be “less appropriate” for certain conditions, such as drug dependency, complex mental health problems, dementia and fraility.

However, Butt insists the service is open to anyone and has patients of all ages with “all sorts of care needs”. He suggests some frail or disabled patients with access problems could find this virtual world of consultation and referral a godsend.

This does not persuade many GP organisations. They point to concerns raised by regulators about the quality and safety of some early online models and say GP at Hand is “cherry-picking” younger, fitter patients who require less time and resources but who effectively subsidise older, more “costly” patients in traditional practices.

“I would love a tech solution that was accessible to everybody,” says Prof Helen Stokes-Lampard, chair of the Royal College of GPs. “But our worry is that this approach could destabilise those practices who are currently on the edge of surviving.”

Butt responds: “If that’s the case, and practices are truly losing money that has been acquired for a younger population to subsidise those with more complex conditions, then the funding formula is surely broken.” GPs should be advocating for a change in the formula rather than “trying to thwart” patient access, he says.
Birth of a new era
Maternity services set for more change as continuity of care moves centre stage

Hospital births were once seen as the ideal in maternity care – now women’s choices is driving policy

J anuary 10, 1956 was marked by a milestone of celebrations, but not all will be the NHS’s birthday month that it will be remembered for. Louise Brown, probably better known now as the world’s first IVF baby, was born on the same day. But for many new mothers this year, the experience of giving birth has been as unique and individual as Louise Brown’s delivery at Queen Charlotte’s Hospital in 1978.

In 1978, the world learned about the ‘test-tube baby’, and the 20th century had a new medical milestone. By 2017, it was estimated that at least 8 million babies had been conceived in this way worldwide. But in 2017, the NHS celebrated its 70th birthday, and the people born on that day are choosing to remember the evolution of maternity services in a different way.

A ccording to Professor Jacqueline Dunkley-Bent, chairman of the Royal College of Midwives, maternity care today is in a ‘state of flux’. Dr Dunkley-Bent, who delivered my daughter, Hannah, 38 years ago, says the NHS maternity services, which she calls the ‘nursing sister system’, have grown and developed in the last 70 years and will continue to do so. She says the evolution of maternity care is ‘as challenging and exciting as ever’.

As part of the anniversary celebrations, the Guardian is looking at how the evolution of the NHS has affected women’s experiences of maternity care. This week, we’re examining the continuity of care model, which is seen as a positive step in the right direction. Next week, we’ll look at the wider availability of midwives and how this has improved women’s experiences of the service. We’ll also be looking at how choice has impacted on women’s experiences and at the impact of the technology that has allowed them to experience the care they need.

The Guardian The Guardian

Homerston University Hospital: taking pride in our nurses

Would you like to develop your nursing career within one of London’s most diverse and vibrant communities?

Homerston University Hospital NHS Foundation Trust is a teaching hospital with a long history of improving health and well-being. We are the preferred provider of specialist services for a wider group of patients. Our services include Accident and Emergency, Intensive Care, Obstetrics, Neonatology, Paediatric Medicine, Fertility, Neuro-Rehabilitation and Bariatric Surgery. At Homerston, we take pride in our quality of nursing. We offer an exciting and supportive environment to develop your nursing career. We employ around 1200 nurses and midwives who are dedicated to providing high-quality care.

Nurse-led, new techniques in antenatal testing and monitoring, notably ultrasound, became routine in antenatal care. In 2000, 25–35% of babies delivered in England and Wales were born via an elective Caesarean section. Seven decades on, more change is planned to increase services safely, more person-centred and family-friendly, as the NHS struggles to meet the needs of a younger, more diverse population, an increase in the number of women who give birth outside the hospital and a rise in the number of older mothers. New techniques and technology mean the maternal and newborn care delivery and care pathways are constantly changing.

Homerston University Hospital NHS Foundation Trust is a teaching hospital with a long history of improving health and well-being. We are the preferred provider of specialist services for a wider group of patients. Our services include Accident and Emergency, Intensive Care, Obstetrics, Neonatology, Paediatric Medicine, Fertility, Neuro-Rehabilitation and Bariatric Surgery. At Homerston, we take pride in our quality of nursing. We offer an exciting and supportive environment to develop your nursing career. We employ around 1200 nurses and midwives who are dedicated to providing high-quality care.

The result? Women reported being ‘in control and more in charge of their own care’, and less likely to feel that they were being treated as if they were part of a machine. Both the experience of giving birth and the care delivered to women have been transformed.

Homerston University Hospital NHS Foundation Trust is a teaching hospital with a long history of improving health and well-being. We are the preferred provider of specialist services for a wider group of patients. Our services include Accident and Emergency, Intensive Care, Obstetrics, Neonatology, Paediatric Medicine, Fertility, Neuro-Rehabilitation and Bariatric Surgery. At Homerston, we take pride in our quality of nursing. We offer an exciting and supportive environment to develop your nursing career. We employ around 1200 nurses and midwives who are dedicated to providing high-quality care.

One of the midwives speaks of the...
Seventy years of service
Pioneers and patients on the changing face of the NHS

The health service has been through many changes since 1948—witness our sounds from some of the closest to it.

**Michael Greene, 88, Hexthorpe**

My first experience in the NHS was in 1952, at age 20. I was in the workforce as a service technician at British Rail. I joined the NHS in 1957 and have been working as a technician for Medics International ever since. The NHS has played a part in helping eliminate diseases such as polio and diphtheria and possessed one-treatment systems, including the world’s first baby born as a result of in-vitro fertilisation and carrying out the first successful kidney transplant.

**Sarah Johnson**

When I first started working as a junior hospital cleaner in 1969, it was known as a hospital attendant. The name has changed several times, but the role remains the same.

**John Rostill, CEO, NHS Retirement Fellowship**

When I came to England from Grenada in 1966, aged 26, I did an agricultural course and then started working for the NHS. I started working for the NHS as a nurse in 1970 and retired in 2011. I think it’s kept me going for 40 years. Growing up, the NHS was a very significant part of it growing up. I took my mother to Cardiff and see the Rubery site that was demolished; a housing estate and a school were eventually built on the site.

**Peter Tonks, 93, Redditch**

When I first started working as a junior hospital cleaner in 1969, it was known as a hospital attendant. The name has changed several times, but the role remains the same.

**Cecilia Brown**

My mother was a nurse in the NHS and people’s peer, grew up in their 90s. Expectations have changed, but I don’t know whether it’s for the better. Frontline staff, in particular, are being in 1948. Whereas in the past you meant that people are living a lot longer. Whereas in the past you meant that people are living a lot longer.

**Anthea Thompson, 69, West Midlands**

The first lady of the hospital, the NHS, but never understood the significance of giving up. I was a social worker and then met my husband at the hospital. Our first child was born at the Queen Elizabeth Hospital in Westhoughton. We have seen huge changes in time. Now, I’m on first-name terms with hospital staff. It’s much easier to approach. I think it’s an amazing service we have in the country today.

**Sarah Johnson**

The NHS needs to acknowledge that it has a job to do to resolve health inequality.

**Peter Tonks, retired, final reward**

When I first started working as a junior hospital cleaner in 1969, it was known as a hospital attendant. The name has changed several times, but the role remains the same.

**Cecilia Matthews, 80, south Wales**

The NHS has saved my life on more than one occasion. As far as I’m concerned, it’s one of the most brilliant services we have in the country today.
Mental health care
Has the sector really been "transformed"?

Peoples' rights are now at the forefront of treatment, but funding remains an issue

Mark Ivory

As awareness that mental health had emerged from the shadows came when Prince Philip spent a week in hospital, nearly 50 years ago, new breakthroughs have been few and far between.

Mark Winstanley, chief executive of the Royal College of Psychiatrists, says: "Horror and 'enlightened', why two hospitals inspire widely differing memories

For Chris Miles, mental health service Open Dialogue has been a "godsend"

Interview by Mark Ivory

At Christchurch mental health hospital in Christchurch, New Zealand, Dr. James Cross was key in bringing the Open Dialogue model (OD), a mental health alternative to existing approaches, to the UK. OD is a "dialogue" project between patients and staff who are trained to facilitate "psychological first aid" to those in mental health crisis. The approach is based on a Finnish model, where the principle is to listen to patients and offer support rather than just addressing symptoms.

For Chris Miles, a mental health service Open Dialogue has been a "godsend"

"The fact that we see people as individuals and play a role in the possibility of recovery is huge," he said. "The key is to support people and help them to see their role in their recovery process."

OD has been piloted in the UK at several sites, and some patients and staff have found it to be a "game changer". "It's a different way of thinking about mental health and recovery," said one patient. "It helps me to feel more in control and to see things differently."
Bradford shows the way in emergency response to mental health crises

A 24-hour call in West Yorkshire for mental health emergencies is easing the pressure on A&E services.

Mark Ivory

sepress.com

− The improved services have led to a rise in the number of people being sent far from their homes when they have needed to be treated due to the end of the day, they do not have family and friends about it afterwards.

More than 200 professionals, including police, nurses, social workers and members of the public, have signed up to First Response.

• Samaritans can be contacted on 116 123 or email jo@samaritans.org

− The Cellar Trust – it’s a completely different experience.

− Bradford District Care NHS Trust provides high quality mental health services.

− A young person standing in front of a mirror, telling what treatment I would get, without being asked what I thought, was absolutely key.

− The Avon and Wiltshire Mental Health Partnership (AWP) Trust provides high quality mental health services across Bath and North East Somerset (BANES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire.

− The AWP Trust also provides specialist services for a wider catchment extending throughout the South West.

− If you don’t deal with the mental health of young people, the cost to the community in lost time and productivity can be huge.

− The voice of children and young people is key to ensuring that the mental health services we provide are truly child-friendly.

− First Response was set up by Bradford District Care NHS Trust three years ago as a 24-hour crisis service offering fast assessment and support for anyone calling in need of help.

− It’s about really changing the system as a whole.

− The Avon and Wiltshire Mental Health Partnership (AWP) Trust provides high quality mental health services across Bath and North East Somerset (BANES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire.

− The AWP Trust also provides specialist services for a wider catchment extending throughout the South West.

− Are you looking for a new challenge?

− We’re recruiting mental health nurses!

− The Avon and Wiltshire Mental Health Partnership (AWP) Trust provides high quality mental health services across Bath and North East Somerset (BANES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire.

− The AWP Trust also provides specialist services for a wider catchment extending throughout the South West.

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Want a career and not just a job?

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How addiction took hold of the UK - and cost the NHS millions

Treating drug and alcohol misuse could save billions - yet funding is now being cut

Rachel Williams

In 1948, the treatment of addiction was not a pressing issue for the fledgling NHS. Even in the 1970s, it was confined mainly to the treatment of a relatively small number of heroin addicts. But in the years that followed, a combination of social change and increased availability of drugs and alcohol meant that treatment became a key strand of the NHS’s work.

The latest report by the National Drug Treatment Monitoring System reveals that in 2016-17 some 279,793 people were in contact with drug and alcohol services in England. Just over half were opiate users. It is an expensive business: in 2014 the former National Treatment Agency (NTA) estimated the cost to the NHS of treating drug misuse at around £3.5bn a year. The total cost of alcohol misuse to the NHS in England has been estimated to be as much as £3.3bn a year.

However, according to Public Health England, the NTA’s successor agency, there’s a social return of £1 for every £1 spent on alcohol treatment, and a return of £4 for every £1 spent on drug treatment. About 5,000 people in England were thought to be using heroin in 1975. But numbers soared in the 1980s, in part in line with rising unemployment following the deindustrialisation of the north and midlands, explains Roger Howard, former chief executive of the UK Drug Policy Commission. This coincided with a flourishing supply of heroin from Afghanistan via Iran, after the Iranian revolution.

“What you get then is vast areas of the country where a huge male population is kicking its heels,” Howard says. “You’ve got a demand and it’s easily maintained by supply.”

£4bn
The combined estimated cost to the NHS of treating both alcohol and drug misuse

5,000
Number of people thought to be using heroin in the UK in 1975 before the numbers soared in the 1980s

Recreational drug use also increased, and the same decade saw the arrival of HIV/Aids and its link to injecting drug users. This prompted investment through the NHS in harm-reduction services such as needle exchange schemes, as well as inpatient treatment alongside intervention schemes run by a vibrant voluntary sector.

Much more funding came from the Labour government after 1997, as ministers realised that investment in treatment reaped rewards through reduced crime levels. Howard describes the early 2000s as the “glory years”, with Britain regarded globally as a leader in preventive services.

Since 2010, however, the picture has changed again. Under the coalition and Conservative governments, there has been a shift towards abstinence-based treatment rather than prescribed substitutes, such as methadone. Competitive tendering has led to many more services being delivered by the voluntary sector than by the NHS.

And, of course, austerity has hit hard. Collective Voice, an umbrella group of UK addiction charities, says spending on drug and alcohol services has been cut by around a quarter since 2013.

Meanwhile the alcohol-related burden on England’s hospitals is increasing: a report by the Nuffield Trust health thinktank has suggested that A&E attendance rates due to likely alcohol poisoning doubled between 2009 and 2014, while inpatient admissions linked to alcohol increased almost two-thirds between 2006 and 2014.

As many as one in three GP visits could be related to alcohol, the 2015 report estimated. “Action to reduce harmful alcohol use requires a collaborative effort, involving GPs, community pharmacists, the police, education and licensing authorities,” it concluded.

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If you’re ready to embark on a transformational journey with a progressive Trust – one that respects the importance of balancing your home life with a dynamic and vibrant career – then East Kent Hospitals University NHS Foundation Trust is just the place for you. With all three main hospital sites having been praised by the CQC for being ‘exceptionally caring’, our colleagues enjoy a lifestyle that is unmatchable. Nestled in Kent, the rightly named ‘Garden of England’, our teams are exposed to the perfect work/life balance.

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Have lunch in France and be home in time for dinner...

Our mission is to provide ‘great healthcare from great people’, and we are proud of what we have achieved to date for our population and are excited about what’s to come. At East Kent Hospitals University NHS Foundation Trust we ensure people feel cared for, safe, respected and confident we are making a difference.

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The open market

Is the NHS being privatised - or is it all about choice?

The rise of social enterprises and for-profit companies competing for NHS contracts

Debbie Andalo

Why are some GPs offering private treatments and what does the future hold for the NHS?

Walk in to a GP surgery today and there’s a good chance you’ll come across Virgin Care branding. It’s also possible that your NHS hip or knee replacement will be carried out at an independent hospital, with your follow-up treatment booked with a private physio. And putting your hands in your pocket to pay for your eye test, dental treatment and prescription is now routine.

The involvement of private or non-NHS organisations to deliver healthcare was also there in 1948. Family doctors, for example, were self-employed, contracted nationally by the government. And, 70 years on, the majority of GPs still work to that small business model.

But what has shifted over the decades has been an increase in the number of non-NHS organisations directly delivering care or running services. The move has been mainly driven by changes in both UK and EU laws around competition alongside the political will - notably by Margaret Thatcher in 1990, to create an open NHS market. Another influencing factor has been patient choice. Management consultant Jake Arnold-Forster, who has been involved in the development of Symphony Healthcare Services Ltd, which delivers integrated health and social care in Somerset, says: “I think what will make the difference in the future will be people exercising their right to choose alternatives to the NHS, such as choosing to pay for a GP appointment. That will have a more profound impact than government attempts to privatise.”

According to Department of Health 2016-17 accounts, 7.7% of the budget in England was commissioned from private providers, rising to 10.9% when contracts with the voluntary sector and local authorities are included. The NHS Partners Network (NHSPN), whose members include Bupa, Virgin Care and Nuffield Health, believes the figure may be nearer 20% if independent contractors such as GPs are added.

Social enterprises also deliver £300m of healthcare services a year. Many enterprises were established by ex-NHS employees, typically therapists and health visitors seeking more autonomy. Today, the number, scale and diversity of social enterprises has grown - particularly in general practice, dentistry and community-based services. With annual turnovers of more than £100,000 some are now winning contracts against some of the big private names. Social Enterprise UK chief executive Peter Holbrook says: “Social enterprises are increasingly being recognised as a hybrid model by both the right and the left.”

The NHS Support Federation - that monitors which organisations win NHS contracts - says last year for-profit companies won 43% of tendered contracts, compared with 34% in 2015-16. The total value was £3.1bn. “Every year a number of contracts come on to the market and in the last few years they have gone to the private sector,” says federation director Paul Evans.

Growth has occurred most in community rather than hospital services and includes out-of-hours GP care, community nursing and mental health, he says. NHSPN has seen a rise in private contracts in step-down care - a halfway house between hospital and home.

It is clinical commissioning groups (CCGs) - local organisations responsible for commissioning services and led by GPs - that are influencing the private/public balance in the market. Evans claims around 15% of CCG contracts are ending up in non-NHS hands: “When you look at value there are some big contracts out there.” In 2016, for example, Virgin Care won a £700m deal to deliver health and social care services in Bath and north-east Somerset.

Whatever the balance between non-NHS and public sector providers, the future success of the NHS will increasingly depend on different sectors learning to work with each other.

David Hare, NHSPN’s chief executive, says trust, “which isn’t always quick to happen”, is also key. And John Appleby, director of research and chief economist at the Nuffield Trust thinktank, says historically it is individuals who make partnerships work: “It depends on how chief executives and boards get on, but also it’s about the dogged enthusiasm for making something work.”

Connect Health

Connect Health claims to be the largest provider of NHS muscular skeletal services in England. It has contracts with 19 clinical commissioning groups, worth an annual £22m, and takes 300,000 patient referrals from GPs a year.

The company employs 300 clinicians - 90% are physio or rehabilitation therapists who work alongside other specialists such as advanced nurse practitioners.

Connect clinics can be found in London, Essex, Northumberland and the Midlands, and have been set up in GP premises, other community NHS buildings and, more recently, in local authority leisure centres. “We want to de-medicalise patients and get them into ‘wellness buildings’ [like leisure centres] rather than ‘illness buildings’,” explains Connect Health founder, executive chairman and physiotherapist Andrew Walton, who grew the business from a small private practice in 1989.

Connect’s community-based services have reduced physiotherapy waiting times from an average eight weeks to just 48-hours for patients with muscular skeletal issues including joint and back pain, arthritis and muscular or tendon problems after a fall or other trauma.

In cases where Connect has inherited long waiting lists, it typically employs locums to clear the backlog of patients. That allows new patients to be seen by the Connect team within 48-hours of a GP referral. Reducing waiting times means patient outcomes are better because they are seen sooner, says Walton.

“When community muscular skeletal services are done well, we can improve outcomes for patients, we decrease the costs for commissioners and reduce clinical risk for patients because we treat them conservatively,” he explains.

Walton is confident that Connect has a long-term future in the NHS as the health service faces its latest reforms to create integrated health and social care services. “Reorganisation always causes some disruption,” he says. “Nobody really knows what the impact of these changes will be, but I think, fundamentally, we will still exist.” DA
Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place. HEE recognises and supports all healthcare professions - this infographic is merely a snapshot of the countless, significant, milestones in the education, training and development of all healthcare staff since 1948. Find out more at www.hee.nhs.uk
Seventy years of the NHS

Scotland leads the way in bringing together health and social care services

Integration has been embraced by the Scottish government, but recent results have been mixed

Stephen Hoare

Integration of NHS and social care services is commonly seen as the way to achieve seamless support for the individual and deliver better value for money, but progress in England has been patchy.

Sceptics of the value of integration, at least structurally, point to the fact that Northern Ireland has had unified health and social care commissioning since 1973, yet still struggles to demonstrate its benefits.

Scotland, however, has taken advantage of its devolved powers and leapt ahead of England and Wales by introducing 31 integration authorities that bring together services that were previously the separate responsibilities of local councils and NHS boards. The move has been billed as the biggest change in healthcare north of the border since 1948.

Set up in 2016, the integration authorities are tasked with identifying priorities and allocating a combined total £8.5bn budget. As well as drawing up an annual strategic plan, each must report quarterly to the Scottish government’s cabinet secretary for health and sport, currently Shona Robison.

“This significant and ambitious reform is a tremendous opportunity to bring together and learn from the expertise across our public services and beyond,” says Robison.

“Our aim is to ensure people get the right care, in the right place, at the right time, and to shift the balance of care to enable people to live in their own homes or in a homely setting for as long as possible. We also need to ensure when people move between hospital and community settings their journey is well coordinated, and as seamless as possible.”

While it is still early days, there is some evidence to suggest that the reform is having a positive impact: delays in discharge of patients from Scottish hospitals fell 3% in the first 12 months of the new system. However, the latest monthly figures show a rise of the same proportion in March this year compared with March 2017.

Our aim is to shift the balance of care to enable people to live in their own homes for as long as possible

Shona Robison
Secretary for health and Sport

The vanguard schemes making the case for early intervention

In England and Northern Ireland, prevention is key to transforming healthcare

Stephen Hoare
David Brindle

The prevention of ill health, rather than just its cure, lies at the heart of moves to improve the NHS to make it fit for another 70 years. The message is the same across the UK.

In England, the way forward has been signalled by the work of a number of “vanguard” schemes, selected and funded to trial new models of care based on local partnerships between the NHS and council-run social care and public health.

One such scheme, in Tower Hamlets in east London, has sought to involve all agencies concerned with children’s health, offering families early identification of emerging issues and support through services such as well-baby clinics, advice on healthy eating and home visits.

“Research shows that early childhood experiences have a lifelong impact on physical and mental health, including many long-term conditions such as diabetes, coronary heart disease and some cancers,” says Esther Trenchard-Mabere, consultant in public health for Tower Hamlets.

Like all the vanguards, the scheme was funded for only two years. It received a total of £8m. But since the end of national support earlier this year, the most successful elements of the pilot have been worked into mainstream practice and learning has been shared across England.

Important spin-offs of the initiative include housing advice, language classes and employment training for parents identified as having such needs when attending local children’s centres, where the scheme has been based.

Prevention and early intervention lie similarly at the heart of moves to reform healthcare in Northern Ireland, following a review led by Spanish doctor and health policy expert, Prof Rafael Bengoa. It reported in 2016 that health and social care was already absorbing £4.6bn or 46% of the then budget of the Northern Ireland executive. Within 10 years, it would cost £9bn just to maintain the existing system.

Change was vital not just to make the system affordable, Bengoa said, but to tackle health inequalities, deliver more personalised healthcare and meet the needs of an ageing population.

The review triggered the launch of a 10-year reform framework, entitled Delivering Together. Michelle O’Neill, Northern Ireland’s then health minister, identified 18 initial action points to relieve a system she described as being “at breaking point”. These included the allocation to every GP practice of a district nurse, health visitor and social worker.

However, the collapse of Northern Ireland’s government just months later – and the continued political stalemate in the province – have cast doubt on the programme and some of its funding has been diverted to tackle hospital waiting lists.

Richard Pengelly, permanent secretary at the Northern Ireland Department of Health, announced in March that £30m of the £100m allocated for the programme in 2018-19 would be used to cut “unacceptable” waiting times. While system reform remained the long-term goal, he said, “we also need to increase public trust in the system and relieve some of the pressure on our staff”.

Does this mean reform is mothballed? The civil servants running the province’s affairs insist not. More than a dozen health policy consultations have been launched, an adult social care review published, a workforce strategy developed and a community development framework is coming down the track.

In a message to staff at Christmas, Pengelly said Delivering Together was “a clear roadmap” and transformation could deliver quicker and better care, “taking the pressure off hospital services by supporting people to stay well, safe and independent in the first place.”

A playgroup in Tower Hamlets: research shows that early childhood experiences can shape adult health

Photograph: Kois Mia

Our aim is to shift the balance of care to enable people to live in their own homes for as long as possible

Shona Robison
Secretary for health and sport

Shona Robison, centre

Photograph: PA
In the maxed-out NHS, pharmacists are just what the doctor ordered

As GP shortages bite, many pharmacies are taking on a bigger role in primary care

At Nottinghamshire Healthcare we are very proud of our quality of our integrated healthcare services and the staff who work here. We provide a culture where people can thrive and enjoy a healthy work-life balance, which is reflected in the number of staff who have chosen to remain with us for many years. We are good at growth, development and are demonstrating our commitment to equality and diversity.

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W hat's all this about with the new prescription charge?!

If you don’t know, you should get on a bus and go to the hospital to see a pharmacist!

If you don’t know, we are bringing back the prescription charge.

We did away with it for 23 years, but with the same old people and the same old gaggle of politicians, we’ve now brought the prescription charge back.

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We’ve all heard the complaints about the cost of drugs. Well, we have to make sure we have enough money to keep the health service running.

But, seriously, who are we to argue with the politicians? They are the ones who make the decisions, and we have to follow their lead.

So, let’s get on with it and see what we can do.

As always, if you have any questions, please feel free to ask a pharmacist.

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A look to the future

Brexit, waiting times, funding - young people share their remedies for the NHS

Influencers engaged with the health service discuss what can be done to ensure it survives and thrives

Mark Ivory

The NHS is a national treasure and we should be proud of it," says Will Adams, a business studies student at Lancaster University. "But we've got to make sure it's fit for the next generation because the pressures it's under are absolutely ridiculous.

"It faces all sorts of threats - Brexit making it harder to recruit staff, rising demand, winter pressures. It's going to have to adapt, no question.

For Susannah Williams, 18, at school in Frome, Somerset, one answer lies in more of us taking care of our own health. She approves of school in Frome, Somerset, one rising demand, winter pressures. It's going to have to adapt, no question.

"I've met people elsewhere in Europe who had to leave not just their city but their country simply to stay alive and get the treatment they needed," says Ethan, who is a civil servant in London. "Hearing those stories has made me value the NHS and the support it offers more.

"I've met people in Europe who had to leave their country simply to stay alive and get treatment" Ethan McLaughlin

Civil servant, 23

His opinion is echoed by members of the Royal College of Paediatrics and Child Health. "People tend to forget how much pressure the NHS is under," says Rachael Lewis, 19, from Reading, who suffers from seizures requiring urgent intervention. "My family live abroad and you can wait hours for an ambulance in an emergency, whereas here you wait five minutes. People don't realise how lucky we are."

She backs calls for an additional penny on income tax to pay for the NHS. "It's not very much unless you're really struggling to make ends meet. When you think about how many nurses and doctors you could recruit to save people's lives, 1p is nothing." Janani Muruges, 17, and Jack Welch, 24, agree about the 1p on tax, although both say the public would have to be reassured that it was all going to the NHS. Jack lives in Weymouth, Dorset, and has Asperger's, but says it is no hindrance to his participation in NHS public and patient forums locally.

"The country is changing so rapidly when you consider the growing population and public health issues like obesity. You need that extra financial support," he says. Janann, from Liverpool, concurs: "If people were told how it was being spent, I can't see why anybody would object to paying a little more to help people in need," she adds.

Mental health is often seen as the health service Cinderella, a perception shared by 21-year-old McLaughlin, who says it has "kept me alive" since a cancer diagnosis two years ago.

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"I've met people in Europe who had to leave their country simply to stay alive and get treatment" Ethan McLaughlin

Civil servant, 23

The NHS is going to have to adapt, no question.

"The move towards seven-day services in the NHS is definitely going to happen. People's working lives have changed a lot since it was set up so it'll have to adapt with things like more drop-in clinics, FaceTime appointments with GPs and late evening surgeries." Thines Ganeshamoorthy, 24, is also London-based. He has brittle bone disease and says NHS staff have "taken my family and myself through very tough times". But he wishes the ethos on children's wards could be extended to the rest of the health service.

"It's under-confident, spent a lot of time away from school, and had no hope of getting the GCSE grades I wanted." He adds: "Through their care they really reassured me and got me through my exams. They shaped the person I am today. But it's not such a rosy picture in adults' services, where it's all a bit rush-rush."

"The difference between adults' and children's care is "massive," according to Mohini Samani, 19, from Birmingham, who was diagnosed with leukaemia at the age of nine. She says she has "lucked out" with her doctor in adult care, but she knows others who haven't.

"It's about not just looking at you like you're a disease or a condition," she adds. "My doctor will take that extra two minutes to ask me about my life and what I'm doing. It's really small things like that which sometimes get lost in adults' services."

"Children's wards shaped the person I am today. But it's not such a rosy picture in adults' services'

Thines Ganeshamoorthy

Medical student, 19

"When you think about how many nurses and doctors you could recruit, a 1p tax is nothing" Rachael Lewis

NHS patient, 19

"My doctor will take that extra two minutes to ask me about my life and what I'm doing" Mohini Samani

NHS patient, 19

"Taking care of our own health is a huge part of the future, rather than saying we need more funding" Susannah Williams

At school, 18

"Seven-day services in the NHS is going to happen. People's lives have changed a lot since it was set up"

Gabrielle Mathews

Medical student, 19

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