

Together We Can Revolutionise The NHS, Through Individual Responsibility

When the NHS was launched in 1948, the first NHS pamphlet that landed on people's doorsteps said of the new health service: "It's not a charity. You're paying for it, mainly as taxpayers". We certainly do pay for it. This year, the NHS will spend its original 1948 budget, adjusted for inflation, once every month. Our health budget is now bigger than the GDP of Greece.

Health needs the revolution that has already come to other sectors like banking and shopping. With much greater patient choice, innovation, tech and AI – meaning more convenience, lower costs and reduced health disparities.

On Tuesday, in an address at the Royal College of Physicians, I made the case for a programme of comprehensive reform, because we can't just keep pumping more and more money into healthcare. My vision for reform will start what will be one of the most significant transfers of power and funding from the state to individuals and their families in decades.

[Political content removed] I firmly believe in individual responsibility, which is why we need to do so much more on prevention and personalisation. The NHS spends vast sums treating people whose conditions are avoidable, and by some estimates 40 per cent of its costs go on treating preventable conditions. Tackling this is the only way we can reduce the demand on the health service, and the state, in the long-term.

That means helping the whole population to stay healthy, and not just treating those who show up asking for help. We will put the full power of the NHS behind prevention – including the NHS budget. We must also keep adopting new approaches to health and care, like our network of community diagnostics centres, which have been helping millions of patients benefit from earlier diagnostics closer to home, without ever having to set foot in a hospital.

This includes making the most of the huge digital adoption that we've seen throughout the pandemic. Over half of adults in England are now carrying the NHS App around in their pockets – I want to get this number higher, so we can use the app, and other tools like this, to give people personalised advice to manage their own health.

We know that when healthcare is personalised, built around the person and their family, it works better. My Dad was a smoker, and I remember standing at the top of the staircase overhearing my Mum confront him, saying: "If you die, your boys won't have a Dad". He never smoked again.

We all need more power to determine our own health, and I want to put more power in the hands of patients and their loved ones.

I know that people really value the freedom and choice that comes with personalised care and the personal budgets that give patients and their

families more control and choice. Although we have a current target for 200,000 people to have a personal health budget by 2024, I want to see a significant expansion of this in the coming years.

Personalisation is also about recognising that the NHS is not just an end itself, it's a service for every person who relies on it. So we will ensure that the voices of patients and their families are listened to continuously, not just when things go wrong.

We will offer patients 'the right to choose'

As well as a greater voice, we must bring greater choice too. I know that one area of frustration has been long waits, due to the backlog that Covid has brought with it. We will be making a new offer, offering long-waiters the "right to choose" – with these patients being proactively contacted to discuss alternatives. This could be a trust nearby, a trust that's further away – together with support for transport and accommodation – or going to the independent sector for treatment.

Prevention and personalisation will put our health service on a stronger and more sustainable footing in the future, but driving improved performance across the NHS itself must start now.

In some areas, such as affordable drugs and accessible care, our delivery is among the best in the world. But if we're honest, in other areas – like cancer survival, cardiovascular disease, and maternal health outcomes – we all know the NHS must do better.

We are going to build on the digital transformation that we have seen throughout the pandemic, and make sure that innovative solutions don't just stay where they are, but go far and wide. That's why I want to explore what more NHS trusts can do by working in partnerships for reform, what they could do with greater freedoms, and how we can help them to share the brilliant work they are doing.

These plans mark the starting point for reform, not the sum total, but they show how we will seize the moment to keep the dream of 1948 alive. The shock of Covid and the urgent need for recovery has brought us to this crossroads right now. We have a once in a generation chance to reimagine how we do health – let's seize it.