

Big Issues for the Cambridge Area

The NHS (Max Field and Ken McKay)

NHS policies and services operate within national policies and budgets that limit scope to develop and deliver significant changes to services in a sub-region. This is an additional challenge, not an argument for inaction.

The Cambridge Area could be a powerful exemplar for improved practice within primary, secondary and tertiary health as well as social care services. This will require creation of effective partnerships across all delivery sectors and imagination, goodwill and drive from all participants. However, funding could be sought for pilot projects of national importance.

- Hospital is the most expensive place for people recovering from illnesses and clinical interventions. This Area could consider introducing new 'half way house' provision as a lower cost and more effective option, perhaps including community hospitals.
- The elected mayor for Cambridgeshire and Peterborough could take a lead in asking NHS services and local authorities to implement integration of primary health care with social care. Mental health remains a major issue. Would it be worth considering whether better integration of physical and mental health care services result in more effective care for all?
- Cambridge is an attractive site for investment by developers. Could they contribute to health and social care, possibly through Section 106 local planning obligations?
- Many patients fear dying not death itself. Should politicians and NHS managers review whether a drive towards legislation for living wills? Could this help reduce numbers of people with long term conditions 'surviving' acute diseases only to be left in a more moribund state?
- Do NHS managers and CCG heads review routine NHS services to adapt them more to local demand? This Area could be used as a pilot for service developments covering student mental health, injuries from bicycles or how best to care for older patients with multiple morbidities.
- Practitioners, press and politicians identify a need for efficiency savings. Can pinpointing and resolving these issues be driven by rewarding staff with financial or alternative bonuses?
- Cambridge is the centre of Silicon Fen and staffing within health and care services is increasingly problematic with Brexit. This Area would be ideal for pilot studies involving local technology firms and their financial backers to use IT to drive improvements in health care.

- Staff motivation is important in financially strapped environments. Should postgraduate training be more highly valued and could managers make more use of links at Cambridge or Anglia Ruskin University?
- Politicians state that doctors are best at delivering organisation of health care. Is there a case for a pilot study to encourage medical staff to take courses at the Judge Institute?
- Drug firms and Universities make very efficient use of patients and our local NHS facilities. Are NHS managers sure that our services are being adequately recompensed for their use in academic and pharmaceutical research?
- Is private health insurance likely to expand over next three decades and if so how can routine and emergency NHS services be improved as a result?
- Many routine operations are cancelled, particularly in winter. Should NHS managers review the case for a second building devoted to routine procedures, leaving the rest of Addenbrooke's to concentrate on emergencies?
- South East England (including the Cambridge Area) has the highest proportion of residents with valuable houses. Should local and national politicians consider ways to release this equity when reviewing social care costs?