

Health and Social Care Alliance Scotland (the ALLIANCE)

Independent investigation of the NHS in England - [Lord Darzi's report on the state of the National Health Service in England, September 2024.](#)



Summary published November 13th 2024.

5 Minutes Summary

In July 2024, the Secretary of State for Health and Social Care commissioned Lord Darzi to conduct an immediate and independent investigation of the NHS England. This assessment yielded the following findings:

The NHS England is in crisis:

- Public satisfaction of the NHS is at an all-time low.
- The health of the nation has deteriorated due to social determinants of health – poverty, food insecurity, poor housing.
- The NHS faces higher demand as a consequence of this decline in health.

Major concerns raised:

- Waiting times continue to rise across services – GPs, community and MH services, A&E, surgery, cancer and cardiac services.
- GP shortage, particularly in deprived areas.
- Waiting lists for community and MH services have surged and unacceptable waiting times have become normalised.
- Cancer care in England is falling behind other countries.
- Cardiovascular condition rates are rising.
- Varying quality of care, with some improved areas and others that remain lacking.
- The NHS budget is not being spent appropriately. Too great a share is being spent in hospitals and too little in the community.
- Productivity in hospitals is too low, due to under-resourcing and inefficient processes (not due to staff).
- The NHS is not contributing to national prosperity as it could.

Contributing factors to the dire state of the NHS:

- Austerity and underinvestment
- The impact of the Covid-19 pandemic and its aftermath
- The absence of patient voices and staff engagement
- Lacking management structures and systems

The report suggests the following **measures to repair the NHS**:

- Re-engaging staff
- Re-empowering patients and recovering their trust
- Securing stable financing of general practice, mental health and community services, so they can expand and respond to the needs of those with long-term conditions whose prevalence is growing rapidly.
- Embracing new multidisciplinary models of care that bring together primary, community and mental health services.
- Drive productivity in hospitals. Acute care providers will need to bring down waiting lists by radically improving their productivity. That means fixing flow through better operational management, capital investment in modern buildings and equipment, and re-engaging and empowering staff.
- Tilt towards technology to unlock productivity and create new treatments.
- Contribute to the nation's prosperity. This involves:
 - Getting more people off waiting lists and back into work
 - Supporting British biopharmaceutical companies
- Reform the NHS structure so it can deliver results. This reform must clarify roles and accountabilities, ensure the right balance of management resources in different parts of the structure, and strengthen key processes such as capital approvals. Change will only be successful if the NHS can recover its capacity to deliver plans and strategies.

Concluding Remarks

- The NHS is in crisis. It faces increasing demands amid declining public health.
- This crisis is not the fault of NHS management.

- The clinical talent and skill and the passion and determination of clinicians is the NHS's most valuable resource.
- It is imperative to maintain the NHS, a health service that is taxpayer funded, free at the point of use, and based on need not ability to pay.
- Improving the NHS will take time. Waiting times can and must improve quickly, but it will take years to get the health service back to peak performance.

20 minutes Summary

At the request of the Secretary of State for Health and Social Care, Lord Darzi conducted an urgent independent review of NHS England. Published in September 2024, this comprehensive assessment reveals concerning trends in the healthcare system's performance and highlights fundamental challenges that must be addressed.

INTRODUCTION

Public satisfaction – which stood at a record high in 2009 – is now at its lowest ever. We need to rebuild public trust and confidence in the NHS.

The health of the nation has deteriorated and that has impacted NHS performance. The proportion of our lives spent in ill-health has increased due to many of the social determinants of health – such as poor quality housing, low income, insecure employment.

As a result, the NHS has faced rising demand for healthcare from a society in distress. Of particular concern are the surge in multiple long-term conditions and the surge of ill mental health among children and young people.

MAJOR THEMES

The assessment sets out several main themes to be considered in the forthcoming 10-year health plan:

- **Waiting time targets are being missed and waiting times continue to rise across services.** This includes GPs, community and mental health services, accident and emergency, routine surgery and treatment for cancer and cardiac services.

- **People are struggling to see their GP.** GPs are seeing more patients than ever before but the number of fully qualified GPs relative to the population is falling. GP shortages are particularly acute in deprived communities.
- **Waiting lists for community services and mental health services have surged** and long waits have become normalised.
 - Data: As of June 2024, more than 1 million people were waiting for community services. By April 2024, about 1 million people were waiting for mental health services.
- **A&E waiting times have increased dramatically**, resulting in thousands of unnecessary deaths each year.
 - Data: In 2010, 94 per cent of people were seen within four hours; by May 2024 that figure had dropped to just over 60 per cent. Nearly 10 per cent of all patients are now waiting for 12 hours or more.
- **Waiting times for hospital procedures have increased**, failing to maintain the established timescale of treatment for common procedures starting within 18 weeks.
 - Data: In June 2024, more than 300,000 people had waited for over a year, and 1.75 million had been waiting for between 6 and 12 months.
- **Cancer care in England lags behind other countries.** While survival rates at 1-year, 5-years and 10-years have all improved, the UK has appreciably higher cancer mortality rates than other countries.
- **Care for cardiovascular conditions is worsening.** Mortality rates started rising again during the Covid-19 pandemic and rapid access to treatment has deteriorated.
- **Varying quality of care.** For the most part, once people are in the system, they receive high quality care.
 - Areas of improvement: patient safety in hospitals, the number of suicides in mental health facilities has declined and prevention programmes have had positive impact.

- Areas of concern: maternity care, where there have been a succession of scandals and inquiries.

- **The NHS budget is not being spent where it should be.** Too great a share is being spent in hospitals and too little in the community. Too many people end up in hospital, because we have underinvested in the community. Although successive governments have promised to shift care away from hospitals and into the community. In practice, the reverse has happened. Both hospital expenditure and hospital staffing numbers have grown fast, while numbers in some of the key out-of-hospital components have declined. This distribution is perpetually reinforced: performance standards are focused on hospitals, not on primary care, community services or mental health. Single-year budgets necessarily reinforce the status quo – and when things go wrong the knee-jerk response from ministers has been to throw more money at hospitals where the pressure is most apparent as waiting areas fill up and ambulances queue outside.

- **Productivity in hospitals is too low.** Despite the growth in hospital staff numbers since the pandemic, the number of appointments, operations and procedures has not increased at the same pace. The key reason for this is that patients no longer flow through hospitals as they should. A shortage of capital prevents hospitals from being productive. Falling productivity does not reduce the workload for staff. Rather, it crushes their enjoyment of work. Instead of putting their time and talents into achieving better outcomes, clinicians' efforts are wasted on solving process problems (such as ringing around wards to find available beds).

- **The NHS is not contributing to national prosperity as it could.** Long-term sickness has driven 2.8M people out of work by 2024, with mental health being the primary factor. Work benefits both individual wellbeing and the broader economy through tax revenue and productivity. Since working-age adults comprise over half of NHS waiting lists, improving healthcare access is crucial for economic recovery and creating a positive feedback loop between health and prosperity.

DRIVERS OF PERFORMANCE

This investigation outlines four heavily inter-related factors that have contributed to the current dire state of the NHS:

- **Austerity and capital starvation.**

- The 2010s were the most austere decade since the NHS was founded, with spending growing at around 1 per cent.
- Despite technological advances transforming other sectors over the past 15 years, the NHS has fallen behind in digital modernisation and infrastructure maintenance, preventing its evolution from a reactive "diagnose and treat" model to a proactive "predict and prevent" approach.
- Crumbling facilities and outdated equipment continue to harm operational efficiency.
- There is an estimated shortfall of £37 billion of capital investment.

- **The impact of the Covid-19 pandemic and its aftermath**

- Due to pre-pandemic austerity measures and underinvestment, the NHS entered COVID-19 with fewer resources and higher strain than other wealthy nations' healthcare systems, leading it to cancel an unusually high amount of routine care during the crisis.

- **Lack of patient voice and staff engagement**

- **The patient voice is not loud enough.** The NHS should aspire to deliver high quality care for all, all of the time. That not only means care that is safe and effective but that treats people with dignity, compassion and respect, making their experiences as positive as they can be. Yet patient satisfaction with services has declined and the number of complaints has increased, while patients are less empowered to make choices about their care. A familiar theme in inquiries into care failings has been patients' concerns not being heard or acted upon.

The NHS is paying out record sums in compensation payments for care failures, which now amount to nearly £3 billion or 1.7 per cent of the entire NHS budget.

- **Staff engagement.** Too many staff are disengaged from their work, with high sickness rates and lingering pandemic exhaustion leading to reduced discretionary effort from healthcare workers.
- **Management structures and systems**
 - The Health and Social Care Act of 2012 dissolved the NHS management line with disastrous consequences. It has taken more than 10 years to get back to a sensible structure but management capability is still behind where it was in 2011.
 - The 2022 Act has partially restored structures through integrated care systems (ICBs) and an Integrated Care Partnership (ICP), but challenges remain in inconsistency of approaches and performance management. The system has shifted from competition to collaboration but needs new standards and incentives to be effective.
 - The NHS has become overly bureaucratic and top-heavy since the 2012 Act, with excessive regulatory oversight distracting from patient care.
 - Growing bureaucracy and excessive oversight in addition to a lack of focus (multiple organisations issuing instructions) cause providers to focus "upward" rather than on patient care.
 - In addition, regulation is ineffective, the Care Quality Commission deemed unfit for purpose, with its input-focused approach driving unnecessary staffing increases.

MEASURES/STEPS TO REPAIR THE NHS

This assessment recommends a series of measures to help mitigate and eventually reverse the crisis faced by the NHS:

- Re-engage staff
- Re-empower patients and regain their trust
- Securing stable financing of general practice, mental health and community services, so they can expand and respond to the needs of those with long-term conditions whose prevalence is growing rapidly.
- Embrace new multidisciplinary models of care that bring together primary, community and mental health services.

- Drive productivity in hospitals. Acute care providers will need to bring down waiting lists by radically improving their productivity. That means fixing flow through better operational management, capital investment in modern buildings and equipment, and re-engaging and empowering staff.
- Tilt towards technology to unlock productivity and create new treatments.
- Contribute to the nation's prosperity - get more people off waiting lists and back into work and support British biopharmaceutical companies.
- Reform the NHS structure so it delivers results. While a top-down reorganisation of NHS England and integrated care boards is neither necessary nor desirable, there is more work to be done to clarify roles and accountabilities, ensure the right balance of management resources in different parts of the structure, and strengthen key processes such as capital approvals. Change will only be successful if the NHS can recover its capacity to deliver plans and strategies as well as to make them.

CONCLUSION

- The NHS is in crisis due to several factors:
 - Pandemic aftermath
 - Weakened managerial capacity
 - Underinvestment in infrastructure
 - Deteriorated staff morale and engagement
- All amid declining public health and increasing healthcare demands.
- NHS management should not be blamed for these circumstances.
- The clinical skills, passion and determination of clinicians is the NHS's most valuable resource.
- It is imperative to maintain a NHS service that is taxpayer funded, free at the point of use, and based on need not ability to pay.
- Improving the NHS will take time. Waiting times can and must improve quickly, but it will take years to get the health service back to peak performance.

RELEVANCE TO HEALTH AND SOCIAL CARE INTEGRATION IN SCOTLAND

While this report focuses on NHS England, its findings are highly relevant to NHS Scotland. The challenges identified in integrated care, resource allocation, and service delivery mirror many of the issues we face in Scotland's healthcare system. These insights provide a valuable framework for examining our own healthcare landscape and will inform our ongoing work in health and social care integration. By learning from these findings, we can strengthen our research agenda and improve how we deliver integrated care in Scotland.

The report raises the issues that NHS England is facing in the delivery of integrated health and social care. It explains that, despite some examples of good practice in integrated care in some areas, there hasn't been widespread successful implementation across the system. According to the report, as discussion about integration has increased, patient satisfaction with care coordination has decreased.

To deliver a successfully integrated service, three required steps are presented:

1. Understanding population needs using integrated datasets.
2. Creating multidisciplinary teams of health and care professionals.
3. For these teams to develop shared care plans, created in partnerships with patients and their families and focused on prevention.

Collaboration and integration are often conflated, but they are not the same. While organisations are working more collaboratively, this doesn't automatically translate to better integrated care for patients. Service or clinical integration is about a fundamental change in the way health services are organised for patients rather than the degree to which NHS organisations cooperate with one another as institutions.

Integrated Care Boards (ICBs) are struggling with unclear roles and a lack of common areas of focus. This lack of clarity in their purpose and responsibilities is hindering progress towards integration.

While the NHS has created new collaborative structures, these haven't yet led to real changes in how care is delivered to patients. True integration requires fundamental changes in service delivery, not just organisational cooperation.

Though focused on NHS England, this report's findings strongly resonate with NHS Scotland's challenges. The insights into integrated care and service delivery offer valuable lessons for our healthcare system. By examining these parallel experiences, we can better shape our approach to health and social care integration in Scotland.

ABOUT THE ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for health and social care, bringing together a diverse range of people and organisations who share our vision of a Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.

We are a strategic partner of the Scottish Government and have close working relationships with many NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology. The ALLIANCE has a strong and diverse membership of over 3,500 organisations and individuals. We work with our members and partners to ensure lived experience and third sector expertise are at the heart of project design and national policy.

Our broad range of programmes and activities deliver support, research and policy development, digital innovation and knowledge sharing, with the purpose of improving the wellbeing of people and communities across Scotland. We bring together the expertise of people with lived experience, the third sector, and organisations across health and social care to inform policy, practice and service delivery and make meaningful change at the local and national levels.

ALLIANCE Integration Support Programme

The ALLIANCE integration support programme aims to increase the capacity of the third sector to contribute to the integration of health and social care services. We use our platform to advocate for and champion the role of the third sector and work to ensure that the perspectives and experiences of those with lived experience can meaningfully influence the design and delivery of integrated services.

For further information about this report, e-mail our Senior Development Officer of Integration, Mar Sánchez Fernández on mar.sanchez-fernandez@alliance-scotland.org.uk