

A BLUEPRINT FOR HEALTH SYSTEM SUSTAINABILITY IN THE UK

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EXECUTIVE SUMMARY

1. What sort of health care system do we want? For most British people, healthcare is synonymous with the NHS and its founding promise of “universal healthcare, according to need, not ability to pay”. But increasingly that promise looks under threat. The growing shortfall in funding now runs into billions of pounds, with measures such as recruiting overseas doctors and nurses or decentralisation all having failed to fix an increasingly broken and unsustainable system. (Sections 2.1-2.3, pp. 17-22).
2. If health care is to become sustainable, we need to - as a society - radically change how we manage our health. The focus has got to be as much, if not more, on what goes on outside, rather than within, the NHS. It must therefore go well beyond the organisational, medical and funding complexities of how the NHS delivers healthcare services and products to diseased people. (Section 1.2, p.11).
3. The public needs to become much more engaged in its own health optimisation, and that requires a public that is empowered to eat, move, relax and sleep in ways that dramatically reduce the risk of preventable diseases such as heart disease, type 2 diabetes and obesity. The direct and indirect costs to the UK economy of just two of these diseases, type 2 diabetes and obesity, are estimated at around £55 billion per annum. (Section 2.3, p. 22).
4. The NHS must also transform from being essentially a disease management system – dedicated to treating people mainly after they become sick - into part of a larger, upstream-focused health and resilience support system. Such systems aim to identify and mitigate causes and triggers of disease, or potential disease, as early as possible in their cycle, or before they even manifest (see Fig. 13, p. 89).
5. This position paper proposes a universal framework, based on ecological and sustainability principles, aimed at allowing qualified health professionals, regardless of their respective modalities (disciplines), to work collaboratively and with full participation of the public in efforts to maintain or regenerate health and wellbeing. Accordingly, rather than offering ‘fixes’ for the NHS, the paper offers an approach that may significantly reduce the NHS’s current and growing disease burden that is set to reach crisis point given current levels of demand and funding. (Section 3, p. 35 & 5, p. 77).
6. A major factor driving the relentlessly rising costs of the NHS is its over-reliance on pharmaceuticals to treat a variety of preventable, chronic disorders. These are the result – not of infection or trauma – but rather of our 21st century lifestyles, to which the human body is not well adapted. The failure of pharmaceutically-based approaches to slow down, let alone reverse, the dual burden of obesity and type 2 diabetes means wider roll-out of effective multi-factorial approaches are desperately needed. (Sections 1.2, p. 11, 2.2, p. 19 & 5.1, p. 81).

7. The NHS was created at a time when infectious diseases were the biggest killers. This is no longer the case, which is why the NHS must become part of a wider system that facilitates health regeneration or maintenance. The paper describes the major mechanisms underlying these chronic metabolic diseases, which are claiming an increasingly large portion of NHS funding. It identifies 12 domains of human health, many of which are routinely thrown out of balance by our contemporary lifestyles. The most effective way of treating lifestyle disorders is with appropriate lifestyle changes that are tailored to individuals, their needs and their circumstances. Such approaches, if appropriately supported and guided, tend to be far more economical and more sustainable as a means of maintaining or restoring people's health. (Section 3.2, p. 41).
8. A sustainable health system, as proposed in this position paper, is one in which the individual becomes much more responsible for maintaining his or her own health and where more effort is invested earlier in an individual's life prior to the downstream manifestation of chronic, degenerative and preventable diseases. Substantially more education, support and guidance than is typically available in the NHS today will need to be provided by health professionals, informed as necessary by a range of markers and diagnostic techniques. Healthy dietary and lifestyle choices and behaviours are most effective when imparted early, prior to symptoms of chronic diseases becoming evident and before additional diseases or disorders (comorbidities) have become deeply embedded. (Section 3.3, p. 51, 3.4 p. 58 & 4.3, p. 72).
9. The paper sets out 10 hallmarks of sustainable health systems that are centred on the needs of individuals while also being focused on health regeneration or optimisation. Hallmarks include significantly reduced pharmaceutical use as first-line treatment for dietary and lifestyle mediated disorders, financial and social frameworks that encourage the use of non-drug, lifestyle 'prescriptions', and much greater engagement and autonomy by the individual. (Section 5, p. 77).
10. The timing of the position paper's release coincides not only with a time when the NHS is in crisis, but also when the UK is deep in negotiations over its extraction from the European Union (EU). The paper includes the identification of EU laws that are incompatible with sustainable health systems, that the UK would do well to reject when the time comes to re-consider the British statute books following the implementation of the Great Repeal Bill. (Section 6.5, p. 106).
11. Successfully implementing such seismic changes in the ways that we manage our health will inevitably be met with opposition, notably from those with interests in maintaining the status quo. The paper identifies likely impediments and sets out ways to counter them. (Section 6, p. 97).
12. Creating sustainable health systems cannot succeed without public, local community, scientific, medical and political support. To help develop a consensus approach that will allow progress towards more sustainable health systems, this position paper recommends the establishment of trans-disciplinary working groups to be facilitated by the non-governmental organisation, Forum for the Future, independent of the NHS or any vested interests. The working groups will aim to agree, by consensus, standardised approaches to assessing multi-system health and resilience status, the economics of different types of health systems, appropriate policy and regulatory measures, and approaches that both minimise social inequalities and maximise long-term sustainability. (Section 7.1-7.4, pp. 115-120).
13. Outputs from the working groups will be used as the basis on which to establish pilot trials in a variety of clinical and non-clinical settings. The aim of these pilot trials will be to evaluate 'proof of concept', including the effectiveness, perceived value, sustainability and net costs and benefits of the proposed collaborative and participatory approaches, as compared with standard care and existing public health measures. (Section 7.4, p. 120).

14. Assuming success of the pilot trials, larger scale testing and evaluation will be urged. It is expected that wide-scale adoption and roll-out of collaborative and participatory approaches to health and resilience creation, modelled on ecological and sustainability principles, could dramatically improve the sustainability of health systems for future generations. Such approaches will also likely reduce per capita healthcare costs while improving health outcomes, value and quality of life. (Section 7.5, p. 124).
15. This paper represents the first comprehensive attempt to apply sustainability principles to the management of human health in the context of our current understanding of human biology and ecology, tailored specifically to the UK's unique situation. It embodies approaches that work with, rather than against, nature. Sustainability principles have already been applied successfully to other sectors such as energy, construction and agriculture.
16. It is now imperative that the diverse range of interests and specialisms involved in the management of human health come together. We owe it to future generations to work together urgently, earnestly and cooperatively to develop and thoroughly evaluate new ways of managing and creating health in our society. This blueprint represents a collaborative effort to give this process much needed momentum.

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