THE NEW STATESMAN

Spotlight

Thought leadership and policy

Healthcare: An uncertain future for the NHS

Jeremy Hunt MP
Martyn Day MP
Pat Cullen

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THE NEW STATESMAN

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The crisis facing the NHS this winter

As the pandemic enters its 20th month and a sense of normality returns to our towns and cities, it is easy to forget that nurses and doctors are preparing for one of the bleakest winters in the NHS's history. An already over-stretched workforce is contending with a syndemic of crises, from staff shortages and chronic underfunding to the threat of a mass flu outbreak and a resurgence in Covid admissions.

The government has promised that change is coming. When plans for the health and social care levy were unveiled in September, NHS chief executive Amanda Pritchard said "it's absolutely right that NHS staff" would "get strong backing to recover routine services and begin to tackle the Covid backlog".

But at what cost? Health workers, who have endured a decade of real-term pay cuts, have been granted a pay rise of 3 per cent. While more generous than the government's initial offer, this barely meets the current rate of inflation and fails to offset austerity era pay freezes. As the levy is funded through a hike in National Insurance, rather than income tax, it is also set to hit low and middle-earners, including many NHS staff, hardest. Analysis has revealed that health and care workers will pay 12 per cent of the £7.4bn set to be raised by employee contributions.

The pandemic's toll on those working in the sector is not purely financial, however. As Samir Jeraj reports on page 24, the well-being of front line health workers has drastically deteriorated during the pandemic. Recent research by the British Medical Association found that 57 per cent of doctors are living with at least one mental health condition as a result of their work.

The extreme working conditions faced by health workers is exacerbating long-term staff shortages that have been compounded by Brexit. Ministers are fortunate that the number of applications to study nursing and medicine has grown during the pandemic, but these students will not enter the profession for several years. In the meantime, the government must urgently improve working conditions for NHS staff, not just as a duty to those workers, but to their patients too. ●

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GPs are quitting the NHS due to burnout, says GMC survey

Four in ten GPs who left the National Health Service prior to the pandemic reported burnout as a key reason, the General Medical Council (GMC) has found.

The GMC surveyed more than 13,000 doctors, a quarter of which were GPs, about their reasons for leaving. All those surveyed had previously practised in the UK and left between 2004 and 2019. Over half of the doctors surveyed are now working clinically abroad, while nearly a third have retired.

The research found that GPs were nearly twice as likely to report burnout (42.8 per cent) compared with specialists (22.2 per cent). Nearly a quarter of GPs also reported being worried about errors and medico-legal risks, compared with only a tenth of specialists. More than a third of GPs said job dissatisfaction was a key reason for leaving the NHS.

Earlier this year, a GMC survey found that a third of trainee doctors felt burnt out by their work.

GPs are also less likely to return to practising medicine in the UK than other doctors, with 9 per cent saying they were likely to return, compared to a quarter of specialists and nearly a third of trainees.

Speaking on the findings this month, GMC acting chair Carrie MacEwen said that well-being issues, exacerbated but not created by the pandemic, were "driving doctors out of the service".

"There's a vicious cycle at play here," she said. "Staff shortages exacerbate existing pressures, leading to more stress and doctors voting with their feet."

The research was carried out by the GMC with Health Education England, the Northern Irish Department of Health, NHS Education for Scotland, and Health Education and Improvement Wales.

LEON NEAL / GETTY IMAGES

UK failed in Covid-19 response, say MPs

By Samir Jeraj

Decisions on lockdowns and social distancing during the early stages of the pandemic were "one of the most important public health failures the United Kingdom has ever experienced", according to a report by MPs.

The *Coronavirus: Lessons Learned to Date* report, published by the Health and Social Care and the Science and Technology Committees, criticised poor planning, failures in test and trace, and the lack of attention to social care.

Early failures on delaying lockdown and in effect pursuing a herd immunity strategy were the result of "group-think" among ministers and scientists, the report found. MPs did, however, praise the UK's vaccine roll-out, which they described as "one of the most effective initiatives in the history of UK science and public administration". They also called for an "urgent and long-term strategy to tackle health inequalities" and action to address the working conditions that led to many black and minority ethnic people dying in the pandemic.

The Covid-19 Bereaved Families for Justice group said the report fell "well short" of holding power to account. The select committees "refused" to speak to bereaved families as part of their work, according to the group. In a statement, the group said: "These failings must now be investigated by an independent, judge-led inquiry."

GP Winter Access Fund announced by NHS England

NHS England has announced a new £250m Winter Access Fund for GPs. The fund is designed to help primary care services through what is likely to prove a difficult period for the NHS following 18 months of delayed treatments caused by the pandemic.

Jeremy Hunt, the former health secretary and chair of the Health and Social Care select committee, expressed doubts about the fund. "I don't think this package will turn the tide," he wrote on Twitter, describing "a burnt-out workforce running on empty because of a massive mismatch between supply and demand".

The Health Secretary, Sajid Javid, was criticised for plans to publish GP league tables as part of the proposals, linking their eligibility for extra cash to their ability to carry out more face-to-face appointments. Last year, his predecessor, Matt Hancock, said GP consultations should be "remote by default".

The fund's £250m price tag is equivalent to around 0.17 per cent of annual NHS spending.

50%

of doctors who have left the NHS are now working clinically abroad.

43%

of GPs who have left the NHS have done so due to burnout.

9%

of GPs who have left the NHS are likely to return.

Sickle cell sufferers to receive first new treatment in 20 years

The NHS is to start providing a new drug, crizanlizumab, to people with sickle cell disease. The condition, which disproportionately affects people of African and Caribbean origin, can prevent individuals from doing everyday tasks. John James, chief executive of the Sickle Cell Society, said the treatment – the first to be approved for the disease in 20 years – was "long overdue".

Vaccinating against flu and Covid-19 together is safe, study finds

Having a second Covid-19 jab alongside a flu jab at the same time is safe and effective, a new study has shown.

The results from the ComFluCOV study, funded by the National Institute for Health Research, support the UK Joint Committee on Vaccination and Immunisation's (JCVI) advice that the flu vaccine can be co-administered with a Covid-19 booster.

The study was conducted with 679 volunteers who were waiting for their second dose of the Pfizer or AstraZeneca vaccine. It included people who were pregnant, immunocompromised and aged 65 or over.

Co-administering the jabs means fewer appointments and will help to reduce the burden on GPs.

Although JCVI advises that the vaccines can be co-administered, they should not be where it means delaying either jab to wait for the other one to become available.

The UK government has launched a new campaign encouraging people to take up their Covid-19 booster and flu jab ahead of winter. A Cabinet Office survey of 3,000 people found that a quarter did not know that flu can be fatal.

Money alone will not fix the NHS

The staffing crisis should be a catalyst for change

By Jeremy Hunt MP

While we are all relieved to be seeing the tail end of the pandemic, for the NHS the aftermath hasn't meant the end of the trauma. Exhausted staff want to heave a sigh of relief and get back to normal. But "normal" is not on the table, unfortunately. They face a backlog that is unprecedented in the history of the NHS – with a figure of 5.6 million on the waiting list actually being closer to ten million when you account for those who have not yet presented, and 6,000 people waiting more than two years for their treatment.

Rishi Sunak's £12bn "health and care premium" shows welcome pragmatism. We now have a transparent mechanism for the big increases in health and care spending that will be needed over the decades ahead. At every election we can now have a more sensible debate about what funding the NHS and care system will need over the coming parliament, separate to the more general issues around public spending.

If there is one thing I wish I had known at the start of my time as health secretary, it is that money alone is not enough to solve these kinds of issues. You can give £8bn a year more to the NHS, but if you do not have the equivalent in additional doctors and nurses, the money will tend to bid up the salaries of locum doctors and agency nurses rather than fund more treatments. Even if the money is attached to targets, the effect can often be to suck clinicians from one part of the NHS to another – more money for elective care meaning fewer cancer doctors or GPs, for example.

We have a shortage of doctors in nearly every single speciality. The Health Foundation estimates it will take 4,000 more doctors and 18,000 more nurses to clear the backlog, but so far there appears to be no plan to find them. Immigration is no longer an option; other countries have their own backlogs. There is a global shortage of 2.1 million doctors according to the World Health Organisation.

This NHS workforce crisis should exercise all parts of the political spectrum. It is key to tackling burnout, improving working conditions, getting through the backlog and making sure the additional funding actually delivers what it is meant to.

Some people reading this will say "you were the longest-serving health secretary,

"I do not pretend to have got everything right," says the former health secretary

LEON NEAL / GETTY IMAGES

so why didn't you address these issues?" I do not pretend to have got everything right and my failure to deliver the target I set for 5,000 more GPs was as disappointing for me as for the profession. But I did establish five new medical schools and increase doctor, midwife and nurse training places by 25 per cent, the biggest-ever single increase. However, because it takes seven years to train a doctor, the impact of those changes is yet to be felt on the frontline – which is why I have come to the view after leaving office that we need a new system that operates outside the Westminster parliamentary cycle.

In the short term, we should throw the kitchen sink at getting more doctors and nurses into the system. As a first step, we should relax all immigration restrictions for qualified clinicians, as well as offer generous incentives to overseas medics. The NHS and care system would simply fall over without clinical staff from overseas and we should welcome them with open arms. However, we should recognise there is an element of moral hazard in this approach: such recruits often come from developing countries where their services are required even more. So, depending on immigration from poorer countries should never be a long-term strategy.

We can also do much more to retain staff, starting with fixing the pension tax taper that is causing consultants to retire early or limit their hours. We should devise a generous incentive scheme to persuade some of the retired clinicians who stepped up to help during the pandemic to extend their service again.

But this is surely the moment for some more profound changes to set the NHS up for the longer term.

Too often the number of doctors and nurses we train is the very last thing discussed in spending review discussions between a chancellor and a health secretary. Given any decision will not impact the NHS for around eight years, it is rarely a priority for either. Even worse, because it does not count as "frontline" NHS spending it is not ring-fenced in the core NHS budget, but in a budget held separately by the Department of Health and Social Care. Often it gets cut as part of a deal to help fund increases in the more politically sensitive NHS England budget.

> "Front-line staff know there is no immediate fix for shortages"

The Office for Budget Responsibility has proved to be an important reform that keeps chancellors honest with their budgets. We need similar objectivity when it comes to doctor and nurse training places. Health Education England should be given the statutory duty to produce independent workforce forecasts for the needs of the NHS and care systems for the next ten, 15 and 20 years – with estimates as to the numbers we should be training now. It would be up to ministers to decide whether to fund the need, but at least there would be transparency on whether we are or are not training enough doctors and nurses. The royal colleges, NHS Providers and health think tanks have put down an amendment to the Health and Care Bill to deliver this, which I strongly support.

We should also consider further structural changes such as removing the caps on places at our often world-class medical schools to allow them to expand into global centres of medical training. We should look at the contents of the curriculum and the length of courses, something that has not been reviewed for many years. Now is also the time to reconsider some of the traditional demarcations between professions.

Much hangs on the ability of ministers to take immediate action to fix the workforce crisis. But frontline staff know that there is no immediate fix for many of the shortages they see every day. What they want is the comfort of knowing there is a plan in place to make sure the current pressures will not be permanent. After what they have done for us all in the past 18 months, it is the least we can give them. ●

Jeremy Hunt is chair of the Health and Social Care Committee

Advertorial

Why modelling matters: its role in future healthcare challenges

Covid-19 has brought mathematics into the public consciousness

EPSRC Liverpool Centre for Mathematics in Healthcare

In association with UNIVERSITY OF LIVERPOOL

From the government's daily 5pm briefing graphs to discussions over Zoom with family and friends about the latest national 'R' number, the Covid-19 pandemic has given us all an awareness of the use of mathematical modelling within public health policy. But modelling is not just important for epidemics – it is an invisible yet indispensable part of healthcare technology research and innovation. To solve some of the most pressing healthcare challenges beyond Covid-19, mathematical modelling needs to be central to research and development (R&D) processes.

Mathematical modelling experts from the Engineering and Physical Sciences Research Council (EPSRC) Liverpool Centre for Mathematics in Healthcare explain how their research at the University of Liverpool is helping to tackle a range of global healthcare challenges. Through collaborations between mathematicians, engineers, biologists, clinicians and industrialists, researchers at the centre model systems on multiple scales – from individual human cells to gravitational forces on surgical implants – to improve healthcare outcomes.

Tackling antimicrobial resistance

Kieran Sharkey and Jo Fothergill

Antimicrobial resistance is one of the major global challenges facing modern medicine in the 21st century. In 2019, the WHO declared that antimicrobial resistance is one of the top ten global public health threats facing humanity, citing that resistance to tuberculosis drugs alone causes around ten million people to fall ill and 1.6 million deaths every year. Beyond the human impact, the economic cost of antimicrobial resistance is also significant. Prolonged illness due to antimicrobial resistance often results in longer time spent in hospital and the requirement for more expensive medicines.

Tackling antimicrobial resistance will require a multidisciplinary approach that harnesses expertise from different areas of science and medicine. Through collaboration with microbiologists and mathematicians from the University of Liverpool, the NHS Liverpool Heart and Chest Hospital and key commercial partners, our research is modelling antimicrobial resistance within cystic fibrosis treatments, with the aim of designing person-specific treatment programmes.

When treating infections associated with cystic fibrosis, the choice of antibiotics is not always underpinned by strong evidence. Mathematical modelling is improving understanding of antimicrobial resistance development in practice, which could help to guide clinical decisions about the most appropriate treatment. The ultimate goal is to establish a method for devising patient-specific treatment programmes that are less likely to drive long-term resistance.

The EPSRC Liverpool Centre for Mathematics in Healthcare is also developing modelling techniques for a new concept in pathogen control that uses benign bacteria to inhibit those causing disease. With the current threat of antimicrobial resistance and the growing awareness of the importance of the microbiome to health, there is a need for new tools that can inhibit harmful bacteria while preserving a thriving microbiome. Our modelling is investigating how bacteria can produce antimicrobial toxins that target other species, thus displacing their competitors and increasing their access to available resources.

Other related research with the Alder Hey Children's NHS Foundation Trust in Liverpool is using sensors to track the movement of bacteria in hospital wards, to inform control measures for hospital-acquired infections – a significant burden on the NHS that is exacerbated by antimicrobial resistance.

SHUTTERSTOCK / JARUN ONTAKRAI

Modelling could be vital in tackling antimicrobial resistance

Improving glaucoma diagnosis

Ahmed Elsheikh

Glaucoma is a leading cause of irreversible blindness, affecting 76 million people worldwide. The disease is associated with elevated intra-ocular pressure – the fluid pressure inside the eye – which causes pressure on the optic nerve head and damages the nerves that link the light-sensitive cells of the retina to the brain. The main modifiable risk factor for glaucoma is intraocular pressure, so its accurate measurement is essential for adequate treatment of the disease.

Until recently, all intra-ocular pressure measurement techniques were influenced by the stiffness of the cornea – the front window of the eye, and the resulting inaccuracies have led to both false negatives and false positives in glaucoma risk profiling. Research has shown that poor measurement has also meant that 15 per cent of glaucoma patients eventually lose their eyesight within 15 years while under treatment.

To address this challenge, researchers at the University of Liverpool have used modelling to develop innovative methods to estimate the cornea's biomechanical behaviour and measure intra-ocular pressure. These methods have been applied within a widely used commercial glaucoma diagnostic device, and have benefitted hundreds of thousands of glaucoma patients worldwide.

Optimising drug development

Rachel Bearon and Joseph Leedale

Mechanistic models can be used to consider the physical and biochemical effects of drugs on the human body. This type of modelling forms a significant programme of research at the EPSRC Liverpool Centre for Mathematics in Healthcare. Likewise, the pharmaceutical industry is increasingly using mechanistic models to refine decision-making in their drug development pipelines – from discovery to preclinical efficacy and safety studies. During drug development, potential drug candidates must be thoroughly tested to ensure that they do not result in any adverse reactions or toxicity. Before the clinical trial stage, these tests must be carried out preclinically, in a laboratory.

Through collaboration with a pharmaceutical company and researchers from the University of Sheffield and Liverpool John Moores University, our research has shown how mathematical models can be used to simulate the activity and transport of drugs in order to investigate how to optimally dose during preclinical drug safety testing. The ultimate aim of this work is to better inform scientists how to regulate dosing conditions to more effectively optimise drug delivery. Another strand of this research, underpinned by EPSRC funding, is investigating coupling the body's natural internal "circadian" clock with drug metabolism, which could help to optimise the timing regimens of drugs in the future. ●

To learn more about modelling, visit: liverpool.ac.uk/mathematical-sciences/research/centre-for-mathematics-in-healthcare

Nurses must be heard

Unless ministers act now, the nursing crisis will only deepen

By Pat Cullen

The government announced its plan for getting the country through the winter with much fanfare in September. The Prime Minister outlined plan A, which meant expanding the Covid-19 vaccination programme and relying on that to stop the NHS from becoming overwhelmed in the coming months.

We cautiously welcomed the measures, saying that they would be key to getting us through the "knife-edge" winter that nursing staff all fear. But we expressed concerns that Boris Johnson made no reference to the reality currently facing those staff – that there simply aren't enough in our health and care services.

There are nearly 40,000 registered nurse vacancies in the NHS in England alone. These vacancies, coupled with everything else nursing staff are facing – including delivering an expanded Covid-19 vaccine programme and the country's biggest-ever flu vaccination programme – means our members are under huge pressure.

We recently presented this case even more plainly, with figures we have analysed showing that the NHS in England recorded more than 18 per cent more sick days among nurses and health visitors in May 2021 compared with May 2019.

We are also concerned that large-scale sickness absence will expose how short-staffed many services are, and the risk this poses to patient safety as nursing is a safety-critical profession.

Our analysis shows that staff are more at risk of mental health problems, chest and respiratory problems and migraines, than before the pandemic. Since May 2019 the number of full-time equivalent (FTE) days lost for mental health reasons has increased by 31.4 per cent. Days lost due to chest and respiratory problems rose by 52.5 per cent and headaches or migraines rose by 51.9 per cent.

Anxiety, stress or depression remains the most common reason for staff sickness. As a proportion of all days lost, it has increased by 3.3 per cent throughout the pandemic (according to May 2020 to May 2021 data).

We want employers to work with us to make sure staff can get the vaccines they're eligible for, are rested and have breaks, and look after themselves so they can look after patients better. It is vital that the necessary support is available where and when it is needed and that

Large-scale sickness absence will expose how short-staffed many services are, says Pat Cullen

managers encourage and support staff to seek help.

Do we think that plan A is enough? Put simply, no. The elephant in the room is the nursing workforce crisis, which this government has repeatedly ignored. Since 2016, when Brexit dominated the headlines, the government has failed to act on 21 warnings about this issue.

But the nursing workforce crisis can be ignored no longer – and there are several ways in which we believe it can be addressed today. The first is by paying nursing staff fairly. Salaries for experienced nurses are now 12.6 per cent lower than if NHS pay awards had reflected the rising cost of living and inflation over the past ten years.

A fair pay rise would be in recognition of nursing staff as highly trained professionals, who fulfil complex, safety-critical roles. It is also needed to retain experienced nursing staff who are feeling burnt out and exhausted. Health and care services cannot afford to lose these experienced, senior nurses.

Ultimately, fair pay will help ensure there are enough of the right nursing staff, in the right place, at the right time to provide safe and effective care for all patients by attracting and retaining highly skilled professionals.

Finally, the Health and Care Bill passing through parliament provides an opportunity for the government to come up with a long-term plan to address chronic workforce shortages. But this is an opportunity it is in danger of passing up. As the bill stands, it goes nowhere near far enough to address the workforce crisis sustainably. But there is time to change this – it just needs political will.

I recently gave evidence in parliament in relation to the bill, reiterating our call for the Health Secretary to be made legally accountable for delivering a fully funded workforce plan based on population need.

> "The risk to our patients is too high to do nothing"

The Royal College of Nursing's view is that for any health and social care reforms to succeed, the voice of nursing must be represented at the table. That is why we are also demanding that a director of nursing sits on the board of the new local healthcare organisations, the integrated care boards.

There will be immense pressure on health and care services this winter and services can't afford to lose safety-critical professionals to avoidable illnesses on top of tens of thousands of registered nurse vacancies. The risk to our patients is too high to do nothing.

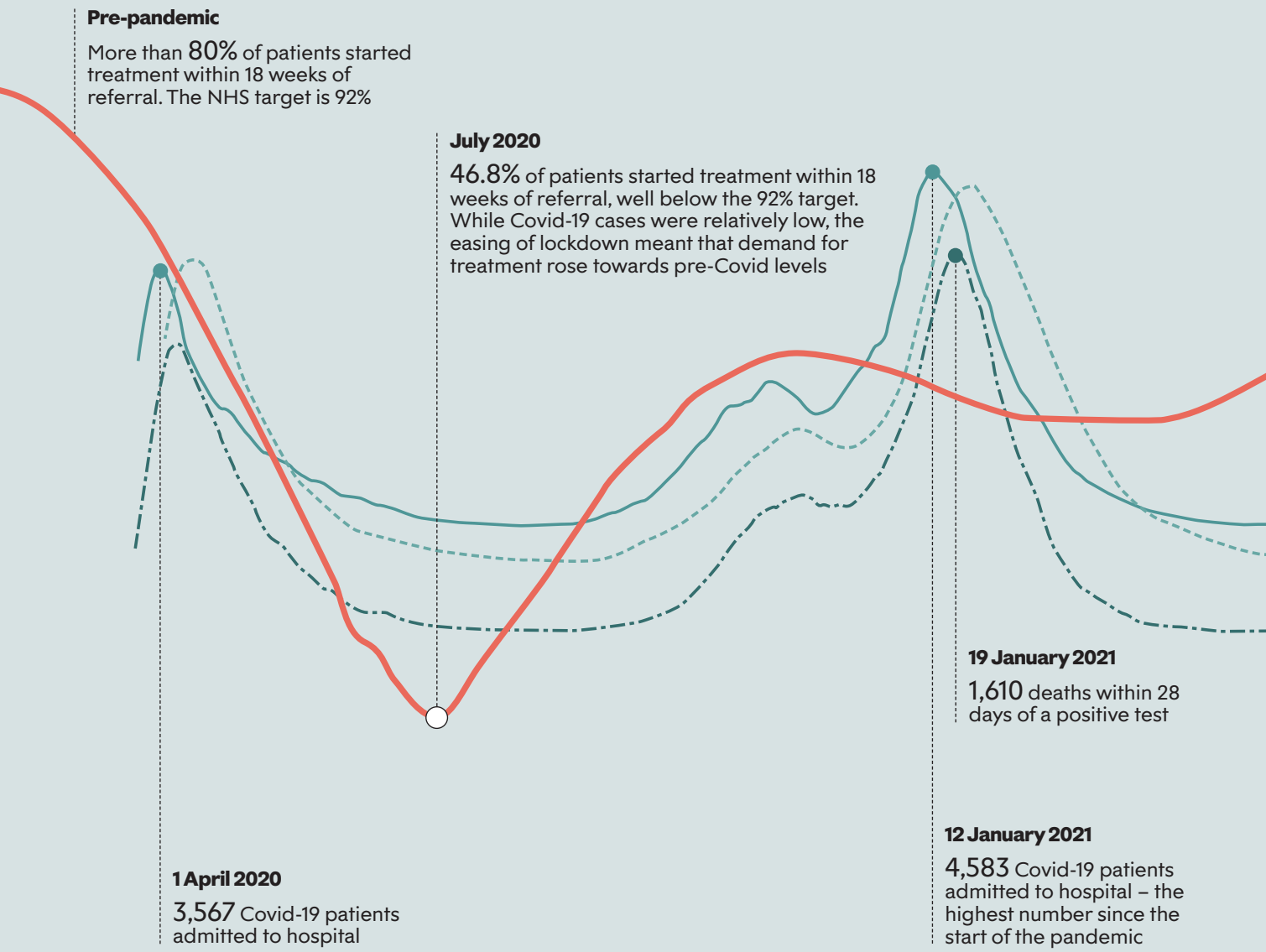
Nursing staff will not stand back while patients cannot get the care and treatment they need – the care that nurses and nursing support workers want to provide. ●

Pat Cullen is general secretary and chief executive of the Royal College of Nursing

ROYAL COLLEGE OF NURSING

Covid-19: impact on the NHS

The pandemic led to longer waiting times across the board, including for treatment, A&E care and surgery



- Percentage of patients who started treatment **within 18 weeks** of referral
- Covid-19 patients admitted to hospital
- Patients in mechanical ventilation beds
- Deaths within 28 days of positive test

July 2021*

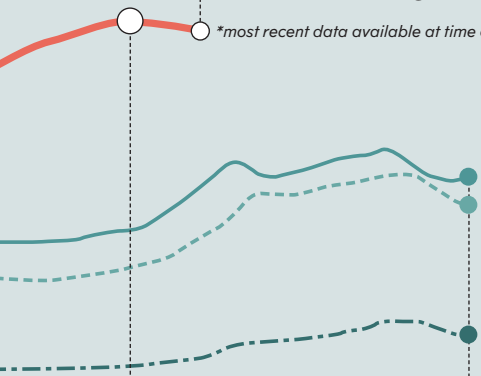
5.6 million patients waiting for elective treatment – a record high

1.8 million patients waiting over 18 weeks to start treatment

Nearly 90,000 patients waiting over four hours in A&E compared with roughly 58,500 in July 2019

68.3% of patients started treatment within 18 weeks of referral, remaining below the 92% target

*most recent data available at time of printing



June 2021

More than 300,000 patients waiting over one year to start treatment, compared with roughly 1,000 in June 2019

Current data*

8.3 million people tested positive since the start of the pandemic

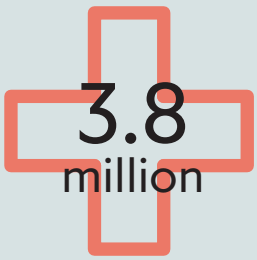
7,024 Covid-19 patients currently in hospital

781 Covid-19 patients in ventilation beds

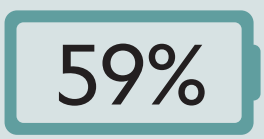
138,237 deaths within 28 days of a positive test since the start of the pandemic

*accurate as of 15 October 2021

was the median waiting time from referral to treatment in March 2021, compared with **8.9 weeks** in March 2020 and **6.9 weeks** in March 2019



fewer elective procedures carried out between April 2020 and July 2021, as estimated by the British Medical Association



of doctors reported a higher level of fatigue or exhaustion during the pandemic. **Over a quarter** say they are more likely to retire or take a career break in the next year

SOURCES: BMA COVID TRACKER SURVEY, FEB 2021; NHS ENGLAND RTT STATISTICAL PRESS NOTICE, JUL 2021; CORONAVIRUS.DATA.GOV.UK; BMA.ORG.UK

We must not drop our guard against flu

With our immune systems susceptible, the influenza vaccine will be more crucial than ever this winter

By Maggie Rae

As we enter this year's flu season in the UK, the outlook for health professionals and for the public is vastly different to the situation we faced 12 months ago. At the end of October last year the government announced a second national lockdown as rates of Covid-19 rocketed and we approached the winter months.

The principles of social distancing, isolating when unwell, restricting travel and maintaining good hygiene are indiscriminate approaches to prevent transmission of communicable diseases. So while the restrictions we have seen in place over the past 18 months have been implemented to stem the spread of Covid-19, they have also been impactful in preventing the spread of other viruses, including influenza.

The inverse of these circumstances holds just as true. When lockdown restrictions lifted in July of this year we saw an explosion in Covid-19 infection rates, and we can similarly expect to see high levels of seasonal flu in the coming months. Viruses such as Covid-19 and influenza are passed from person to person through the air when we breathe out, speak or sneeze. When people spend more time indoors and in closer proximity during the winter months we see a correlative spike in infection rates.

With Covid-19 having dominated news agendas across the globe for the past two years it is important to remember that flu still poses a serious threat to health in the UK and globally, causing nearly 11,000 deaths in England in an average year. Better public awareness of actions we can all take to prevent infectious diseases such as Covid-19 is a good thing, but we must not become distracted from our efforts to tackle other serious communicable diseases such as flu.

The impact of Covid-19 restrictions on reducing rates of flu during the 2020 and 2021 season means there is less immunity within the population, leading to the potential for more people to be susceptible to illness from the flu this year. As well as the immediate threat this poses to the health of those infected and the people they come into contact with, it may also lead to increased pressure on an under-resourced NHS, which is still struggling to cope with the many impacts of Covid-19. And just as we expect to see flu rates rise during the

It is vitally important that those offered a flu vaccine take it up this year, says Rae

colder months, we are also likely to see Covid-19 rates rise, leading to even further pressures on NHS services.

The risk stratification for influenza is similar to that of Covid-19, with those who are older or in other vulnerable categories facing a significantly higher risk of severe illness or death from flu. This year, following the advice of the Joint Committee on Vaccination and Immunisation, we see an extended influenza immunisation programme, with all those aged 50 and over invited to receive a vaccine and all children aged two to 15 also eligible. Just as with Covid-19, immunisation against flu is the most important measure that we can take to stop the spread of this potentially deadly virus.

This year, more than ever, it is vitally important that those who are offered a flu vaccine book their appointment as soon as possible to protect the health of themselves and those around them. Alongside this year's flu vaccination programme, those in vulnerable categories are now also being offered a Covid-19 booster vaccine to "top up" their immunity against the virus.

As well as supporting underfunded public health and NHS services to protect health going into the winter, the government must also act to support people to get vaccinated. Covid-19 both exposed and exacerbated the deep inequalities in our society, and we see these inequalities mapped in, and driven even further by, differing levels of vaccine uptake. Marginalised and excluded communities – including those in minority ethnic groups, those living in socio-economically deprived areas, or those living with disabilities – have seen a comparatively low rate of vaccination uptake. For example, the uptake of Covid-19 vaccines is 27 percentage points lower among people aged 50 or over who identify as "Black Caribbean" compared with those identifying as "White British".

Government must take steps to remove barriers to access to ensure that both flu and Covid-19 vaccine uptake rates are bolstered in groups that are already at greater risk of ill health and death. There must be deeper community engagement – including dissemination of easily accessible information on vaccines and dialogue with community leaders and institutions – and better financial support where necessary to support those who simply cannot afford to take time off work or travel to a vaccination centre. If government does not take concerted action to reduce these inequalities we will continue to see poor health outcomes within these groups and a further compacting of disadvantage.

The experiences of the Covid-19 pandemic have shown the importance and power of everyone in society "playing their part" to protect their friends, families and communities. While our approach to influenza differs to that of Covid-19, it is similar in more ways than it is not. Both are serious illnesses that pose a significant threat to at-risk groups, both are limited in their transmission by public health measures in which the population is now well-versed, and both combine to pose a potential risk to NHS services in the coming months. The most important way we can protect ourselves and those around us is to continue to follow guidance and get vaccinated if eligible. ●

Maggie Rae is the president of the Faculty of Public Health

SHUTTERSTOCK / RIDO

The case for investing in mental health

Employers that neglect staff well-being risk a talent exodus

An inevitable long-term impact of the pandemic has been an increase in mental health issues. Analysis from University College London (UCL) and the Office for National Statistics (ONS) has found that levels of anxiety, depression and psychological distress remain high in the UK population compared to pre-2020 levels.

For many, work has been part of the problem, due to increased demands, heightened isolation and a skewed work-life balance. The ONS's Labour Force Survey reveals that work-related stress, anxiety and depression has increased significantly since 2019, while Business in the Community (BITC), a responsible business organisation, and private healthcare provider Bupa found that 41 per cent of employees experienced work-related mental health issues last year.

By Sarah Dawood

Half of work-related mental health issues in 2020 were due to pressure, according to a BITC survey

SHUTTERSTOCK / LUSIA599

It therefore feels like a pertinent time for employers to invest in their staff's mental health. There is not only a moral case for doing so – well-being support has clear links with higher productivity, lower employee turnover and increased financial returns, while poor mental health costs UK employers up to £45bn per year. For every £1 spent on mental health provisions, employers get back £5 in reduced absence, presenteeism and staff turnover.

Policy around mental health at work

Anxiety and depression are the most prevalent mental health conditions linked to work, says Emma Mamo, head of workplace well-being at mental health charity Mind. The biggest risk factors are the same as the protective factors (those which safeguard our mental health), dependent on which way the scale tips: whether someone feels valued, their workload, their relationship with their line manager, the pace and intensity of work, and the physical workplace environment.

While some of these factors can be hard to control, efforts need to be "systematically" integrated into a workplace, and continuous rather than tokenistic, says Mamo – for example, committing to ongoing line manager training rather than simply signposting to World Mental Health Day.

The government's Thriving at Work 2017 review laid out recommendations on how employers should do this, focusing on six areas for long-term improvement. These were to develop a mental health strategy; improve awareness among employees; encourage open conversations; provide good working conditions; train people managers; and routinely monitor employee mental health.

In its response, the government didn't go so far as to legislate the requirements but did "encourage" all businesses to take this approach. As one of the largest employers in the UK, the Civil Service also signed up to it. "Those are the broad areas of focus that any employer should look to realise," says Mamo. "Employers can't solve this overnight, nor should they try. They should have an ongoing dialogue with their staff, and monitor and respond to changes."

The review's recommendations were translated into a public-facing resource called the Mental Health at Work Commitment, which sits on Mind's Mental Health at Work website. It features toolkits on instilling better mental health practices and encourages employers to "sign up" to the commitment, with more than 1,000 UK public and private sector organisations having done so. ▸

The fact that workplace mental health provision is not backed by legislation makes it trickier to enforce but Mamo says that employers should be framing their approach inclusively, rather than legally. Mind has also lobbied government to clarify the definition of disability under the Equality Act 2010 to offer more workplace protections for those with mental health issues, but again, meeting these criteria should not be the defining factor for receiving support.

"Some people experiencing poor mental health may never meet the [Equality Act's] definition," she says. "It exists on a spectrum with people struggling at certain times. Employers shouldn't offer reasonable adjustments because they must – they should offer it regardless. It's not about legal compliance – it's about being a supportive, progressive employer."

Employers investing in mental health

Unilever frames its mental health strategy around four areas: culture, leadership, prevention and support. This approach allows the multinational company to address mental health in a "logical order", says Tim Munden, chief learning officer and global well-being lead at Unilever, and also preventatively rather than reactively. "There's no point trying to encourage people to be open with their line manager if their line manager is not equipped to respond," he says.

Culture and leadership include measures that help to create a better environment, such as signposting to resources internally, line manager training, and encouraging leaders to speak openly about their own mental health. Prevention and support include more proactive elements such as access to trained mindfulness coaches and mental health first-aiders, an employee assistance programme (EAP) offering free counselling, and external counselling covered by the Bupa employee health insurance scheme.

The company also monitors well-being via a bespoke tool called Team Energy Assessment, where staff submit their opinions on their team culture. Anonymised reports are created for line managers and the data correlated with employee surveys to give a clearer picture of people's support needs and company culture.

Observation is a crucial part of care, says Mamo, whereas previously employers have viewed mental health as a problem to tackle. "Historically, employers have seen mental health as reactive, around sickness absence and supporting people once they are unwell," she says. "This has now turned into 'how do we keep our people well?'"

This requires company policy to be constantly updated, to ensure it accommodates changing mood and demographics. As an example, Unilever created bespoke toolkits to help those suffering from grief and post-traumatic stress disorder during the pandemic and decided to train more people under 30 as mental health champions after research showed that younger employees were experiencing high rates of stress and anxiety. "Big Four" accounting firm EY also updated its UK staff policy in response to Covid-19, by doubling paid special leave for anyone needing time off in an emergency, and extending full discretionary sick pay to all employees, regardless of length of service.

Mental health provision has been shown to increase productivity

Similarly to Unilever, EY aims to create an open culture by giving employees a safe space to discuss issues through its staff-led mental health network, which acts as a "powerful forum to share experiences, insights and resources", says Justine Campbell, managing partner for talent. It also offers EY Thrive, a digital platform with monthly webinars and information on mental health, a "fast-track" pathway to mental health services without the need for GP referral, and cognitive behavioural therapy (CBT) through its EAP.

"Leaders who speak about their own experiences help create a sense of normality"

What about small businesses?

Smaller and medium-sized enterprises (SMEs) have less money and time at their disposal so they should start with free tools, says Munden, such as Mind's Mental Health at Work website, which has thousands of resources donated by businesses, charities and government. Additionally, they can focus on improving culture by championing openness.

"Encouraging leaders to speak about their own experiences – I've spoken about my post-traumatic

SHUTTERSTOCK / DELIRIS

The stats

Poor mental health provision is linked to higher stress levels and financial losses.

41%

of employees experienced work-related mental health issues in 2020

£45bn

is lost by UK employers each year due to poor mental health

26%

of millennials have taken time off work due to stress and anxiety caused by the pandemic

stress – helps create a sense of normality," he says. "Using your own resources is a great place to start."

Mamo adds that provision should be proportionate. "A small company's mental health strategy might just be a two-page statement of intent, whereas a multinational will have budget for occupational health, an HR team and an EAP," she says. "The important thing is that you have a clear approach that you articulate to your staff." Additionally, SMEs can look to larger employers for advice in this area – Mind regularly connects corporate businesses with Deloitte, for example.

The business case for workplace well-being

Aside from increasing staff happiness, there is a strong business case for investing in mental health. Unilever has found clear links between better well-being and higher productivity. Many of their measures, such as leader talks, have helped to improve workplace "psychological safety" – the belief that you won't be punished or humiliated for sharing ideas or concerns.

"That's proven to be very powerful," says Munden. "We're noticing more and more that leaders who are vulnerable and willing to speak about their own struggles create greater followership and more psychological safety. They also role model [an] openness that helps people speak about their own mental health." This is, in turn, linked with achievement – for instance, Unilever's research has found that regular feedback from a line manager is linked to both higher psychological safety and work performance.

Investing in well-being also leads to greater motivation and company loyalty, adds Mamo, helping to reduce staff turnover. "When you recruit someone, you invest in building their knowledge and expertise," she says. "If a workplace isn't supportive, they leave, the company recruits someone else, they go through the same experience – it's a revolving door."

Integrated mental health support is increasingly becoming an employee expectation, so to attract the best talent, attitudes need to shift, Munden adds – Deloitte found that over a quarter of UK "millennials" took time off work due to stress and anxiety caused by the pandemic. "Generations coming into the workforce will not want to work in places that don't create human environments," he says.

Ultimately, investment in mental health means treating people as individuals rather than disposable resources; it creates empathy and encourages workplace inclusion more generally. "Yes, we care about mental health for performance and to attract talent," says Munden, "but also because it's the right thing to do. The simplest thing employers can do is treat people with respect and dignity." ●

"The simplest thing employers can do is treat people with respect and dignity"

Advertorial

A sustainable solution for inhalers

Koura has developed a new medical propellant that makes managing asthma both environmentally and user-friendly

By Dr Stuart Corr

In association with Koura

Asthma is an extremely common respiratory condition – it is estimated that more than 330 million people live with it globally and, as a result, it is a key health concern for the World Health Organisation (WHO). While we often do not know the cause of asthma, it can be triggered by allergens including pollutants. As a chronic disease with no cure, it requires lifelong management, most frequently through inhalers. Most of us will know someone who uses one.

These medical devices are life-saving – they help people avoid visits to emergency departments, hospitalisation and even premature death. Although best known for their use in asthma management, they are vital tools in many other lung conditions too, such as chronic obstructive pulmonary disease (COPD). This is the third-leading cause for death globally, particularly in lower-income countries, so it is vital that low-cost treatment is available.

There are different types of inhaler but the most popular are pressurised metered dose inhalers (pMDIs), colloquially known as "puffer" spray inhalers. They deliver a controlled, precise quantity of medicine propelled by a medical grade of liquefied gas directly into the lungs. They are cost-effective to produce, effective at disease management and popular with patients, so are an extremely valuable technology used all over the world.

Dry powder inhalers (DPIs) are another type of inhaler used frequently. These have a lower carbon footprint than current pMDIs but are not the top choice for patients. It is critical that both types are available so that individuals can choose the inhaler that best suits their needs while we innovate to find the most environmentally sustainable solutions possible.

Koura manufactures Zephex® 134a, currently the most widely used medical propellant for respiratory conditions globally. But over the past ten years we have been researching new propellants with significantly lower environmental impact.

We have undertaken a research and screening programme to shortlist new propellant options that are safe, effective and environmentally sound. This programme led us to develop

The development of new propellant Zephex® 152A ticks both patient choice and sustainability boxes

Zephex® 152a as the leading candidate because it has been shown to reduce the carbon footprint of pMDIs by 90 per cent. A life cycle analysis also shows that it performs favourably across many other environmental factors.

The impact of transitioning pMDIs to Zephex® 152a has significant potential for the NHS's environmental aspirations since inhalers account for about 4 per cent of the NHS's total carbon footprint, which includes everything the organisation does, from transportation to hospital energy consumption.

It also puts pMDIs on a par with "greener" propellant-free inhalers such as DPIs, while still maintaining the patient satisfaction and cost-efficiency benefits of the pMDI platform. This effectively takes away environmental concerns from both patients and prescribers and allows medical professionals to prescribe based on clinical efficacy, cost and individual patient preference.

KOURA

Maintaining the availability of pMDIs as an option for patients is vital for continuity of experience, which is extremely important for patient compliance – with the Zephex® 152a propellant, patients will essentially continue to use their existing inhaler exactly as they did before.

To ensure there is no compromise to patient safety, Zephex® 152a has been subject to a comprehensive six-year inhalation safety programme that is due to complete in early 2022.

Inhalers are low-cost, life-saving medical devices

Work is already under way to integrate this new technology into inhalers and deliver it to global markets. We have constructed a new pharmaceutical-grade manufacturing facility in Runcorn, Cheshire, next to our existing Zephex® 134a facility. Chiesi, one of Europe's leading pharmaceutical companies, has announced that it expects to have Zephex® 152a inhaler products on the market in 2025.

Koura has a mission to "advance life around the world", and to help achieve this goal you need ethically, economically and environmentally sustainable products. We want to play our part in providing safe, effective, user-friendly products like Zephex® 152a for people globally, which balance the impact on the world around us with patient choice, comfort and, ultimately, well-being. ●

Stuart Corr is techno-commercial director at Koura. Read more about Zephex® 152a at zephex.com/zephex-152a

A tale of two health services

The Scottish NHS is overcoming many of the workforce challenges facing health workers in England

By Martyn Day MP

The NHS and social care sectors are experiencing significant and sustained pressures, and at the highest level in my lifetime. I'm sure everyone shares my deep gratitude for the hard work, commitment and professionalism of health and social care workers during these unprecedented challenges – the challenges of not only dealing with Covid-19, but also with a backlog of operations and record-breaking waiting lists.

The bombardment of physical, psychological and emotional pressures that the pandemic created has, inevitably, led to staff burnout. Yet the pandemic exposed and compounded long-standing issues that remained unresolved before Covid-19.

Issues such as critical staff shortages, affecting NHS and social care workforces and their service provisions, are driven by funding instead of need.

Boris Johnson promised two years ago to "fix" social care in England. Yet it was afforded just a single line in the Queen's Speech, which only promised to outline future plans. Even the newly planned tax hike will merely help one in ten of those needing assistance. The new funding promises reform from 2023 onwards, with no plans to help the sector survive the current crises and make it through.

The SNP has called for more investment in the English NHS so that more healthcare funding can be passed on to Scotland under the terms of the Barnett guarantee. However, the tax being raised by the Tories will hit the poorest hardest.

Care homes in England are calling on the UK government to relax immigration requirements on low-paid care staff, as staff shortages (already around 112,000 before the pandemic) are set to worsen in November when potentially another 70,000 care staff are forced out of the sector by the UK government's vaccination requirements.

Workers in England's care sector have also been leaving to work for Amazon and other employers offering better pay. Compared to Scotland, care workers in England earn less.

The UK government has also overseen a staffing crisis in NHS England, with vacancies up 23 per cent from March. House of Commons Library research revealed 15 per cent of NHS England's workforce self-identify as a nationality

Scotland is pushing forward with new ideas to deliver health and social care, says Day

other than British, with EU staff making up 5.4 per cent of workers across England, and more than 10 per cent in London. With our healthcare services so reliant on immigrant workers, it is wrong-headed of the UK government to pursue its hostile environment, which drives away the very workers it needs.

This litany of pressures faced by the NHS and social care sectors will not surprise anyone. While we can argue about the root causes for many years, the challenge is how to go forward. How do we deliver a plan for recovery that puts health and social care at the heart of our policymaking?

Allow me to impart a tale of two governments, because the SNP Scottish government is choosing a different path.

A report on the future of the NHS across the UK, published in May by the *Lancet* and the London School of Economics, stated that "Scotland has made the most progress in its approach to workforce planning", and highlighted our success in "drawing on factors from both the supply and demand sides and moving away from a focus on individual professions to consider the collective health and care workforce".

Under the Scottish government, NHS Scotland's workforce has grown by more than 20 per cent. This means an extra 25,000 staff working in our health service, achieved by nine consecutive years of staffing increases. Yet Brexit has caused vacancies that impact how we deliver health and care services.

The Scottish government will recruit at least 1,500 more NHS staff to deliver its National Elective Centre Programme and increase specialist capacity. It is ensuring the next generation of doctors, nurses, GPs and paramedics with generous student bursaries and access to free tuition.

Scottish health and social care staff are the best paid in the UK, with a recent pay increase given to more than 150,000 NHS Scotland employees ensuring that almost 95 per cent of staff on Agenda for Change pay scales – including nurses, paramedics, allied health professionals, porters and domestics – receive a minimum 4 per cent rise compared with 2020/21.

The Scottish government also provided additional funding of £8.8m to the nation's Integration Authorities to deliver the real living wage commitment to ensure at least £9.30 per hour for social care staff. As a small token of gratitude, the Scottish government gave health and social care staff a £500 thank you bonus too.

Scotland is pushing forward with new ideas to deliver health and social care services fit for the 21st century. Its government is delivering a new deal for the care sector, building a new National Care Service that will improve workers' conditions and standards of care and prepare the sector for the future.

The NHS Pharmacy First Scotland scheme has been developed too, placing local pharmacies at the heart of first-line provision. This will be supported by creating an NHS National Pharmaceutical Agency to ensure secure and sustainable supply chains for vital medicines, and support investment in cutting-edge vaccine and medicines research.

One of the Scottish government's Programme for Government commitments is establishing the Patient Safety Commissioner role, and it has given this priority because patient safety has been, and remains, key to delivering healthcare.

An independent Scotland under an SNP government would never sell or privatise the NHS. We would have a fair immigration system that continues to bring in workers to support our NHS, rather than a Brexit Britain that demonises immigrants. ●

Martyn Day is the SNP's shadow public health and primary care spokesperson

MARTYN DAY

CHRIS J RATCLIFFE / GETTY IMAGES

Generation Burnout

The Covid-19 pandemic has pushed NHS staff to the brink

By Samir Jeraj

Winter 2019 was the busiest David, a paediatric nurse, had ever been. In a 12-hour hospital shift his team saw 120 children in facilities built for a quarter of that. "Then whispers grew of this bug in China," he says. Little did he know it was going to place him and his colleagues under the greatest strains of their careers.

"It hit us in about March," he recounts, "and in our hospital it ground us to a halt." David was voluntarily redeployed to adult intensive care, but the PPE situation was "a bit of a joke". Staff were given contradictory advice, could not get hold of appropriate protection, and at the worst times were told to wipe and reuse PPE when it clearly needed to be replaced. "You just think 'this just isn't right'," he says.

They were also having to use iPads to let family members say goodbye to the dying relatives they were not allowed to see. "That's probably the hardest thing I've had to do," David says, and that includes his time working in children's palliative care.

For many staff like David, their jobs in the NHS were exhausting but rewarding. However, when the pandemic hit the UK in 2020, they found themselves under a level of strain and stress they had never seen before. In June, the Health and Social Care Committee published a report that said staff shortages were the biggest single factor in burnout, with Covid having a "big impact" on a system that was already weak. The committee chair and former secretary of state for health Jeremy Hunt warned of an "extraordinarily dangerous risk" to both health and social care services as a result.

"The emotional strain on doctors was significant. That increased as time goes by," says David Wrigley, a GP in North Lancashire and the well-being lead for the British Medical Association (BMA). On top of concerns about patients, doctors were worried about their own health, he explains, particularly at the start of the pandemic when PPE was in short supply. "It was always on our minds that we might pass this [virus] on to our loved ones," Wrigley continues. All of these emotional strains compounded each other. "This burden is increasing and it's a real concern for us," he adds.

According to the BMA's most recent survey, 57 per cent of doctors were living with one or more conditions including depression, anxiety, stress, burnout, emotional distress or another mental health condition as a result of work. The BMA offers telephone and face-to-face counselling and support to all doctors and has opened it up to family members too. There is also a peer-to-peer helpline. In July 2021 it was three times busier than for the same period in 2019.

"Nursing is a career that has a lot of emotional labour attached to it," says Patricia Marquis, director for England for the Royal College of Nursing (RCN). She says it was not unusual for staff to experience "highs and lows" in the course of their day-to-day job in normal times. However, even before the pandemic there were around 40,000 vacancies for nurses in England, according to the RCN. The stress on staff from Covid-19 had a significant impact on nurses as a result. "People are still trying to do a good job, but working in increasingly difficult circumstances, and the impact of that on their mental health has been quite marked," Marquis says. While staff were able to pull together in a "Dunkirk spirit" effort at the start of the pandemic, the sickness rates from burnout, stress and exhaustion began to rise the longer it went on, she explains.

Burnout and exhaustion are endemic across all staff, says Unison's head of health

57%
of doctors are living with a mental health condition as a result of work

26%
of doctors say they are "more likely" to take a career break or retire in the next year

"It does seem endemic across all staff groups," says Sara Gorton, head of health at Unison, the UK's largest union. Less visible staff, such as porters, caterers and cleaners, can be contracted out to private companies and that means a wide variation in terms and conditions for things such as sick pay. "The hangover from the pandemic will be longer and deeper for those staff," Gorton says. Porters, caterers and cleaners are also more likely to be from a black and Asian background, something that was highlighted by the disproportionate impact of Covid-19 on those groups.

Unison was able to strike a deal with NHS employers where directly employed staff would not lose pay when they were sick or isolating, Gorton

JEFF J MITCHELL / GETTY IMAGES

explains. However, this was not the case for staff who were contracted out to private companies. She would like to see better pay and remuneration for both directly employed and contracted-out staff, for outsourced staff to be brought back into the NHS, and to ensure safe workloads as the NHS deals with the backlog in care.

Rachel Gemine is the grant and innovation manager at Hywel Dda University Health Board in Wales. It became clear early on that staff were under "enormous pressure" she says and there were concerns about what would happen if they continued to work at that pace. The team decided to survey staff to see how they were feeling and what they were experiencing. The aim was to find out what the factors were for staff burnout and how to prevent it. The research showed there were three main predictors of burnout: working in a Covid-19 role, having concerns about PPE, and not taking proper, restful breaks.

These were all areas employers could do something about. With breaks, Germine explains, hospitals can work with line managers to ensure staff take time out: "If you're in a workplace and you see the sister doesn't take a break, or the consultants aren't taking a break, then other people think 'oh, I can't take a break'."

The PPE situation in Wales was actually okay, Germine continues; it was more the perception of a shortage and concern for colleagues that was causing a lot of stress, so making sure staff knew what was happening was vital. Similarly, with working on Covid, they found out through survey comments that staff wanted to be involved in how their roles were changed and have some choice. "Back at the beginning, people were unsure what was happening; they didn't know if they were being redeployed," Germine says.

"It is mind-blowing what staff have been through and how they still have to carry on and dust themselves down and do it all again," says Andrea Bradley, a nurse of 30 years who works for NHS Wales on staff resilience and recovery. During the first wave she set up a Covid admissions ward before moving into her current role.

Her team started putting together days for nurses that gave them a break from front-line practice to reflect on their experiences and give them space to think about their well-being and resilience. One of the organisations that came in to deliver sessions with the nurses was Performing Medicine, which provides arts-based training and courses.

"I was absolutely blown away by the way they interacted with me, how they made me reflect and supported me," says Bradley. The days were a big success with the nurses that attended. "They felt cared for, supported, understood and given the permission to reflect and realise they had been through so much." However, the next two resilience days have been cancelled because the pressure on hospitals means they are not willing to release staff to come to the events. "That's hard," Bradley says. "To think they desperately need the support and we can't give it to them."

Wrigley says that due to the past 18 months "we are seeing such a record backlog in care – huge waiting lists". This just "compounds matters", he adds, and as a result "the strain will continue". So even if the threat from the pandemic recedes the pressure on staff will be there for years to come.

"There's no simple solution," says Marquis, who wants the public and politicians to recognise the scale of the pressures on staff. She wants to see a "realistic" discussion about what is possible in terms of returning to a more normal situation post-pandemic and reducing the backlog in care without putting even greater pressure on the NHS. Pay and support for student nurses through restoring the nursing bursary would also make a big difference in ensuring people continue to join and stay in the profession, she says.

"I love the NHS and I love what it can do for people," David, the paediatric nurse, says. But he wants to see it change and is thinking about what else he could do having put 12 years into getting to where he is now. Previously, David could never have imagined doing anything else, but he feels differently now. "If I could leave, I would," he says. ●

"We are seeing such a record backlog in care – huge waiting lists"

Advertorial

A healthy conversation, a healthy career

The pandemic has shown us the value of well-communicated science, and it is creating career opportunities

By Charlie Buckwell

In association with IPG HEALTH

When we put our health into the hands of healthcare professionals we want to be confident in their skills, knowledge and training being right up-to-date. The new research and scientific discoveries of today will soon find their way into clinical use. But how effectively that happens is dependent on getting the right information to the right people at the right time, in ways that are highly personal and culturally relevant. This is where expertise in health communications comes in.

Home to the McCann Health and FCB Health agencies, IPG Health is a collective of the world's best healthcare communication agencies. The network is comprised of 5,000-plus health communication professionals across six continents and expert disciplines.

One such discipline within IPG Health is the important field of medical communications, which includes over 750 experts in our team. The role of medical communications is to help translate complex scientific information, data and evidence into communication programmes. These need to be deeply founded in the science, meaningful to the audience, and must facilitate scientific exchange across healthcare professionals. These programmes clearly need to be engaging, interesting, and support development of medical understanding. We do this important work for a diverse client base that includes the world's best and most innovative pharmaceutical and biotech companies, all at the forefront of science and health.

Medical practice though is a complex system of human interaction, healthcare infrastructure, belief systems and rapidly evolving evidence, all of which affect how the science translates to everyday clinical practice. Part of our mission is to close the gap between science and practice, and support healthcare professionals in clinical and research settings by ensuring they have the most up-to-date and accurate information, to help healthcare professionals be ready to fight disease with the best medicines and tools available. This in turn improves life for people, making medical communications a fascinating and highly rewarding sector to work in.

The Covid-19 pandemic has shone a light on clinical development, how clinical trials work, and how scientific evidence is derived, analysed,

Healthcare professionals and patients can work better together

communicated and how it then influences decision-making and clinical practice. It has elevated the importance and profile of medical science. There is an appetite for better health communication, and the volume and speed of information is accelerating, as is the expectation of when information will be available.

In this context, the discipline of medical communications is rapidly evolving and adapting, and is becoming increasingly important. The switch to virtual events and, going forward, hybrid events, including scientific congresses, is opening up more possibilities for patient and public involvement, so people have the chance to better understand the science, be included in the process, and put forward their voice in the development of new treatments. We believe that people have a right to understand their disease, and democratisation of health knowledge is an inclusive force for good.

This will continue to evolve into hyper-personalised engagement that adapts in real time to how individuals want to take on board new scientific and medical information. The shift from simply providing information to creating experiential personalised learning is an exciting innovation that will also help cut through information overload and help support more learning in less time.

People in medical communications are passionate about making a positive difference in health. Not everybody can be a doctor, or another healthcare professional. Nor does everyone want to be. But in this field people can utilise their diverse backgrounds, knowledge and skills to make a difference.

These skills include scientific knowledge and expertise, and we have a large world-class team of highly qualified scientific experts. But in addition, medical communications provides opportunities for account managers, project managers, digital experts, creatives and designers, and HR, finance and IT professionals and many others. While many people are unfamiliar with medical communications as a career, it is a rapidly evolving and growing sector with diverse career options.

Medical communications is currently in such demand that we have a shortage of people at all levels, making this a very attractive choice for new people coming into the sector from scientific and non-scientific backgrounds.

We provide well-structured, extensive onboarding and ongoing learning and development for people coming into medical communications. Our career management programme enables people to develop their expertise and leadership skills. Medical communications is a rewarding, innovative and dynamic team environment where people can really have an impact.

Our clients are engaging us in increasingly strategic, long-term planning requiring insight into future developments in medicine. Our people are increasingly involved in considering what kind of new treatments need to be developed in the coming years to meet future medical need and ensure a compelling clinical proposition.

Medical communications is a rewarding career, which helps to ensure new scientific information gets to the people who need it most, and provides the opportunity to make a real impact to the health of our community. ●

Charlie Buckwell is chief medical communications officer at IPG Health

SHUTTERSTOCK / DRAZEN ZIGIC

Should you bet on a future without the NHS?

By Will Dunn

Last week, the Duke and Duchess of Sussex announced their latest commercial partnership, as investors and "impact partners" in Ethic, an asset manager that helps investors create portfolios that align with changes they want to see in society, such as action on the climate crisis, anti-racism or gender equality. ESG (environmental, social and governance) investing is a huge and fast-growing business: last year, investors poured more than $51bn into ESG funds, more than doubling the previous year's total.

Ethic's reason for hiring Harry and Meghan is clear: as two of the most recognisable millennials in the world, they will encourage younger people towards ESG investing in a way that few others could. As Harry put it: "The younger generation [is] voting with their dollars and pounds." And ESG investing is rational for young people: if you're 25, buying a fossil fuel company's stock is an investment in a more dangerous future.

Then again, for the average person, perhaps the more rational course is to campaign, vote and act for the future you want, but invest for the future you worry about. I think the NHS is a good example. Many young people will be fortunate enough not to need the NHS until much later in life. But do you think it's going to be free at the point of use by then? Or will you need health insurance – and if so, when should you buy it?

Five years ago, the writer Paulette Perhach popularised the idea of a "f*** off fund": a savings account in which people – especially young women – should build up the financial power to be able to tell an abusive partner or a lecherous boss to do just that. It's a pessimistic way to invest, but pessimism can be useful.

Looked at this way around, perhaps the most rational investment strategy for someone who's now 25 is to bet that the NHS will be a paid-for service by the time they're 65. Use your healthy years to buy shares in the companies that have the most to gain (private care providers, technology suppliers, pharmaceutical companies) and if it goes that way, their value will rise and your private healthcare fund will be worth more. In the alternate scenario, your fund might not be worth as much – but you won't have to pay for your hip replacement, so you'll have a top-up for your pension.

So, what's more honest: a pair of multimillionaires telling young people that their meagre savings can somehow change the world when introduced to financial markets, or a bet that in the decades to come, healthcare won't come cheap? ●

Will Dunn is business editor of the New Statesman

SHUTTERSTOCK / BRO CROCK

THE NEW STATESMAN

Spotlight

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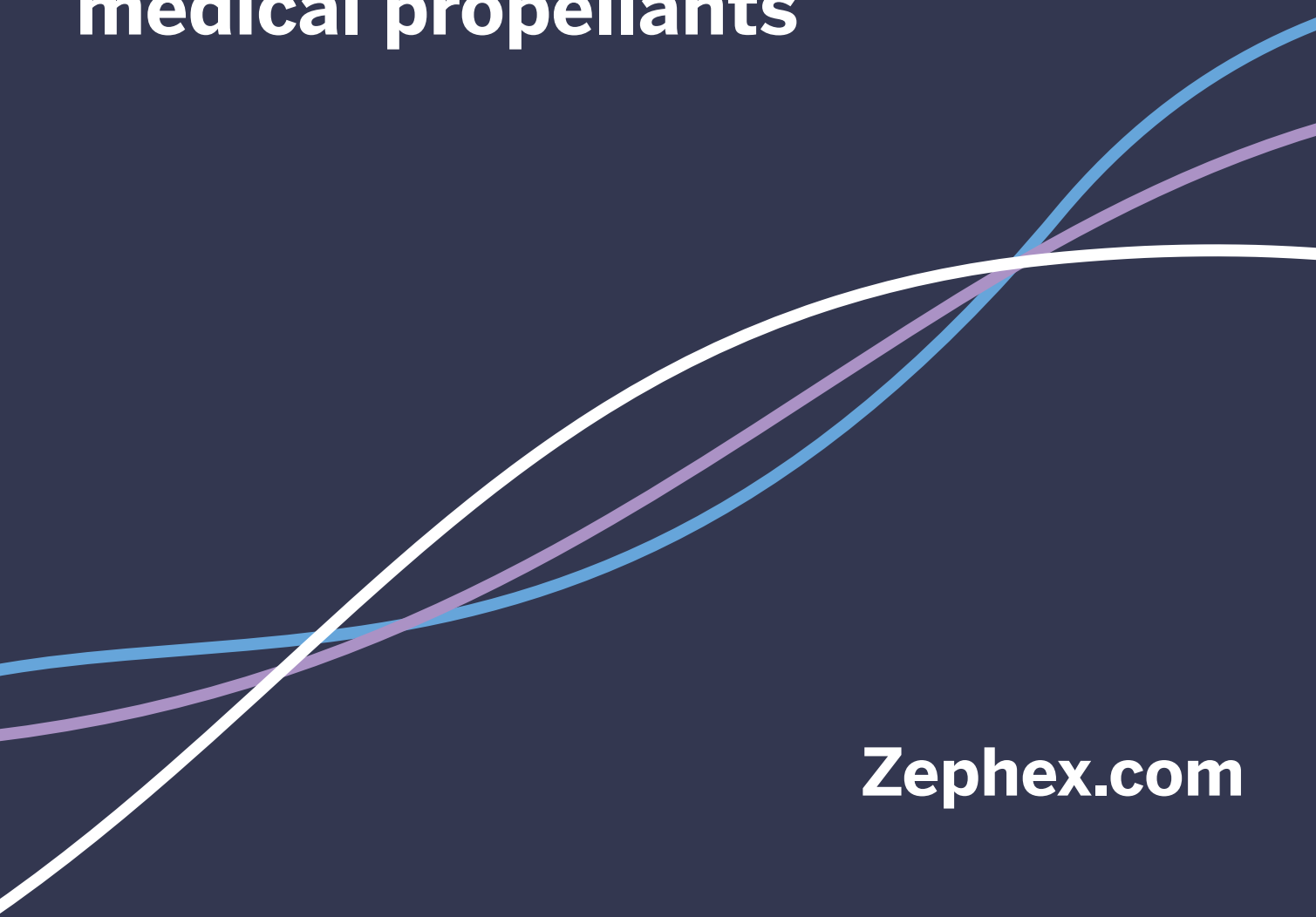

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