



## The Promise of a New NHS Under the Long Term Plan 2020-2030 – A Medical Student’s Perspective

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The UK is in a state of change, from the political scene, to the climate crisis, to the technological revolution. These factors will not only change the world that we live in, but also our healthcare system. We are on the cusp of a new era for the NHS, and as a medical student, this novel NHS will be the one that I will work in. Naturally, this makes me wonder what this new NHS will look like, and what these changes will mean for medical students.

Earlier this year the NHS published their long-term plan, which lays out the key ambitions for the service over the next ten years. The demographics of the UK is changing, and this plan aims to help the NHS evolve into one that is suited for this growing and ageing population. The proposal sets out several funding targets and ambitions, but as a future doctor, the aims that stand out most to me are the clinical ones. The proposal focusses heavily on practicing preventative medicine, with the aim to reduce the burden of hospital admissions through implementation of public health initiatives and improving social and community care. One major public health initiative is to reduce the number of smokers. Although smoking rates have decreased significantly over the past few decades, around 6.1 million people in England still smoke, and smoking accounts for more years of life lost than any other modifiable risk factor <sup>1</sup>. Furthermore, smoking is linked to around half a million hospital admissions each year, and smokers see their GP over a third more often than non-smokers <sup>2</sup>.

In order to reduce this burden and improve public health, the NHS plans to implement a new model where all smokers admitted to hospital will be offered NHS-funded smoking cessation services. A similar model was successful in Canada and was shown to improve long-term quit rates by 11% <sup>3</sup>. This is a great idea, and as a student in my first year of clinical training, now is the best time to learn new protocols, whilst I navigate new challenges such as how to take a history and deliver care. Learning about how the long-term plan will affect clinical practice is crucial for current medical students, as we are the ones who will be carrying out the new changes.

Another aim in the long-term plan is to improve primary and community health services. Having just returned from my General Practice clinical attachment, I have witnessed first-hand the importance of primary care in tackling long-term conditions and treating patients in a holistic manner. Improving communication between primary, community and hospital care instead of considering each encounter with a health service as an isolated event will be



important in doing this. In my placement, I witnessed the workings of a truly multidisciplinary team, including GPs, nurses, pharmacists, social prescribers, psychologists, physiotherapists and managers. This team connected with the community and catered to their specific needs. Perhaps the future of the NHS will be a place in which more medical students are encouraged to become GPs, as the focus of medicine shifts into the community.

Currently, healthcare is being transformed at warp speed due to advances in several technological fields, such as genetic engineering, regenerative medicine, artificial intelligence and nanotechnology, to name a few. This era marks the beginning of a Fourth Industrial Revolution which has the potential to fundamentally change the way we receive and practice healthcare. One might assume that the development of advanced, specialised and high-tech medicine will counteract the NHS's planned shift in focus towards community-based care. However, I believe that certain technologies will actually aid this sector immensely.

For example, medical devices, implants and even smartphones can collect data such as blood pressure and glucose level that can be analysed and communicated in real time to healthcare professionals. These can be used as aids in clinical decision-making and management of patients. The use of telemedicine has the potential to revolutionise the way healthcare services are delivered. This could reduce the burden of waiting and travelling to hospitals, especially for patients with chronic pain, poor mobility or those living in isolated areas.

For the ageing population, virtual home assistance will connect patients to healthcare professionals and family members. This not only will aid in medication adherence and care coordination but also help to reduce loneliness. The long-term plan also acknowledges the impact that technological advancements will have on the NHS, on everything from diagnosing diseases to delivering care via artificial intelligence. My generation of medical students have grown up in an age where technological literacy is a life-skill. This makes us the ideal candidates to take the NHS forward in this technological era.

Although this future of the NHS seems very exciting, there are still several issues which need to be addressed in the coming years. As a second generation Indian, I am concerned about how factors other than my dedication, hard work and academic ability (i.e. the colour of my skin) may affect my education and future career as a doctor. The culture of blame in the NHS has risen exponentially, and does little to advance patient safety, instead it ostracises a few and creates a fearful work environment.

Teamwork is vital in the NHS, with everything from training to treatment relying on the seamless cohesion of professionals. However, a report commissioned this year by the GMC showed that Black and Asian minority ethnic (BAME) doctors are often treated as outsiders by colleagues and are consequently not supported. The issue is seen in medical training too, as UK born BAME students do worse in exams compared to white students. In 2017, the pass rate in postgraduate exams was 75% among white students, and 63% among UK BME



students<sup>4</sup>. It seems clear that the key to addressing issues begin in a supportive learning environment that fosters diverse social networks, improves trainee-trainer relationships and encourages open conversations about race as important first steps. Race and cultural isolationism also adversely affects outcomes in patients accessing healthcare services. Organisations such as BAPIO are leading the conversation on discrimination, and this makes me hopeful that the NHS I will work in will be making real steps towards racial equality.

Another issue that the future doctors will have to tackle is the global climate crisis and how it relates to healthcare. The World Health Organisation states climate change as the greatest threat to global health in the 21st century, and it is widely accepted that climate change will have significant consequences for healthcare requirements and provision. I believe that for medical students, awareness and education are essential. Currently, environmental medicine is not part of the core medical curriculum, which is why my peers have set up the Oxford Healthcare and Environment Society. We aim to discuss with the faculty how issues surrounding the climate crisis and health could be incorporated into the syllabus. Since the NHS is the greatest public sector contributor in England to climate change, emitting 20 million tonnes of CO<sub>2</sub> per year, this is a crucial issue<sup>5</sup>.

So, what does the future of the NHS look like? To me, it is one that is technologically savvy, sustainable, just and specialised to serve a changing population. As one of the doctors of tomorrow, the onus is on me to deliver such a service. There are many challenges left to face, but I am excited to enter a world-renowned healthcare service and be a part of its future. It certainly is a brave new world.

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