

The NHS at 70: Dr. Nick van Terheyden reacts

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Our latest NHS 70 series takes the pulse, so to speak, of exactly what some of the leading experts in the field of health and technology really feel about the NHS at 70.

Today we speak to [Dr. Nick van Terheyden](#) from [Incremental Healthcare](#). Dr. Nick is a leader in Digital Healthcare and Innovation, as well as a former Chief Medical Officer for Dell. He provides strategic insights and guidance to support healthcare organisations, medical professionals and patients through information-enabled healthcare.

The crown jewels of British society

“The NHS was the crown jewels of British society, providing healthcare to every member of society no matter who they were, where they came from and what personal resources they had,” says Nick. “It was the great leveler of society creating a single standard of care and service that was accessible to rich, poor and disenfranchised and it was well loved.

To me personally, it was my guide and educator – I was lucky to attend one of the great London medical schools – The Royal Free Hospital School of Medicine. The “Free” hospital was created to treat all comers and was the original medical school (The London School of Medicine for Women) for women created in an era when women were not admitted to British Medical schools.

That hospital and the NHS provided me with a first-class medical school education, access to ground breaking research that included the early work and discoveries around HIV/AIDS, Hemophilia, liver disorders and beyond.

We need a Wellcare system not Healthcare

“The staff in every department were friends, colleagues and members of a community that were family and all pulled in the same direction – that of the patient. I spent time working in different areas during my time, staffing the manual telephone switchboard, helping the porters and security staff, nurses, technologists and maintenance and quickly realised the well-oiled NHS machine demanded a family of committed people to make it work and deliver outstanding care each and every day.

In terms of things that I would want to change? I think we need much more of a focus on the social determinants of health. As we know today, and probably knew 70 years ago and before, healthcare is as much about our environment and resources as it is about medical treatments,

technology and innovation. We know that 60-80% of health is attributable to lifestyle but fail to take account of this in the NHS and in the majority of health systems from around the world.

“The system spends large sums of money providing medications to the population but fails to take account of the most basic needs of the population and acknowledge that food is also a drug. What we put into our bodies contributes to our health and well-being. Failing to acknowledge and manage these elements of health with sleep as the foundation and exercise and nutrition built on top has created a system that treats the results of these issues, rather than the underlying causes, at great financial and personal patient cost. Investing in the prevention would create a WellCare system and not the Healthcare System that the NHS is.”

Manage and Allocate the Limited Resources with Transparency

“It’s an unpleasant fact that few want to address or even acknowledge but the reality of treating people is that in this day and age of innovation, scientific progress and developments we could spend every last penny on treating patients. There is an unlimited supply of possible treatments and a never-ending procession of people needing those treatments. But not all treatments are created equally – some don’t work, some are harmful and in the cases of those that do work there is wide disparity in the effectiveness and cost.

Any healthcare system needs a means of assessing the effectiveness of treatments that includes the financial and resource cost linked to the improvements. The problem with a “free” (the NHS is not free – it is simply free at the point of care, paid for through taxation of the individuals) is the inducement of un-economic behavior by individuals looking for every last treatment option no matter the cost or effectiveness. That path is unsustainable and breaks the system and ultimately harms patients.

Enable Informed Decision Making for Everyone

“Doctors Die Differently and do so because they understand the economic and personal tradeoffs between treatments and quality of life. In the data presented from the Johns Hopkins Study of a Lifetime we see a big discrepancy in treatment choices between doctors and everyone else.

We make our choices in the context of the knowledge of effectiveness weighed against the personal cost of treatments and quality of life impact. An open and honest assessment of treatments that are clinically effective would level the disparity in treatment choices selected by patients.

As a society we struggle to discuss end-of-life but it is a reality that everyone faces and we must find ways to educate and support people through all aspects of life and death.”

Technology and innovation is essential to the future of the NHS

“The future of a scalable meritocratic system accessible to all that does not bankrupt society will be dependent on technology and innovation. Humans remain the core constituents of any compassionate caring system and technology is a supporting player. But as Michael Dell put

it: “Technology has always been about enabling human potential”.

Technology does not replace the human beings or interaction but rather augments it in ways that extend our capabilities and improves the accessibility and economics. It is an impossible task for humans to process the amount of data currently being generated about our patients, the knowledge derived from research and advances in science and put it into the context of treatments at the point of care when it is needed most.

We have expanded beyond the human brain’s capacity to absorb, process and apply the knowledge and must rely on technology to augment the brains abilities and place information into the context of the individual patient and the care choices available.”

Selecting the innovations that deliver the most value

“Innovation impacts each and every area of the NHS and will continue to do so but the challenge will be to select the innovations that deliver the most value to the largest number of people based on scientific peer reviews.

Innovation is not confined to the clinical treatment but extends to every element of the NHS system and the delivery of wellness care. It is changing the design of facilities to include features that improve care and outcomes – for example adding natural light and open spaces.

Innovation is allowing patients the option to access their care team at any time and from any location – for example bringing the care team to the patient as we used to do with home visits but now using technology to extend the reach and scalability.

Innovation is building rooms and beds that can be efficiently and effectively cleaned between visits while maintaining comfort and welcoming surroundings. It is using available data to predict potential health issues before they occur and reaching out to patients helping guide them to better healthier choices and wellness. Innovation is allowing parents to stay with their child in the hospital when they are sick and in need of care in comfortable and caring surroundings.

Innovation is offering dignity and compassion to those facing death and offering realistic options for no treatment and hospice care.”

What can Britain and the NHS learn from the rest of the world?

“Over 700 years ago, China had village doctors who were paid by the villagers when they were well but received no money when the patients were sick. This is the principle of wellness over sickness care. In Norway, they have a wide and uniform implementation of a digital health record that is accessible to everyone that needs it including the patient – tied together with a unique patient identifier designed for that purpose. One Citizen, one record.

The European Union allows citizens to cross borders and different health systems but to receive urgent care while traveling and administers the cross-country charges, managing fees and removing the patient from worrying about payments while they are sick and abroad.

Look also to Africa and the innovation that takes place on a continent with access to far fewer resources and technology to see what's possible with the existing technology. Small incremental steps in using technology to boost healthcare services such as text messaging have been wildly successful and yet remain simple, easy to implement and understand and accessible through all social groups in society.

In Rwanda, they have integrated drone delivery for hard-to-reach locations, offering lifesaving support that was previously almost impossible. Expect to see more of this and bi-directional capabilities for resources, tests and samples as well as lifesaving treatments.

Finally, in Korea, they have a culture of celebrating aging and the elderly that includes dignity in end of life and the inclusion of everyone in the family and their health. Korean culture sees the 60th and 70th birthday as a big family affair and the inclusion and the universal expectation that roles reverse once parents age, and that it is an adult child's honorable duty to care for his or her parents' health."



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