



VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Top healthcare words of 2018

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The *Collins English Dictionary*'s top 10 words of 2018¹ included “plogging” (picking up litter while jogging), “VAR” (video assistant referee), and “floss” (a new dance craze). So, as *The BMJ* heads to the New Year, here's my personal list of the top words of 2018 for UK health services. I've doubtless missed some, so please do post rapid responses or tweet your own suggestions.

Plan

It's been good to see, for the first time in the NHS's history, a draft workforce plan (technically, a “strategy”)—from Health Education England.² It has its imperfections, but at least it's a plan. And we're eagerly expecting the launch of NHS England's 10 year plan for the health service.³ Again, not everyone will be happy with its details, but a shift towards medium term plans beats short term, politically driven cycles. It's a start.

Workforce

To my mind,⁴ and that of major healthcare think tanks,⁵ the problems facing the healthcare workforce are the single biggest threat to sustainability of health services. One in 11 medical posts is unfilled, as is one in nine nursing posts.⁶ Services face attrition from training posts among junior doctors and crises in primary care, community care, and busy acute specialties. In a survey NHS senior managers recognised workforce gaps as their biggest challenge.⁷ And NHS Providers⁸ has set out some urgent solutions. My campaigning slogan for 2019 should be: “It's not a plan without a workforce plan.”

Person centred

Person centred care has remained a prominent theme for the NHS in 2018. “Multimorbidity” and “frailty” feature prominently in discussions as healthcare becomes increasingly about people who have many problems at the same time rather than just one disease. Yet the experiences of patients and families show that delivering person centred care is still far from the norm.⁹ Despite a culture in social care that has long valued personalisation, severe cuts to social care funding and provision mean that people with needs—and, crucially, their carers—are

increasingly denied support.¹⁰⁻¹² Person centred care is a key plan of NHS England's 10 year plan, and a social care green paper is in preparation. I'm hoping that they contain some good news.

My campaigning slogan for 2019 should be: ‘It's not a plan without a workforce plan’

AI

This year Matt Hancock, England's health secretary, threw his enthusiasm behind the push towards digital technology and artificial intelligence (AI).¹³ AI featured in Hancock's recent vision for prevention,¹⁴ as well as in the Department of Health and Social Care's digital vision for healthcare and NHS England's digital strategy.^{15 16} I'd say that it's too early to predict how transformative technology will be, whether it's AI, precision medicine, electronic health records, or technology enabled care. And independent empirical evidence about its adoption and impact is way behind the euphoric speculation.¹⁷

Winter

“Winter” and “winter pressures” continue to star in discussions of demands on urgent care systems, although “year round” is appearing more often than before as we realise that winter pressures aren't just for Christmas. And “waits” or “delays” go hand in hand with this: in emergency departments, in elective operations or procedures, or when leaving hospital and requiring community services.

We have national good practice guidance, exhortations, and performance management support from national NHS leadership.¹⁸ But underlying structural problems around low hospital bed capacity, under-resourced primary and community services, rising demand, and public attraction to acute care solutions will take years to solve. Any care systems that manage even to slow the growth in admission or attendance rates or in delayed transfers out of hospital are doing well.

And the number one is . . .

For *Collins* the top word of the year was “single use.” I was tempted to pick “record injection”—as in, of money—often used by ministers to describe the additional £20.5bn promised for the NHS through to 2023-24. This sum is welcome, but independent expert commentators make clear that it's barely enough to sustain current performance levels, let alone bring transformation.^{19 20}

But there can be only one winner and, sadly, it would also have been top in 2016 and 2017: “Brexit.” Until that issue is resolved the entire machinery of government will be preoccupied by it—and, once it's done, its impact on the NHS and biomedical research will be profound. As for a Brexit “plan,” we still don't have one.

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