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A new leader for the NHS in its summer of discontent

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Amanda Pritchard is the new chief executive officer of NHS England and the first woman to lead the organisation (doi:10.1136/bmj.n1930),¹ joining female health service chief executives in Northern Ireland and Scotland. Pritchard is an experienced NHS senior manager, a success story of the NHS graduate training scheme, and an admirer of Elizabeth I, the last Tudor monarch, whom she describes as a “strong leader in a male world” (<https://www.thetimes.co.uk/article/amanda-pritchard-the-new-nhs-chief-my-hero-elizabeth-i-a-strong-leader-in-a-male-world-hq2gifs7f>).² Considering some of the more political alternatives that were discussed, Pritchard’s appointment is being welcomed, albeit with an eye on how much “autonomy she is afforded” (doi:10.1136/bmj.n1916).³

The NHS was recently awarded the George Cross, the UK’s highest civilian gallantry award, for 73 years of “dedicated service” and for the “courageous efforts” of health professionals during the covid-19 pandemic (doi:10.1136/bmj.n1917).⁴ A new review by the Royal College of Physicians judged hospitals’ care of patients with covid to be excellent, good, or adequate in 96.5% of cases (doi:10.1136/bmj.n1935).⁵

Yet the health service remains under a degree of strain perhaps not seen since its inception in 1948 (doi:10.1136/bmj.n1917).⁴ Primary care is “running on empty” through unseasonal demand and workforce shortages (doi:10.1136/bmj.n1915; doi:10.1136/bmj.n1913).^{6,7} The mandatory vaccination of staff in social care is leading to debate about its value and concerns about staff leaving (doi:10.1136/bmj.n1903; doi:10.1136/bmj.n1921; doi:10.1136/bmj.n1902).^{8–10} Socioeconomic impacts on life expectancy, in this case with evidence of poor outcomes in white people (doi:10.1136/bmj.n1886),¹¹ a growing burden of long term conditions such as diabetes, depression, and dementia (doi:10.1136/bmj.n1651; doi:10.1136/bmj.n1449; doi:10.1136/bmj.n1661; doi:10.1136/bmj.n1779),^{12–15} and later years of life marked by worsening mobility (doi:10.1136/bmj.n1743),¹⁶ underline the importance of the NHS being more than a hospital service.

The “new normal” depends on innovation, such as use of teleconsultations and virtual team meetings in cardiovascular services, and better integration between primary, secondary, and social care (doi:10.1136/bmj.n1861).¹⁷ But innovation, a prominent feature of Pritchard’s statement of intent (<https://twitter.com/AKPritchard2/status/1422239492359041024>),¹⁸ is no panacea and can become a front for cost cutting and morale sapping efficiency drives. Since Pritchard’s ambition is to promote workforce health and wellbeing, innovative ways for staff to support colleagues are indeed welcome (doi:10.1136/bmj.n1812).¹⁹

Innovation also sometimes comes with a red flag, such as in drug regulation. Almost half the drugs approved by the US Food and Drug Administration’s accelerated pathway have not been shown to be clinically effective (doi:10.1136/bmj.n1898).²⁰ Now the UK’s medicines regulator, the Medicines and Healthcare Products Regulatory Agency, is promising faster, more innovative approval processes despite a 20% staff cut forced by the loss of EU budgets (doi:10.1136/bmj.n1918).²¹ It’s unclear how job losses square with demands for better regulation of devices, where patients struggle to have their concerns taken seriously.²² By contrast, the weighting of qualitative patient experience in the revised guidance from the National Institute for Health and Care Excellence on chronic fatigue syndrome has led to controversy (doi:10.1136/bmj.n1937).²³ Three members of NICE’s guidelines panel have resigned, although the reasons for the resignations have not been disclosed.

Into this summer of our discontent enter Marcus Rashford, professional footballer and social activist. In an open letter in *The BMJ* Rashford urges health professionals to help tackle child food poverty by encouraging sign-ups to the government’s Healthy Start scheme (<https://blogs.bmj.com/bmj/2021/08/04/marcus-rashford-every-child-deserves-the-best-chance-in-life-here-is-how-health-professionals-can-help>).²⁴ More broadly, a radical change from government is needed to kickstart a national food strategy (doi:10.1136/bmj.n1865).²⁵ And here is where Pritchard’s dilemma lies: when caught—as any modern chief executive might find themselves—between government and a professional footballer, the de facto voice of the people, which side do you take if you are a “strong leader in a male world”?

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