Hope for the Future

Promoting a Vision of Health Professionals' Education Based on Disease Prevention and Health Creation

Written by The Future Generation
of The Health Service

Rethinking Health
Hope for the Future

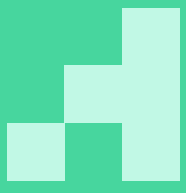
About Rethinking Health

Rethinking Health provides a platform for independent analysis, research, and commentary focused on developing education of health professionals to improve health care for all.

Its aim is to refocus health care professionals' education to better meet future challenges by championing health creation and disease prevention alongside health services and care.

This campaign is led by the future generation of the health service and is supported by a multidisciplinary strategic advisory board of leading experts in health care.

Errors and omissions remain the responsibility of the authors alone.



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Summary

Momentum is growing with calls for a more preventative health care model. The NHS faces pressures intensifying both the demand and supply side of health care. Issues including retention and recruitment challenges in the health workforce, the growing profile of ill-health with an ageing population, and substandard patient care demonstrate that the unsustainable is not sustained. Visionary thinking and new models of service delivery are now necessary.

Successful and sustainable solutions will require effective mobilisation, adoption, and advocacy from health care professionals, who are still educated and trained under an industrialised model of service delivery. Better education of health care professionals and participation of the future health care workforce is therefore central to a better future of the health service.

Rethinking Health's Hope for the Future campaign is a necessary response to current challenges. Our theory of change is to redefine perceptions of health, reform systems of care, and revitalise health for all. A detailed diagram outlining what we do and who we do it for is provided.

Hope for the Future endorses a refocusing of education to better meet challenges of the future by championing health creation and disease prevention alongside health services and care. Health services are vitally important but social, economic, political and environmental factors have an even greater impact on population health.

A transformative opportunity lies in revising roles of health professionals to also influence, inform, support and facilitate multisectoral inter-collaborative action across civil society to improve all aspects of health and care — to be agents of change addressing the structural forces that disrupt, detract, and deprive populations of their wellbeing. We know prevention is better than the cure. It's time the education of the future health workforce reflects this.

The Case for Change: Disease Prevention and Health Creation

1

Overworked, Overburdened, Overwhelmed: Current Challenges in Health Care

At its inception, the NHS proved visionary. It provided high quality health care for all, servicing the needs of the population. It offered universal access to timely, acute, episodic treatment.

When the NHS was established in 1948, the average life expectancy in England was 66 for men and 70 for women.[1] The most common causes of mortality then—stroke, diphtheria and tuberculosis –are now well-managed by modern medicine.[2] 76 years on, the current landscape of health looks radically different. The average life expectancy in the UK is 82, [3] 19% of the population are 65 years or over, and chronic conditions now dominate much of health care usage and expenditure; including pain management, diabetes, dementia and cancer care. There is a greater need for continuous complex care of comorbidities.

Health care delivery initially designed to meet the challenges of a post-war society is now unable to adapt fast enough to meet the burdens of 21st century health care. The NHS is overworked, overburdened and overwhelmed. Reports show a 12,000 shortage of hospital doctors,[4] 7.6 million patients waiting for elective care,[5] and nearly 40% of junior doctors considering leaving the NHS.[6] The industrialised medical service is failing our patients, who struggle to access quality and timely care; and health workers stressed, despaired and disempowered by unreasonable and unsustainable working conditions.

We are in a polycrisis. Central to this is ineffective service delivery with demand outgrowing capacity. We provide reactionary sick-care more than health care. We admit the sick. We tend to the sick. We care for and heal the sick only to send them back out into the lifestyles, behaviours and environments that caused their sickness in the first place. Our health system is designed to respond to crises, but not developed with a vision of health creation and disease prevention. It’s reactive, fragmented, and cyclical.

Sick-care Vs. Health Care

Opposed to health care, sick-care offers reactionary treatment often prioritising symptomatic relief only. Sick-care works with a biomedical understanding of health and disease, creating a cultural tendency to minimise and isolate the patient experience to biological symptoms. For example, a patient's chest pain is reduced to chronic coronary artery disease. Calcium channel blockers and nitroglycerine are prescribed, the patient is relieved. However, the patient's fear, family's frustration, work conflicts, financial crises and other risk factors affecting the patient's material reality of illness go undiagnosed and unaddressed. The patient's poor psychosocial health can then exacerbate physical symptoms until they require urgent medical care again, establishing avoidable dependency on institutional health care that burdens both the patient and the system.

Health care that values prevention works with the patient to identify, understand and address underlying risk factors of ill-health across the bio-psycho-social dimensions with the goal to establish capacity for health creation. It uses a more holistic language that captures the reality of all the reasons why we may fall ill. Prevalent health conditions like chronic pain, anxiety and depression, type 2 diabetes and COPD are treated with nuance — evidence-based psychosocial interventions are offered alongside necessary pharmaceuticals to establish a long-term sense of resilience and wellbeing for the patient.

Sick-care is Unsustainable: Why Change in our Health Care Model is Necessary

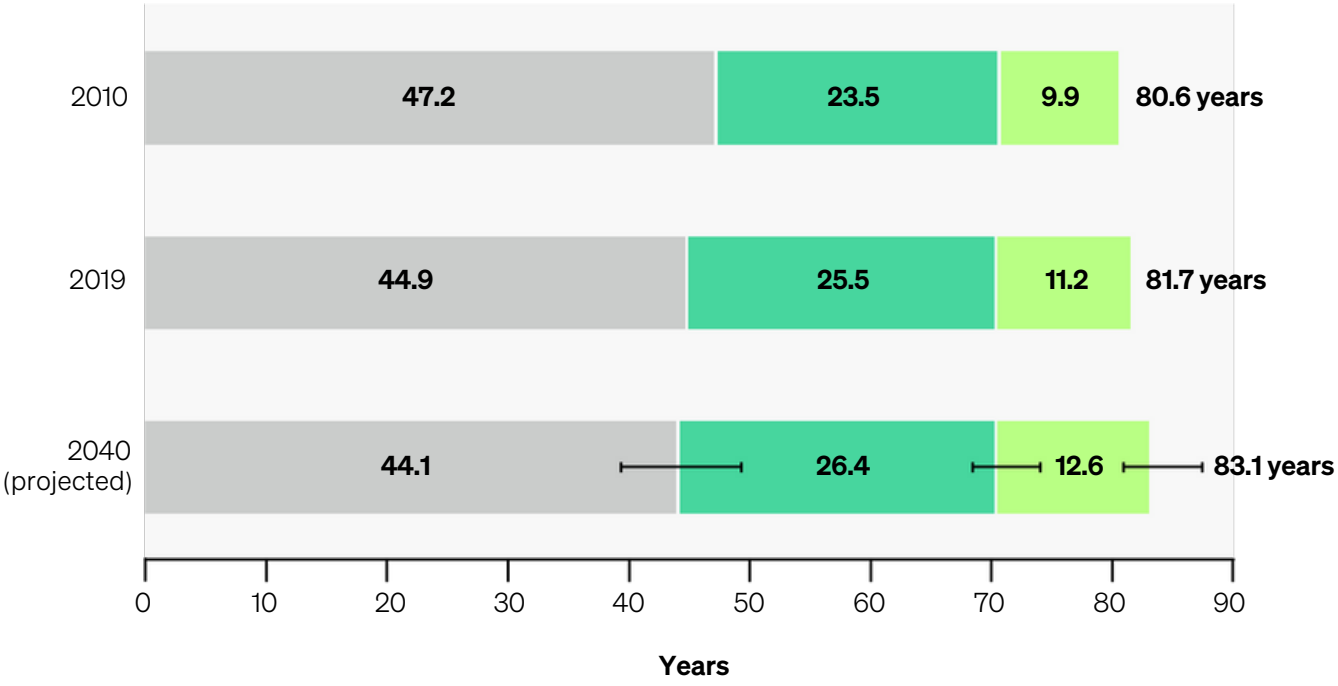
Current challenges and future projections demonstrate a necessary change in the way we deliver health care. By 2030, 1 in 6 people will be aged 60 years or over.[7] As current and future populations live longer and the burden of chronic conditions gets heavier, continuing to only provide acute reactionary care will become more unsustainable. Increase in future demand of health services and care will only further exacerbate the demand-capacity disparity we are currently unable to deal with appropriately.

Future health care delivery will need to relieve unnecessary system burdens, rebuild sufficient capacity and resolve institutional dependency without abandoning patient care.

The following challenges demonstrate why expanding the current industrialised medical model is not a tenable solution and why wider change in our health care model is necessary.

Increase in Life Expectancy, Increase in Illness, Increase in Health Care Demand

Figure 1: Average years of life people spend in different states of ill health, England, 2010, 2019 and projected for 2040. Adapted from the Health Foundation "Health in 2040: Projected Patterns of Illness in England" (2023).[8]



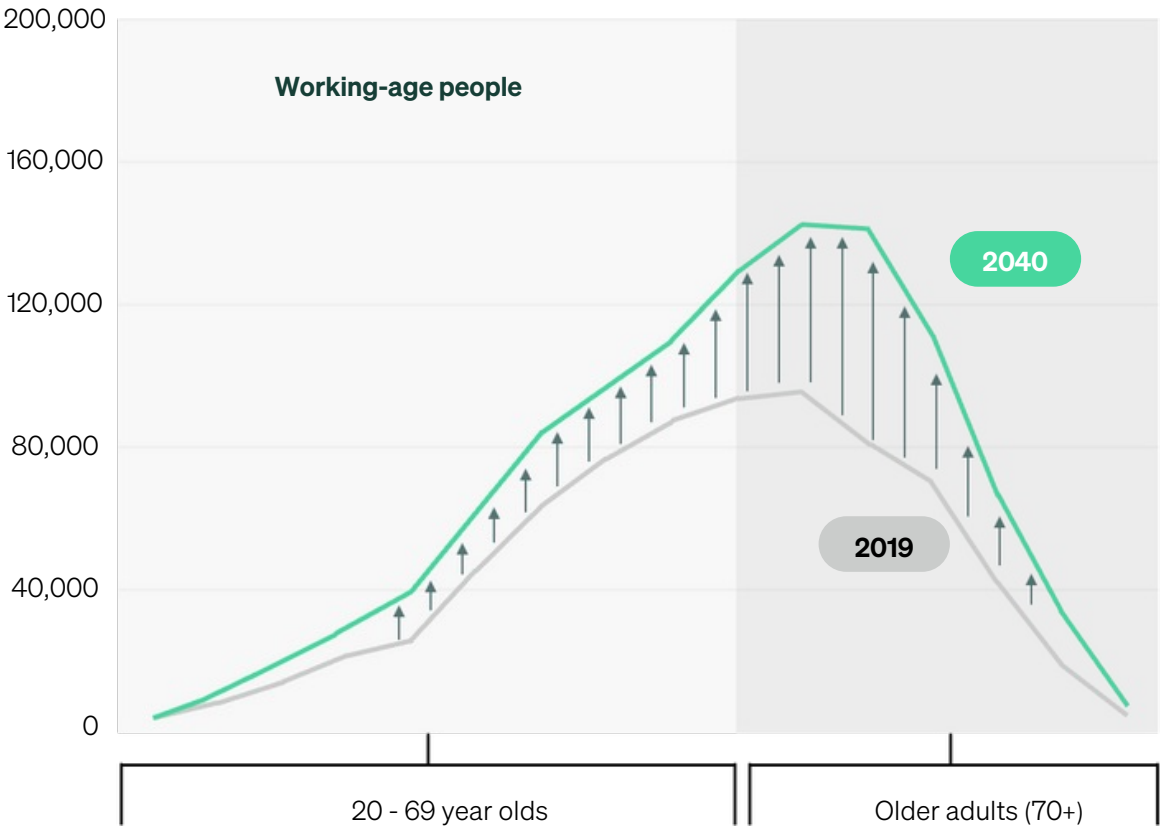
Source: Analysis of linked health care records and mortality data conducted by the REAL Centre and the University of Liverpool.

By 2040 life expectancy is expected to extend further to 83.1 years. The age at which people are expected to be living with major illness is projected to remain constant, and if these trends continue, the amount of time people are projected to live with major illness will increase. Our lifespans are increasing, but our 'healthspans' are decreasing – more people are suffering more diseases in older ages for a longer period of time. The number of people living with major illness is also projected to increase by more than a third, reaching almost 1 in 5 by 2040.[8]

This projected increase of illness, predominantly due to an ageing population, suggests further increase in health care and service demand.

Increase in Illness, Unequal Outcomes, Greater Health Inequality

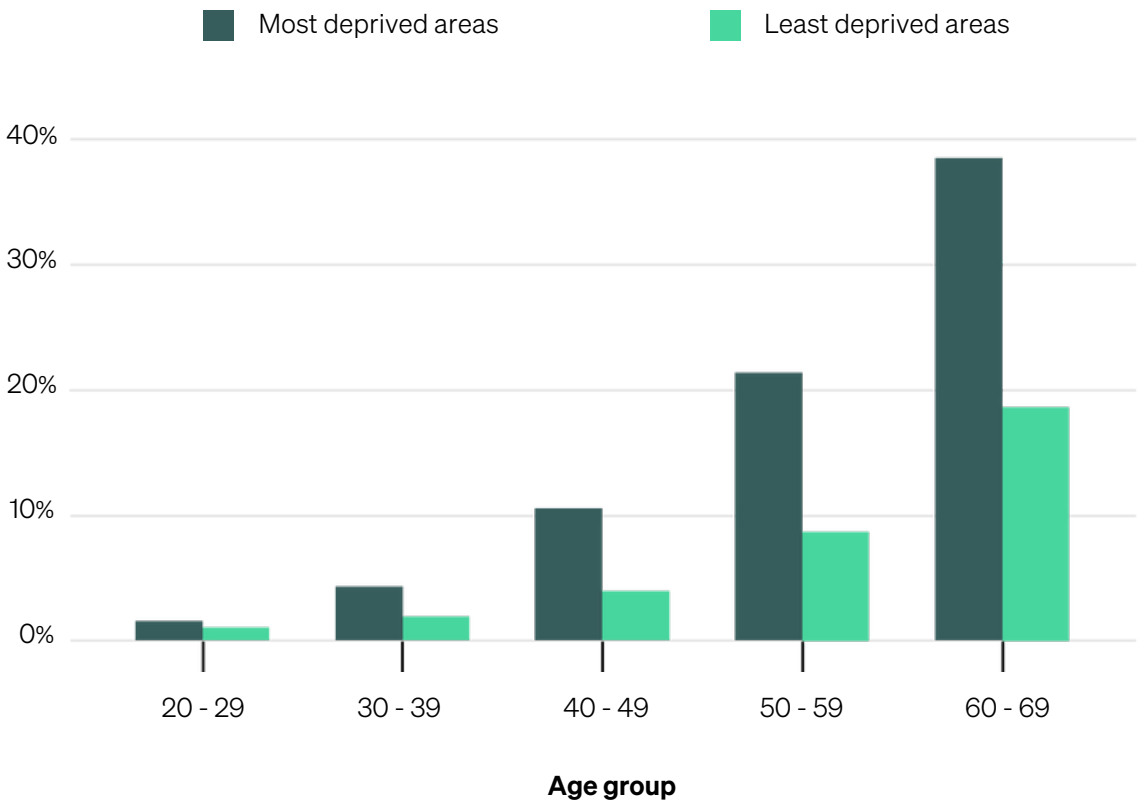
Figure 2: **Overall number of working-age people experiencing major illness to grow to 3.7 million by 2040, with 80% of this increase seen in more deprived 50% of areas. Adapted from the Health Foundation "Health Inequalities in 2040: Current and Projected Patterns of Illness by Deprivation in England" (2024).**[9]



Source: Analysis of linked health care records and mortality data conducted by the REAL Centre and the University of Liverpool.

80% of the projected increase in major illness among working-age people will be in the more deprived 50% of areas. Health inequalities will widen with growing levels of illness across working-age people.[9]

Figure 3: 14.% of people aged 20 - 69 years in the most deprived areas experience major illness, more than double that of least deprived areas (6.3%). Adapted from the Health Foundation "Health Inequalities in 2040: Current and Projected Patterns of Illness by Deprivation in England" (2024).[9]



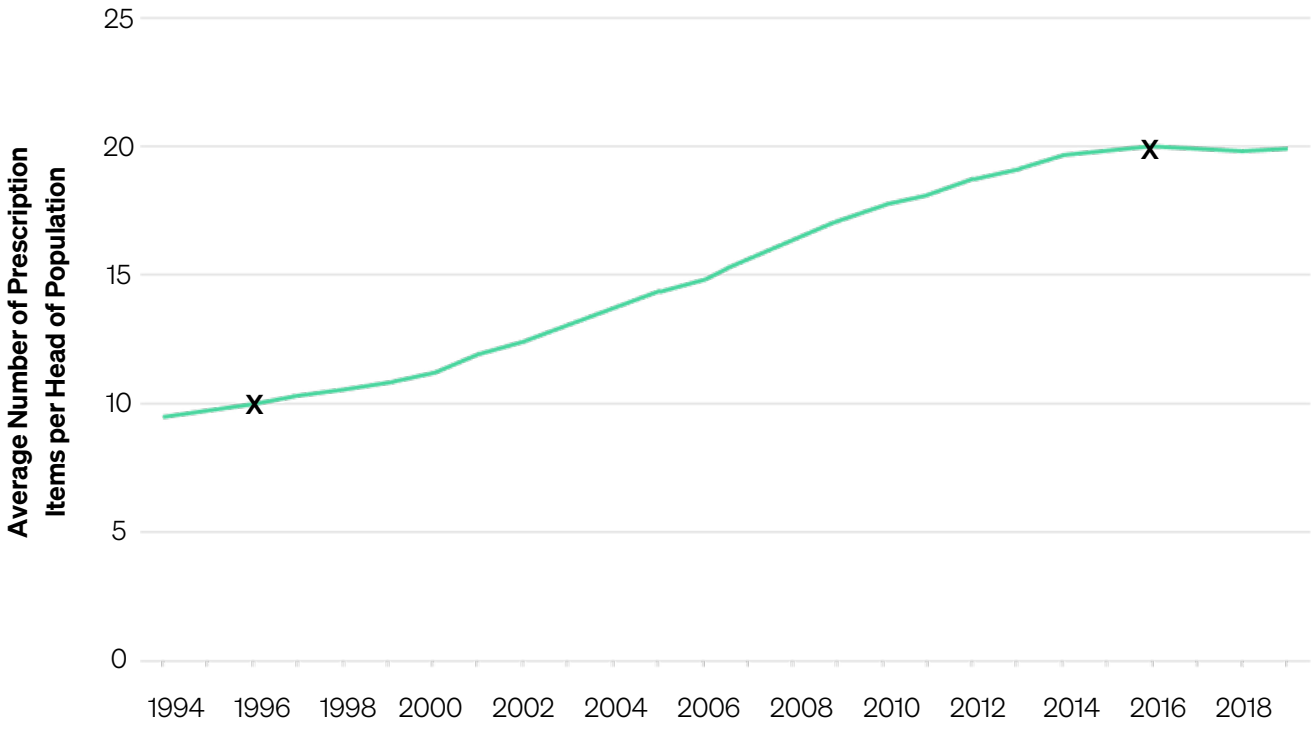
Source: Analysis of linked health care records and mortality data conducted by the REAL Centre and the University of Liverpool.

Across all age groups, people in the most deprived areas experience more major illness than people in the least deprived areas. People in the 10% most deprived areas can expect to develop major illness 10 years earlier than people in the 10% least deprived areas. They are also three times more likely to die before the age of 70 years. As major illness is projected to increase, health inequalities will worsen overall.[9]

Proposals to further industrialise medical care can increase capacity for health service demand but does little to address root causes of illness and improving population wellbeing. Overmedicalisation also presents risk of unnecessary harm to patients and health systems.

Why Medicalisation is Not a Sufficient Strategy to Improve Public Health

Figure 4: The Average Number of Prescription Items per Head of Population by year 1994 - 2019. Adapted from DHSC "Good for you, good for us, good for everybody: A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions" (2021).[10]



Sources: NHS Digital Prescribing in the Community (1994-2017); ePACT2 (2018-2019); ONS Mid-year Population Estimates

The National Overprescribing Review (2021) found that the average number of prescription items per head in England has doubled between 1996 - 2016. The review further reported that:

- 10% of all prescribed medicines are unnecessary
- Prescribing unnecessary medicines costs £2 billion a year to the NHS
- 1 in 5 hospital in-patients are admitted due to adverse drug reactions [10]

Overmedicalisation harms patient health and burdens health care demand and finances - it is not a sufficient strategy to resolve a polycrisis of care. Illness is a medical problem but often requires more than a medical solution.

Caring to Listen: Patient Partnership, Patient Voice & Patient Testimony

Concepts of patient partnership, empowering the patient voice and valuing patient testimony are not new to modern medicine. William Osler told us to 'listen to your patient, he is telling you the diagnosis' (1849 - 1919). However, an overburdened and overwhelmed health system provides little time for careful, kind, considerate care that is patient-centred. Studies suggest doctors listen to patients for 11 seconds before interrupting.[11] 44.6% of patients want more involvement in their health care, yet the proportion of patients who feel disregarded in decisions of their care is record-high at 10% (PCI, 2022).[12] The patient voice is hushed under the hubris of industrialised care.

Patient-centred care increases patients' confidence in professionals who are competent and able to make them feel safe and secure.[13] Valuing patient testimony and lived-experience reduces risk of epistemic injustice — forms of prejudice and unfair treatment from someone in capacity as a knower or source of knowledge, like health care professionals.

Patients are gaining unprecedented access to health information and personal medical data through digital health and technology.[14, 15, 16] As the knowledge-gap between patients and health care providers narrows, the doctor-patient paradigm and information asymmetry begins to balance. Consequently, there is an urgent need to embrace patient-centred approaches that value patient testimony, promote shared decision-making, and leverage digital tools to enhance rather than replace the therapeutic relationship. There is an opportunity to reconsider patients from passive recipients of care to active agents and assets in their own care, improving clinical practice and the patient experience, and raising standards of care.

What Needs to Change

Medicines, when necessary and competently prescribed, have their virtue and value in modern health systems. However, the current polycrisis of care challenges the predominant clinical culture of industrialised overmedicalisation — an over-reliance of reactive acute care and overprescribing when principles of disease prevention and health creation are better-suited to improve patient wellbeing and resolve unnecessary institutional dependency.

Health, disease, and illness occurs beyond the membrane of our biology. Health is created and destroyed in houses, in communities, in our social lifestyles, in poverty and beyond. Health care professionals cannot and should not be responsible for addressing the wider determinants of health. They can, however, develop new roles in facilitating and supporting others to do so, across the whole spectrum of maintaining and creating health and preventing disease.

A future health system unburdened from capacity-demand disparity starts with a health workforce trained in principles of disease prevention and advocating for health creation, recognising communities primarily as sites of health and wellbeing over hospitals.

This tectonic shift in cultural attitudes of what medicine is, it's place and purpose in modern health systems, must be led with effective health education. Training future health care professionals on competent prescribing practices, effects of overprescribing, pathways to health creation, and evidence-based psychosocial interventions are crucial.

Alongside this, health care professionals can empower and enable patients to be active agents in their care, seeing them as participants in decisions of their care where necessary and appropriate. Concepts of patient-centred care and patient partnerships are not new, but recent research on patient perspectives and testimony suggest clinical practice can be improved.

Health care needs a rethink, from model to mechanism. Considering these areas of focus as priority offers a hope for the future.

Why Education of Health Professionals Matters:

Redefine.
Reform.
Revitalise.

2

Why Education of Health Care Professionals Matters

Current education informs future clinical practice. Health care reform requires a paradigm shift away from industrialised overmedicalisation to a clinical culture that readily implements health creation and disease prevention principles. The medical model must be expanded beyond its current biomedical limitations to adopt a holistic, biopsychosocial approach in everyday practice.

Future health care professionals can be trained as agents of change to improve patient and public health and wellbeing. They can play a role in civil society to support, advocate, and influence for health creation capacities across communities.[17] This change requires effective mobilisation, adoption, and advocacy from health care professionals. Better health education is central to solving the polycrisis of care in health care.

Our Theory of Change: Redefine, Reform, Revitalise

Our work on the improvement of health care professionals' education fits into a wider theory of change to redefine perceptions of health, reform systems of care, and revitalise health for all. Better health care starts with better education.

Our Work:

Campaign mission, vision, and actions.

3

Mission & Vision

Campaign position statement: Refocusing health care professionals' education to better meet the challenges of the future by championing health creation and disease prevention alongside health services and care.

Campaign mission: To empower and educate the next generation of health care professionals on disease prevention and health creation principles.

Campaign vision: To establish a standard of clinical culture prioritising disease prevention, health creation, and patient-centred biopsychosocial approaches to wellbeing.

What we work on:

Hope for the Future campaign has a defined scope and remit across 15 areas of work guiding its activity, partnerships, and collaborations.

Our key areas of focus:

- Patient-partnered care
- Disease prevention
- Health creation
- Addressing health inequalities



Patient-partnered care

Empowering patient voice and testimony and learning from illness narratives to improve patient experience of care.



Disease prevention

Learning disease prevention strategies for public health that avoids unnecessary overmedicalisation and overprescribing.



Health creation

Enabling health care professionals to be agents of change strengthening health creation pathways across civil society.



Health inequalities

Understanding unequal disease distribution and how to address them through reformed care access.

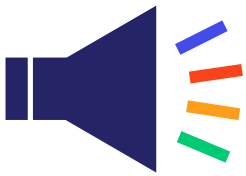
Areas of Focus

We believe sustainable reform requires addressing broad systemic issues. To create a health service where all can thrive, we focus on 15 key domains. Our areas of influence offers a new vocabulary and focus for health care transformation. This work guides our partnerships and collaborations to enable the health workforce — students and trainees — to better meet future challenges and improve standards of health care for all.



Campaign Actions

To support our campaign's mission and vision, we will focus on three strategic actions as a priority to establish a clinical culture that prioritises disease prevention, health creation, and patient-centred biopsychosocial wellbeing.



Mobilise a movement

Mobilise a student and trainee movement

Our core committee will coordinate activities and engage with health care students and trainees, partnering with institutions to lead talks, webinars, and events to raise the profile of these issues.



Build the Evidence Base

Research into health care professionals' education curricula

The campaign will generate evidence-based reports and insights into curricula at undergraduate level, exploring perceptions on health care teaching utility and applicability for clinical practice.



Partnered organisations

Develop partnered organisations

The campaign will assemble institutional support across health care sectors, forming a multi-sectoral commitment to education on patient-centred approaches to biopsychosocial wellbeing.

These three aims will define the campaign's activity and scope for the first few years. Other campaign activity will be in alignment with these aims to ensure mission, vision, and actions are achieved.

Areas of Influence

To support our campaign's mission and vision, our long-term influence will operate at three levels: school education, undergraduate education and early career professionals' training.



School education

Work with Schools and Young Children

Develop curriculum modules and teaching sessions exploring the constitutive elements of good health and wider learning on how health can be created in individual and communal settings.



Undergraduate education

Work with Universities and Educators

Innovate curriculum design and modules informed by pilot programmes that evidence an increased understanding of disease prevention, health creation, and the value of patient-partnered approaches.



Early Career Professionals

Work with Health Care Professionals in Early Training

Mobilise a movement of health care professionals in early training exploring how to implement better care into every day clinical practice under current constraints and strictures.

These three areas of influence will focus the campaign's activity and work to support the necessary change in clinical culture. School education will be public-facing, undergraduate education will focus on empowering the future generation of the health service, and early career professionals will support the translation of Rethinking Health's wider work to every day clinical practice.

Summary of Our Work

Hope for the Future position statement

Refocusing health professionals' education to better meet the challenges of the future by championing health creation and disease prevention alongside health services and care.

Key Priorities



Patient-partnered care



Disease prevention

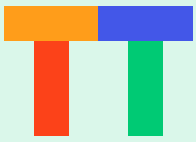


Health creation



Health inequalities

Areas of Influence



School education

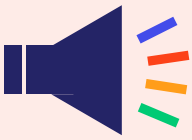


Undergraduate education



Postgraduate education

Campaign Actions



Mobilise a movement



Research into undergraduate education



Partnered organisations

Our Governance

Rethinking Health has a Core Committee (students and trainees) that coordinate campaign activity. Meetings are held quarterly with the Strategic Advisory Board (individual leading experts across health and care). Partnered Organisations are an independent group of institutions committing support for the campaign.

Join Us:

Improving Health Professionals' Education.

Hope for the Future.

4

Supporting the Future Generation of the Health Service

Rethinking Health is looking for support and engagement from all sectors of health and care. We want to work and collaborate with partners to help make our vision of better health and care for all a reality.

If you are a health care student or trainee

Sign up and join our campaign. Follow us on socials and attend our events. Be part of a student and trainee-led movement working to better understand current challenges of health care to improve the future of our health service.

If you represent an organisation

Get in touch. We are convening a growing multi-sectoral alliance of partnered organisations across health and care who recognise the value of patient-centred, biopsychosocial approaches to improving the future of health care.

If you are a patient or health service user

We want to hear your story. Your experiences, insights, and perspectives lends a critical voice to our campaign and illustrates the urgent need for our proposed health care transformation. Your narrative gives relevance to our vision and compels change.

If you are an academic or health policy maker

Let’s work together to materialise necessary change. Contact the team to learn more about the campaign and how we can collaborate to bring about the transformation our health service deserves. 'Hope for the Future' is beyond a campaign mission or message - it's a principle to practice.

Contact us: rethinkinghealth@hotmail.com

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