



Community Hospitals and future health in England

Synopsis of the address by Professor Sir Chris Whitty, Chief Medical Officer for England CHA National Conference, Swindon 7th & 8th May 2026

The keynote speaker at the CHA's recent conference was the Chief Medical Officer (CMO) for England Professor Sir Chris Whitty. Chris gave an insightful and challenging talk on the future health of the nation. He identified the main drivers of change for the NHS as demography-UK and global, epidemiology, science (and economics and politics) stressing that we must adapt to these drivers of change. Transformation of medicine in the UK associated with increasing life expectancy started around 1850 (coinciding with the start of community hospitals and the CMO role). The change in life expectancy has resulted in huge changes in demography with an increasing proportion of older people in the population of the UK. Conurbations tend to have younger populations with more elderly populations in rural and coastal regions. Under 75 years of age mortality tends to show a north/south divide in England with higher mortality in the north and coastal areas and this maps closely with relative deprivation. Chris observed that a map showing the prevalence of coronary heart disease (as an exemplar of ill health) maps broadly to the distribution of community hospitals in England, demonstrating that community hospitals are often in the right place according to health need. Frailty measurements also illustrate a doubling of the frailty rate in the most deprived compared to the least deprived areas along with an increasing rate with increasing age, again mapping on to the distribution of community hospitals. Individual chronic conditions accumulate with age leading to multimorbidity and again accelerated over time by increased deprivation.

The CMO described some of the public health benefits of vaccination notably the reduction in cervical cancer due to HPV (human papilloma virus) vaccination and the dramatic reductions in meningitis and diarrhoeal illness in children related to Hib (Haemophilus influenza B) and rotavirus vaccines respectively. He noted that disease prevention often requires multiple, small interventions such as smoking cessation, air pollution reduction, alcohol reduction all contributing to delaying the onset of dementia. A major public health challenge is that of obesity, again related to deprivation starting in childhood with the most deprived suffering the highest rates of obesity.

There has been a tendency for medicine to become more complex and specialised. However, more recent inventions and the advent of Artificial Intelligence make it possible to diagnose and treat with less specialisation and less reliance on specialised staff.

Chris finished with some thoughts regarding the future of community hospitals. Demographic change increases the need for healthcare of older people in peripheral areas and community hospitals are in the right place and well prepared for this challenge. Reducing multimorbidity and frailty depends on a combination of primary and secondary prevention-again activities often based around community health services including community hospitals. Scientific advance can make it easier, as well as harder, to provide standard-of-care diagnosis and treatment in more peripheral settings as witnessed in several community hospitals. There will always be a (small p) political component to the balance between local and central healthcare provision-but there is also a science to it. This is where the Community Hospital Association can help by providing the examples of good practice and strengthening the scientific basis for the effectiveness of small hospitals embedded in their community.

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