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The challenge of meeting the demand for public services that are free at the point of use is increasing. Examples, in increasing order of complexity and controversy, include water, higher education, road space, and health care. These services are perceived as important to society in general, and demand is rising rapidly and unsustainably. Such increases in demand can be managed either by reducing the demandâ€"for example, by charging, as for water or road spaceâ€"or by increasing the supplyâ€"for example, via increased funding, as with student loans. In health care, perversely, we do the opposite of both these approaches: Demand for health care is undoubtedly rising. The average number of consultations for children in each of the first years of life even after excluding surveillance and immunisations has, in one general practice, risen from 3. Professionals have the same increasing expectations from the service as the public does. Managing the pressure on the health service is as much about managing the expectations and rights of professionals to treat as it is about managing the expectations of patients to be treated. Summary points Demand management is about moving from merely struggling to meet the increasing demand for health services to shaping this demand so that health needs of individuals and populations are best served with the available resources Managing demand does not only mean reducing it: However, it is a broader approach: Historically, supply management has been the most potent tool in coping with the challenges in health care. In the past 15 years this has been supplemented by processes for assessing need. What is demand management? Demand management is the process of identifying where, how, why, and by whom demand for health care is made and then deciding on the best methods of managing this demand which might mean curtailing, coping, or creating demand such that the most cost effective, appropriate, and equitable health care system can be developed. Critically, it depends on understanding how the behaviour of those who express the demandâ€"citizens and professionalsâ€"is changing. It is concerned with making more appropriate use of the health services not necessarily reducing it or making it cheaper. The many causes of a demand for health care need a variety of responses. For instance, some pressures may be best met, not by curtailing demand but by coping with it and meeting it in a radically different way. Recent examples include the use of helplines as a first point of access to health care in the home. Studies of interactive information sources that allow patients to understand the advantages and disadvantages of prostate surgery show that increased information may persuade some people to avoid surgery. In countries with lower activity rates it is not clear that the proportionate decrease would be the same, 6 although it is important to find out. Open in a separate window Where is demand expressed? The figure shows the way in which people travel through the healthcare system. Most healthcare needs are met without recourse to formal healthcare services, so a vital part of demand management is supporting this self care. Similarly, most problems presented to primary care are dealt with without referral. Again, efforts to manage demand at this stage will be most rewarded. At the interfaces between successive parts of the system important decisions are made about how the expressed demand might be best met. Traditional reasons for increasing demand Cultural and behavioural a much larger, informed and demanding middle classâ€"consumerism, where the concept of rights is outpacing that of responsibility Technological specifically information technology and health technology Epidemiological long term care is now increasingly common relative to short term cure Ultimately, the best place to manage demand is before it meets the serviceâ€"that is, through promoting self care. This needs more than simply exhortations not to use the service for minor complaints, but meaningful education and true empowerment of individuals, households, schools, and workplaces so we feel more competent and confident to meet simple health-care needs ourselves. This involves a bigger investment in advice lines, nurse practitioners, and self care manuals, and the continued enhancement of the roles of

pharmacists and other health care professionals. This involves assessing the best content and format of information in self-care manuals that integrate consistently with the advice from health care professionals over the telephone or other forms of technology. There is much to be learnt from the experience of health maintenance organisations in America, many of whom issue comprehensive manuals and free phone numbers on enrolment. Importantly, a high degree of consistency exists between the advice in the manuals and from the professionals. Primary care â€”In primary care general practitioners need to be supported to manage demand more extensively. Gatekeeping more recently and appropriately called filtering can be done much more successfully if primary care is supported with more knowledge sharing, more risk sharing, and a more graduated access from primary care to secondary care or other statutory and voluntary services see boxes. More graduated access from self to primary care 11 pm:

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It would be helpful, if we could propose and use a model that eliminates these overlapping routings, increase vehicle utilisation whilst adhering to customer service levels.