Has the NHS lost the ability to care?

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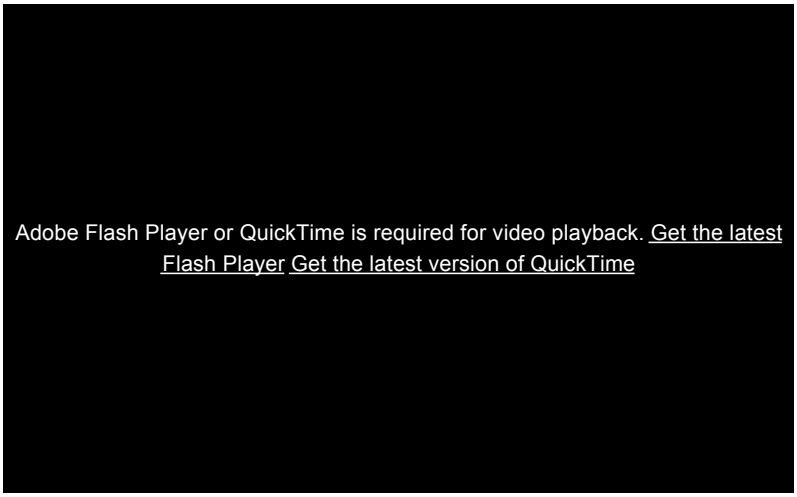

Jeremy Taylor, Chief Executive of National Voices - the national coalition of health and social care charities in England recently delivered the Health Services Management Centre annual Health Policy Lecture on "Has the NHS lost the ability to care?" This is his perspective following the lecture.

Recently there has been no shortage of evidence of the NHS's failure to care. We have had Basildon, Maidstone, Stafford, Winterbourne View, Morecambe Bay. We know a lot in particular about the failings in Stafford because they were so extensively examined: there were failures to listen to patients and staff, to focus on the right things, to deliver safe and compassionate care, and to run an open organisation. There were also failures in regulation, oversight, commissioning and the interpretation of data.

But scandals are nothing new: from abuse in 1960-70s long-stay hospitals, through Harold Shipman, to the closure of private sector owned care homes. However, the climate feels somehow different now. Recent scandals appear to be feeding an ever bigger sense of crisis – perhaps not surprising given the difficult financial climate and 24/7 media environment. It is striking that there has been pretty much universal willingness to accept that the failings at Stafford - while extreme – were somehow emblematic of a wider malaise across the NHS.

In the wake of the Francis report, the media and political debates have highlighted particular kinds of failure:

- of "culture"
- of "institutional" care
- of leadership
- of compassion
- of transparency
- of regulation

There are problems with all these strands of thought. "Culture" and "culture change" are seldom defined. Leadership is important, but can it really be the main solution and what about the accountability of managers and individual clinicians? The call for yet more transparency is attractive on one level – but transparency itself doesn't actually solve anything and could undermine trust yet further and make some staff more defensive. As for regulation, we seem to be obsessed with regulating our health and education systems – without actually improving the public perception of either. It's also ironic that policy makers previously associated with de-regulation now want much tighter regulation in public services.

It is also striking that much less has been heard about other themes:

- How do we organise a system of care that really meets the needs of vulnerable people?
- Where is commissioning in this debate? A few years back everything was about "world-class" commissioning of services – and then more recently about 'clinical commissioning.' However, no one (not even the Government) seems to be talking about this now.
- The importance of developing better care closer to home. We're obsessed with hospital care and yet the vast majority of care (and the future of care) is actually delivered outside a hospital in people's homes and in the community.
- With this in mind, how do we support and help people live more independently?

From my perspective at National Voices, the conversations about "patients" are of particular interest. The generalised rhetoric about patients: "putting patients first", "patients first and foremost" etc has never been better, but one has to wonder what substance lies behind it. The Francis report and its aftermath seem to have reinforced the notion of patient as victim, whereas elsewhere in the policy making arena there seems to be an obsession with patients as consumers, as if a little bit of provider choice were the key to empowerment. We have not heard enough about patients as active citizens with rights and responsibilities; as managers of their conditions, as partners with the health service; and as leaders, helping to play a key role in shaping future services.

Following the post-Francis debate one could be forgiven for overlooking that the NHS remains popular and envied across the world. It compares favourably on measures of equity, efficiency and effectiveness. 60% of personal bankruptcies in the US arise as a result of healthcare bills. Have we forgotten how we lucky we are to have a comprehensive health service free at the point of use?

> "Has the NHS lost the ability to care? In short, no. It might be nearer the mark to say we have an increasingly outdated model of care; an over-medicalised, over-hospitalised model that needs to become a more social and relational model. In the wake of Francis, and with the NHS beset by challenges and criticism, there is a danger of collectively talking ourselves into a crisis. We need to embrace our NHS and make it work better. We must stop bad things happening but also put more effort into making good things happen – mobilising the energy and commitment of staff that was on display during NHS Change Day and also mobilising the power of power of patients, families and communities."

Jeremy Taylor is Chief Executive of National Voices - the national coalition of health and social care charities in England. National Voices works to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them.

www.nationalvoices.org.uk (http://www.nationalvoices.org.uk/)

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The Health Services Management Centre at the University of Birmingham is one of the leading centres specialising in policy, development, education and research in health and social care services in the UK. Our prime purpose is to strengthen the management and leadership of these services and to promote improved health and well-being.
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