Why Reforming the NHS Doesn't Work: the importance of understanding how good people offer bad care

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Introduction: The need to understand *how* good people offer bad care before we can renew and reform the NHS

As this book is being written the UK coalition government is about to reform the NHS in England.

Without questioning the good intentions of the government, who are responding to an expressed frustration and dissatisfaction of health care professionals (HCPs), managers, policy makers and the public, it is worth noting that many previous attempts at reform have not delivered the aims of their of their originators, and predicting with some confidence that this attempt will also fail.

This is because the NHS (in common with society at large) is profoundly influenced by a number of forces of which we are only dimly aware, our responses to which contribute to a vicious circle. Each response enlarges the scope and increases the grip of these forces and speeds the spin of the circle. The latest reforms are one such response and will cause several more spins – every spin resulting in care that is poorer and more expensive.

The aim of this book is to draw attention to these forces so that we can respond in ways that are healthier – for the system and for ourselves - and allow us to renew the NHS from within.

The argument presented here has its origins not in these reforms but in the times of plenty under the last government when, in spite of unprecedented sums of money being spent on health care, technology offering exciting advances, and evidence about what works enabling resources to be targeted wisely, those involved in health care provision still did not feel excited, able and effective, and patients and the public did not appear as satisfied and confident as we might have expected.

Understanding how it is that we have had unhappy staff and less than excellent care at a time of such record investment would be important even if money were still plentiful. In straitened times it is more so. However this conundrum is so familiar to everyone involved that it isn't seen as surprising. Instead it is treated with shrugs of shoulders or lazy platitudes.

The problems of the NHS are, for example, said by politicians to be 'all to do with the doctors and the unions'; by economists to be the result of 'capture by the vested interests of producers'; by staff within the service to be due to the short termism of politicians and

their unwillingness to take unpopular decisions; and by clinicians to be due to the different values of clinicians and managers.

There is much talk of demanding patients with higher expectations being ever more ready to sue. At the same time observers talk of it being 'the largest organisation in Europe' and of 'culture change always taking a long time'. At the front line people say 'it feels as though no-one is caring about care, only figures, targets and contracts'.

And then there is the final comforting fable that 'the care is fine it is only the media who say it isn't'.

Thoughtful observers however, those who have worked across the system for many years, find that these platitudes do not accord with their experience.

Our experience is that the vast majority of people working with the NHS are good people - not saints, but competent people with good intentions who are behaving rationally within the situations they face. We observe too that no matter who we are working with the problems are apparently caused by decisions being made in the *next* room. Whatever room we arrive in the problem is always, we are told, caused by the people next door, people who, when we meet them, we find to be as 'good' as those in the room we have just left.

And as we observe the care received by family, friends and colleagues, and the care offered by organisations we work with, we notice that it is not as good as it could be – *as it could be for the same amount of money.* We call that bad care.

So we have a situation where good people are, collectively, offering bad care. Which is odd. We can all see how someone incompetent, behaving irrationally, or with bad intent can give bad care, but *good* people? What is happening and what can good people trapped in a system that is fostering poor care do to change it?

Three years ago a group of thoughtful and experienced contributors to the NHS came together to form a Learning Set and explore this. We set out explicitly to look beyond the economic and managerial literature to the fields of anthropology, sociology, political philosophy, psychology, moral philosophy, and history, to explore in greater breadth and depth three significant issues: the dynamics of the patient-professional interaction; the allocation of resources in a liberal democracy; and the nature of professionalism.[1]

We[2] did so because we believed that when the economic /managerial paradigm was introduced to the NHS (and to British industry more widely) 30 years ago it was a hugely

[1] For more information on the Learning Set please see appendix one

[2] The terms 'we', 'us' and 'our' encompass different people at different places in this text. Often they refer to the members of this learning set. Sometimes they refer to the two facilitators of that set (the author, VI and Julia Vaughan Smith). On occasions indicated by the sense they include all of us as patients and the wider public, including those of us who are also health care professionals (HCPs). Oh and occasionally they indicate a cowardly streak in the author, hiding behind an unspecified plural.

valuable addition to our ways of thinking, but that since it has swept aside those other ways and become the only game in town, its explanations and remedies are not wrong but impoverished, and are leading to the situation in which we find ourselves.

When we looked at these other schools of thinking we found descriptions that explained the world differently from the prevailing views of economists and policymakers, and also from those of healthcare professionals. Our contribution here is in bringing these together into a coherent argument about how we are where we are and how we could, if we chose, be somewhere different.

As you read it you may find that we have reached conclusions you would not have reached, and that some of our assertions based on our own observations do not accord with your own experience. We are not saying this is the only way of looking at things, but that it is a helpful way and we hope you may be encouraged to explore these fields more widely yourselves and contribute to this debate. Because this is a vitally important debate. Unless we change the way we view the NHS we will be caught perpetually between two incompatible power blocks. What we will see is not reform but rationing. We need to understand that viewing the NHS as we currently do actively prevents reform, and that if reform is to be possible we must understand it in richer ways that have much greater explanatory power. We need to understand how we are all, collectively, squandering the resources of the NHS, by acting in ways that seem to us rational but are responses to forces which we have not thought sufficiently about. This book aims to increase our awareness of these forces, and enrich and enliven the debate so that we can all contribute to a genuine renewal of the NHS – to the benefit of patients, providers, taxpayers and policy makers alike.

It is a book written in haste and the lack of elegance in the writing style certainly reflects that haste, and there will be those who say that the arguments presented do also. Since the purpose of the Learning Set and of this book is to bring together fields of thinking that do not often sit alongside each other and apply them to the arena of health care, there will probably be many familiar with these fields who feel they have been introduced too superficially. If you become irritated as you read you can help make the book and the argument stronger by suggesting amendments, additions and deletions. It is registered under a creative commons license which means you can use any part of it as long as you give credit to the source, so please use it in any way you like and feed back your reactions.

Contributors to the thinking behind this book

Members of the Learning Set:

Sanjiv Ahluwalia, Celia Davies, Sarah Hanchet, James Harrison, Paul Hodgkin, Valerie Iles, Peter Molyneux, Stephen Morris, Pauline Ong, Jan Walmsley, Tim Van Zwanenberg, Julia Vaughan Smith.

All members developed thoughtful papers in response to reading, experience and our discussions. The papers of Jamie Harrison are a major contribution to Chapter Six, those of Celia Davies to Chapter Four, and those of Pauline Ong and Julia Vaughan Smith to Chapter Seven. This mention though does not do justice to the contribution made by Julia. As co-facilitators of the set we jointly coaxed, nurtured and shaped the thinking of the group and then expanded and articulated it, and she has made detailed and valuable comments on all drafts. Paul Hodgkin kept enthusing us with the wonders of the digital revolution, its opportunities and the inevitability of its impact. He also brought an additional liveliness to the discussions by contributing many of the metaphors.

The group was much more than the individual contributors however, and it is difficult to convey the sense of enjoyment, stimulation and camaraderie of our meetings, and special thanks are due to our financial sponsors, Stephen Morris and Tim Van Zwanenberg who were tolerantly non-directive about the directions they took.

Friends of the Learning Set, who took an active interest in the thinking and progress of the Set and contributed to some of its discussions:

Kieran Sweeney. Kieran was a supporter of and contributor to the thinking of this set and an inspiration for it. His commitment to an understanding of complexity has influenced my thinking for many years and his work with us (Julia and me) on the RCGP leadership programme both stimulated and endorsed our progress. His last interview can be seen on http://www.e-lfh.org.uk/projects/lead/patient_journey.html. In it he demonstrates his ever-present integrity, compassion and humour and his concern about the kind of issues we are exploring here. His death has been a huge loss.

Jocelyn Cornwell. Jocelyn was so concerned about the lack of compassion in care that she established the Point of Care project now based at the Kings fund. She and her network of 'activists' have been interested and challenging friends of the work.

Alan Cribb. As professor of bioethics and education at Kings College London Alan has made valuable critiques and contributions and more than anything else been a supporter of the endeavour.

Critical Friends of this book:

Many people have been enthusiastic about these arguments and supportive of the book. I am particularly grateful to those who have sacrificed the time to comment on the whole text. As well as many of those already listed they include George Ogden, Caroline Nicholson and Peter Koenig.

Even with all this help many mistakes and inaccuracies and clumsinesses remain, for which I personally must apologise.