Reforming and improving **the NHS**

By Dr Dan Poulter MP
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The Spending Review announced that the NHS would see its funding rise by 0.4% in real terms over the next four years. Given the current economic climate, the Government has stood by its commitment to increasing NHS funding over the period of this Parliament, but even so, this is the smallest increase in NHS funding for decades, and ever increasing patient demand for healthcare coupled with Britain's demographic time bomb means that over the next few years, the NHS will have to achieve value for money for patients on an unprecedented scale.

Our NHS needs to make efficiency savings simply to stand still and to continue to deliver high quality patient care. People are living longer, and as people live longer, so too the number of people living with multiple medical co-morbidities (conditions) also increases. The majority of people require healthcare services in the later stages of their lives. Putting it simply, people are living longer, and this is undoubtedly a good thing, but it is also expensive. So the prime challenge for our NHS is to address Britain's demographic time bomb in the financial sense, but also in human terms so as to deliver dignity in elderly care.

As an NHS hospital doctor, I came into Parliament last year knowing that fundamental changes were required in our health system to reduce bureaucracy and spend more money on patients. My experience has shown me that under the previous Government there was an increasing emphasis placed upon top-down, procedural bureaucracy, as opposed to investing in front line staff and patient services. Reducing bureaucracy must be at the centre of reforming our NHS.

The key to unlocking the potential in the health sector lies in cutting the red tape and pointless form filling that wastes the time of so many frontline staff. Of course, our NHS must have a level of regulation that ensures that products and services provided are thoroughly tested and that ensures the safety of patients. However, I believe that over-excessive regulation is not only damaging to healthcare by reducing staff morale, but it is equally damaging to patients by diverting vital resources away from frontline NHS services, and into form filling and processes that do little to benefit patient care.

The Government is quite rightly looking to make simple, obvious and positive steps in improving the overall efficiency of the NHS by scrapping Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs), which will save over £2 billion a year. Both PCTs and SHAs have been guilty of a dogmatic devotion to targets and target-setting, and have often failed to prioritise their healthcare budgets around patient needs which in the long run also results in pushing up the cost of care. A good example can be found in Suffolk, where the PCT effectively closed Hartismere Community Hospital to the backdrop of an aging local population with an increasing demand for community hospital beds for respite, short-term GP led non-acute care, and the rehabilitation care that is sometimes required after hip and knee operations.

In some cases, healthcare targets have provided a crude tool to ensure viable healthcare outcomes, but when targets themselves begin to dominate, health bosses can lose sight of the needs of patients, resulting in poor patient outcomes. For example in A&E, the 4 hour maximum wait target led to the perverse situation that someone with

a broken toe could be considered just as much of a priority as someone with potentially life threatening chest pain. Clinically led care will enable our NHS to drive in efficiencies in terms of cost, and at the same time, improve patient care. We have already seen in Cumbria that clinical leadership by local GPs instead of managers has reduced A&E admissions, reduced patient waiting time for scans, and provided better joined up thinking between primary and secondary care services. Cumbria has shown that GPs and other healthcare professionals can manage budgets and are better placed than managers to understand what demand there is locally for particular healthcare treatments or NHS services.

There is another key area of wasteful spending within our NHS, specifically, the number of managers and unproductive non-medical staff that are employed. In the last decade, the number of managers and senior managers in the NHS almost doubled to well over 42,000. In fact, over the past 10 years, in many hospitals, more new managers have been recruited than new nurses. As I witnessed, at first hand, NHS managers were receiving far higher pay increases (around 7%) compared to frontline staff (1.8%). Not only is this wrong in principle, but it also creates disincentives in taking up frontline positions in the NHS. The frontline of the NHS is made up of doctors, nurses, midwives, porters, physiotherapists, occupational therapists, auxiliary nurses and many others

– it is here where the investment must be made. We must invest in the care givers, and not in creating a managerial hierarchy that adds little to patient care.

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In recent months, much rhetoric has been placed upon the new Government's desire to see the NHS being transformed into a profit making mechanism that seeks only to reward larger, private firms. This is simply untrue. I believe the focus on changing the NHS is to seek greater sustainability and efficiency, which can be achieved on two fronts: by cutting down on the excessive red tape and bureaucracy that exists within the NHS, and in particular by allowing the charity and voluntary sector to be better utilised in areas such as bereavement counselling, end of life, and alcohol & drug rehabilitation at both a regional and local level. One only has to look at the hospice movement to see that the voluntary sector and charities

can often do things better than some traditional NHS providers both in terms of the holistic care they give to patients and their families, and also the better value for money that they can provide by reducing bureaucracy and putting more money into what really matters - patient care.

There are currently many misconceptions concerning the role of private enterprise in the NHS. Public fear and concern has been irresponsibly stoked by opposition parties. Since Tony Blair's health reforms 10 years ago, there has been an ever-evolving role for the private sector in our health service. Looking at healthcare in the rational, cold light of day, it is worth bearing in mind that in some hospitals the operations and procedures carried out in the private wing have helped to fund NHS operations and patient care throughout the rest of the hospital. Certainly, discharge and aftercare in some parts of the private sector needs to be improved, but we should be mindful that in the NHS today, BUPA happily co-exists together with our NHS.

In summary, we can no longer afford to sustain the amount of wasteful spending that occurs in the NHS. We need a less bureaucratic NHS, a clinically led NHS, and an NHS that can once again put its patients first. The NHS has become obsessed with process but if we want to reform our NHS, it must be the patient that counts.