

Why ministers must listen to NHS staff

by Brendan Barber, www.guardian.co.uk

The government seems to believe the health service is a fundamentally flawed institution that can only be rescued by the private sector.

On Wednesday NHS staff from across the country will travel to London to tell their MPs that the health service is in trouble and that staff morale is at an all-time low.

Voters are not much happier either. Every weekend seems to bring big demonstrations to towns such as Grantham and Worthing where they just don't do that kind of thing. Polls regularly **report** that a majority now thinks the NHS has got worse since Labour came to power. At least one has even shown that people believe the Conservatives have better policies than Labour.

Yet Labour's eve of poll message in 1997 was "24 hours to save the NHS", which while possibly over-apocalyptic in tone certainly caught both the nation's dissatisfaction with Conservative neglect of the public realm and the affection for the NHS that runs deep in the national psyche.

Indeed no debate about Britishness is complete without recognition of the importance of the NHS and its values to what binds us together as a nation.

So what has gone wrong? Ministers would probably say not much. And in their defence, they have a good story to tell. Spending on the NHS has gone up at a remarkable rate. There are more doctors and nurses than ever before. Waiting times have been slashed, and treatments and life expectancies for those suffering serious diseases such as cancer and heart disease have improved markedly. When asked about their own experience of the NHS, those same voters that say the NHS has failed to improve express satisfaction with their own treatment.

Ministers can also argue that staff have got a good deal from Labour. Pay has gone up for many NHS staff not just in recognition of how badly it had fallen behind, but as a vital tool in staff recruitment and retention. The recent pay deal, Agenda for Change, introduced a new pay system based on rewarding skills and providing a clear path for career development. It came through some tough but constructive negotiations, and is a striking example of a modern industrial relations agreement based on a partnership approach.

There have also been unfair attacks on government. Polly Toynbee has rightly **defended** the National Institute for Health and Clinical Excellence from attacks by drug companies who would prefer a US-style market. The Conservatives, sniffing a chance to do to Labour what Tony Blair did to them on crime, are quick to make every bit of political capital they can, even if many of the local protests are the direct results of policies that they say do not go far enough. And it would be naïve not to recognise that reforms and rationalisations that can be justified entirely on the basis of improving health care can still cause local opposition and staff dislocation.

Yet none of those explain the reason why rising levels of staff concern has brought together an unprecedented alliance of every NHS union and staff association - whether or not they are part of the TUC family - into the new alliance **NHS Together**, which is organising tomorrow's lobby.

NHS staff are not opposed to change or reform. Indeed perhaps the major complaint they have is that ministers undersell the changes and reforms that have already taken place. Instead of a recognition of the many improvements that NHS staff have made with welcome new government investment, there seems to be a clear message from government that the NHS is a fundamentally flawed institution that can only be rescued by a big injection of the private sector and market mechanisms.

At the same time, NHS staff no longer feel like partners in change. The process of negotiating and agreeing Agenda for Change did raise morale. New investment clearly made a difference and while there have always been some difficult issues, the development of the NHS appeared to staff to be broadly back on track.

But this is no longer the view. The government is now seen to be veering away in the wrong direction, and what makes it worse is that consultation between the NHS as an employer with its staff has either broken down or become devoid of much meaningful content.

There are three particular issues that have come to symbolise this.

First is the way that deficits are being handled. People recognise that NHS funding cannot go on increasing forever, and perhaps has not been fairly distributed round the country. But expecting NHS trusts to deal with deficits in a short period of time is causing disruption. And one by-product of the dash to the private sector is that many trusts now find that agreements with private suppliers and private finance initiative providers mean that an increasing proportion of their budget is taken up with contractually guaranteed fixed costs. Independent treatment centres are paid whether or not they perform operations, and some are running at less than half their capacity. This means that cuts have to be applied to what's left.

Secondly neither voters nor staff are impressed by the constant stream of initiatives and reorganisations. The director of public health for the South West has had to reapply for the same job seven times since 1994. NHS staff are careful to tell me that they are not opposed to sensible change that involves them and is clearly directed at improving patient care. What they are fed up with are untried, untested changes that seem to be driven by headline-chasing or ideology, usually involve paperwork that detracts from patient care and are sometimes reversed before they have time to be properly implemented.

Thirdly staff worry about the increasing fragmentation of the NHS. This is to some extent reflects concern about the increasing involvement of the private sector, but is also about the growing use of market mechanisms within the NHS.

Of course the NHS has always purchased goods and services from the private sector, and there is room for debate about the boundaries, but both voters and NHS staff value the fundamental ethos of the NHS where despite the need for efficient use of resources,

patient care has always come first. This is now seen as under threat by the introduction of competition.

The government defends this marketisation using the rhetoric of choice. But government thinking gives patients a sort of virtual voucher, of the kind the Tory right urge on the education system, to spend in the NHS market in the belief that this will encourage efficiency.

Yet there is no evidence that patients want to play this role, nor want to see the NHS incorporate the creative destruction and competition that drives dynamic markets. I doubt whether either hospital advertising campaigns or bankruptcies will go down well.

Of course this does not mean the NHS can get away with a monolithic service that ignores the wishes of patients. But NHS users have never been asked what choices they actually want to make in a modern NHS.

My hunch is that they are more interested in convenient appointment times and having a say with a sympathetic health team about their treatment, than choosing a surgeon and spending virtual vouchers.

And whatever the merits of market mechanisms in the NHS, there is a growing suspicion on the part of staff and public that the increasing use of the private sector in the NHS is not actually about improved efficiency through competition but simply about saving money at a time when the government is determined to cut public spending.

The government needs to listen to NHS staff. Ministers are in trouble on what should be home territory for a Labour government. They need to reflect on why such an important policy area has gone so badly wrong.

Top of their agenda should be a willingness once again to work with staff. Any private sector change management expert will tell you that taking staff with you is the most important aspect of making change work. It is odd that a government so intrigued by private sector approaches neglects this, and one in need of votes so ignores the impact they have had on the million plus NHS staff and their friends and families.

They should reduce the impacts of deficits by giving trusts much more time to deal with them (again as would probably happen in the private sector). A moratorium on initiatives and reorganisation that have not been discussed and agreed in advance with those who are meant to implement them would help. Suggestions that the NHS should be more distant from politicians are interesting, and if constructed properly could be used as a basis for a fresh start, though equally could be used to try and lock in wrong policies.

But most importantly ministers need to find a way to tell both NHS staff and voters that they too still value what gives the NHS that special place in the hearts of the British people.