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## SPECIAL MEASURES

The Basildon Hospital managers and clinicians – who have had bad press over recent years – have repeatedly wondered how Broomfield Hospital and its satellites got away with it. Now the focus is on our local hospitals and the entire management system. The ramifications will affect us all. Hopefully something good will come of it – perhaps we will at last discover why Mental Health is a basket case and be told what can be done to improve the situation.

So what's the story? The official press release runs as follows: "NHS England Chief Executive Simon Stevens today announced in a speech at a major health conference that Essex would be one of 3 areas in England where local health and care organisations will work more closely together to make improvements for patients as part of the new Success Regime ... The Success Regime aims to help create the conditions for success in these challenged areas. Its purpose will be to protect and promote services for patients in local health and care systems that are struggling with financial or quality problems, or sometimes both ... The Success Regime will seek to address deep-rooted and systemic issues that previous interventions have not tackled across the whole health and care economy."

Diane Taylor and Denis Campbell in *The Guardian* give a bit of background: "Multiple problems – serious, long-standing problems – at Mid Essex Hospital Services Trust (MEHT) exemplify why the NHS has come up with its new "success regime", and why Essex as a whole is one of the first three areas of England to fall under it.

The trust's website says: "We care. We excel. We innovate. Always." It has 5,000 staff, looks after 380,000 patients in Chelmsford, Maldon and Braintree and provides both acute and community-based care services from four sites in that area, including Broomfield Hospital in Chelmsford. But its recent performance, both clinically and financially, has fallen very short of its proud boast.

Its accumulation of an estimated £32m deficit, serious difficulty attracting staff and, especially, a catalogue of appalling failings in patient safety – some of which have caused serious harm and death – have made it a cause for major concern for both NHS England and the NHS Trust Development Authority, as well as for Mid Essex Clinical Commissioning Group, the GP-led local NHS body that, put simply, is the hospital trust's chief paymaster.

Internal NHS documents obtained by the *Guardian* show that those three organisations have known about scores of failings and weaknesses in the safety and quality of patient care, at Broomfield in particular, and tried to stop them happening again."

Nick Triggle, in a report for the BBC, quotes Simon Stevens: "Instead of just looking at how the hospital is doing in isolation, we have to look at everything that is available. The idea here is that we are going to collectively, both locally and nationally, bring the full range of flexibilities and say: 'What is our holistic diagnosis as to what needs to change?'" S.S. says of the 'Success Regime': "It recognises that we get the fact that the existing models of trying to sort some of these knotty problems out need to evolve."

Not everybody is a fan of this scheme, however. In the same piece, British Medical Association leader, Dr Mark Porter, is quoted as saying: "The need for this sort of dramatic intervention is likely to increase if the government continues to pursue its drive for yet more

efficiencies instead of properly addressing inadequate NHS funding in the face of rising demand."

## **OUR OWN EXPERIENCE**

We have seen how difficult it is to change things for the better – even when such change was desperately needed. One example: when midwifery was at its lowest ebb, the local GPs tried again and again to bring about improvements. We were told that everything was wonderful and branded as troublemakers. One Mum (who'd had kids during the 'glory years') told me she pitied the new Mums-to-be as they didn't know how wonderful good care could be. I made video recordings of the women who'd been badly let down by the system ... and even then these were regarded as individual problems rather than overwhelming evidence of systemic malaise.

But it's not all bad – when MEHT services are good they are very, very good. There are some excellent consultant-led teams and some very good departments. Like the curate's egg, however, it's only good in parts. The patchy nature is exemplified by the experience of patients who visit two separate departments – sometimes they come out praising one to the heavens – and saying the other is hopeless and needs to be reorganised.

Communication is often very poor – it's often the case that the left hand doesn't know what the right hand is doing. One prime example – we've had a number of letters over the years from hospital docs who have visited the 'outreach clinics' in SWF which say: "Unfortunately I did not have the benefit of the referral letter and results of investigations when I saw this patient." This is another way of saying: "The consultation was a complete waste of time so the patient needlessly took the day off work." This sort of thing makes me foam at the mouth and chew the carpet. We're only on the other side of the car-park for \*\*\*\*'s sake – couldn't somebody just pop across and get a copy of the letter? This sort of problem doesn't need the help of modern communications technology and advanced IT systems ... a modicum of common sense would suffice. When there is a communications vacuum, however, people don't make any attempt to search for solutions.

## **THE BIG PICTURE**

The 'Success Regime' will take a 'holistic' look at the entire caboodle, we're told ... which certainly needs doing. As with everything to do with healthcare in Mid Essex, underfunding is a major problem. The budget is grossly inadequate for the task at a time when the NHS is still pretending it can be all things to all men and women from cradle to grave. There's an additional problem ... when it came to the PFI scheme, MEHT was well and truly shafted. There just isn't enough cash left over to pay for the doctors and nurses that are needed to run a safe and satisfactory service. This is not to say that better management and improved communications aren't needed – but MEHT (like Mid Essex as a whole) desperately needs a LARGE cash injection.

We also have to contend with the legacy of the old PCT era. I don't know about the others but the Maldon and South Chelmsford PCT and, latterly, the Mid-Essex PCT made FIFA look like an efficient organisation which aspires to the highest ideals. The people at the top worked very hard to give the impression that they were much more interested in furthering their own inglorious careers than in improving the lot of the patients or providing the clinicians (who do the real work of the NHS) with the tools they needed. One of its major

failings was that it did not manage to move more care out to the General Practices – to the community – where costs are MUCH lower. To do this they should have invested in primary care ... they needed to spend a pound to save a fiver - but they just couldn't be arsed. In fact in some cases they even took funds away from primary care ... one example: I am currently celebrating a decade of not being paid the seniority payment due to me for my length of service to the NHS (because I don't earn enough to qualify ... so, as I've said many times before, this is in effect being fined by the NHS for being underpaid ... by the NHS.) This is just one example of the way GPs (and general practice) are treated now – yet to this day, the local NHS people will still argue that everything is fine and dandy and just as it should be. What they should be doing, of course, is building up general practice and giving us the wherewithal to provide more/better services here – this would be far more convenient for you and far, far more beneficial to Mr Osborne/the taxpayer. As things stand, however, disenchanted GPs are leaving in droves – all of which make improvements even more of a pipe dream than they were.

There are still some of the tired, failed old PCT people around sadly ... so their tired, failed old ideas live on - but there is also some new blood in the Mid Essex Commissioning Group which will hopefully help us to improve some of the services and make an inadequate budget go slightly further. So there's a glimmer of hope in an otherwise barren landscape.

As for NHS England ... it has the advantage that anything would be better than the old PCTs and yet it hasn't exactly covered itself in glory. It has closed a surgery in SWF using the excuse of inadequate premises when the survey we conducted demonstrated conclusively that, for all its failings, the patients were perfectly happy with the building. A senior NHS England representative (Ian Stidston) stood up at a public meeting and told us that, when the surgery closed, “The money will follow the patient” ... knowing at the time he said it that he was being extremely economical with the truth. Sure enough, we have since witnessed a smash and grab raid on SWF's already grossly inadequate healthcare budget and are left wondering where the swag is now. Meanwhile we are seeing community services being squeezed until the staff squeak. (They are run off their feet.)

All in all, then, if ever there's a place where 'special measures' are needed, this is it!

**Dr John Cormack**