Who will manage to get your vote?

- Undecided
- Conservative
- Labour
- Liberal Democrat
- Green Party
- UKIP
- Other
Dear member

Welcome to our special edition of the IHM Bulletin, which focuses on the promises our politicians are making on health and social care in the run-up to the May election. For this edition we have recruited a panel of IHM members to grill each of the main political party health spokespeople about a range of issues of concern to managers.

There are enormous challenges ahead. IHM strongly agrees with one of the key conclusions of the recent King’s Fund report - The NHS under the coalition government - that “the next government should continue the emphasis on patient safety and quality of care but with less emphasis on regulation and more on supporting NHS leaders and staff to improve care.”

However, whichever party or coalition takes the health and social care agenda forward over the next five years, their goals will be easier to reach if both the politicians and the media change their focus from criticism - which has been much in evidence over the past year - to lending the management and staff in the NHS their support in these difficult times.

Managers, in particular, have been given a hard time by both, often seemingly without a real attempt by either the politicians or media to understand the pressures they are under as they seek to juggle tough targets, increasing demand on all services and ever-rising patient expectations. Over half of our members (57%) said that they thought managers within the healthcare workforce attracted the most negative comments from politicians and nearly as many (55%) that they received most negative representative by the media.

Meanwhile, it is clear that, as efforts to make integration of health and care a reality gain pace, new and effective partnerships will be vital. Among the most important of these will be the one between managers and clinicians. IHM is championing renewed efforts to address the tensions that its recent snapshot survey revealed often still exist in this relationship. In our first IHM policy paper, we will be setting out our calls to action to address this (see page 15).

2015 promises to be an interesting year with all parties promising efforts to avoid further structural change, presumably in recognition that this would impact unhelpfully on morale and heed progress in making what is everybody’s common aim - further improvements in the provision of safe, compassionate and high-quality patient care.

Best wishes

Shirley Cramer CBE  Chief Executive IHM and RSPH
IHM’s panel identified six questions it wanted each of the main political parties to address. IHM Editor Jill Wyatt put them to their key spokespeople for health.

Conservatives
Dr Daniel Poulter, Parliamentary Under Secretary of State at the Department of Health
Dr Daniel Poulter was appointed Parliamentary Under Secretary of State at the Department of Health in September 2012. He is the Conservative MP for Central Suffolk and North Ipswich.

Labour Party
Rt Hon. Lord Hunt of Kings Heath OBE
Lord Philip Hunt is Shadow Health Minister and Labour’s Deputy Leader in the Lords. He was the first Chief Executive of the NHS Confederation and became President of the Royal Society for Public Health in 2010.

Liberal Democrats
Rt Hon. Norman Lamb MP
Norman Lamb was appointed Minister of State at the Department of Health in September 2012. He has been the Liberal Democrat MP for North Norfolk since 2001.

Green Party
Dr Jillian Creasy MRCGP, MPhil, Health Spokeswoman
Dr Jillian Creasy worked as a General Practitioner in Sheffield for 25 years. She was elected as Sheffield’s first Green City Councillor in 2004 and leads the Green Group on the City Council.

UK Independence Party (UKIP)
Louise Bours, Member of the European Parliament for the North West England region
Louise Bours has previously held roles as councillor on both Congleton borough and town councils and was elected mayor of Congleton in 2006. She was elected to her current position as an MEP in 2014.

Introducing the politicians

Keith Oliver
is a Directorate General Manager in a large acute teaching hospital and Chair of IHM East Midlands. He is responsible for the performance of a large directorate which includes a range of specialties including oncology, clinical haematology, cardiology & renal services.

James Chal
works in the NHS and the private healthcare sector in two part-time roles: at University College London Hospitals, as Patient and Public Involvement and Communications Manager and in a consultancy role as a Practice Manager in a private GP surgery in London.

John Norton
has been Practice Business Manager for Fieldhouse Medical Group in Cartergate, Grimsby - a seven-doctor practice with a list size of around 14,200 patients - for over three years. He was formerly Fundholding/Practice Manager for Chantry Health Group in the same locality.

Lucy Morrisey
is Service Development Manager at Barts Health. She is currently working on the Transforming Services Together programme operating across East London to support improvements throughout the health economy. Lucy is a graduate of the NHS Management Training scheme and holds a MSc in Health and Public Leadership.

Lizzie Smith
is Service Manager for Child Health at King’s College Hospital in London, combining operational and business management with quality improvement projects across a range of services. Lizzie holds a Masters degree in Human Resource Management.

Annabelle Mark
is Professor Emerita of Healthcare Organisation Middlesex University and from 2004-2012 was director of the award-winning fast track NHS Human Resource Management Training Scheme. She is a Fellow of the Royal Society of Medicine and the UK Institute of Healthcare Management and Visiting Professor at Griffith University Australia.
Where do the main parties stand on health and care?

The general election in May this year is expected to be dominated by the debate around the health service and social care. So what are the main parties promising?

Conservative Party  “A strong NHS needs a strong economy”

Key health pledges

- A real-terms increase in NHS spending
- By 2020, for every patient to have access to a GP from 8am to 8pm, seven days a week
- 5,000 more GPs to be trained
- New GP contract for 2015/16 – requirements for all patients to have access to a named GP and access to detailed online medical records by April 2015
- Invest more in research and technology to combat genetic diseases

Overview

The Conservative Party has vowed to protect the £109 billion NHS budget and increase it in real terms. Jeremy Hunt, has said that a successful NHS is dependent on: a strong economy; changing models of health and care; embracing technology and innovation; and the right culture. The latter, he said, should be about putting patients first. Safety in British health and care should be of the same standards as the airline industry or the nuclear industry.

Labour Party  “An NHS with time to care”

Key health pledges

- Comprehensive universal healthcare - bringing together physical, mental and social care into one integrated system
- Repeal the ‘Health and Social Care Act 2012’
- Annual health checks and help with hospital parking charges for carers
- ’Time to Care Fund’ - £2.5 billion to pay for 20,000 nurses, 8,000 GPs, 3,000 midwives and 5,000 care workers
- Moving care to the home to prevent hospital admissions. Also giving people the right to give birth and die at home with all care provide
- Guaranteed GP appointments within 48 hours

Overview

In his party conference speech Ed Miliband set out Labour’s six-point plan for Britain until 2025 which included “saving our NHS”. Andy Burnham, Shadow Secretary of State for Health, has said that he wants to integrate physical, mental and social care into one ‘whole person’ health service. Emphasising that this change would come through service reform not structural reform. Mr Burnham also stated his belief in the need for radical change addressing public health issues. This included the introduction of mandatory maximum levels of fat, salt and sugar for children’s food to combat childhood obesity.
UK Independence Party (UKIP)  “Care and support for all”

Key health pledges
- Open GP surgeries in the evening for people who work full-time during the day but only where there is demand
- Locally-elected County Health Boards to inspect hospitals to avoid another Stafford Hospital crisis
- Stop the further use of Private Finance Initiative (PFI) contracts in the NHS and encourage local authorities to buy out their PFI contracts
- Scrap hospital car parking charges in England
- Ensure foreign health professionals speak English to an acceptable standard to work in the NHS
- Visitors to the UK and those who have not paid NI contributions for five years will need to have private health insurance.

Overview
UKIP has stated its commitment to the principle of the NHS remaining free at the point of use for all UK residents. The party opposes charging people for GP consultations, as well as sharing NHS information with third parties. The party wants to make it a duty for all health and care staff to report low standards of care so that they can be addressed. It has additionally pledged to amend working time rules to give trainee doctors, surgeons and medics a better environment in which to train and practice.
Conservatives: The Francis Report rightly identified the importance of clear leadership and standards for healthcare managers. The standards produced by the Professional Standards Authority already provide the basis for standards for senior board-level leaders and managers.

Following the Francis Report, we are introducing the Fit and Proper Persons Test – which will bring all directors registered with the Care Quality Commission in line with the rest of NHS staff. They will have to provide information such as a career history, qualifications, judgments of bankruptcy, and criminal convictions - and the CQC will have the power to remove any director who fails this.

Labour: I understand why, in the light of various scandals around patient care, there is concern that lay managers are not subject to any regulation and do not have to sign up to a code of behaviour. In principle, I am in favour of both. However, I would worry if regulation were simply used as a way of beating managers up when they are forced to make difficult decisions that others don’t agree with.

Managers have a hugely challenging job to do. They are often caught in tensions between financial, safety and quality requirements and we need to support them in making what are often very hard calls. So while the argument for regulation, particularly for senior managers, is pretty persuasive, we must be aware of unintended consequences and be very careful about how the way in which any regulatory body is established - as well as the grounds on which it is able to carry out fitness to practice inquiries.

Liberal Democrats: You could set up a whole bureaucratic system of regulation and end up no better off than we are now. I don’t think, ultimately, regulation can, by itself, deliver higher standards. Managers are often unfairly criticised when things go wrong and there has to be clinical accountability, as well as managerial accountability. I am acutely aware that lifespan of chief executives of acute trusts is incredibly short. It makes no sense having that rate of turnover in organisations. It is horribly destabilising for the whole workforce and stands in the way of developing a strong culture. There are some great managers out there but they have to be given the tools to lead these highly complex organisations, which have enormous budgets, a
highly skilled workforce and face rising patient expectations. I am not convinced that, hitherto, there have been arrangements in place to help people achieve the level of skill mix required.

We need to see more investment in training. Some of that support has been put in place in the aftermath of the Francis report but we probably need to go further in establishing the routes by which people can build the necessary skill base.

**Green Party:** Managers have a crucial role to play in the NHS, so yes it is time to look at standard setting and regulation and ensuring that managers adhere to a code of ethics. We are acutely aware that a total focus on standards and targets hasn’t improved the quality of services. Quality is the key issue and this is determined by culture, training, setting the right leadership and commitment. In all these areas we look to managers to set the tone, so clearly we need some form of guarantee about their competence.

**UKIP:** In the wake of appalling scandals at several NHS trusts, UKIP would propose a ‘licence to manage’ - a ‘GMC’ for NHS managers. A ‘license to manage’ should be a statutory requirement. Removal of the license would prevent incompetent, negligent or bullying managers being ‘conveniently moved sideways’ - or even rewarded with huge pay-offs - as has happened in some cases to date. This is immoral and under our proposed licensing system, they would be unable to apply for any other job within the NHS.

We want to see managers regulated. Doctors and clinicians are held responsible for everything that happens in the NHS but in many circumstances managers are making stupid, negligent or vicious decisions and hiding behind the clinicians. UKIP says this is wrong.

As Lucy Morrisey points out, the politicians answers suggest a clear split in the narrative, with three of the parties taking a fairly clear line on the need to regulate, guarantee competence and impose standards on management.

The remaining parties - Labour and the Liberal Democrats - take a more supportive angle, recognising the difficult job that managers have in the current system, arguing for supportive approaches including training and establishing any regulatory body with care to avoid unintended consequences.

Keith Oliver highlights the Conservative’s belief that the steps already taken following Francis are adequate, but says that its focus, which is “firmly on directors”, ignores many others in a position to make far-reaching decisions which affect patients.

As the Rt Hon Norman Lamb MP points out, there is a clear need to invest in management and leadership training for all NHS staff groups to ensure leaders have the tools to succeed. This is different from formalised regulation and these views suggest we need to shift the focus.

The NHS Leadership Academy is doing a good job but there is a need for continued investment in leadership training for all staff groups.

Lizzie Smith says that it isn’t hard to sell regulation as a tool for witch-hunting; a move the UKIP encourages. She adds: “There is always a need to pick up on individual poor performance but a regulatory system for managers built on this premise wouldn’t go very far in delivering improving health and care across the system.”

Annabelle Mark argues: “Management is not a science so guarantees come in the form of educational attainment, past experience and performance. Compliance with ethical codes and values are best understood by 360 degree feedback, unless politicians are looking for another stick to beat people with.

“In addition, specialist accreditation for health management may prevent others, including some clinicians, from becoming involved.”
Conservatives: Successive governments and leading clinicians have talked about joining up health and social care. We know that our health and social care services have to work differently to respond to the needs of our ageing population. That’s why we’re creating a minimum £3.8bn Better Care Fund to allow local authorities and the NHS to invest in joined up services.

Some areas have already started to join up health and social care. There are 14 Integration Pioneers already delivering great results for their patients. By integrating services, Greenwich has halved the number of people needing high levels of support, saving over £1 million from its social care budget and have had 2,000 fewer patient admissions.

In South Devon and Torbay, getting in touch with a social worker, district nurse, physiotherapist or occupational therapist previously required multiple phone-calls, but now all of these services can be accessed through a single call.

These pioneers are proving that a joined-up approach leads to timely, synchronised services. The result is better care for patients and more straightforward processes for professionals.

Labour: This is something Andy Burnham has been focusing on for the last five years. The artificial barriers between health and social care are getting in the way of the care of individuals. We have to integrate these functions because we cannot afford to go on with separate agencies with separate funding all fighting their corner.

We want to bring health and social care together in a way that doesn’t cause another major restructuring that wastes time, so the aim is to work through the current structure with the Health and Well-Being Boards being the principal agent and the CCGs playing a key role.

This will be a journey but integration is the name of the game. It will be hard work because the barriers between different agencies with conflicting policies, targets and funding formulas have to be broken down. The starting point will be getting different government departments in the same room to agree on a unified approach.

Liberal Democrats: Integration of health and social care has the potential to reduce bureaucracy. We are interested in integrated care, not structural integration. You could devote a whole parliament to merging and
reorganising structures in all sorts of different directions. We are not interested in that, although if, when you have a model of care right for the patient it makes sense for two organisations to merge then be so it. But it should not be the driving force. If it did, care of the patient would come last.

At the moment the NHS is fragmented and there are too many gaps for patients to fall between. Our vision is about joining up care, which means primary, secondary, mental health, social - everything. You could have a group of contractors that work collaboratively within a capitated budget, sharing risks and rewards, and end up with both better patient outcomes and a less bureaucratic system.

But there has to be a fundamental shift to out of hospital care. The Liberal Democrats would pool the monies at a local level and by 2018 there would be a single health and care budget. Green Party: Health and social care must be much better integrated to provide a whole person response to the needs of individuals. The Government’s Better Care initiative is a move in the right direction, but of course up-front funding remains an issue. In order to really see the benefit of investing in new integrated services, which we know will save funding in current areas of provision such as acute health services and freeing up hospital beds, there needs to be a period where both systems work in tandem until problems are ironed out.

Green Party policy is to increase funding for primary and preventive care, which includes comprehensive community-based social care, thereby reducing pressure on the more expensive secondary care services – but this will require pump priming.

Our vision for the future is for the creation of community health centres offering a full range of 24/7 services - diagnostic, minor injuries, GPs, nurses, mental health workers etc. This would be the ideal setting in which to organise and deliver social care.

UKIP: This will be revealed shortly in a new policy document but I believe that UKIP has put an innovative spin on the issue of integration. GPs will play a central part in the drive towards providing compassionate care, improving efficiency and providing better value for money.

Care coordination across care systems, particularly for people with chronic illness, is a challenge internationally as life expectancy increases and medical innovations save more lives. Across the spectrum the parties are serious about joining up health and care. The panel agrees with Labour that we are past the point of being able to afford separate health and social care systems in which patients fall between the gaps.

The Liberal Democrats’ preference for meaningful functional integration over structural changes, designing systems from the patient outwards rather than the other way around, is also welcome. They are right that the incentives have to be in place for health and social care providers to join up resources and bridge the gaps.

The Conservatives cite the £3.8bn Better Care Fund as a powerful incentive for the NHS and local government to work more closely together around individuals. However, as Sir Bruce Keogh has highlighted previously, there is an ongoing need for transparency around how this money is being spent and what constitutes value.

Lizzie Smith says that the Green Party’s proposal to create community healthcare services offering a range of 24/7 services is reminiscent of the cottage hospital and urgent care centre loop that has been attempted already. She adds that their proposal to integrate care is unsubstantiated by strategies for how this would be achieved and lacks credibility.

Annabelle Mark agrees with the Greens that pump priming is critical to change of this kind. However, she says that history shows a conflict between the different motivations of central government and local authority provision and that putting it all into one authority has its own risks too.

“A reversal of the reduction from 12,000 District nurses to 5,000 in recent years would be a start,” she adds.

The Liberal Democrats’ Norman Lamb, John Norton notes, says nothing about a shift of the costs between health and social care, particularly important in his view as social care budgets have been radically reduced.
Conservatives: The GP workforce does need to grow to meet rising demand, but we are not undergoing a recruitment crisis. We’ve made concrete progress on recruitment, with over 1,000 more GPs since 2010 and a new mandate for Health Education England that will ensure 50% of trainee doctors (currently 3,250) enter GP training programmes by 2016. These steps will increase the total number of GPs available by 5,000 and will mean 20,682 newly qualified GPs by 2020. GPs are the bedrock of the NHS and we have worked hard to reduce excessive box-ticking so that they have more time to devote to patients. For example, recent changes to the GP contract will reduce bureaucracy and free up GPs’ time. It is also important to remember the Prime Minister’s Challenge Fund to support innovative GP practices. As well as seven-day access and evening opening hours, the pioneer GP groups will test a variety of forward thinking services to suit modern lifestyles including Skype, email and phone consultations.

The Labour Party has already set out proposals to increase training places for GPs in the future. It is abundantly clear that primary care is facing huge pressures and these need to be addressed. However, part of the problem is that junior doctors are not opting to go into general practice as they did in the past and we need to understand what the factors are that are making working as a GP seem less attractive. It has certainly not been helpful to have a Secretary of State who, over the past year, has been vocal in criticising GPs. We also need to encourage new models of primary care. The Labour Party will not be prescriptive about that but we do want to encourage primary care to change the way it organises itself. If we do that we can make the lives of GPs happier. Having said that, we can’t ignore existing problems of access and we do need to tackle them.

Liberal Democrats: The Liberal Democrats believe that we need to drive resources towards preventative medicine and to do this we need to employ more GPs and to create the joined up teams that will deliver better care in the community care. In the west of my area of Norfolk, Admiral Nurses have been recruited to provide specialist care. We are undergoing the worst recruitment crisis for GPs since the birth of the NHS. How will you ensure that we have a workforce in place to cope with the additional demands the service faces?
for people with dementia and their families. The impression to date is this has resulted in reduced costs in admissions, demonstrating that good, strong community teams provide a return on the investment made in them.

However, we also need to look at how we can make better use of technology to support primary care through, for example, making it possible for GPs to carry out email consultations. GPs get on the treadmill of ten-minute appointments, which is soul-destroying in terms of their professional inspiration and prevents them from committing time to patients who really need their expertise and input, such as people with chronic conditions.

The GP is central to our vision of better preventative care. If you can create a vision for medical students of the future and they can see this is where all the action and innovation is going to be, then this will help address the recruitment crisis.

**Green Party:** It is clear that we need more GP training places but also to look at why doctors are not entering and retiring early from General Practice. In the current structure of the NHS, GPs are effectively running their own small business with all the pressures associated with this.

The Green Party would like to see them directly employed with a new model of support, management and career put in place. We also think it is important that more time is made available for CPD for all staff working within GP surgeries. Well-managed teams offering patient-centred care close to home is the bedrock of a humane and efficient NHS.

**UKIP:** It’s a difficult question. GPs are the most efficient part of the NHS and for most people the part of the service they have most contact with. But they are stretched to the limit and there is only some much they can do. They are desperate for an injection of cash, not least to update and expand their premises. However, finances are very tight and so this isn’t going to be easy to provide.

UKIP has listened to them to find out what takes up most of their time. The answer is admin, which can account for as much as a day a week. This is wrong on every level – the requirement for data collection has to be reduced and layers of bureaucracy stripped away. We need to look after GPs. General practice may not be the most exciting area of the NHS but it is the most important.

All parties recognise the importance of GPs to the health care system, the panel notes. Four of the five parties outline a commitment to create more training places and increase the numbers of GPs but alongside new models of provision. UKIP places greater emphasis on the need for investment in GPs, particularly around premises but also by reducing their administrative burden.

Only the Conservatives believe they have the recruitment and retention problem under control. John Norton says the party “miss the point” and fail to recognise that more GPs are choosing to retire earlier because of workload, demand and regular criticism from government ministers, as well as the media.

There is overall agreement that the working lives of GPs need to be made easier and unnecessary bureaucracy reduced, but Keith Oliver suggests that this is true across the whole NHS. He adds that since general practice has become an unpopular career choice for doctors, making more training places available won’t resolve the recruitment crisis until the reasons for this have been addressed.

**Verdict**

Lucy Morrisey describes the Green Party’s suggestion that new models go as far as to directly employ GPs as opposed the contractor model currently in place as an “interesting take” on this issue, while Annabelle Mark says that that the gender profile in general practice alone indicates that an employed workforce would work better. She notes that medical training is still largely focused on the secondary care environment and that the relative isolation of general practice will be unattractive unless size and activities increase.

Lizzie Smith thinks that the Liberal Democrats nicely make the link between job satisfaction for GPs and improving preventative care for the population. Whilst the Conservatives provide data on overall numbers, she says that the Liberal Democrats get to the root of the issue – the need to create joined up teams for community care, implementing technology to enable telehealth and creating a positive vision of primary care for medical students to encourage excellence in primary care.

As the single purchaser of primary care, she adds that NHS England should seek to support and incentivise leadership in this area.
What plans, if any, do you have to reduce the target burden across the NHS?

**Conservative:** We have reduced the burden of targets, but we should also be proud that we have one of the most open and transparent systems in the world. NHS Choices and myNHS.net publish more in-depth and detailed information about the safety of hospitals than ever before, such as nurse staffing levels, infection control, and cleanliness, and this allows for greater public scrutiny of local services and drives improvement.

**Labour:** There is no way to avoid high level targets because we have to be accountable to the public through parliament for what the NHS is doing. But I do think it might be possible to reduce them if, as a result of doing so, it can be shown that we are freeing up people to help deliver better health and social care. The Labour Party is definitely open to having a conversation about how can we do that.

**Liberal Democrats:** I am a pragmatist on this issue. Many, if not most, well-run organisations set themselves objectives or ambitions on how they can improve the way they operate, so I see no difficulty in setting some sensible targets. And I absolutely see the need for individual patients to have an entitlement to access treatment in a defined period. We have those standards in place but the big transformation we need is to introduce them into mental health, so we have a level playing field.

**Green Party:** There is undoubtedly scope for a reduction in the number of targets service providers have to meet. However, broadly speaking we accept that the universal nature of the targets is useful and that without them inequalities might get worse. What is important is that they are used to improve the quality of services and not as a stick to beat them with.

**UKIP:** There is no doubt that targets can be useful but we mustn’t get obsessed with them or let them become a tick-box exercise without real meaning. And they need to be evidence-based. It doesn’t make sense, for example, to rank GPs practices on the rates of breast-feeding they achieve - this is a personal choice. In terms of other targets, such as waiting times, we think that it is important to listen to what frontline clinicians have to say.

**Verdict**

It is clear all parties agree there is a place for targets to ensure individual patients can access care and treatment in an appropriate timeframe and for organisations to measure how they are doing and where they can improve. However, Lucy Morrissey notes that two parties (Labour and the Green Party) queried whether there could be fewer and that all wanted to make sure that the targets were sensible and played a role in the drive for improvement.

All agreed that targets should be used in the spirit of which they were intended as opposed to being a burden or to be obsessed over.

Lizzie Smith agrees with Labour that reducing the administrative burden of targets needs to be balanced with confidence that this frees up staff to improve care – the role of technology and healthcare information systems would be an obvious answer but isn’t addressed by any party.

She applauds the Liberal Democrats for highlighting mental health as a key area for focus and says it would be interesting to find out their proposals on what this would look like in practice: “It’s a challenge that needs to be addressed given the current pressures on mental health provision.”

Keith Oliver says that the Conservatives’ statement that the target burden has been reduced is not one that the majority of healthcare managers would recognise in reality. Targets, he adds, undoubtedly have a part to play in performance management across the NHS, but they generally represent ‘point in time’ measures which are proxies for health system problems (eg; four-hour wait), are open to interpretation and take up time and resources to measure.

He further notes that, although transparency is to be applauded, a small number of targets or measures that are clear, unambiguous and inexpensive to process would be more welcome than the present dozens that healthcare organisations have to collect.

Annabelle Mark makes a general observation: “Targets skew behavior to enable gaming for success against them. Unless that is curbed we will have problems. Published success leagues without penalties might be more effective, but this is a cultural issue.”
How important is the independent sector’s current role in health and social care and how will it develop?

Conservatives: Independent sector providers have long been present in providing care to NHS patients. The independent sector currently delivers around six per cent of NHS services. It is the role of healthcare commissioners (including local doctors and nurses) to make decisions on services to ensure that patients get the best possible care, whether from NHS or non-NHS providers. Patients have to be the focus and local clinical staff and patients are best placed to understand those local needs.

The Labour Party: is bitterly opposed to the Health and Social Care Bill 2012, which has led to the enforced marketisation of NHS services. We are clear there will be a return to a position where the NHS is the preferred and greatest provider of most clinical services. There is a role for the private or voluntary sectors - but only in situations where there is a capacity issue or where NHS provision is not doing the job.

The Liberal Democrats: believe both private and voluntary sectors have roles to play but it is critical that all services offer the highest possible level of care. There has to be a level playing field, where organisations are held to account on their quality of care rather than whether they are from one sector or another. Polling shows people are most concerned about quality of care. I don’t see a case for a radical rush towards the private sector. The evidence is that there has only been a tiny, incremental move. Most existing contracts continue without going out to tender.

Green Party: There is no place for the private sector in providing healthcare services if the NHS is properly funded and planned for. The private sector currently cherry picks the most profitable services. The patient and payment system is so unbalanced that the public sector is left to pick up those that are not properly funded. There also needs to be better controls in place to ensure better accountability where the private sector is currently involved in providing services.

UKIP: The private sector has an important role to play in relieving the pressure in some parts of the NHS but it cannot be seen as a replacement. UKIP believes that core services absolutely have to remain in the direct control of the NHS. That’s fundamental and non-negotiable.

Verdict

The panel notes that “unsurprisingly” all parties make a clear commitment to the NHS providing the majority of services as opposed to the independent sector. However, it notes that there is also division - from complete opposition to private provision to recognition that it is sometimes required to provide extra capacity to alleviate short-term pressures.

James Chal supports the latter view and says that where the NHS is not able to meet the needs of the population – leading to long waits in the NHS (he cites the 12 to 15 weeks for physiotherapy as unacceptable) - the commissioners should look to purchase excess capacity from the independent sector for diagnostic, treatment or community care services. Currently, he says there seems to be a delay between what the GPs are reporting and the CCGs commissioning additional community services.

The Liberal Democrats and Conservatives place much more emphasis on the sector being less important and the quality and provision of care taking priority. However, Keith Oliver points out that, although the Conservatives are more accepting of the role of the independent sector, they distance themselves from the extent of its use by stressing the role of local commissioners in choosing providers.

Annabelle Mark takes issue with Norman Lamb’s comments. Data published by the Department of Health shows that 10% of contracts are going to the private sector, she says. “This is not a tiny proportion. Neither the workforce nor the user has ever been given a say in the sale of these publicly owned assets, and until and unless all parties commit to exemption of the NHS from TTIP negotiations it is disingenuous to suggest there is nothing of concern.”

John Norton notes that while the Green Party would close the door on the private sector and recognises the “cherry picking” that goes on, it does not say anything about maintaining capacity if the private sector is shut out.
**Conservatives**: Independent assessments, such as the Care Quality Commission’s (CQC) tough new inspection regime, give patients and the public a clear understanding of how well their local hospital, GP or care home is doing. Ratings also make it clear to Trusts and other NHS organisations how they are performing in comparison to their peers. The CQC has given us the clearest picture of NHS performance to date. Ratings, combined with the new inspection reports, give us a greater understanding of what “good” care looks like and what action needs to be taken to address poor care. However, a Trust knowing that it needs to improve isn’t always enough. This is why we have introduced the new system of Special Measures for those the CQC decide need to receive support to improve the safety and quality of their services. This support includes establishing partnerships with other Trusts performing well in areas where the need for improvement had been identified, as well as appointing an Improvement Director to help ensure the trusts stuck to their action plans.

**Labour**: It can play a role. I was chair of a Trust that was visited by the CQC and was a pilot for the new inspection process. My impression was that great efforts had been made to make it more peer-led and I found the final report quite useful. But improved quality and safety cannot be achieved by regulation alone particularly in the current blame and risk averse culture which permeates so much of the regulatory interface with the NHS. I want to see much more drive and energy given to an improvement strategy which will embrace the high quality of much that is done with a culture of encouragement and support to developing and improving services. More stability in managerial leadership would not come amiss either.

**Liberal Democrats**: Smart regulation and inspection is an essential element of a good system but we also see risks in over-inspection or regulation, particularly if confusing accountability exists. So inspection has to be simple and effective. There is definitely a role for an effective CQC with the inspection regime focusing more on substance than it has in the past, when often inspection has been a tick-box exercise. The involvement of clinicians and service users in inspection teams is welcomed, as is the rating of organisations so that there is some sort of objective measure of success. However, you don’t change culture by regulation. Culture comes from within an organisation. You inspire people by creating a learning culture where everyone is focused on providing the best possible care. That’s why inspirational leaders and managers, who give staff a sense of ownership, control, influence and voice, are so important.

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**Scotland**

The NHS in Scotland is facing significant pressures at the same time as having to make major changes to services to meet future needs, according to a report by Audit Scotland in October 2014. The report revealed that NHS boards’ revenue budgets increased by just over one per cent in real terms in 2013/14, and that smaller real terms increases were planned from 2014/15 onwards. Cost pressures, such as staff pay costs, the growing costs of drugs and other health technologies and rising pension costs, exacerbated this tight financial situation.

The Scottish Government had set out an ambitious vision for health and social care to enable everyone to live longer,
**Verdict**

There is a great deal of consensus between the parties that inspection is needed to demonstrate how well an organisation is performing, but there is some concern (Labour / Lib Dems / Green) that the present systems tend to be viewed as a stick to beat an organisation with - it becomes another performance management system, rather than a valued tool to identify areas for improvement.

Lizzie Smith says that the response that leapt out for her was the Labour statement that, ‘drive and energy given to an improvement strategy which will embrace the high quality of much that is done,’ is a powerful driver of improving standards. She agrees inspection alone will not build a culture of continuous improvement but says it is one piece of the overall improvement strategy.

Similarly the Liberal Democrats focus on building leaders and managers who can inspire a learning culture to improve care. I agree inspection does help guard against poor care and act as an incentive to improve. The NHS has a unique workforce with a shared motivation – to make a difference through caring for others – the challenge is how to tap into this effectively to improve standards across the board from the frontline upwards.

Lucy Morrissey thinks that despite the Conservatives’ view that the Special Measures Regime is to provide support to improve services, it is unlikely that the Trusts who are subject to this feel it is entirely supportive as they report on their action plans.

Keith Oliver agrees. He says that whilst the new CQC approach appears to have more validity than the previous version, it still effectively adds to the target burden. “The concept of Special Measures doesn’t feel as supportive as described,” he adds. “I think that health commentator Roy Lilley has expressed the feelings of most managers with regard to the value of inspection!”

**Northern Ireland**

Health and Social Care in Northern Ireland, along with the remainder of the UK, is facing significant financial challenges.

In October 2014, Health Minister Jim Wells welcomed the £80 million which had been made available to his Department in 2014/15 through the June and October Monitoring Rounds. However, he added: “given the scale of the challenge I face, even with this additional funding there will still be consequences for the provision of health and social care services.

It will simply not be possible to maintain current levels of service provision in the absence of all the required funding.”

The £80 million additional allocation, he said, would focus on the provision of front line services. However, while the additional funding would permit £14 million of investment in elective care, this was much less than the full extent of the pressure and thus the current restrictions on the use of the independent sector would have to continue.

Some £31 million would be devoted to protecting unscheduled care, investing in domiciliary care and addressing the implications of Trust contingency plan proposals.

Meanwhile, Northern Ireland’s A&E performance is the worst of the UK’s four countries.
Managers and clinicians are on the same side - striving to provide the best possible patient experience of care in an increasingly challenging environment - but there are tensions in the relationship. IHM is making a 'call to action' to address them.
Tension between clinicians and managers is a long-standing and multi-factorial issue, fed in part by the difficulties each professional group may have in understanding one another’s priorities. The endless cycle of reform in the NHS has not been helpful. Structural change within any organisation almost invariably creates strains and the relationship between clinicians and managers, which has been described as ‘fraught’ and ‘tense’ (Health Service Journal, 2012), may have been one of its casualties.

A small survey (just over 200 managers) carried out by IHM recently, confirms that this is an ongoing issue. Nearly three-quarters of managers (74%) said they thought the relationship between the two groups of professionals could be defined as “a partnership with areas of tension” or “a relationship of tolerance with frequent tensions”. A similar number (73%) thought the relationship would stay the same or get worse over the next five years.

Further back, a 2007 review from the Health Foundation revealed the reasons for this tension: “Different health professional groups largely inhabit separate hierarchies and networks, often with surprisingly little inter-communication. Thus, different professional groups often do not define quality in the same way. Moreover, the processes of determining what constitutes good or quality practice within an individual profession are complex and sometimes divergent between different professional groups.” (Davies et al, 2007).

Nevertheless, in recent years an increasing importance has been placed on clinicians working in multidisciplinary teams and across professional and organisational boundaries, so finding solutions to address this divide need to be found.

The requirement to find a way forward is supported by a growing body of research evidence from researchers that shows clinical leadership improves quality and outcomes for patients. Indeed, Veronesi et al (2012) found that those NHS hospital trusts with larger proportions of doctors on their boards were more likely to achieve high quality ratings, lower morbidity rates and higher patient satisfaction.

Clinicians and managers have both highlighted a number of facilitators to fostering a positive relationship. They include; trust, mutual respect, support, accessibility, visibility, good communication, close proximity, mutual interdependence and friendship (HSJ, 2012). None of these, however, can be plucked out of thin air and the IHM is making a number of “calls to action”.

One of these is for clinicians and managers to explore each other’s roles and responsibilities through paired learning and shadowing initiatives, such as those piloted at Imperial College Healthcare NHS Trust during 2010-11. Clinicians and managers were invited to spend time learning about each other’s roles and responsibilities.

IHM believes that joint management training programmes and events should support these initiatives. Clinicians, like managers, need development and support. Respondents to the IHM survey suggested that they would benefit, in particular, from training in managing staff and budgets, business planning and organisational change.

It will also be important to create working environments that encourage informal interactions between clinicians and managers to help build trust and interdependence between the two professions.

Small, informal changes in working environment have the potential to improve the clinician-manager relationship. Close-proximity to one another can lead to relaxed, spontaneous contacts outside of the formal working setting. Sharing an office, being down the corridor or sharing a kitchen area have all been cited as possible ways to enhance accessibility and cultivate strong relations (HSJ, 2012).

In the past, doctors have been accused of cynicism and suspicion regarding managerial motives (Wilkinson et al, 2011). Frequent informal interactions can help alleviate these uncertainties and build trust between professionals who are ultimately striving to achieve the same goals.
Engaging with the IHM Professional Practice Framework

The NHS Five Year Forward View identifies the need for better management of healthcare moving outside of traditional boundaries and settings, including new ways of working. This calls for a consideration of what skills and knowledge are needed by healthcare managers and IHM has developed the Professional Practice Framework (PPF) to give a clear picture of what good management looks like and how it can be a part of transformation of services as well as a personal and corporate responsibility.

The IHM PPF provides all the information needed to focus on the values and behaviours that underpin good healthcare management today and into the future. We are working with organisations that share this vision and actively engage with their workforce to ensure their managers are supported, celebrated and recognised.

GPs to receive funding to improve premises

NHS England has announced that it is to make a £250m investment in GP premises every year for the next four years. A recent British Medical Association survey suggested that four out of ten practices felt that their current premises were not adequate to deliver services to patients.

Under the new investment plans, GPs across the country are being invited to submit bids to improve their premises, either through making improvements to existing buildings or the creation of new ones. They will need to set out how practices will give them the capacity to do more; provide value for money; improvements in access and services for the frail and elderly.

NHS England says that the new funding, alongside its incremental premises programme, will accelerate investment in increasing infrastructure and accelerate better use of technology. In the short term, it will also be used to address immediate capacity and access issues, as well as lay the foundations for more integrated care to be delivered in community settings.
Overall public satisfaction with the NHS increased to 65 per cent in 2014, according to the British Social Attitudes survey. This is the second highest level since the survey, which is carried out by the National Centre for Social Research, began in 1983. Dissatisfaction with the service fell to an all-time low of 15 per cent.

Social care had far lower satisfaction levels than NHS services – just one-third of respondents reported being satisfied.

Labour supporters’ levels of satisfaction with the NHS also jumped 11 percentage points, those for Conservative supporters remained roughly the same and Liberal Democrat satisfaction levels increased by five percentage points.

Other key findings:

- GP services remain the most popular NHS service with 71 per cent of the public satisfied in 2014.
- Outpatient services experienced an all-time high in satisfaction levels of 69 per cent in 2014, almost rivaling general practice as the most popular NHS service.
- Inpatient services showed little change with a satisfaction rating of 59 per cent.
- For accident and emergency (A&E services), satisfaction increased from 53 to 58 per cent between 2013 and 2014, after fluctuating in previous years.

However, as the King’s Fund points out, official measures of performance tell a different story: there have been well-publicised performance problems with high-profile targets such as the 4-hour A&E waiting time standard and the 18-week maximum wait from referral to treatment. At the same time, the media has featured negative stories about the financial position of NHS hospitals and the need for additional investment.

The charity concludes: “We know that what drives changes in satisfaction is not straightforward – and almost certainly is never simply satisfaction with the NHS per se, for all respondents to the survey. Political beliefs, attitudes towards the government of the day, media stories and expectations of the NHS will shape people’s satisfaction.

“So, while satisfaction improved in 2014, this is not necessarily synonymous with an improvement in the actual performance of the NHS, nor does it simply reflect an actual improvement in satisfaction. Nevertheless, it is clear that public satisfaction with the NHS and support for it as an institution remains high.”
The NHS, and as such its employees, are under a great deal of pressure to deliver high quality care in increasingly challenging circumstances. Issues around staffing levels, the viability of seven day GP services, as well as combining the health and social care budget, are among some of the key concerns addressed in the Five Year Forward View.

The report, published by NHS England in October 2014, outlined a series of recommendations to reform the NHS, arguing that the current model is unsustainable. Among them was a promise for managers, to “back diverse solutions and local leadership, in place of the distraction of further national structural reorganisation”, alongside a recognition that in order to support the proposed changes, the national leadership of the NHS “will need to act coherently together, and provide meaningful local flexibility in the way payment rules, regulatory requirements and other mechanisms are applied.”

Simon Stevens, Chief Executive of NHS England will deliver a short presentation, followed by an interactive Q&A session to discuss some of these issues.

Who should attend?

This event is suitable for anyone interested in the future of the healthcare service, particularly students looking for insight and advice on the next steps for their career. Frontline and support staff, especially those in a leadership role, can take the opportunity to find out what the Five Year Forward View means for them and their patients.

Other speakers include:

Shirley Cramer CBE Chief Executive IHM and RSPH
Jill DeBene Vice Chair, IHM London and Southern England

To book a place, return this form to Heidi Sangha at hsangha@ihm.org.uk

Simon Stevens: Next Steps for the Five Year Forward View
18th February 2015
28 Portland Place, London, W1B 1LY
Chaired by:
Peter Ramrayka CIHM, FRSPH, Chair IHM London and Southern England