# NHS Devolution:

## *The Devil is in the Details*

Buddhdev Pandya MBE
Former Director of Corporate Affairs and Policy of British Association of Physicians of Indian Origin.

While we welcome devolution, it is time to place the clinicians in the driving seat of planning services.

Cite as: Pandya, B. (2017) NHS Devolution – The Devil is in the Details. ***Sushruta*** 10(1):12-13
DOI: 10.38192/10.1.5

In 2015, then the Chancellor George Osborne surprised Manchester with an announcement that £6 billion of health and care spending would be devolved to Greater Manchester. The proposal was hailed as representing a big offer to the northern powerhouse. Mr Andy Burnham, in opposition at the time, reacted with criticism that if he were health secretary he "wouldn't be offering this deal". In contrast, of the ten councils that signed this deal eight were Labour- controlled. Even Lord Peter Smith, Labour, who was chair of Greater Manchester Combined Authority had felt that the plans would mean services could be tailored around the needs of people living in Greater Manchester. Earlier, Ed Miliband, the Labour Leaders was advocating for a new culture of public services where power wasn't simply devolved to people but to councils.

In 2012 Burnham, spoke at the King's Fund where he argued for fully integrating health, mental health and social care into a system of whole person care. He envisaged the role for the NHS limited to merely an 'advisory' status, giving more responsibility to the local government. Mr Simon Stevens, the Chief Executive of NHS England said, 'As the NHS approaches its 70th birthday, we are now embarked on the biggest national move to integrating care of any major western country. He pledged to end the 'fractured' health and social care system, reducing an unnecessary journey from pillar to post for many patients.

Sir Bruce Keogh, NHS England medical director wants tear down those administrative, financial, philosophical and practical barriers to the kinds of services our patients want us to deliver.' This year in June a second Greater Manchester-style devolution deal has been struck in Surrey Heartlands. The Health and social care devolution deal was agreed. The Conservative Government has made local devolution within the cities and regions of England one of its central policy reforms. Eight more accountable care systems (ACSs) are expected to bring together local NHS organisations, in partnership with social care services and the voluntary sector. Mr Stevens has described the accountable care systems as "the biggest national move to integrating care of any major western country".

This returns us to the political rhetoric of the need for more funds for the NHS. The total spending on health in England is predicted to rise to over £125 billion by 2020. The NHS is also being asked to find £22 billion in austerity savings by 2020, when it needs to keep up with rising demand. The Government claims that it will be giving the NHS an extra £10 billion by 2020. As the war of words escalates, the leader of the Opposition feels that the NHS is in crisis and has accused the Prime Minister of being in denial.

The reality is that the modern NHS faces severe pressures, with most of the NHS trusts across the country spending more than the revenues they can bring in! However, one can barely remember a period when the NHS was without the cry for more resources! There is a more sinister devil embodied in the NHS culture requiring greater strategic intervention. In February 2016, the Labour Peer, Lord Carter in his final report advised Health Secretary Jeremy Hunt that hospitals must standardise procedures, be more transparent and work more closely with neighbouring NHS trusts. His report identified many areas where 'prudent' management can help save funds and make the services more efficient. He said, "implementing the recommendations in his report will help end variations in quality of care and finances that cost the NHS billions".

There is a huge shortage of consultants and nurses, in addition to a decreasing number of GPs in the system. The trade unions are claiming that the chaos is due to the mismanagement of the workforce, while the Government maintains that there are more places to fill than the shortages! Meanwhile, trusts are heavily reliant on locum doctors and nurses, spending millions that benefit private sector agencies. Speak to any NHS clinician or front- line worker, and most would be able to point out, both the mismanagement and waste of resources that otherwise could have helped improve services. The reason they feel that way is borne from their experience in real time and impacts upon the careers of the carers, clinical personnel and others involved in front-line service provision. More seriously, patient safety is severely compromised when the administration is muddled, and limited resources are poorly employed! There is an atmosphere of sheer frustration that the management – the NHS Trust Boards – are failing to listen or act upon their concerns

Over the years, many trusts seem to have found themselves riddled with complex disputes between the staff and their managers. The culture of fear, distrust and unfair treatment through grievance and disciplinary processes has become a common experience of most victims of the system. Often the 'club culture' pounces on the victims when it comes to claims of bullying, whistle- blowing or simply asking for rights to be respected. The rapid turnover of managerial staff, jumping from one senior position to another, is also largely evident. Most clinicians would agree that those at the bottom of the 'food chain' remain no more than spectators, with little recognition offered. These issues have led to the wasting of time and resources in many ways. It has brought into question the issue of competence of the supervisors and managers in fulfilling their responsibilities more prudently.
Instead of clinicians with expertise leading the processes and being engaged in improving the outcomes, a plethora of bureaucrats virtually dominates the planning and mechanism of the services. Their rivalry can even lead to failure to resolve issues amicably or provide

empowerment to the individuals in the workforce in order to contribute towards improvement. The consultation processes in most cases are merely an exercise in ticking boxes to endorse fancy tag-lines and slogans of various campaigns promoting exemplars of good service.

Considering primary care, including the GP services, referral processes, A&E and community care provisions, all are in a desperate situation. The board of directors of the NHS trusts largely rely upon the expertise of their chief executives, human resource directors and medical directors to provide strategic policy guidance and a logistical roadmap to achieve the implementation of good governance. In all practical sense, these post-holders are the 'movers and shakers' with the boardroom. The key to the change is that those holding senior positions need to be in tune with their own workforce and managers. Tackling troubled hotspots and influencing the dynamics of change is an uphill struggle, with the ultimate responsibility resting upon the board members, their potential, and the political will to hold these persons accountable.

Thus, the NHS trusts cannot escape their responsibilities in taking proactive steps to provide more conducive working conditions to improve efficiency. First, there must be recognition that there is huge waste through the mismanagement of human resources as well as processes, both requiring innovative lateral thinking. If there is any notion of jugaad or innovative thinking, then the Government should begin reviewing the composition, the powers and the regional accountability processes of the NHS Trusts and the associated agencies under 'devolution of autonomy'.