Editorials

Health care in hard times:

holding the line

As a wounded administration limps into the Brexit negotiations, and our cities reel from unprecedented events, the central importance of a properly-funded, public healthcare system has never been greater. We can only guess at the longer-term repercussions of the political and social tragedies of the first half of 2017, but we can be pretty sure that the National Health Service will need to think of ways of keeping up standards without much, if anything, in the way of new resources. The health service, and the people that work in it, is now in the eye of the storm of austerity, social inequality, violence, fear, and loss. Doctors, nurses, and everyone else in the service are being faced with the consequences of the religious, cultural, political, and socioeconomic divisions and conflicts that successive shocking crises have exposed. If ever there was a time to pull together and stand shoulder to shoulder, it is now.

WORKFORCE

A first priority must be to secure the NHS workforce. We depend heavily on the contribution of clinical and non-clinical colleagues from all parts of the world, and to a very great extent on those from the EU. Ensuring that they are not merely made to feel welcome, but are reassured that this is the case in law, is crucial. The application procedure for 'indefinite leave to remain' is too slow and tortuous to achieve this in time. Senior medical colleagues, whose homes are in mainland Europe, are on the verge of moving overseas because of the uncertainty that they and thousands like them presently face. Abandoning this senseless bureaucracy and retaining valued NHS and other workers could make a critical difference to capacity in the service.

THE INTERFACE

The next priority is for genuine collaboration across primary and secondary care. We have paid a high enough price for the corrosive divisions between general practice and hospital medicine, created by the very foundation of the NHS, and it is time to do everything possible to get rid of them. Sustainability and Transformation Partnerships (STPs) have the potential to build genuinely integrated services which are clinically effective and cost-efficient, but concerns about turf, issues of trust, and stubbornness in the face of change, dog many well-intentioned attempts at delivering real transformation. The Five Year Forward View[1] suggested two possible ways of working between general practice and hospitals — the Multispecialty Community Provider model and the Primary and Acute Care System model. The former was, by and large, the preferred option but it offers little encouragement to work effectively across the primary:secondary divide. The importance of integration is emphasised in the April 2017 report from the House of Lords on The Long-term Sustainability of the NHS and Adult Social Care,[2] which is essential reading. It is strongly critical of political short-termism and incoherent planning. It concludes that the NHS and adult social care system is not sustainable as it is today. Clinicians and managers on both sides of the interface now need to take their medicine and consider other options, including a single employer with joint recruitment, professional development, and HR structures, joint infrastructure and estates strategies, more co-location of clinical services (remember GP hospitals?), and much more mutual representation and interaction on key decision-making and delivery groups. The House of Lords' report proposes merging NHS England and NHS Improvement and the creation of an Office of Health and Care Sustainability to ensure and oversee long-term planning.

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PROMOTING THE NHS

We must do something about the unremittingly negative image that the NHS has acquired. There is cognitive dissonance between meeting and working with incredibly dedicated, hard-working and fulfilled staff, in all parts of the service, and a picture of demoralised, depressed, and disillusioned doctors and other professionals, desperate for retirement. Of course there is a recruitment and retention crisis, but we are unlikely to make things better by painting an increasingly negative picture, which creates a vicious downward spiral, and not thinking hard enough and urgently enough about what it is about working in general practice or hospital medicine, in some settings, that makes people want to leave. In the general practice context, this is one area in which intelligence, analysis and suggestions from RCGP Faculties and BMA Local Medical Committees should be fed into STPs' workforce strategy discussions.

DE-POLITICISING THE NHS

Is it too much to hope that recent events might have set the scene for the de-politicisation of the NHS? The survival of the government already depends on cross-party collaboration, and in a recent *BMJ* editorial,[3] Chris Ham, Chief Executive of the Kings Fund, says that it is unlikely that a solution to the social care dilemma can be achieved without some kind of cross-party consensus, without which the quality of publicly-funded social care will continue to deteriorate. This is enormously important, because of its direct relationship to the ability to discharge patients from hospital into their homes and other residential settings, and to avoid re-admission, because of the crumbling social fabric and over-stretched social care workforce. First-contact care in general practice frequently

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has strong socioeconomic determinants, with 'deep end' practices caring for the most difficult patients but receiving the fewest resources. The Inverse Care Law is alive and kicking all across our green and pleasant land. Once again, the implications of a hard Brexit cast a shadow over health and social care in this country, even before the financial consequences of an adverse economic 'deal' for the UK are factored in to NHS and social care funding.

THE PROFESSIONAL ENVIRONMENT

Much more attention needs to be paid to the professional and social environment in which people are expected to do difficult jobs. Over the years many of the social structures that formed a kind of professional, reciprocal, altruistic glue within the profession have, one by one, disappeared. Accommodation for junior doctors, the doctors' mess, in many hospitals the firm structure, in many general practices partnership working, provided a refuge from unremitting demands. Now some hospitals provide almost nothing for doctors working at night. Changes in the demography and aspirations of the general practice workforce may be having unintended adverse consequences. Part-time and portfolio working in the early part of a GP's career may get in the way of becoming as clinically proficient and confident as necessary, so that instead of having a sense of control and self-sufficiency during a surgery, the young GP is always on the back foot, always worried about the complexity and demands of the next patient. Multi-site and short-term working can lead to professional isolation and lack of peer support. The poor quality of the built environment in which clinicians and other NHS staff are expected to work is often a metaphor for not caring about the workforce — the NHS has a lot to learn from parts of the private sector about how to make its employees feel valued in their working environment.

HEALTH OF THE WORKFORCE

The service has been slow to catch up with the need to pay attention to the prevention and care of psychological problems and burnout in the healthcare workforce. De-stigmatising psychological and psychiatric problems, from the beginning of medical education onward, emphasising the need to take as much care of ourselves and each other as our patients, and providing structures to detect and deal with problems at an early stage, as well as having in place safety nets for the casualties of the system, are essential components of medical professionalism.

None of this equates to an appeal for extra money, but is an appeal for the return of civility, respect, and kindness in a profession that seems to have lost some of these attributes. A highly-functioning NHS is going to be needed more than ever in the coming years, and everyone in positions of influence, and that means all of us, need to do all we can not only to secure the future of the service, but to promote the values that once made this unique service the envy of the world.

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