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April 2020

Lancashire & North West magazine

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In this Issue...

What is Good and Bad about the NHS?

This April edition of your magazine offers a huge selection of articles and other contents which feature locations, events, personalities and fascinating topics to hold your interest while we look longingly through rain clouds to the coming Spring and Summer.

For places, read about the towns of Bolton and Bury plus the present and exciting future for Morecambe with the likely creation of the Eden Project North featured in our January edition. If the mysteries of the past appeal to you then read about the fairies, witches and legends of the beautiful Healey Dell near Rochdale. And Mike Biles tells us about the little-known, remote and mysterious stone circle of Swinside - or is it Sunkenkirk?

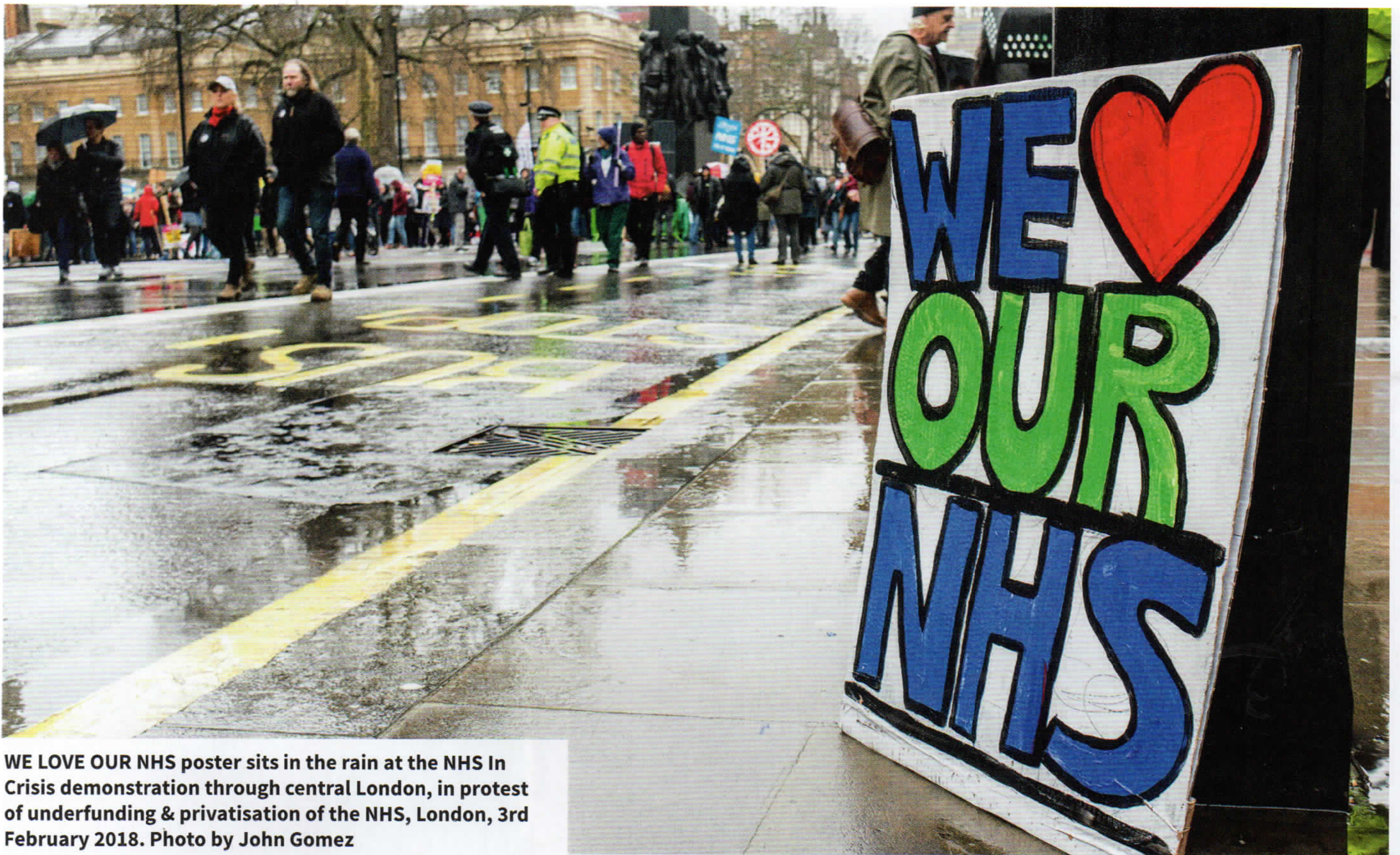
The range of events in our region is always surprising. 'Red Hot Chilli Piper' performances in April and May are described in our What's On column. Read about the Royal Horse visit and – on a sadder note - the Holocaust Memorial Day – 75 years after the surviving prisoners of Auschwitz were liberated and the horrors of the Holocaust were discovered. Closer to home we hear that old and not-so-old soldiers who served in the Queen's Lancashire Regiment between 1970 and 2006 have been invited to the unveiling of the a QLR memorial in the National Memorial Arboretum in Staffordshire.

Personalities loom large as we have features about Eric Morecambe, George Michael and the TV Chef Jean Christopher Novel who is the latest special guest of this year's Lakes Hospitality Trade Show – the 45th! We also hear from our own personalities through the monthly columns of Di Wade, Peter Rutt and Robert Green.

Andrew Harris has delved into the workings of the National Health Service. After consulting widely and gathering evidence he describes what is good about it (dedicated NHS health professionals) and what is bad – hopelessly fragmented organisations and bullying. If you agree with his conclusions you may like to send a copy to your MP and/or GP. The article explains how it can be downloaded.

Read our features about being a fool on the 1st of April and about Easter on the 12th. For other tastes we have articles and advice about antiques, food, gardening, clocks and much more. There really is something in this edition for everyone.

Best Wishes from The Lancashire magazine



WE LOVE OUR NHS poster sits in the rain at the NHS In Crisis demonstration through central London, in protest of underfunding & privatisation of the NHS, London, 3rd February 2018. Photo by John Gomez

What is good and bad about the NHS?

By Andrew Harris

The National Health Service is one of Britain's towering achievements. Created in 1948 it provides healthcare which is funded from the public purse and free for everybody at the point of delivery. It was arguably Britain's biggest ever step towards a fair society and has occupied the 'moral high ground' ever since. It avoids the waste and unfairness of insurance-based systems and is politically untouchable but struggles to cope with the expectations it has created. So what is good and bad about the NHS and what can we do about the latter?

What is good and beyond doubt is that with few exceptions NHS health professionals are skilled, competent and dedicated. But there are too many stories of NHS health professionals becoming disillusioned with the NHS as an employer – although it comprises about 700 different organisations – and unable to provide the service they would like to. Other stories involve the bullying and departure of whistle-blowers who – amazingly – have no choice but to 'whistle-blow' to the organisation which employs them. A random selection of six experiences is revealing.

Margaret McCartney is a GP in Glasgow. Writing in the British Medical Journal she talks about the 'silo mentality' in the NHS which results in information not being shared with other health professionals who need it. Separate NHS organisations duplicate work without sharing results. She comments – 'Silos need breaking open but the NHS creates and enforces these working patterns daily. Often people in one silo don't know their opposite numbers, let alone what they're saying or what influence they exert'.

Philippa George – not her real name - has worked on NHS maternity wards for 15 years and become so frustrated that she has written a book – ***The Secret Midwife***. She tells how she returned to work after giving birth to her only daughter to find a new 'them-and-us' culture with management increasingly only communicating with staff via terse emails.' Philippa says 'I used to be able to give one-on-one care; now that is a thing of the past. I'd look after a woman in the initial postnatal bit, help her with a bath, something to eat, clean clothes and moving to the ward. Whereas now, before you can even sit down and do your paperwork you're pulled out of the room and told they have another woman for me.' Philippa adds that during her time in the profession the number of managers has doubled while the number of midwives has halved. 'There are managers for managers for managers' she comments then explains that 'Some of the best midwives with loads of experience quit at 50 without a shred of

Photo: Alan Morris

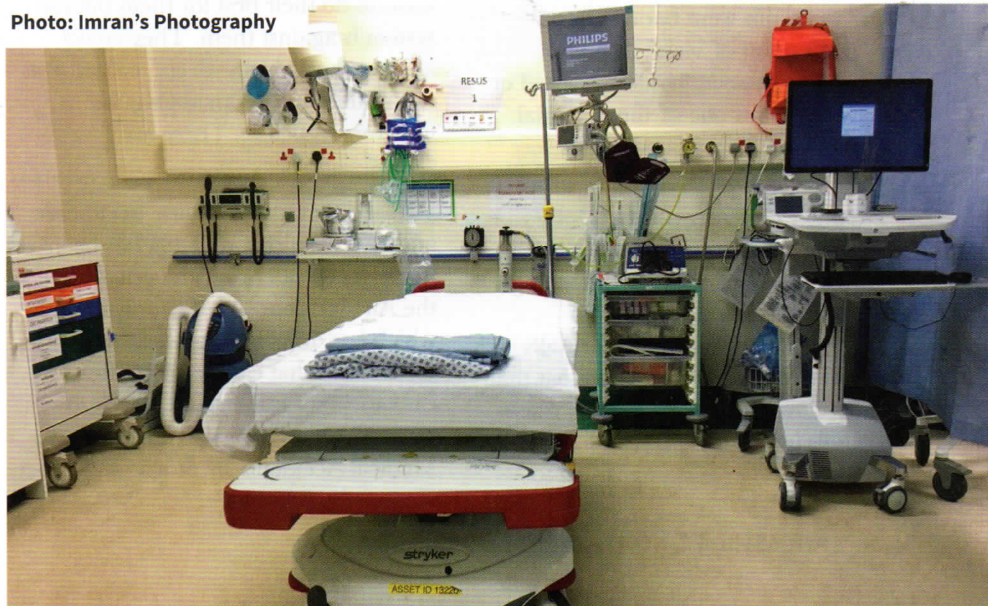
regret. They've just had enough.'

Staff at the West Suffolk Hospital Trust are desperate to 'finally get things changed' after the Care Quality Commission criticised the Trust for making some staff feel unable to raise concerns 'without fear'. After a whistle-blower had told Jon Warby about failings that contributed to the death of his wife the Trust demanded that doctors provide fingerprints and handwriting samples in an attempt to identify the author of the anonymous letter to Mr Warby. The CQC downgraded the Trust from 'Outstanding' to 'Requires Improvement' and its report recorded that 'Communications to staff were perceived by some staff as threatening in nature (and) could discourage staff from raising concerns'. We return later to NHS attempts to deter whistleblowing.

In 2007 the BBC broadcast a programme in which Sir Gerry Robinson – former chairman of Granada Television – reviewed how Rotherham General Hospital was managed. The main battlefront was between the consultants and managers. Even minor – but worthwhile – change was resisted and not helped by the absence of a collective or 'management team' approach. The programme evidenced the existence of 'silos' with little or no effective contact or co-operation between different professions – and with consultants being disdainful of managers. Gerry Robinson got the best idea from a nursing sister and spent much time 'banging heads together' to achieve just one reform which resulted in much better use of an operating theatre. His main conclusion was 'The NHS needs to learn that you don't solve problems by throwing money at it and not every problem actually needs money to solve it'.

In our own region the investigation - established by the Secretary of State for Health - into serious incidents in maternity services at Furness General Hospital found 'A series of failures at almost every level – from the maternity unit to those responsible for regulating and monitoring the (Morecambe Bay Hospital) Trust'. The report added 'The nature of these problems is serious and shocking and it is important for the lessons of these events to be learnt and acted upon – not only to improve the safety of maternity services but also to reduce risks elsewhere in NHS systems' The investigation revealed that 'A letter from a consultant obstetrician set out concerns raised by one of the incidents to the clinical director and medical director but failed to prompt any documented reaction'. Significantly, a complaint arising from another incident that was felt likely to generate adverse publicity was reported to the

Photo: Imran's Photography



Board and an external investigation was commissioned'. This suggests that the priority was the corporate reputation and prospects of the Trust rather than the safety of patients.

The most shocking example of managerial bullying is the hounding of Urology Consultant Peter Duffy FRCS MD by the same Morecambe Bay Hospital Trust. Peter Duffy took up his post in 2000 working mostly in the Royal Lancaster Infirmary. In 2005 he expressed his concern about a colleague who appeared to be playing golf instead of undertaking a crucial operation and later appeared to be involved in possible overtime fraud. For the next 10 years he was subjected to 'malicious, toxic and utterly false allegations' including four anonymous letters to the General Medical Council and allegations to the police. They were distressing to Mr Duffy but nothing resulted as there was no substance to any of them. A President of one of the Surgical Royal colleges later described his predicament as an 'across the board failure by the NHS, the regulators and the law in their duty of care to (Peter Duffy) and the patients'.

In 2015 Peter Duffy was transferred to the Furness General Hospital – a commute of about 92 miles taking more than 2 hours each day. He was later voted 'Doctor of the Year' by colleagues and patients but the Morecambe Bay Hospital Trust unlawfully cheated him out of thousands of pounds of payments due to him and proposed that his base be moved from Lancaster to Furness hospital which would have deprived him of any payment for these daily journeys. Faced with these and other hostile acts Peter Duffy resigned and launched a claim to an Employment Tribunal for Constructive Dismissal. Witnesses who could have supported Peter Duffy's claim were told that if the claim went badly – from the Trust's point of view – then the Urology Department could be closed or dissolved. All but one of the potential witnesses were intimidated in this way and could not appear.

Despite these threats Peter Duffy won his case and was awarded £102,211 by the Employment Tribunal – including a sum for 'unlawful deduction of wages'. The Trust has never formally apologised and had the gall to gloat that 'whistle-blowing' was not proven when the details had to be withheld for purely technical reasons - it is impossible to

One of the many posters seen at the NHS AT 70 rally, London, UK, demanding the NHS be publicly owned and that is free for all with proper funding & staffing, London, 30th June 2018. Photo: John Gomex

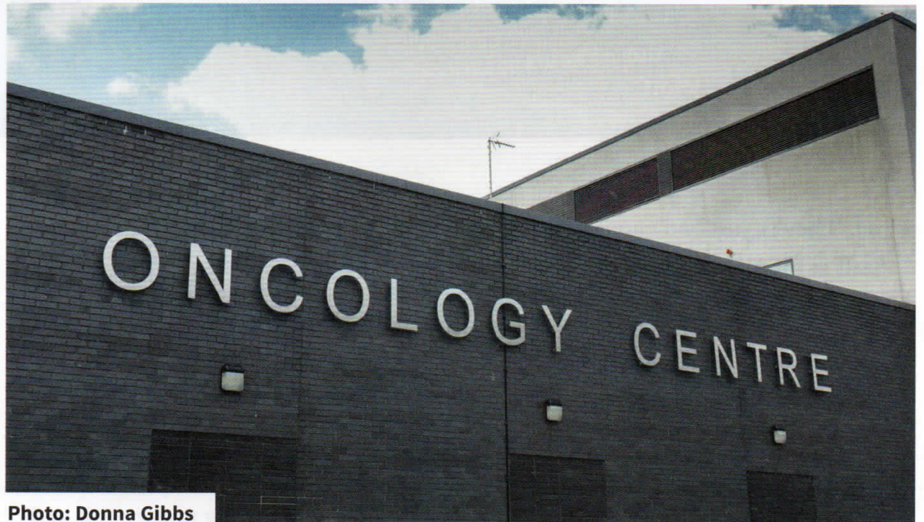


Photo: Donna Gibbs

prove that the resulting harassment was linked to what went before. Mr Duffy has told his story in his book ***Whistle in the Wind*** and – to his surprise- has just been voted 'whistle-blower of the year' by Middlesex University.

Virtually all NHS health professionals care for their patients and want to do their best for them but the system is against them. They could achieve their aims with six real reforms rather than just re-arranging the furniture as before. These are –

1

It is difficult to compare healthcare and civil aviation but flying has been made much safer over the years by the Air Accident Investigation Branch which has draconian powers but focuses on what can be learnt from each incident rather than who is to be punished or awarded damages. A Medical Accidents Investigation Branch under another name could learn from mistakes then revise and improve procedures. Whistle-blowers would be anonymous and safe and NHS HR managers would face penalties if they attempted to interfere with potential witnesses or otherwise 'pervert the course of justice'. Present penalties - like losing at an Employment Tribunal – punish a health trust with a fine funded by taxpayers. The prospect of personal penalties or imprisonment would change the behaviour of managers who too often 'stitch-up' health professionals who report their concerns.

2

NHS health professionals achieve great results despite the structure of the NHS rather than because of it. All 700 NHS organisations are vertically integrated. They all operate with different budgets, staff and boundaries ranging from local (CCGs) to local authority districts (Social Care) to

Photo: Imran's Photography

Photo: Chris Dorney

Photo: Malcolm T Walls

Photo: Syda Productions

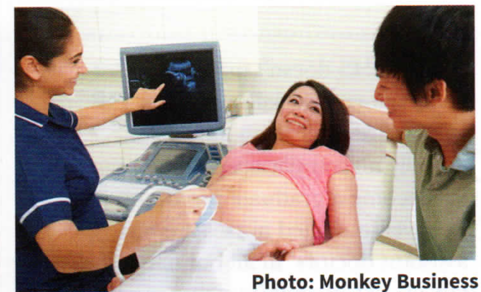
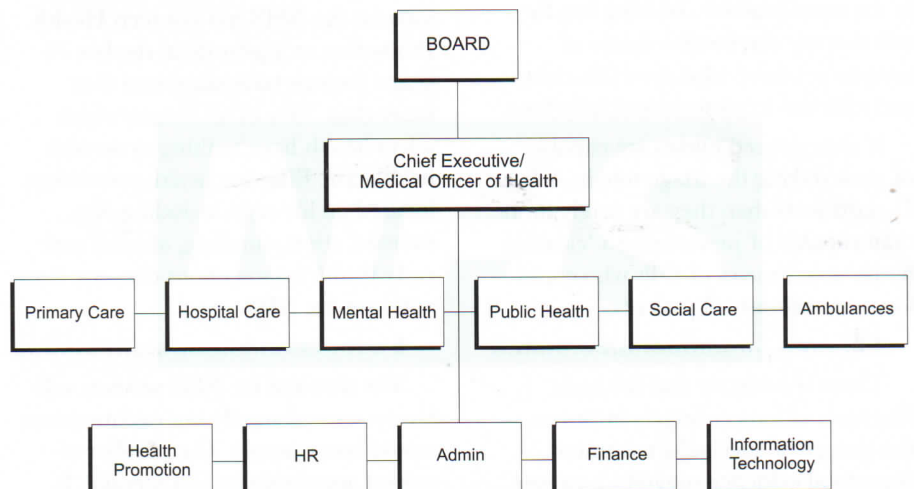


Photo: Monkey Business

Photo: Monkey Business

part-counties (Hospitals) to full counties (Mental Health) to the whole region (Ambulances). This results in Margaret McCartney's 'silos' where health professionals in different organisations struggle to work as a team to meet the holistic needs of patients. Awkwardly, many patients – especially the elderly and vulnerable - do not have just one health issue but two or more. The boundaries rise from local services up to the chief executive and Board level. Conscientious staff find their way across these boundaries by personal contacts but the structure should make this easy and normal. It doesn't. This may sound unrealistic but consider the creation of the North Cumbria Integrated Trust in October 2019. This is one of 14 experiments in the UK to unite primary and hospital care. Its scope is limited but an encouraging step toward fully integrated local health services. See the chart on the right.

FULLY INTEGRATED LOCAL HEALTH SERVICE



Demonstrators at the NHS AT 70 rally, march through central London, demanding the NHS be publicly owned and that is free for all with proper funding & staffing, London, 30th June 2018. Photo by John Gomez

3

The NHS doesn't make the most of the enormous skills available. GP doctors are a 'clearing house' for virtually all complaints although nursing has become a graduate profession and such well-qualified nurses are now 'assistant doctors' in all but name. Up to half of all GP appointments can involve stress and mild to moderate mental health issues yet trained counsellors – for talk therapy – are seldom available in the same practice. Waiting lists for talk therapy can involve delays of months yet those who need this cheap and effective treatment need help now.

If experienced nurses are capable of undertaking the triage role in A & E Departments then they are surely more than capable of performing a 'clearing house' role instead of GPs who could focus on seriously ill patients.

4

There is evidence that the early diagnosis of cancer hugely improves the chance of successful treatment. Anecdotal evidence suggests, however, that it can take 3, 4 or 5 visits to their GP before they are referred to a specialist for a scan and treatment. For many, it is too late! The alternative is to allow rationed self-referral to regional or sub-regional Cancer Diagnostic Centres. The normal route would be via a GP but they are not infallible. Such rationed self-referral would save lives. Winston Churchill preached the mantra of 'trust the people'. Perhaps we should.

5

Aneurin Bevan was the founder of the NHS. He believed that the provision of good healthcare would improve the health of all and reduce the need for treatment. Although more and more cures have been discovered since his forecast the NHS has not seen Health Promotion as a priority in the last 72 years. Experts have suggested that more than 70% of all factors which affect health have nothing to do with healthcare. Effective health promotion focused on life-style including diet, exercise, stress, smoking, alcohol and early health interventions can save lives and save the NHS.

6

The demand for NHS services will always exceed supply but two measures would boost supply. The number of missed appointments is a scandal. It would not be a betrayal of the 'free at the point of delivery' principle to penalise those who don't attend appointments without good reason. The bigger issue, however, is social care. Those who cannot be safely discharged after treatment due to age or infirmity are big challenges to themselves and the NHS as they block beds needed for others. Social care MUST be part of the Local Health Service envisaged by this article.

This article is a tribute to the work of NHS health professionals. But just imagine how much better the NHS could be if local services were integrated in far fewer organisations with fewer managers, clinical failures investigated, lessons learnt, whistle-blowers protected, bullying banned, happier clinicians deployed to best effect, missed appointments reduced and bed-blocking tackled in a caring way. Now THAT would be the envy of the world!

Andrew E. Harris has consulted widely and based his assessment on managing public, private and voluntary sector organisations – including two health charities – over 45 years. The images are procured from Shutterstock except the chart which is by Bridge Graphics of Southport. This and previous articles can be seen at www.andreweharris.co.uk