

Solve the attitude problem and start caring

Tinkering with structures and systems won't make the NHS better. Just ask the patients

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The NHS reorganisation in England is now being reorganised — or as Andrew Lansley, the Health Secretary, told us this week, it is having a “natural break”. At last there is a sense that the Government is listening to the concerns that have been raised. But where does this all leave patients?

The proposed NHS reforms are all about structures and systems, but they miss what really matters: the attitude of the staff. Those who are acutely or chronically ill, or concerned about their care in the future, need to know that they will get what they need when they need it. They need to know that they will be treated by clinicians who are properly trained, up to date and who care. It is all about attitude.

The culture of the NHS is hard to measure, but we all know when we encounter bad attitude. The catalogue of reports about failures in care continues. The Health Service Ombudsman's report on care of the elderly told us what we all know: that there are pockets of appalling care. Some of the baby-boomer generation are even suggesting that it would be wiser to commit suicide rather than having to rely on care, implying that infirmity renders you somehow less dignified or a burden on others.

Yet there are pockets of excellent care too. When it is really high-quality, it enhances a sense of personal worth in the patient, can restore dignity and

can allow a person to live a full life in spite of disability or infirmity.

Excellent care is like a delicate orchid: it needs nourishing and cherishing. Bad care is like having weeds in the garden: no matter how often you root them out, they pop up again just when you are not looking.

So with all the NHS reforms approaching sooner or later, the commissioning board will be central to setting standards that are high enough to raise the minimum bar, with monitoring that is robust enough to detect at a very early stage endemic failures such as those seen so dramatically in Mid Staffordshire.

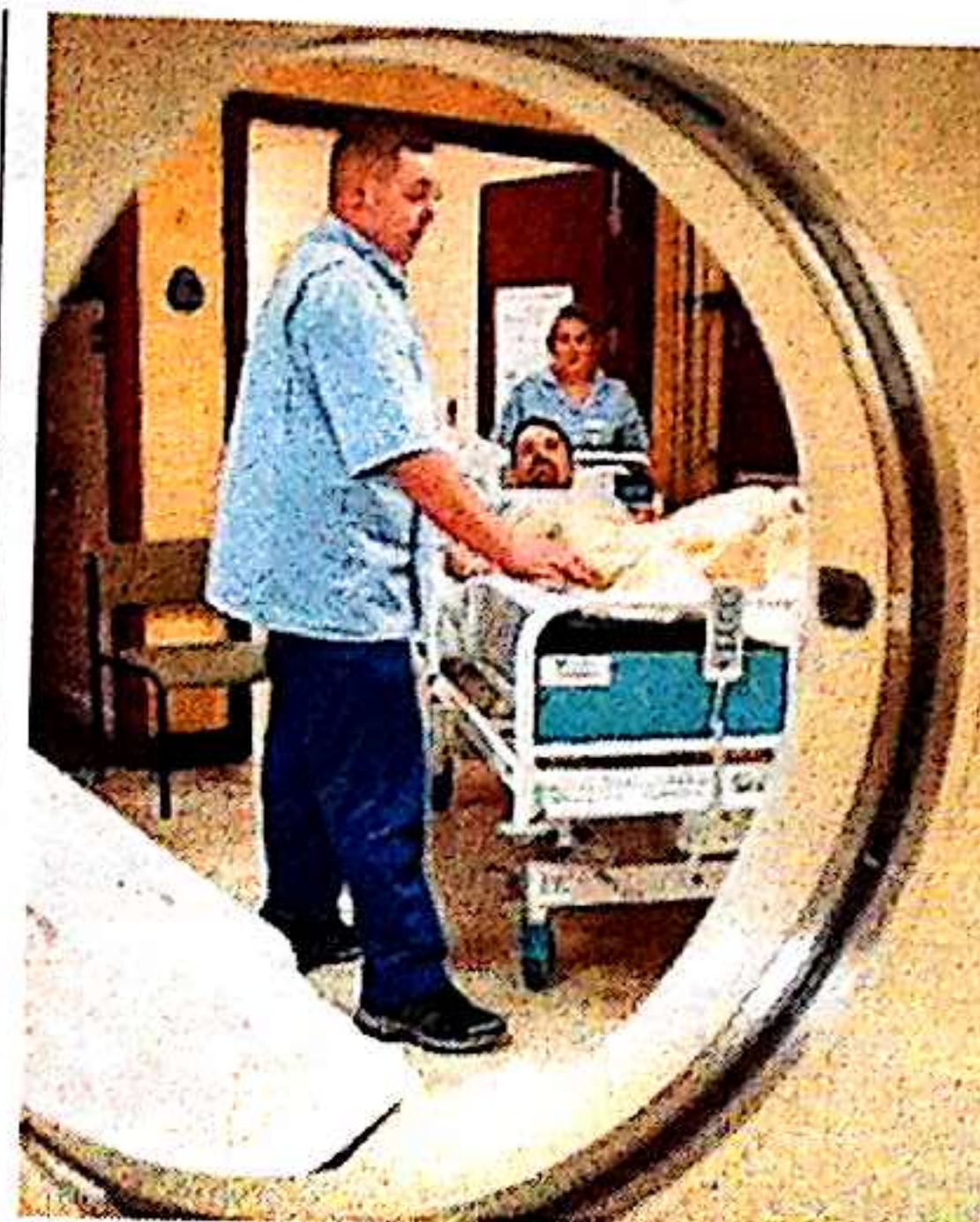
This national board needs to tackle some of the bigger problems of attitudes. Employment legislation and weak human resources departments combine to make it very difficult to get rid of staff with a bad attitude. Take the case of a nurse who is known to be a bully. She makes the lives of junior

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doctors hell, has reduced many to tears and undermines them in front of patients. Despite a pile of complaints by staff, the employing organisation feels that it cannot get rid of her, or even formally retrain her.

Dismissive, uncaring attitudes have to be tackled head-on. Empowering the patient voice will be the only way to ensure the sort of feedback that is needed. A dynamic, systemic way to get feedback on the patient's experience needs to be embedded in every aspect of the service.

Patients are frightened to lodge a complaint for fear of retribution, so



Hands-on care needs to be the most valued of activities in the NHS

disasters often only come to light when someone has died. That is not good enough. Services need to know what they are doing well and what they are doing badly.

In Wales, feedback from patients on their experience of specialist palliative care is now embedded in the system. Patients complete a simple 0-10 scale in response to questions such as: was your care timely? Could you trust those looking after you? Were your needs addressed? Was the environment clean? Were you treated with respect and dignity?

The results are astonishing. It has provided the ammunition to increase services from weekdays to having specialist nurses working seven days a week, with consultant advice available to any healthcare professional round the clock.

This is innovative, better care — but the Welsh Assembly Government, like NHS Scotland and NHS Northern Ireland, has not gone down the route

of massive upheaval. These devolved nations want professionals to provide the best possible service of clinical care, to take responsibility personally for each patient in front of them. Each time a patient is seen there should be a simple question: “If this were my mother — or father, or sister — what would I want for them?”

In places there are signs in England too, of a changing culture. One orthopaedic surgeon in Oxford reported that his attitude towards individual patient care had been radically changed by the feedback he had received. A paediatrician in Walsall said that this was the most effective method of making his department more patient-focused than anything he had done in 20 years.

If the culture of the health service is to change, we need to know that those providing care did their best and knew what they were doing. Hands-on care needs to be the most valued of activities, whether undertaken by those at the top or the bottom of the career tree. Senior nurses must get back to delivering clinical care, not run from it to administrative senior posts.

But to expect a good attitude from NHS staff means that they need to be respected too. How can accident and emergency staff, for instance, be expected to remain caring and efficient in the face of an apparently never-ending stream of alcohol-fuelled abuse and disorder on a Friday and Saturday night?

Unless the flowering of good care is nurtured and the strangling, destructive weeds of bad care are constantly rooted out, all the money spent on NHS reorganisation will improve nothing.

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