Clinical Medicine 2011, Vol 11, No 1: 3–4

From the editor

'A really useful editorial'

It resembled a telephone directory but on closer inspection proved to be a copy of *The directory of NHS management*.[1] This tome, of nearly 1,000 pages, contains detailed listings of contributors to every management activity of the NHS organisation in England, Northern Ireland, Scotland and Wales. A small random selection of topics by way of example include medical and nursing management, clinical governance risk management, finance, health promotion, complaints, estates, electronic patient records, and training and education. Names and contact details are included with around 150 entries per page which gives a good sense of the scale of the publication.

It is tempting to suggest that the discovery of this directory might have led to the publication of the White Paper *Transparency in outcomes – a framework for the NHS*.[2] Although not obvious from the title, it proposes to cut swathes through the NHS management structure including the abolition of the specialist health authorities and primary care trusts.

Those with some years of experience in the NHS will have witnessed a huge expansion in the management workforce but, in parallel, it does not require experience in medical management to appreciate the huge demands, for example in measuring and achieving numerous centrally imposed targets and the time and effort needed to put in place the financial aspects and controls in the implementation of contracting. What are the realistic prospects for reining in the number of people employed in NHS management and what would be the outcome for the standards and quality of patient care?

Addressing these questions seemed to provide a good opportunity to write 'a really useful editorial' where all the government plans for the NHS could be read and the views expressed analysed and summarised so that clear conclusions could be drawn concerning the benefits and risks of the proposed changes. As in so many endeavours (including the current proposals for change to the NHS), this proved much easier in theory than in practice.

A careful review of the evidence suggests that reorganisation has thus far been a triumph of hope over experience[3] and there is little evidence to show that it has produced much or any improvement.[4] A recent National Audit Office review of reorganisation of central government pointed to high costs, a poorly managed process, an adverse effect on performance, and benefits which were unclear.[5] Initial comments from a large range of experts cover a wide spectrum of opinion but overall pervaded with an air of pessimism.[6]

Some commentators suggest that the health secretary sets too much store by the ability of GPs to make better use of resources[7] and that they are driven more by patient-centred values than government targets.[8] GPs will clearly need, and wish, to work together to develop the best outcomes for patient care[9] but even at this early stage doubts have arisen as to whether the proposed NHS reforms can ever be implemented.[10]

Much points to the wide gulf between medical and political planning. The medical, and predominantly scientific, approach for any proposed new developments is a controlled study of the innovation compared to the current best treatment followed by a statistical evaluation of the outcome to distinguish differences between the benefit from the new treatment and that which may have occurred by chance. Further small-scale implementation would then follow to determine the benefits and disadvantages before national implementation could be recommended.

The new coalition has to plan, develop and implement proposals, and demonstrate benefits well before the next election is due – a time span of little more than four years. Resistance can always be expected to any new plans so that unbridled enthusiasm is essential to win the day. There is little time for pilot studies or small-scale assessment. Get the main thrust of the proposals in place and then look at the detail during implementation. Resist attempts to derail the proposals: this development, unlike previous attempts, will succeed. Those resisting change are labelled as old fashioned while supporters are seen as forward-looking individuals. There may be some financial advantage in place for groups joining the new approach in the first wave to encourage doubters.

The editorial hasn't quite answered the questions posed at the outset. This outcome reminds me of the road sweeper in our village who would call every year to ask my father to complete his tax returns: 'I never did learn to read or write but, mind you, I am talented in other ways.' And indeed he was. The roads in our corner of the village were never as well looked after either before or since his time in the job. The 'really useful editorial' may not have achieved its original purpose but has perhaps been valuable 'in other ways'.

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Robert Allan

Clinical Medicine 2011, Vol 11, No 1: 4–5

Tackling the social determinants of health: of giants and men

Fiona Adshead

The Royal College of Physicians (RCP) policy statement *How doctors can close the gap* was launched at a conference in June 2010 and was supported by 18 months of work and several policy dialogues on this key agenda.[1]

As the day opened it was hard not to think of the giants who had gone before on 'whose shoulders we stand'.[2] A fitting tribute to Sir Douglas Black who 30 years earlier, during his own presidency, wrote *Inequalities in health*, a seminal publication which put this agenda on the map and has formed the foundations of the policy debate ever since.[3] His work inspired a generation of doctors to take forward the agenda through research and practical action. How appropriate then that the RCP, led by the immediate past president, should champion work on inequalities in health in partnership with many other colleges, faculties and organisations to shape the response of today's and tomorrow's doctors. Leadership and how it underpins this agenda was central to the day's theme, coupled with the real desire to move forward into practical action.

The day brought together the key themes of the report and the proceeding policy dialogues which explored the inter-relationships between the big global challenges facing health, climate change and chronic disease, and how today's doctors can tackle tomorrow's problems. Climate change, chronic disease and inequalities have many common features and interdependencies. Each is a complex systems problem requiring both societal and individual action. Each challenge the way societies are structured and lives are lived. Each, by their very complexity, raise some difficult questions about where to start, what to prioritise and how best to secure traction. All are problems that can at the same time compel the desire for action and overwhelm in scale and complexity.

Throughout the day delegates were reminded that doctors in their daily work come into contact with the lived experience of inequalities in their patients, and that this brings policy to life in a unique way. Encouraging examples followed of practical action, improved services and communities whose lives had been changed. As Sir Michael Marmot stated, much has been achieved in the last 30 years and if further progress is to be made then tough choices will be needed.[4,5] Inequalities are not inevitable but sadly neither is the necessary action to tackle them.

So what to do? In reflective mode, a discussion was prompted by a question on whether doctors were part of the solution or part of the problem. Who in the end was best placed to act? Others such as politicians were surely better placed to tackle this complex agenda. In the end it seemed that the crux of the debate centred on two inescapable truths: that we all need to act in whatever capacity we can, but we have to choose to do so.

The ability to inspire a generation to act is a rare gift. A recent event at the Royal Society where the moon mission astronauts met the next generation reflected on exactly how that happened in space exploration.[6,7] Over a 10-year period the Apollo programme had 400,000 people and hundreds of organisations working on the seemingly impossible task of

Fiona Adshead, international adviser on the social determinants of health, Royal College of Physicians, London

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