

Letters to the editor

OVERVIEW

Please submit letters for the editor's consideration within 6 weeks of publication of the Future Hospital Journal. Letters should ideally be limited to 350 words, and sent by email to FHJ@rcplondon.ac.uk.

Regulation and risk

Editor – Your observations about the place for regulation (Evans TW, *FHJ* October 2014 pp 67–8) are well made. In 2010 the prime minister's Risk and Regulation Advisory Council, of which I was a member, mapped *The risk landscape*¹ to demonstrate how challenging it is to ensure that regulation is proportionate to the risk against which such regulation aims to protect. It is not only the patients who stand to gain from regulation. There is an industry of 'risk actors', regulators, lawyers, insurers, standard setters and politicians who make a living from, or hope to gain re-election by, their participation. The direct costs of regulation include the salaries and expenses of those involved. There are also indirect costs, for instance for the time demanded of others to demonstrate compliance. Doctors are well aware of the effort that is needed to achieve revalidation but such costs are rarely considered, in part because they are difficult to quantify.

Those indirect costs may be very high indeed and bear little relation to the cost of the potential risks from which the regulation purports to protect. Even the best regulation cannot mitigate risk completely, while the obligation to comply with regulation takes precedence over other activity which may be of greater benefit to patients, for instance innovation. Professor Caldwell is correct in suggesting that regulatory processes can be over-engineered, unnecessarily cumbersome and expensive. I believe that it is beholden on Government and other responsible 'risk actors', including the Royal Colleges, to avoid the temptation to add to the regulatory burden. By all means let there be transparency on patient experience and outcomes. Let resources be used to improve both rather than to support a regulatory bureaucracy and the livelihoods of the 'risk actors' involved. ■

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Reference

- 1 Risk and Regulation Advisory Council. *The risk landscape: Interactions that shape responses to public risk*. RRAC, 2009. Available online at <http://webarchive.nationalarchives.gov.uk/20100104183913/http://www.berr.gov.uk/files/file51457.pdf> [Accessed 8 December 2014].

Thinking differently about complaints in the NHS

Editor – Dr Haxby sets out a refreshing call for managing complaints in the NHS more positively (Haxby E, *FHJ* October 2014 pp 103–7), citing the Francis report.¹

Though complaints may be an opportunity to bring patients and healthcare organisations (HCOs) closer together, they are often delegated to middle managers who are expected to synthesise replies from several consultants (who may not fully trust the complaints process) into a single Frankenstein letter linked with bureaucratic language. The language of such responses as well as the delay can further alienate patients or their relatives.

Trusts seem unlikely to move away from what they perceive as the safest medico-legal stance, but complainants could be engaged constructively by a senior medical professional acting as their advocate in parallel with the bureaucracy. Such a person could open a dialogue in the language (and medium) of the complainant, while assessing and investigating complaints on their behalf without admitting liability, pending and hopefully invigorating the eventual bureaucratic response. Such a dialogue would allow candour about the finite resources available in the NHS. If the advocate were sufficiently senior, perhaps someone either side of retirement, they could engage consultants and other health professionals effectively, driving improvement within the Trust. (One could even imagine a 'chamber' for different local HCOs.)

The drawback to any paradigm shift required to meet the requirements of the Francis Report would be the cost in the short term. ■

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Reference

- 1 Francis R (Chair). *The Mid-Staffordshire NHS Foundation Trust Public Enquiry*. Department of Health, 2013.