MRSA ACTION UK: Drive to Improve Quality in the NHS

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When asked to write an article for Health Global on the "Drive to Improve Quality in the NHS", I reflected on the whole of our health service from before the birth of the NHS up to the present day. To do this I spoke to my parents and grandparents on what healthcare was like prior to the 5th July 1948 and the birth of our NHS.

Birth of the NHS, 5 July 1948, Park Hospital, now Trafford General, Manchester - healthcare changed forever in the UK

They told me of stories of adults who suffered terrible ailments and afflictions, of children who died from the most common of childhood illnesses. Women who suffered prolapsed internal organs left untreated because they could not afford to pay for medical treatment.

Men who suffered from hernias, twisted limbs and lung diseases which they could never afford to have corrected because of the system that was in place prior to 1948.

5 July 1948: Sylvia Diggory, the first NHS patient, meets Nye Bevan

When Aneurin Bevan introduced the NHS, over 90% of the British Public at that time signed up to be covered by a system of healthcare that meant rich and poor were treated alike, that poverty was not a disability and that wealth gave no advantage.

Aneurin Bevan, with the stroke of a pen, improved the quality of healthcare for millions

Aneurin Bevan, with the stroke of a pen, had improved the quality of healthcare for almost the entire population overnight. His founding of the NHS was the greatest move that a capitalist democracy had made for its people at any time in the history of the world because it meant that people could be treated according to need and not means. Bevan wanted, however, to remove the fear of becoming ill and to replace it with a system that gave quality care for all.

Since the birth of the NHS there has always been a conflict of quantity, quality and cost associated with providing healthcare in the UK. Over the intervening years we have seen change within the NHS, not always for the better, because whilst medical treatment has advanced, so has the cost and successive governments have attempted to push through more patients in an effort to keep the cost down, in effect more units (patients) for the pound.

Inevitably, pressure on the quality of the service has become strained resulting in more and more mistakes being made with patient care. This has manifested itself in medical errors and epidemic levels of healthcare associated infections. Yet unlike modern industry over the same intervening years, the NHS has been slow to learn.

Industry captures data, as does the NHS in its day-to-day operations, however unlike industry, whilst the NHS is very good at capturing this data, its achievements in using and feeding back the data across the whole of the NHS is, I would say, dismal.

In a drive to improve quality of care the National Patient Safety Agency was set up as a safety watchdog in the NHS, similarly the former Healthcare Commission and now the Care Quality as regulators have failed to coordinate this data and to learn from it. Events such as Maidstone and Tunbridge Wells and Mid Staffs should have been watersheds to improve the quality of care for patients, in the same way the Aberfan disaster turned a corner with health and safety legislation making every industry safer, and the outcome was quality improvements for everyone.

Governments, since the founding of the NHS, have also failed as the organisation that procures the health of the nation; they too have not played their part in improving the quality of care for patients. Inquiries such as the Health Select Committee on patient safety, while useful, as yet nothing has come from that. High quality care and the drive to improve it has to mean patients receive dignity, respect and courtesy, as well as the best medical care available. It does not mean patients being left lying in their own faeces, missing meals, medications, being ignored or contracting avoidable healthcare infections.

High quality care should also mean meeting the needs of the families of those patients as well.

“Approaches by management differ but some are likely to be more sustainable particularly when the focus is on the overall improvement in quality. “Despite consensus on good practice, staff often fail to see the link between actions and impact on safe care” *National Audit Office Review - Reducing Healthcare Associated Infections in Hospitals in England.*

Politicians and staff within the NHS say they want this service to be the best in the world. Being the best means you are successful, but excellence means being at your best delivering a world-class standard.

On a drive to improve quality of healthcare we must accept that the NHS will have to fundamentally change from the one born 60 years ago. To attain a world class health system and to drive improvements in quality of health care, we will need radical thinking and the political will to excel, which will mean being better tomorrow than yesterday. This implies that standards of excellence continually change. Each hospital’s safety culture and organisational effectiveness does have a direct influence on the quality of care received by those using the service. If the value of excellence and quality can be rooted in the hospitals culture then the organisation, in my opinion, will find ways to improve itself.

It matters little how efficiently a hospital functions or how good the training, supervision and procedures are; it matters little how well the best worker, doctor, nurse, cleaner or manager perform their duties. Those people cannot perform better than the organisation supporting them in giving high quality care.

Giving patients the right to choose and book should be a means to drive up quality within the individual trusts as people vote with their feet. The Government initiated Lord Darzi’s review High Quality Care for All, dubbed a “once in a lifetime review”, and invited me to represent the Charity on the quality working group. The group looked at what was needed to improve quality of care for patients and their families and comprised people from various backgrounds within the private and public sector. After Lord Darzi reported his findings, little seems to have changed.

High quality care is in their hands

I believe, as the Chair of an organisation representing victims of healthcare infections, that we need to look to those private industries that deliver high quality services to their customers. There is much that the NHS can learn from companies that have introduced systems of working that have improved the quality of their products and services for their customers. In general, we like to receive quality in everything that we purchase in our lives, yet when it comes to healthcare we just seem to accept that this may or may not be received, if our loved ones or we go into hospital.

The NHS for the 21st Century giving clean quality high quality care

Therefore, the question is, can the NHS provide rising standards in quality of healthcare with limitations on its funding?

I believe it can. The NHS will have to rethink its methodologies and introduce systems to eliminate waste in both time, cost and errors so that this can be reinvested in higher quality care for its patients.

Failure to do so will inevitably mean that while there is pressure on quantity (patient throughput) and the drive to reduce cost (pounds per patient), the level of the quality of service will always be strained and the drive to improve the quality of healthcare in the UK could grind to a halt.

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