



Doctors' Policy Research Group

Culture Change
After Mid Staffs

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Giving evidence to the Francis inquiry, the NHS Chief Executive claimed that the conditions at the Mid Staffs trust did not represent a systemic failure in NHS care, as it was the only hospital to have been flagged up with failing care. Counsel for the inquiry termed his assertion “naïve” and “dangerous”.

Now that we know that a spate of hospitals have similar problems to Mid Staffs, the judgement of senior figures within NHS management, none of whom apparently challenged the Chief Executive's assertion, must be called into question. Most of them are still in positions of influence. An organization is unlikely to undergo a step change in its thinking if those in charge belong to the *ancien regime* or are promoted from within it.

It is clear that there are many failings in the way the NHS was and is run. 'Command and control' was the inevitable result of the introduction of line management and the 'corporatisation' of the service in the 1990s and 2000s. Patient care became secondary to the survival of the organisation, often with disastrous results.

It is tempting to hold culpable the entire senior NHS management team for the terrible failings in care that are now daily media staple. But in reality the system has been subject to such pressure from the public, professionals, media and politicians that all perspective was bound to be lost and the focus on patients wandered. It has bred a culture of fear which has prevented senior doctors from speaking out, for such actions would almost certainly have led to censure and possibly dismissal. This however is not an excuse, as senior clinicians with an overriding duty of care towards patients should have been more resolute: they are professionally accountable in this regard.

The first part of the solution is not more regulation and more inspections. Whilst we are told that with rights come responsibilities the converse also applies – with the responsibilities that are placed on doctors and nurses should come the right to take charge of wards and to have more control over the way that individual 'patient level' services are delivered. Inspection and regulation without professional empowerment is an unbalanced equilibrium that de-sensitises and de-incentivises doctors and nurses from the instincts that led them into the professions in the first place. The change required to avoid a repetition of the problems highlighted by the Francis inquiry will not be made by NHS management but by those that have been trained to take responsibility for patient care. They should not be fettered by over-regulation.

The second part of the solution is to bring 'outsiders' with no political or personal agenda into senior NHS posts. By this we mean an active process of appointing the next Chief Executive from outside the NHS. This will ensure that those in senior positions as a result of patronage would face scrutiny and if not up to the task, dismissal. Wouldn't it be refreshing to appoint someone to the NHS Chief Executive position with the strength to stand up to politicians, focus on standards and to face down mediocrity? The Bank of England has managed it - why not the NHS?

About Us

Doctors' Policy Research Group is the first and only UK think tank led by doctors. Formerly known as Doctors Think Tank, it pooled resources and expertise with Civitas in June 2013 with the aim of contributing to public debate about the provision of NHS services. It is not a union and - like Civitas - has no allegiance to any political party.

Its members wish to encourage a vigorous discussion about the future of the UK's healthcare, and how it can be provided to the very highest standards, while always ensuring comprehensive provision remains free at the point of need and with the patient's interest the foremost consideration at all times.

The group's dedicated page can be found [here](#), while its work pre-dating its association with Civitas can be found at its own website [here](#).

Dr Christoph Lees

Christoph is a NHS Consultant in Obstetrics and Fetal-Maternal Medicine. He has a longstanding interest in health policy and funding reform, having sat on the Civitas Health Policy Consensus Group (2002). He was one of the founding members of Doctors for Reform (2003), where notable campaigns included 1000 doctors writing to the then Prime Minister to rethink the UK's purely tax-based health funding and raising funds to support judicial review of the position of some Strategic Health Authorities on cancer co-payments. He has been involved in the funding debate with politicians from all parties in the UK and overseas.

He is also a clinical researcher having published over 100 papers in Fetal-Maternal medicine and has a visiting Chair at The University of Leuven, Belgium. Christoph supervises higher degrees and directs a subspecialty training programme, having been the Royal College and Obstetricians first Ultrasound Training Officer (2009-2012).

Dr Mark Slack

Mark is currently head of Urogynaecology at Addenbrooke's Hospital, University of Cambridge Teaching Hospitals Trust, Cambridge. He is also a fellow of the Royal College of Obstetricians and Gynaecologists.

He runs an active research unit in Cambridge. His research interests include the use of alloplastic materials in surgery, innovations in pharmacology, urodynamic testing and surgery for pelvic organ prolapse. More recently he has developed a new testing system for the measurement of urethral pressure and has just published the results of a novel treatment for pelvic organ prolapse.

He was appointed the Ethicon travelling Professor in 2004 as well as the Sims Black Professorship of the Royal College of Obstetricians and Gynaecologists for 2005/6. In 2006 he was awarded a travelling Professorship to the Royal Australian and New Zealand College of Obstetrics and Gynaecology.

Other appointments have included membership of the British Society of Urogynaecology (BSUG) executive committee, the RCOG audit and guidelines committee, chairmanship of the BSUG guidelines committee and membership of the research committee. He is on the education committee of the International Urogynaecology Association (IUGA) and the chair of the IUGA observership scheme that has recently introduced fellowships allowing members to visit internationally renowned centres. More recently he has joined the scientific committee of the IUGA.

He is a reviewer for the British Medical Journal, the British journal of O&G, Neurology and Urodynamics, the International Urogynaecology Journal and The Journal of Rehabilitation and Research.

Mark qualified in Johannesburg at the University of the Witwatersrand. He then completed his postgraduate training at the University of Cape Town and Groote Schuur hospital. He graduated from the College of Medicine of South Africa winning the Daubenton Gold Medal as the most successful candidate for the Fellowship in Obstetrics and Gynaecology. After leaving South Africa he trained under John Sutherst in Liverpool.

Magnus Boyd

Magnus, a partner at the media law firm PSB Law, is a solicitor who has developed a niche practice in protecting medical reputations from the media and the General Medical Council. He specializes in protecting the privacy and reputations of surgeons, doctors, NHS Trusts and their Chief Executives and others in the medical sphere.

Leading consultants in private practice regularly consult Magnus over potential libel claims involving professional colleagues, staff, ratings websites and other fora on which patients and competitors may defame them. Magnus frequently litigates against broadcasters and national newspapers on behalf of surgeons to recover damages, costs and apologies.

Magnus regularly advises surgeons on their dealings with the media and on removing defamatory postings from advisory and ratings websites. Magnus also acted for a multi-disciplinary group of over thirty doctors to complain about the threat posed by the iwantgreatcare.org website.

Magnus has also successfully stopped national newspapers from publishing confidential information about a consultant's private life and has advised various chief executives of NHS Trusts on all aspects of media management including defending claims for libel.

Magnus is also regularly consulted by GPs and other clinicians over potential libel and privacy claims concerning their patients and the media. Magnus has also successfully represented a number of GPs and consultants in 'fitness to practice' proceedings before the GMC and other governing body complaint hearings. He is frequently asked to advise on internal complaint processes and grievance procedures between consultants and their hospital trusts. In 2013 Magnus was behind the first investigation into a serious untoward incident report that was considered defamatory.

Magnus is the approved solicitor for the British Association of Aesthetic Plastic Surgeons. He is also a member of the steering committee on a British Medical Association study investigating the psychological and physical impact of complaints processes on doctors. Magnus was invited to participate because he has successfully represented GPs and surgeons in 'fitness to practice' proceedings before the GMC and other governing body complaint hearings in addition to his libel and privacy work.

Magnus' medical reputation protection work has been recognised by his peers and Chambers and Partners since 2007.