



Doctors' Policy Research Group

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Media digest and  
personal view

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Dr Mark Slack &  
Dr Christoph Lees

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**The true performance of the NHS when compared against other health systems was highlighted by an authoritative special piece on Channel 4 News last week.**

The hospital standardized mortality ratios (HSMRs) are worst for NHS hospitals, compared to those of six advanced economies. In 2004, England's death rate was 22 per cent higher than the average of all seven countries and 58% higher than the best country. Projected death rates to 2012 means 45% higher mortality than the leading country, which is the United States of America!

The NHS was then juxtaposed with one of America's best performing hospitals, the Mayo Clinic in Phoenix, Arizona. Here the ethos is one of putting the patient first, multidisciplinary team (MDT) working and an open culture where whistle blowing is encouraged. Interestingly the consultant leading the MDT at the USA's finest hospital was wearing a starched white coat with sleeves to his wrists. NHS Consultants, on the basis of no evidence whatsoever, have been forced to eschew white coats and smart dress on the supposition that white coats carry bacteria on their sleeves - as do ties. But that's another story.

Over the last 15 years there have been numerous initiatives introduced in the NHS which often flew in the face of conventional medical teaching and thought. Because they suited the purse strings of the government of the day, they were introduced despite the laments of the medical establishment. We can all remember the debacle that followed after outsourcing the cleaning services. Wards soon degenerated into filthy areas compatible with a third world establishment. Fortunately a wave of infection-related scandals forced the reversal. Why were the medical and allied professions so compliant? We should not have allowed it to happen in the first place, but in reality, with a highly 'line managed' service, doctors don't get much of a look-in. The lessons of Semmelweis in 19th century Austria meant little to managers trying to balance their books.

Similarly we have seen the introduction of MMC (modernizing medical careers) and the 48 hour working week. Most of us know those rotas are compliant largely because of creative accounting in relation to staff rotas. In reality these 'compliant' working patterns have destroyed the junior doctors' quality of life and have left many hospitals inadequately staffed after-hours and on weekends. These patterns of work have rendered impossible traditional teaching methods, which are yet to be replaced by anything better. There is a strong feeling that doctors trained under these methods, particular in respect of highly technical skills and pattern recognition, may fall short of what is required of them.

If culture change means anything in the NHS, we must start by sweeping away false targets like the "bare below the elbows" uniform policy - this simply serves to deprofessionalize an already beleaguered profession – and instead concentrate on the aspects of care that improve the lot of the patient.

A change in the culture of the NHS will only happen if the leaders carry the recommendations of the Berwick report on their sleeve. The most able clinicians must lead clinical teams, not those most willing to do the DoH's bidding, who usually obtain preferment. Royal Colleges must lead in the fight to restore medical standards to a position that is immune to political whim.

All clinical staff need to feel safe when identifying an area of poor care. Strangely - or not, depending on one's degree of cynicism - there has been little or no change on the ground since the Francis

report. The same officers are on the bridge and show little appetite for leaving, and they still fail to see the icebergs. When they strike one, the failure to see and respond to the iceberg was always another watch officer's fault. While this continues to be the case, the NHS will continue to sail through troubled waters with little in the way of navigation.

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## 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](#).

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## Dr Christoph Lees

Christoph is an 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 in 2002.

He was one of the founding members of Doctors for Reform in 2003 where notable campaigns included a letter from 1,000 doctors urging 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 who has published more than 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 of Obstetricians' first Ultrasound Training Officer (2009-2012).

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## 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 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.

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.

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