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## *From the President: treating an ailing patient*

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## From the President



### Treating an ailing patient

The National Health Service is a laudable model of health care, highly prized here, admired internationally.

Bevan's tenets from 1948 that the NHS should meet the needs of everyone, be free at the point of delivery, based on clinical need not ability to pay, are still there, championed and extended in the NHS Constitution published by the Department of Health in 2011. These ideals are accompanied by a high level of commitment and professionalism among those working in healthcare. It is obvious, though, that the NHS is unwell.

The NHS has hardly been out of the news, with crisis following crisis, scandal following scandal. Personal encounters bring home that something is broken. I have my own back pocket full of examples. Take the following: a relative in her 80s, four years on from a first referral for a back operation, still waiting for treatment having moved up one waiting list after another, her mobility and quality of life deteriorating along the way. And another, referred with suspected cancer, who received very rapid attention, albeit with inconsistent information from different clinicians about treatment pathways. After day case surgery, this relative was sent home with an obsolete out-of-hours phone number in the event of post-surgery complications. Another instance was needing to obtain prescriptions from the pharmacy of a large city hospital, relocated to a portakabin in the hospital car park during refurbishment. Picture large numbers of

patients in a cramped area, many having to stand, distressed and angry at having to wait 1½ hours for prescriptions to be dispensed, and then with everyone else listening in. In my experiences, actual clinical treatment has been good, especially for the most serious conditions and critical illnesses (once past A&E!). The problems have arisen with access to elective care and non-clinical, poorly interleaving systems and processes, that have to be negotiated along the way.

As campaigning steps up ahead of the May general election, the NHS is centre stage. Political responses to the problems with the NHS are high level financial, regulatory or structural initiatives. The NHS is a mesh of complex sociotechnical systems, however, and mending it is not going to be achieved by such interventions alone, however bold. Whether they realise it or not, those involved without and throughout the NHS in turning things around are going to have to address EHF issues. The Human Factors in Healthcare Concordat, published in 2013, recognised the importance of EHF for patient safety and clinical excellence. There is still a steep hill to climb to gain sufficient understanding that EHF aspects are pervasive throughout the NHS and that we have much to bring to the table. The Institute is addressing this, seeking influence and partnerships with other parties through which we can amplify EHF input. This is important work: the NHS matters greatly to us all.

Best wishes

Roger