

The NHS and social care

Today Parliament will debate social care and the NHS. Although it will not come across like this, in practice all the main parties are in agreement. All want a high quality free at the point of use NHS. All want extended and caring support for frail and elderly people to live at home or in well run care homes. All agree the amount spent on these services needs to carry on increasing, as it has been doing under successive governments.

So what is the row about? The disagreements come about over the amount of the increase in money, and whether any kind of reform or better management is needed to ensure the spending is well made. Traditionally governments seek reform and try to impose some limit on the amount of the increase in cost, whilst Oppositions demand more money and criticise reforms. It is always easy to criticise past reforms, as it is very difficult for any group of Ministers and senior officials to achieve major change in the NHS, whilst social care is supervised by a wide range of Councils with varying degrees of competence, and widely differing views.

I Agree with those who say we do need to spend more on the NHS and social care. I also think the government and Councils responsible do need to work closely with the senior staff to try to get better value for money and to raise the quality of what is being achieved where it is not good enough. Quality and value for money need not be a variance with one another. Doing things right first time, and avoiding mistakes, saves a lot of money as well as providing a much better outcome for the patient. Jeremy Hunt's mantra of putting patients first and having full transparency on what hospitals achieve is part of the solution.

There are many ways more efficiency can reduce the strain on resources. Collecting all the fees owing from overseas visitors and foreign governments would provide useful additional revenue. Controlling the release of supplies could cut down on waste. Requiring the return of robust longer term medical equipment for cleaning and reuse would reduce costs. Having more permanent staff and fewer temps and locums would also cut the bills. Putting together prompt and decent social care packages would allow freeing beds in hospitals for others and would cut the costs of caring for the patient discharged from hospital. .

All these things are easy to see from the outside and easy to write down. We also need to ask why have good people managing the NHS seen this and not done them? There needs to be leadership from the official heads of the NHS that all these things matter, with follow up where they do not occur. Managers also need to work with doctors and nurses over their terms and conditions, to try to reduce the perceived advantage in working as a contractor, locum or temp rather than as a full time member of the team on the permanent staff.