The management of the NHS

There have been difficulties scaling up the NHS response to the virus outbreak. The NHS is a vast institution with a huge budget and many staff. It rightly needs some well paid managers to run it and deliver on the general tasks set for it by government.

In England we have NHS England and Public Health England at the top. I have written recently about the senior management of Public Health England. NHS England is run by seven executive directors on salaries of around £200,000. In 2018-19 NHS England made 31 people redundant in the band £100,000 to £150,000 and made 29 redundant in the band £150,000 to £200,000. This implies it was not short of management. It had 24,000 employees to manage and direct its £114 billion budget.

It would be good to hear more from them about how they prepared with Public Health England for the kind of emergency we now are living through, and to learn more of how they organise their supply chains to scale up deliveries of PPE and medical equipment when needs demand.

There is also considerable management skill in the operating parts of the NHS at local level. Each area has a Clinical Commissioning Group with senior management to acquire and provide health services locally. A local District General hospital is organised as a Trust with a team of Executive Directors, as are the Mental Health and Community services through a separate Trust.

So the NHS has senior CEOs, Finance Directors, Medical Directors, Nursing Directors, Strategy and Operations Directors at the England level, and at the local level by main activity. The issue today is how they work together to ensure the smooth delivery of crucial supplies to hospitals, surgeries and care homes, and where ultimate management responsibility lies in each case. We need well paid high quality management, but we do not need excessive overlap or too many advisory rather than truly executive posts.

Given the numbers and the pay levels of these managers shouldn't we expect them to take some responsibility for delivery on PPE, equipment and capacity planning.

Hospitals and isolation

I have some questions for the senior managers at the top of the NHS.

Why did they decide that all the main District General hospitals should become the isolation and treatment centres for Covid 19?

Why did they decide to add several mega hospitals in open Exhibition space, but prefer not to use them as specialist and isolation units all the time case numbers could be absorbed by General hospitals?

Why didn't they opt to hire hotels with separate bedrooms with individual bathrooms for virus patients? Wouldn't it have been easier to control infection through simple modification of airflow systems for each room in such a configuration?

How do they keep enough non emergency surgery and treatment going when the general hospitals are so preoccupied with virus cases? What has happened to workloads for non virus patients?

Isn't preventing cross infection from the virus for people needing other emergency treatment in a general hospital more difficult than if there were specialist virus hospitals?

What are plans for handling the backlog of other work as the virus subsides, bearing in mind obvious pressures on all staff involved fighting the virus cases.

Councils can pay their bills

I asked Wokingham Borough this week if they have sufficient cash to meet their payments. The Leader of the Council said their financial position is strong and they can pay all their bills. I am not therefore pressing for emergency facilities for them which the government has promised for cash strapped Councils. I have not heard of any problems at West Berkshire either.

Finding PPE

We have all got used to the initials PPE, meaning protective clothing for people working in the NHS and social care. The government has told us it wants there to be a plentiful supply, and Ministers have authorised spending to provide one. Despite this there is a persistent issue over whether supplies and stocks are adequate in a range of Health and Social care establishments.

I have spent time each day on this problem for the local organisations that report insufficient supplies and stocks. I have badgered the government through Ministers and the Cabinet Office. I have asked the Local resilience Forum for help, as we were told they had an important role locally. I have

worked with Wokingham Borough who want to source more clothing for their social service responsibilities.

As a result of the strong MP and media interest and the demands from various hospitals and care homes the centre and the regions have set up organisations to try to ease the shortage. As an alert reader will have noticed, so far I have only mentioned organisations that are trying to buy or obtain PPE. The problem of course lies mainly with the supply. The world is short of PPE because there has been a big surge in world demand.

I have been able to pass on some leads to public sector bodies who need to buy more PPE. There are various manufacturers and stockists out there who can provide more PPE, and who want the extra orders. Some potential manufacturers say they are experiencing delays in getting their product approved and registered as suitable for purchase and use. Clearly the public sector needs to make rapid decisions, though it should see and test a sample of the goods first.

It should not be a logistics problem. The army is doing great work strengthening public sector delivery systems. There are plenty of laid up trucks and vans in the private sector needing work, and plenty of us would volunteer to drive a load in the backs of our own vehicles to an individual local care home if needed.

Given the will to provide more, the money to pay for it and the flexibility of manufacturers in need of work, it should be possible to crack this problem. Companies wanting to supply need to send in urgent samples, and the buyers in the public sector need to respond quickly with orders.

World government?

The response to the virus crisis has in many ways been an essay in world government. The World Health Organisation has stood at the top of the decision tree on how to handle this crisis, acting as a source of information, a clearing house for the ideas of those seeking to understand and tackle it, and a strong influence and guide on governments on what to do.

Most governments worldwide have followed the main precepts of the WHO advice. There have been attempts by some in the media and some in various governments to differentiate, yet the remarkable thing is just how similar responses are. The differences are largely ones of timing, subject to differing timetables dictated by the rate of spread of the virus to different locations from other hotspots or disease centres.

Most have begun with efforts to track and trace, with testing, to try to contain the spread via the isolation of early cases and their contacts. Most lost that battle and went on to the second phase, total lockdown of all but

food, healthcare and some other essentials.

Now there are issues over how much success a country needs to record before it starts some relaxation of controls, and what the dangers are of a second wave or flare up in the virus if relaxation occurs.

President Trump is very critical of the WTO . He thinks they were too tolerant of China who failed to notify early or to let in WHO experts at the beginning. He also seems impatient with their approach to treatment and medical analysis, turning to a range of US specialist companies and experts to try to get earlier breakthroughs in treatments and prevention. He also points out that in his view the USA carries a disproportionately high burden of paying for the Organisation.

Do you think the WTO has done a good job so far? Has it given best advice? How does the mantra of more and more testing work once the disease is well spread throughout a nation? How often does an individual have to be retested for the system based on tests to work?