

PROVOCATION #2

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RADIX

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FOR THE
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CENTRE

THE NHS IS NOT A
SAUSAGE FACTORY

CENTRALISATION WILL DESTROY
IT FURTHER



FOREWORD

When I was Health Secretary, I brought forward proposals that I believed would put patients at the centre of the NHS, change the emphasis of measurement from processes to clinical outcomes, and empower health professionals, in particular GPs.

I was met with huge institutional resistance and came to realise that to achieve practical change one first needs cultural change. We need to shift from short term efficiency to long term quality, from standardisation to individualised care, from effective management to inspirational leadership.

This short paper crystallises the choices that we need to make if we want the NHS not only to survive but to thrive for another 75 years. If we are to meet its challenges, we will need to take a more grown-up approach to political debate about the future of the NHS. We will need to shift from who's to blame to what can we learn. Above all, we need to create a culture that trusts and empowers professionals to act in partnership with their patients.

There is immense capacity embodied in the professionals within the NHS. They need the opportunity not only to contribute their clinical skills, but also to learn and deploy their leadership in the service. When doing so, I am convinced that they will place improving outcomes above exerting control.

This short paper should stimulate their demand for this.

Andrew Lansley

Secretary of State for Health
2010-2012

**“The difficulty lies not so much
in developing new ideas as in
escaping from old ones”**

John Maynard Keynes

About the authors

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THE NHS WILL FAIL WITHOUT A CHANGE IN POLITICAL AND MANAGEMENT MENTALITY

OUR PROVOCATION

- The relentless focus on efficiency in the UK National Health Service has led to a mass production mindset in management practice - with destructive consequences. **A third of doctors plan to retire early and a quarter plan to leave the NHS**
- The NHS is more akin to a professional services firm and needs to be managed as such
- We need:
 - Leadership **NOT** micromanagement
 - Management that provides support to professionals **NOT** dictates action
 - Small self-directed units **NOT** hierarchical structures
 - Recognizing process-based targets doing more harm than good
- The current NHS management mindset is demotivating and counter-productive to the delivery of health outcomes
- Further centralization as proposed will simply make matters worse as will continued use of the NHS for political point scoring.

EFFICIENCY IS INSUFFICIENT

Over the last several decades, governments of all colours have had a single-minded focus on improving efficiency in the UK National Health Service (NHS).

There is nothing wrong with the pursuit of efficiency. The problem is that the relentless pursuit of efficiency to the exclusion of other, more important objectives eventually results in system degradation and decreasing effectiveness.

Short term efficiency is the enemy of quality, resilience and long-term sustainability.

So it is with the NHS.

SHORT TERM EFFICIENCY IS THE ENEMY OF QUALITY, RESILIENCE AND SUSTAINABILITY

NHS hospitals run at around 90% bed occupancy which creates crises every winter. We think we have coped. We have not. We simply moved over stretched resources around leaving a wall of unfinished business for other conditions like cancer and cardiovascular disease.

THE MASS PRODUCTION MINDSET

In trying to cope with ever increasing demand, the NHS is largely managed with a mass production mindset. Despite professing to have 'the patient at the centre of all we do'.

Metrics of performance are process metrics – throughput, waiting list numbers, and so forth. In addition, there is an ever-increasing emphasis on standardisation through clinical management protocols.

This approach has been shown to be highly effective in mass production systems. Systems where products can be standardized and where

the production process standardization not only improves throughput but also improves product quality by reducing opportunity for human judgement, human intervention and consequent human error.

One iPhone has to be just like the next. Standardization of product and process coupled with increasing automation deliver. Management is about developing and enforcing the standardized processes and looking for opportunities to increase automation and reduce human employment. It works.

Pilots are trained in a similar way because one Dreamliner is like another - not like patients who differ every time.

This mass production mindset has taken hold in the NHS. It is not only inappropriate; it is destructive.

IN THE NHS, THE MASS PRODUCTION MINDSET IS DESTRUCTIVE

A PROFESSIONAL SERVICE

The NHS is not a mass production system. It is much more akin to a professional services firm.

Healthcare professionals – doctors, nurses, physiotherapists, midwives – are bringing their professional skills to bear. Their job is to focus on the health outcomes of their patients. Each patient and every clinical situation is different, albeit with similarities. The professionals' job is to exercise their judgement in how they deal with the specific situation and the specific individual with which they are faced.

Sure, there are some processes that can be standardised to improve efficiency. But process outcomes are not what professional services are about. Health care professionals are about producing the best possible health outcomes for each of their patients. That is why they do the job. That is the source of their motivation.

None of us would want it to be otherwise.

Do we really want a neurosurgeon who is more focused on meeting throughput targets than on doing the right surgery and getting it right? Do we want orthopaedic surgeons to be more concerned about how many hip replacements they can do on a list rather than how many never need to be repeated?

The mass production mindset has only a marginal role to play in professional services. Yet it has become dominant in the NHS – with destructive consequences.

30% OF DOCTORS PLAN TO RETIRE EARLY AND A QUARTER PLAN TO LEAVE THE NHS ¹

LEADERSHIP NOT MANAGEMENT

Once we look at the NHS through the lens of the professional services organization that it is rather than as a mass production sausage factory, one thing becomes clear:

Much of the approach taken to NHS management over the past several decades has been utterly destructive.

Here are the characteristics that decades of research and experience have been shown to make for successful professional services organisations:

- They need inspiring leadership, usually by peers, that motivates the professionals **NOT** process micromanagement that is both counter-productive and demotivating
- The role of 'management' is to provide support and to make the resources available for the professionals to do their job **NOT** to tell everyone what to do and how to do it
- They work best when organized as collaborative networks of small, semi-autonomous, self-directed units **NOT** through

large, hierarchical, top-down organizational structures. Given this freedom at the start of the pandemic, clinicians rose to the task magnificently, only for the cold hand of bureaucracy to re-appear once the crisis declined.

- For professionals, motivation is intrinsic **NOT** extrinsic. In other words, the best professionals are attracted and motivated to give their all by the rewards inherent in 'a job well done' **NOT** by meeting extrinsic, management-imposed measures of efficiency.

NHS MANAGEMENT SEEMS SPECIFICALLY DESIGNED TO UNDERMINE MOTIVATION

THE SAWYER EFFECT

None of us doubt that good morale and motivation are essential for any organization to perform. Yet most management practices in the NHS could not have been better done if they had been explicitly designed to undermine motivation and morale. And reduce performance.

How people's performance is judged and measured, whether people are expected to work to specific targets, and what those targets are, all drive morale and motivation.

For professionals, being asked to work primarily to process targets performs 'a weird sort of behavioural alchemy.' It transforms what was an interesting, challenging and motivating task into a drudge. It erodes intrinsic motivation that sends performance, creativity and even ethical behaviour into a downward spiral.

Some have called this 'The Sawyer Effect.' In Mark Twain's *The Adventures of Tom Sawyer*, Tom faces the dreary task of whitewashing his Aunt's fence. By re-casting the painting of the fence from being drudge 'work' to challenging and fun 'play', Tom manages to enlist a bunch of friends willing to do the painting.

Management by process target has exactly the opposite effect – it turns motivating 'play' into the drudge of 'work'.

Daniel H Pink in his book 'Drive', describes how these effects have been shown over and over and over by ever-accumulating behavioural science research over the last fifty years. Extrinsic motivation by working to numerical goals and targets can be effective for algorithmic tasks—those that depend on following a rigid formula and protocol to their logical conclusions. But for more right-brain undertakings – those that demand flexible problem-solving, inventiveness, or conceptual understanding – they are **dangerous and counter-productive**.

Regulators are no help

This is compounded by having a regulatory authority that is predicated on punishment even to the extent of bringing criminal charges. Once again, all of the evidence clearly shows that professional errors are not reduced by this approach. Rather a co-operative environment of enquiry does.

We even have the organization to do this in the UK, the Healthcare Safety Investigation Branch who state, "we never attribute blame or liability to individuals".² We have criminal law to pursue criminal behaviour like murder or negligence. The CQC is itself a further example of the dangerous path that the NHS has taken that will cause greater not lesser harm to patients.

"GOALS MAY CAUSE SYSTEMATIC PROBLEMS FOR ORGANIZATIONS DUE TO NARROWED FOCUS, UNETHICAL BEHAVIOR, INCREASED RISK TAKING, DECREASED COOPERATION, AND DECREASED INTRINSIC MOTIVATION. USE CARE WHEN APPLYING GOALS IN YOUR ORGANIZATION." ³

These are some of the sturdiest findings in social science. Yet here we have an NHS, supposedly a science led enterprise, either utterly unaware or totally ignoring the findings of science.

THE CORROSIVE EFFECTS

The effects of the sausage factory mentality on the NHS – top-down hierarchical management systems, an overly large, centralized organizational mentality, forcing professionals to work to process goals, endless protocolization – have been highly destructive:

- Morale and motivation of NHS professionals is low. This is not a Covid effect. It has been endemic in the NHS for years.^{4,5}
- Improved efficiency is outweighed by the cost of the elaborate and bureaucratic systems needed to enforce and measure compliance with process targets.⁶
- Professionals forced to work to process targets are not only demotivated, they make more errors. The NHS receives 10,000 new claims for compensation every year. The total cost of outstanding compensation claims is estimated at £83 billion (compared to an annual budget of some £130 billion for NHS England)
- The UK system delivers worse outcomes for patients than comparable health systems elsewhere.

The NHS has been described as the closest thing the UK has to a national religion. If that is the case, then we have constructed something akin to a religion that evaluates goodness by how many times we turn up to church irrespective of how we lead our everyday life.

NHS MANAGEMENT IS IGNORING SOME OF THE MOST ROBUST FINDINGS OF SOCIAL SCIENCE

CENTRALISATION IS SET TO MAKE IT ALL WORSE

SET TO GET WORSE

The UK adversarial political culture means that governments are blamed for everything that goes wrong in the NHS – even when they have no direct responsibility for those actions. In such an environment, it is tempting to move towards more centralized decision making. If I'm going to be blamed for it, I might as well control it. The temptation for ever greater centralization is consequently irresistible.

Yet what is the point of 'centralization'? What does centralization actually mean – not to mention what does it achieve – in a professional services organization? How is the Secretary of State going to ensure he has **"the right levers to ensure accountability back to Parliament and taxpayers"**? How will he be accountable for that neurosurgeon who is just drilling into the next patient's head?

A Secretary of State exercising supposed 'central control' is hardly going to be helpful to those on the front line deciding how best to treat this patient or that. 'The right levers' will end up being yet more process metrics that will make things worse rather than better. It is likely to further embed the NHS-as-sausage-factory mentality in spite of grand words to the contrary.

WHAT TO DO ABOUT IT?

Some have given up on trying to put forward suggestions for improvement. They believe that the rot is too far gone. The sausage factory mentality is too deeply embedded. That governments are too deluded about their ability to improve things (or at least to be seen to be doing something) through central diktat. That the UK political culture has totally turned the NHS into a political football where sensible reform has become impossible.

[Localise, Equalise and Untick](#). This was the title of a recent paper published by our RADIX colleagues.⁷ Among other very sensible recommendations, they suggest:

- decentralise both management and decision-making to make it responsive to local needs
- distinguishing between, on the one hand, tickbox targets which disempower health professionals and, on the other, checklists to support professionals

To move in this direction we need to stop looking at the NHS as a mass production outfit focused on throughput and start looking at it as a professional services organization focused on outcomes. We should stop using the management clap-trap of the 'patient at the centre of all we do' and permit patients to get what they thought they were getting - a professional service directed specifically to their needs.

WE HOPE THAT POSITIVE CHANGE CAN HAPPEN BUT WE'RE NOT HOLDING OUR BREATH

For this to happen:

- The NHS needs more inspiring leadership and less process-focused micromanagement
- Organise around small, self-directed clinical units with decision-making delegated to the frontline professionals
- NHS management need extensive training in how to manage in a professional services organization. To realize that their role is one of enabling and supporting health care professionals and to learn from them what is best for the patient. It is not to tell them what to do - because they don't know.
- The political class on both sides of the aisle need to search their souls and decide whether their aim is to improve NHS performance or whether the prime focus is the news shot in front of a useless Nightingale Hospital or to get a seemingly clever question in during PMQs.

Such a change in culture and perspective is the only way that NHS performance can be improved, and the ever-increasing demotivation of frontline staff start to be reversed. We hope it can happen but we're not holding our breath.

1. British Medical Association Survey of 5,521 doctors. May 2021
2. <https://www.hsib.org.uk/about-us/>
3. Daniel Pink. Drive: The surprising truth about what motivates us. Riverhead Books, New York, 2010.
4. Counting the Smiles: Morale and motivation in the NHS. The King's Fund, March 2002.
5. Why are so many doctors quitting the NHS? British Medical Journal, February 6, 2020
6. David Boyle. Tickbox. Little Brown, London, 2020.
7. Paul Goldsmith, David Colin-Thomé and David Boyle. Localise, Equalise and Untick: The future of healthcare post-Covid. Radix Paper N° 16. July 2020

About 'Provocations'

Our aim in this series is to be provocative enough to challenge conventional thinking in an effort to stimulate a civil discussion that drives change. We hope you might find much to disagree with - and maybe something to agree with.

Do get in touch to discuss further.

'Provocations' reflect the opinions of the individual authors.

About Radix

Radix is a non-aligned public policy think tank for the radical centre. Its aim is to re-imagine the way government, institutions and societies function based on open-source, participative citizenship. To kick-start the thinking that is needed for policy to embrace technology, innovation, social and cultural change.

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