The United Kingdom

Constant change: redirecting the National Health Service

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Physician Working Conditions in European Healthcare Systems Genoa, 9th April 2016

Declaration of conflict of interest

Edwin Borman

- Medical Director and Consultant Anaesthetist (paid)
 - The Shrewsbury and Telford Hospital NHS Trust, UK
- Educational Consultancy (paid)
 - Wentz-Miller and Associates: no projects in the last three years
 - Individual consultancy work: one paid in the last three years
- Medicopolitical representative
 - Secretary General, European Union of Medical Specialists (UEMS, 2012 2015)
 - British Medical Association (BMA)





The Shrewsbury and Telford Hospital NHS Trust





NHS Employees and Employers

 Doctors 	147,087	
 Nurses 	371,777	
 Therapists & Technical Staff 	154,109	
 Managers 	36,360	(2013)

 General Practice premises 	7,960
 Clinical Commissioning Groups 	211
 Total number of all types of Hospitals 	2,300
 Acute Hospital Trusts 	160

Guidance for Medical Practice

The Doctor

- The General Medical Council's guidance on...
 - "Good Medical Practice"
 - "Consent: patients and doctors making decisions together"
 - www.gmc-uk.org

The Medical Royal Colleges

Speciality-specific clinical guidance

The Hospital and the Doctor

- The National Institute for Health and Care Excellence (NICE)
 - Pathways, Standards, Technology Appraisals, Procedures...
 - www.nice.org.uk

Performance Monitoring - individual

The Doctor

- ... and their Employer
 - Annual Appraisal
 - Review of clinical performance outcomes
 - Feedback on performance by patients and colleagues
 - Audit, complaints, clinical governance, CME/CPD record
 - Annual Job Plan Review
 - Review of delivery of contractual requirements
 - quality and quantity of work performed
 - delivery of agreed work (DCC) an educational (SPA) objectives
- ... and the General Medical Council
 - Revalidation

Revalidation

Doctors <u>must</u> produce

- six types of supporting information,
- relating to their scope of practice,
- over the course of the 5 year revalidation cycle:
 - Continuing professional development
 - 2. Quality improvement activity
 - 3. Significant events
 - 4. Feedback from colleagues
 - 5. Feedback from patients
 - 6. Review of complaints and compliments

Performance Monitoring - collective

The Hospital Trust

- ... and NHS Improvement
 - Regular hospital Board-level review of...
 - quality and safety of care
 - organisational delivery (eg. waiting times)
 - financial performance

www.improvement.nhs.uk

- and the Care Quality Commission
 - Inspection of all NHS Providers
 - Based on five fields and multiple "key lines of enquiry"
 - Safety, Caring, Effectiveness, Responsiveness, Well-led

www.cqc.org.uk

For a **Hospital Consultant**

- Pay
 - NHS salary scale from £75,000 to £101,000 for basic contract
 - Potential to be paid extra for...
 - Additional sessional work
 - Paid at negotiated premium rates
 - Clinical Excellence Awards
 - Local and national awards, subject to application
 - NHS Pension Scheme
 - Based on number of years in service
 - Final salary being replaced with career averaged salary
 - Can practise, and earn at a higher rate, in the Private sector

For a Hospital Consultant

Private Practice

- NHS funding to Private funding is approximately 85%:15%
- NHS purchasing from the Private sector has increased gradually
- Most Hospital Consultants will work in the NHS and in the Private sector
 - very few work only in the Private sector
- This is permitted by the NHS contract but must be confirmed within the Consultant's Job Plan
- Private work is paid either by:
 - direct payment from the patient, or
 - payment from the patient's healthcare insurer
- Private payment rates are higher than NHS pay rates but are capped at semi-formal maximum levels

Continuing Professional Development

- This is (largely) paid for by the NHS for:
- Junior Doctors
 - salary, support and monitoring during their Training Programme
 - Study leave for specific courses
- Senior Hospital Doctors
 - SPA component of their contract
 - support for objectives agreed at Job Plan Review
 - Study leave for specific courses
- All doctors are accountable for achieving what is required and agreed
 - most doctors do!

- Staffing and Workload
- The NHS is <u>very</u> busy!
- This is related to:
- relatively low staffing for all groups of healthcare professionals
 - and absolute deficiencies in some key specialities
- high demand in all parts of the service
- increasing expectations for...
 - improved quality of care
 - greater efficiency, with reduced finances
- while...
 - population demographics change
 - technologies provide for many advances in care

Politicians and the NHS

- Interference, or Loving Care?
 - Politicians created the National Health Service
 - in response to popular demand...
 - ... and, ever since, have made changes to it
 - prescription charges, "priority-setting", waiting times...
 - National pay-scales

- 2008 "There will be no top-down re-organisation of the NHS"
- 2009 The biggest change in NHS anatomy for a generation
- 2016 A year of crises:
 - performance, finances, contracts, Industrial Action

THANK YOU

FOR YOUR ATTENTION

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