Delivering Health: Clinical, Management Delivery, and Policy Challenges

Lecture 4: Rational, Political and Emotional Aspects of Delivering Health Care
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Dante’s Inferno
- Metaphor for midlife crisis – on a journey, gets to the middle of the wood and finds that the path ahead is lost. Have to regroup and figure out what the path forward will be from that point on
- Good description for where the NHS is right now and what we’re asking of it
- Approached constructively we can figure out what the path ahead will be

FW Taylor
- Founder of scientific management, and arguably of management consulting, whose thinking is still very influential today
- Enforced standardization of methods; treating the worker as a cog in a machine

Taichi Ohno
- Founder of the Toyota Production System, also known as ‘Lean’
- Based on a very different philosophy to Taylorism, recognising the importance of a learning and improvement mindset alongside the need for analysis.
- Managers adopt a ‘go and see’ approach to problem solving.
- “Wisdom is given to everyone, no hierarchy in brain power”
- “Toyota gets great results with average people through a great system. Others get average results from great people working in an average system”. Which is the NHS?
- Lean Production:
  - Create flow and reduce waste: a positive, intuitive and powerful approach
  - Improve both quality and productivity together – it’s not a tradeoff
  - Lean is a demanding path because it is deeply cultural and involves unlearning certain embedded assumptions (e.g., economies of scale)

NHS
- UK ranked 1st overall in Commonwealth Funds 2013 Review, but 14th on the European Consumer Health Index 2014. Which is right?
- Social Attitudes Survey- public satisfaction with the NHS peaked in 2010 but still very positive in 2015
- Ipsos Mori: if you ask people if the government is pursuing the right policies on NHS, people will say no, but when asked about their direct experience of the NHS, they will say it is excellent. So very possible to hold apparently contradictory views at the same time.
The media shapes our views of the NHS – with an increase in articles about the NHS in the last 10 years – and of course is trying to sell newspapers so amplify controversy.

NHS and BBC
- An alliance is being formed with the BBC trying to fulfil its educational purpose in informing lifting the lid on what is really happening in the NHS and some of the tensions and dilemmas.
- The budget of NHS has grown in real terms over the long-term, with the proportion of public sector spending on health having tripled since 1950s.
- But health spending has slowed down in comparison to New Labour years, meanwhile UK has an aging population and rising demand as a result.
- A&E has become a convenience brand and the place of last resort for people, and as a result A&E performance has fallen over recent years.
- BBC2 program called Hospital, about Imperial’s St.Mary’s hospital;
  - Stories of amazing medical care in spite of constraints on beds, leading to cancelled operations etc
  - We need to keep a sense of perspective, which can make it seem like doom and gloom, but things are actually a lot better than they were (e.g., 2 year waiting lists)

A comprehensive view of performance would include four domains: finance, operations, quality and people. Considering these timeframes over time (1, 3, 5, 10 years) in a grid, we see that most effort and focus goes on in-year financial and operational performance.

Local System Sustainability and Transformation Plans (STPs) create an opportunity to extend this to a 5 year view on quality, operations and finance;
- Pitched at system level, not about optimising organisations but the bigger picture and how to make systems sustainable
- Close the triple gap; health and well being, care and quality, finance and efficiency
- But even STPs say little about people, who need to be engaged to make any of this happen

Inspiration and requirements;
- Heavy regulatory environment: special measures, contract mediation, control total, governance review, national targets, enforcement notice, failure regime
  - The regulatory machine transmits signals which become an energy sink and are not enough to create a high quality system
- Inspiration is missing from the system. Why do people join the NHS? It’s a vocation, a profession, with caring for people at the heart of it.
- Basic beliefs about what drives people should shape policies;
  - Energy source = Developing talent, population health, leadership development, team working, long term aspiration, leadership development
  - Need to invest in people, frame the task as exciting and not depressing
- Performance = Potential – Interference (from ‘Inner Game of Tennis’ on coaching)
  - The goal of coaching is to reduce interference. Regulation creates interference.
Need a leadership and organisational model that is more coaching-based that eliminates interference instead of giving instructions

**Recommending reading: Reinventing Organisations, Frederic Laloux**
- A well-functioning organisation is like a living system, not a machine
- Listening to evolutionary purpose – what is NHS here for?
- Self-management- delegation of responsibility to frontline, counter to Taylorism
- Striving for wholeness- dropping professionals masks, open to each other, show vulnerability

**Dr. Tony Berendt, Medical Director Oxford University Hospitals**

Need multiple perspectives in order to move forward and to reframe question into a pair of questions
- “Are we facing emotional problems that have political consequences that need rational actions to respond?” or vice versa?

**Huge set of complex problems- confronting the brutal facts**
- If we start exploring emotions, we are turning away from rationalist and positivist paradigms of thinking about health
- Emotional comes before the rational
- Simplistic constructs are difficult because though they might help energise, they don’t help deliver changes in management and leadership

**Example- assessment of health care needs**
- Rational perspective – collect info on different health care needs, costs, prevalence of diseases, how to allocate resources, measure quality
- We might apply another filter around the concept of value
  - Value shouldn’t equate to value for money
  - How we measure value is only rational to the point that we decide what the rules of value assessment should be
  - How does mental health get so little funding and yet some physical conditions get so much?
- Concept of need- close to our hearts. What does this patient need? Who decides what’s necessary and what’s not?
  - Everyone has different ideas about needs
- Those charged with the stewardship of distributing resources rationally don’t necessarily make decisions that align with users’ views

**Rationality vs. Emotinality**
- Propensity to adopt positions of certainty and to demonise those who are trying to advance new ones
- Rational approach to weighing data is less rational than we believe
- The view that we’re emotional and irrational beings is amplified if we think of Freud’s psychodynamics and the concept of psychological projection where people defend themselves from negative feelings by attributing them to others
Patterns of behaviour and thought that protected nurses from emotions due to work they did
- Nurses feel the emotions of patients and are suppressing thoughts of their own morbidity
- Nurses developed culture that protected them at the expense of the quality of care that the patients received. For example, by assigning a new nurse every day so that they wouldn’t get attached to patients, referring to patients by their bed number and not their name
- Social defences
- Culture of nursing was such that those who were best placed to change the culture would most likely leave, unfortunately
- Health care staff are vulnerable to burnout
  - Impacts that failings of the health care system have on patients – loss of trust in those providing care. Trust in a person or institution is an essential prerequisite to receive care from them, so maybe that’s why we invest so much trust in doctors.
  - With regulations, health care practitioners spend time filling in the checklist instead of actually looking after the patient
  - Is our vision of a comprehensive NHS a social defense against a fear of death as much as efficiency?
  - Hard to move money from cancer to more vulnerable groups, mental health, older people
  - We need to reconcile different extremes and positions

Where does the hope lie?
- Located in individuals and groups, those working in caring institutions
- Have to release hope in NHS and society
- Need to look at complex interactions between performance management, regulation, enforcement, punishment, management
- Consider what assurance culture has on health care workers so we can trust them and this trust can then be transferred to their patients
- Organise teams differently – give decision making power back to the workers
  - Shared data may be driver for more autonomous teams
- Reaffirm importance of human contact

Conclusion
- Rational problems need radical solutions through policies to solve the felt needs that populations feel
- The only alternatives to radical change are magical thinking (suddenly discover new ways to make money) or new economic systems
- Pay attention to ability of independent teams, trust
Questions

People are unprepared to face the reality of the end of life. When doctors prescribe life-extending procedures, they are taking resources from someone else. How can we balance the need for research and progress?

- Learn to have the right conversation about death. Ask - What’s your understanding of your condition and what matters to you? Due to a lack of religiosity in the population, doctors have more trust invested in them that may have previously been invested elsewhere and had other outlets to talk about death. We are now medicalising death. We need to train people on how to have those conversations. Paying attention to what is said and how, and what’s not said as having an awareness of death makes it easier to get on with it instead of ignoring it.

Press is always talking about the negative side, so how stop them?

- The press stop reporting things quickly when the stories aren’t selling stories. So one interpretation is that the press is evil and vicious and the other is that lots of people aren’t having good experiences and it’s making them interested in reading stories similar to theirs.

How much do we have this paradigm shift away from regulation to innovation now?

- Not far down the track, partly because regulation was organised to address the organisations in trouble, but they’ve now been applied to the majority. It’s also a matter of self-protection - we lower our aspirations so we aren’t disappointed.

Do you think having someone as a clinician or a nurse is necessary for being a top manager in a hospital?

- There are certain areas where clinicians are equipped to lead, but not all clinicians are necessarily good managers. It’s difficult at certain levels to have non-clinicians to have credibility with clinicians. Similar in other disciplines.