

Doing more with less: Opportunity for the NHS

Nick Bosanquet, Emeritus Professor of Health Policy, Imperial College, argues that financial pressures on the health service require a change in approach

'Doing more with less' can be swallowed with a little water as an effervescent slogan—but in fact it is based on evidence and robust reasoning. Understanding the reasoning is key to getting the results which are essential to improved care in this new funding future. The key is in understanding the special economics—use of scarce resources—in the public sector.

Some of the evidence usually quoted is statistical. Thus from 2011–12 crime fell 8%, while the number of police was reduced. Real spending on cancer services in England fell 3% in 2012 even though waiting times and access to diagnostics improved. International evidence is that the high spenders on health services get very little extra for their money. Within Europe some of the best results are in Finland and Sweden which spend 9% of GDP on health services compared to 11–12% in the Netherlands and France. It is however possible to resist such statistics where changes could be attributed to longer term trends. Crime has been falling since 2002/3 and Finland is securing the benefit of its long-term investment in prevention programmes.

It is easy to brush aside any one set of figures but less easy to dispute two key pieces of reasoning. One is the value paradox in the public sector. Increases in spending pull management attention towards the new spend. There is glory in white shiny expanses of new buildings

and a sense of achievement from increased staff and extended service. There is no glory in a half-empty parade ground. Any manager who brings about such change can look forward to the esteem of his local community. Naturally scarce management time has to concentrate on making a success of the new programme. Any failure to deliver or to use the funds available will be highly visible.

With growth there is little pressure to drive more value from the existing spending. Nor is their management time to for bringing about change in the way that services are organised. In fact in this time of plenty any move to reduce costs would be seen as an insult to hard working professionals nor would it arouse any support from the wider public. For a manager it may be positively dangerous to raise such matters as they are taken as treachery to the organisation.

Once the new money dries up there is then a strong incentive to lever value from the total spend. There will be pressure to meet rising demand with limited capacity. One effect within the health service is already to generate more interest in the use of digital communication. There will be pressure to use limited staff time more effectively. Trusts can get the message that they can use the vast resources which they have more effectively. The new pressure also raises the role of local managers: they have to improve

communication rather than the quiet routines of the expanding times—and they also have the greater insight into how to improve the service.

There is a second key area where less may mean better—that is in staffing. Here the new pressure can work to change the model from a high turnover force of new entrants to a stable, well-trained—but smaller—team. There are well known gains to experience—in most occupations it takes 10 years to become a problem solver with some capability for devising solutions and taking initiative. Even the bible of army field service regulations stresses the need for the officer on the spot to decide what to do in the light of changing circumstances. The 10-year group are worth much more to the organisation than new starters who can conscientiously follow instructions for 20 minutes.

For the less to do more there has to be a different kind of staff team. A highly trained elite force with experience is worth much more than a conscript army of new joiners. Even if there were more money, the supply of time is falling to the NHS with more part time working and shorter hours. The new pressure could bring about the change in approach to staff which could put greater value on their time and contribution. Fewer staff could mean more investment in training and IT support and more job satisfaction from a pride in achievement. BJHCM