



Jeremy Hunt interview: Still a safe pair of hands?

Jeremy Hunt is a health secretary under pressure. In this exclusive interview with *The BMJ's* editor in chief Fiona Godlee, the man who could soon become the longest serving health secretary insists he has more to give. **Gareth Iacobucci** reports

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The steady hand brought in to steer the NHS away from the front pages has been shaking in recent months, but the grip seems to be intact. As he greets *The BMJ* in his Whitehall office, Jeremy Hunt does not betray the signs of a man buckling under the pressure despite a tumultuous few months that have left many NHS staff feeling downtrodden, battered, and bruised—and that have brought calls for his resignation after he was rebuked for misrepresenting data published in *The BMJ* to support the case for seven day working in the NHS.

Appointed to his current role in September 2012, the former culture secretary was tasked with detoxifying the NHS after the controversy of healthcare reforms by his predecessor, Andrew Lansley. Identified by the prime minister, David Cameron, as a skilful political operator, the emollient Hunt was largely successful in steering the narrative away from the damaging effects of the Health and Social Care Act and towards a patient safety agenda in the wake of Robert Francis's review into the Mid Staffordshire scandal.

Earlier this month Hunt hosted the first Global Patient Safety Summit, in which health ministers from across the world gathered to discuss improving safety standards in healthcare, underpinned by Hunt's stated aim to move the NHS from "a blame culture to a learning culture" and make the NHS the world's safest, highest quality health service.

NHS in crisis

While his emphasis on safety has been laudable, it has coincided with a sustained funding squeeze for the NHS. Hunt's push for hospitals to adopt safe staffing levels has inadvertently contributed to record deficits as trusts scrambled to plug gaps in their rotas with costly agency staff. These deficits, combined with ever rising demand for healthcare and the needs of an ageing population, have led some experts to conclude that the NHS is in the grip of "the biggest crisis in its history."¹

To compound matters, Hunt's desire to make political capital out of the government's manifesto pledge for seven day working in the NHS has drawn him into an ugly industrial dispute with junior doctors that has sparked the first strikes by the UK medical profession in 40 years.

Amid warnings that the NHS is facing an exodus of doctors owing to stress and burnout, Hunt accepts that the pressures are tangible.

"I agree that doctors have never worked harder and that people are feeling very stretched and pressurised," he says. "If you look at what's happening on the NHS front line—as I try to do on a very regular basis—it is very tough at the moment, probably tougher than it's ever been, so I completely recognise that."

Industrial dispute

But this conciliatory tone is at odds with the harsh tenor of Hunt's approach to negotiations with junior doctors, including his threat to impose a new contract that he claims is necessary for seven day working. Some healthcare leaders dispute this claim, arguing that weekend working has been instituted successfully in some places without a change to the juniors' contract and that the health secretary's fixation with junior doctors ignores the fact that the working patterns of consultants, GPs, and other NHS staff also need to be examined.²

But, although Hunt has come under growing pressure to dial down the rhetoric, he remains defiant that his course of action is justified and continues to blame the BMA for the escalation of the dispute.

"It's disappointing that we haven't been able to have a sensible discussion about what is the right thing to do. [But] I don't think that anyone should be able to hold a gun to the head of the NHS and say we're not prepared to discuss this point blank," he affirms.

Despite plans for two more strikes in April he provocatively suggests that some junior doctors are softening their stance on a new deal.

"The changes that we proposed are extremely sensible and reasonable, and I think actually many junior doctors are looking at them now very carefully and discovering that [the changes] aren't this sort of terrible unsafe contract that they're painted to be," he says.

Morale

With the effects of his battle with junior doctors permeating across the NHS, Hunt faces an uphill task to regain clinicians' trust. Remarkably, he could become the longest serving health secretary ever in a couple of months' time (a sign of the instability of the role), although there are murmurs that the protracted industrial dispute could ultimately cost him his job.

He remains hopeful that his legacy will be as the health secretary who embedded transparency in the NHS, rather than the one who picked an unnecessary fight with junior doctors. Expanding on this, he argues that it would be misleading to equate an industrial dispute with overall levels of morale, which he believes are ultimately determined by the ability to deliver high quality healthcare.

“I think that it’s a mistake to make a snap judgment about morale in the heat of industrial relations dispute,” he says. “What I would say is, look at the big picture. First of all, there is a government that is committed to putting resources into the NHS. The second thing is that we have a government that is totally committed to the NHS being an organisation that delivers the highest quality care anywhere in the world.

“In the end, doctors care passionately about their patients, and so the only long term, stable way to improve morale is to create an NHS where doctors feel that they’re giving the best possible care to their patients.”

Funding

Many in the health service believe that this will be difficult, given that NHS funding has virtually flat lined since 2010. Although the government has pledged an extra £10bn (€12.9bn; \$14.5bn) over the course of this parliament, experts argue that this is likely to be swallowed up by tackling hospital deficits rather than transforming services to deliver higher quality care.³

A recent report from the Health Foundation reported a clear link between the size of a hospital trust’s deficit and the quality of services they are delivering,⁴ but Hunt refutes the suggestion that the biggest threat to patient safety in the NHS is underfunding and the unrealistic efficiency targets set by the government.

“I think that it’s an incredibly dangerous argument,” he asserts. “There are huge amounts of evidence from around the world that safer care costs less. About the most expensive thing you can do in a hospital is to allow unsafe care to persist.

“More importantly, you have to step back and say that there’s never been a time in the NHS’s history where people haven’t said that they’re short of resources. Once we start saying that we can’t afford high quality care, that is the death knell of the NHS. I think that we have to be absolutely focused and committed to delivering the highest quality, safest care within the resources we have.”

But it is inescapable that these resources are shrinking as a proportion of the United Kingdom’s GDP. The UK already lags behind most European countries in this regard, and health

economists predict that healthcare spending as a proportion of GDP will plummet to 6.7% by 2020-21.³

Hunt says that he would like this to change, but he sticks faithfully to the prime minister’s and the chancellor’s line that only a strong economy can deliver this. He argues that the funding the Treasury has already committed will be sufficient if the NHS spends its resources wisely.

He says that “. . . we’ve got to take challenging decisions about tackling deficits, about dealing with the use of agency staff, about completely outdated procurement practices.

“The lesson of the first decade of this century is that there was a lot of extra money—the last Labour government was successful in bringing down waiting times, and they should be applauded for that—but also, quite a lot of money ended up being wasted on things like big IT systems. So we’ve got to be really careful about the way we use resources.”

A learning culture

Hunt clearly believes that a positive culture can outweigh financial constraints, and he says that this will be his core focus for the remainder of his tenure, however long this may be. His ambition is for the NHS to embed the same safety standards as in the airline industry, although he accepts that medicine is more complex.

“My real focus now is about creating that learning culture. I recognise that this will be a long process, and I’ll be long gone before history judges if I’ve really succeeded in changing that,” he acknowledges. “We’ve got big financial challenges, but I would turn the argument on its head and say that, actually, there’s a very strong correlation between hospitals with low deficits, good financial control, and high quality care.

“That’s why I think it’s really important that we maintain our focus on high quality, safe care.”

To listen to the interview in full, visit www.bmj.com/archive/podcasts

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