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Instead of gimmicks, the NHS needs a workforce plan

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The reported plan by health and social care secretary Sajid Javid to introduce “academy” style hospitals risks triggering organisational chaos in the NHS while failing to address any of its underlying problems.¹

According to the Times, barely six months after returning to the cabinet Javid is planning to force failing hospitals to become “reform trusts,” similar to academy schools, to address wide variations in performance across the health service.² It is possible that chains of hospitals will be run by leading NHS managers, or even outside sponsors.

Everything about this plan is flawed. It shows that a decade after Andrew Lansley’s disastrous attempt to use market mechanisms to drive improvement in the NHS, this government has forgotten all the painful lessons of the cost, political damage and impact on services of ill-conceived top-down NHS reorganisations driven by ministerial whim rather than evidence.³

The reform trust plan is being stitched together just as parliament is considering the Health and Care Bill, which aims to dismantle the worst excesses of the Lansley reforms and provide the legal foundations for the local integration of services.⁴ Javid’s new plan risks unleashing yet another major reorganisation of the health service before the current one is even bedded in.

The experience of academy schools tells us that reform trusts would undermine the push for integration by weakening links to other local health services and local government. The idea reinforces the obsession of politicians and the public with hospitals rather than looking at the whole health and care system in the search for performance gains, and could postpone yet again the moment when primary care and community services get the investment they need to improve prevention and early diagnosis and move services closer to the people who need them.

The possibility of private sector sponsors taking over the running of hospital trusts deemed to be failing indicates the government may have already forgotten the lessons from Circle’s failed attempt between 2012 and 2015 to run the struggling Hinchingsbrooke Health Care NHS Trust in Cambridge.⁵ Circle found out the hard way that turning around an existing hospital is a great deal harder than building and running a new one. Sprinkling a little private sector magic onto a hospital in difficulties will not solve its problems.

Many of the trusts likely to be in Javid’s sights are the same institutions that have been struggling for decades. They have not been in difficulty for so long because of a statistically improbable succession of poor leadership teams, but because of underlying factors such as dysfunctional local health economies, the pressures of serving deprived communities,

difficulties attracting key staff and a lack of capital investment.

Instead of gimmicks such as reform trusts or a “war on cancer,” Javid needs to tackle the fundamental problems that hobble NHS performance such as underfunded social care and community health services leaving people stranded in hospital, a lack of investment in equipment and buildings, a disillusioned primary care service that is unable to meet demand and the shortage of acute and intensive care beds.⁶

The plan the NHS needs from Javid more than any other is a workforce plan. Instead of displacement activity developing gimmicks intended for showboating to his backbenchers, Javid needs to work out how this government is going to train and recruit sufficient nurses, doctors, midwives, therapists and many more so that the NHS can meet current and future demand.

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