



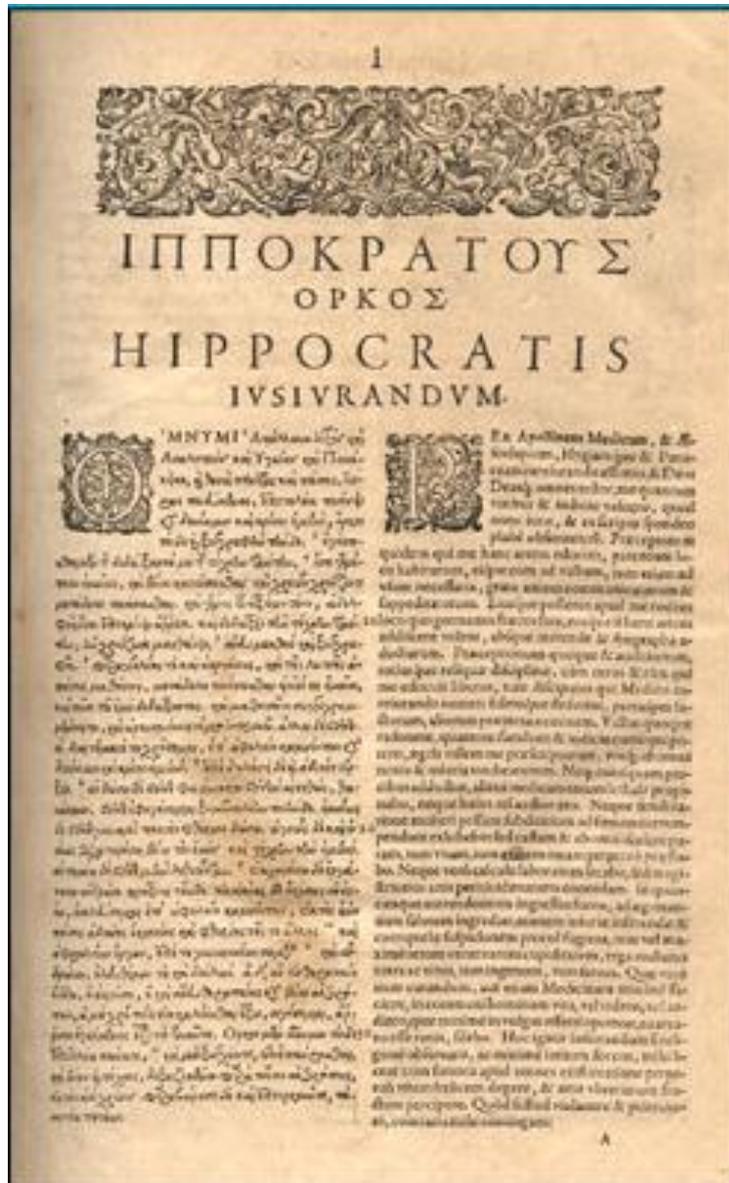
## Provider Autonomy and Public Policy Imperatives: which should prevail?

Professor Peter Kopelman, Principal, St George's, University of London



The NHS perspective





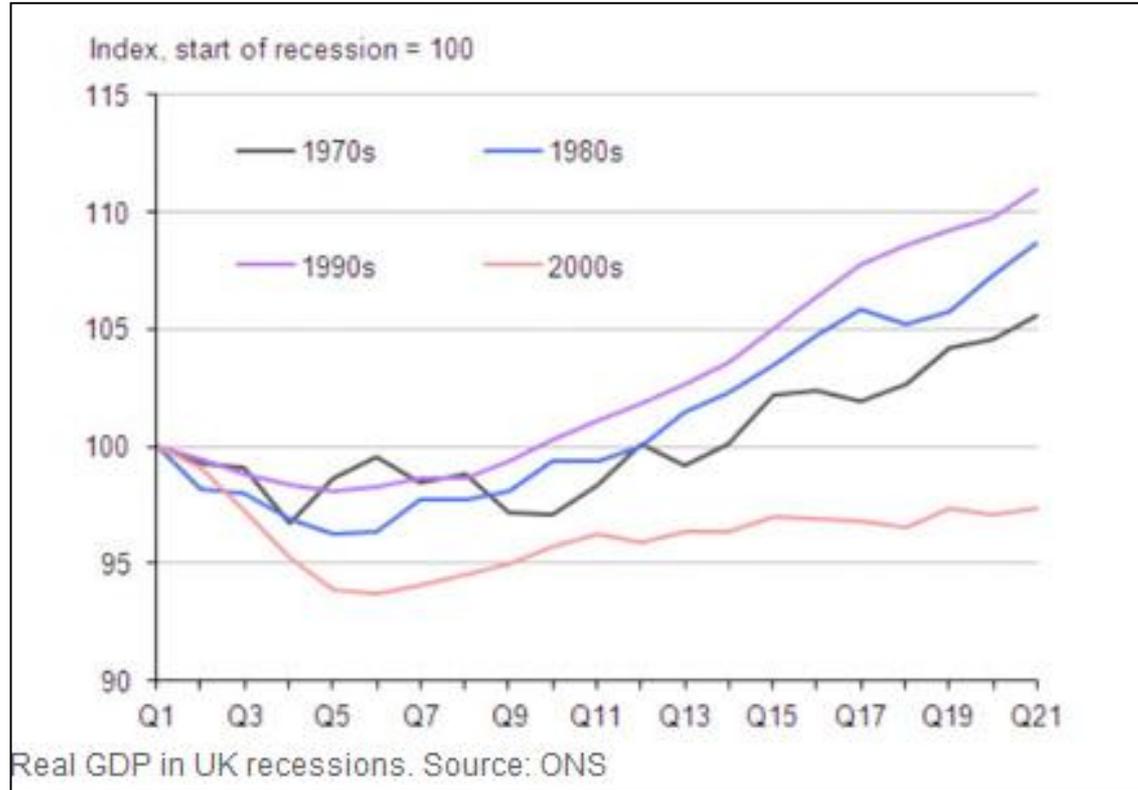
## Hippocratic Oath

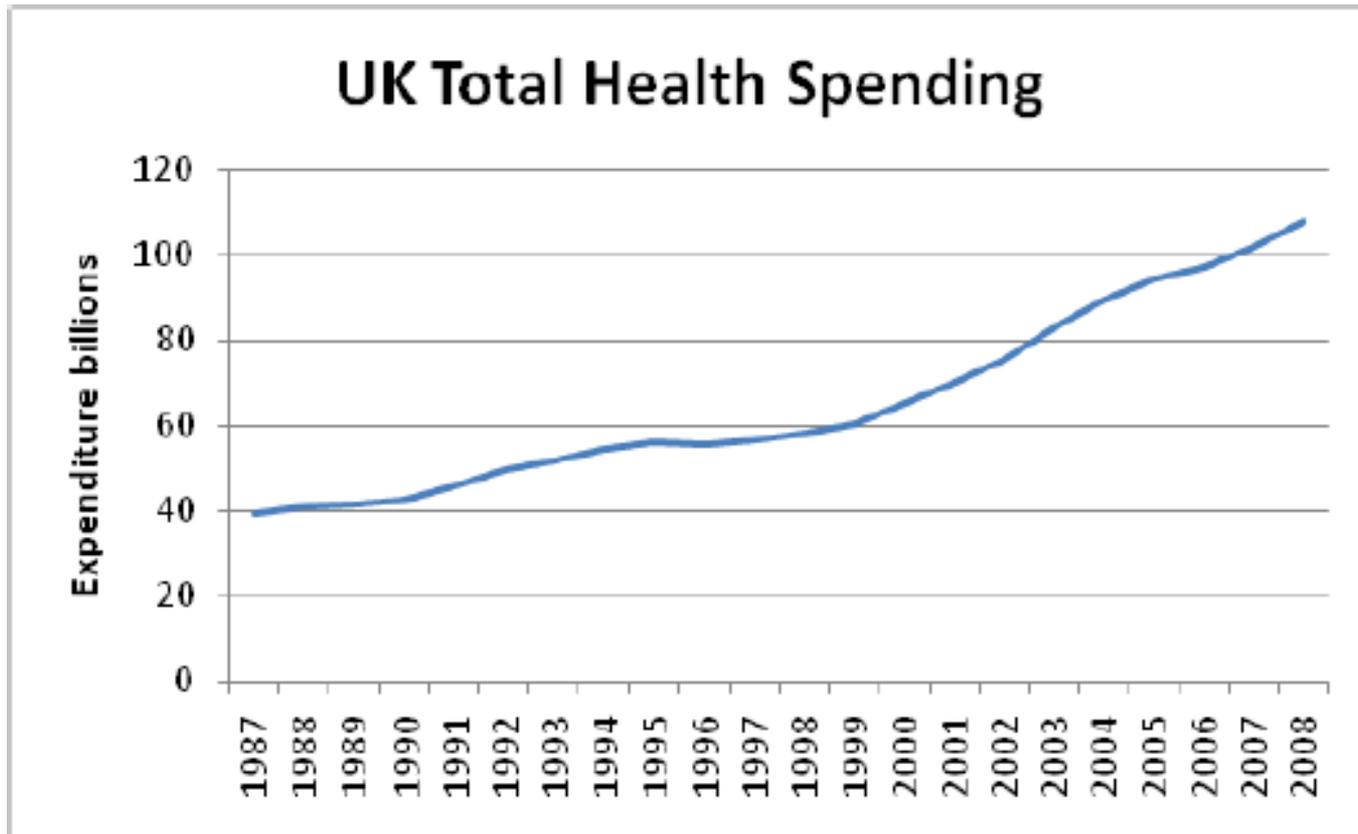
I will apply, for the benefit of the sick and needy, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of supporting those who seek my help.



## Real GDP in UK recessions





Source: Source: HM Treasury 2010, [http://www.hm-treasury.gov.uk/d/pesa09\\_chapter4.pdf](http://www.hm-treasury.gov.uk/d/pesa09_chapter4.pdf), Table 4.3



# National Health Service, England

- 1944 – “Whatever the organisation the doctors taking part must remain free to direct” MOH
- 1948 – National Health Service
- 1979 – “It is doctors ...who provide the care & cure patients & promote health...” DHSS
- 1983 – Griffith Report: general managers replace consensus - government rather than professional agenda; advent of medical directors
- 1991 – Introduction of “quasi” market (Trusts & GP fund holding) with doctors employed by Trusts
- 1997 – “New” Labour: clinical governance – NHS organisations accountable for quality of services & high standards. Chief Executives responsible for clinical & financial performance
- 2012 – Health & Social Care Act: devolution of responsibilities to clinical commissioning groups & Foundation Trusts but overarching body is NHS England



# Provider Autonomy and Public Policy Imperatives: Which should prevail?

- **Consumerism 1** – standardised mass production accompanied by highly specified & routinised work
- **Consumerism 2** - flexible production in which workforce develop close relationship with customers & are given the autonomy to produce outputs which satisfy the latter's individual demands



# Provider Autonomy and Public Policy Imperatives: Which should prevail?

- **Consumerism 1** – standardised mass production accompanied by highly specified & routinised work  
**TARGETS**
- **Consumerism 2** - flexible production in which workforce develop close relationship with customers & are given the autonomy to produce outputs which satisfy the latter's individual demands  
**STANDARDS**



## **Governance v Government**

- **An attempt to reduce professional autonomy by bureaucratic devices could be seen as governmental response to maintain the legitimacy of the state in the face of an increasingly decentralised political culture**
- **“Legitimacy” of the State as an agent of health care rationing to level out variations in medical practice in the interests of fairness**



# **Mid Staffordshire NHS Hospital Trust – Francis Report 2013**



## Mid Staffordshire NHS Trust – Francis Report 2013

- “The Trust's board was found to be disconnected from what was actually happening in the hospital.....**The Trust failed to listen to patients' concerns**, the Board did not review the substance of complaints and incident reports were not given the necessary attention.”
- “People must always come before numbers. Individual patients and their treatment are what really matters. Statistics, benchmarks and action plans are tools not ends in themselves. They should not come before patients and their experiences. **This is what must be remembered by all those who design and implement policy for the NHS**”. Robert Francis QC 2013



## **Provider Autonomy and Public Policy Imperatives: which should prevail?**

**“From this perspective, the explicit attempt of clinical governance to privilege science and destabilise professionalism risks depoliticising the previously depoliticised..**

**Part of the durability of clinical autonomy lies in the advantages it offers to professions, government and patients; the impact of deprofessionalisation on the legitimacy of the welfare state and ultimately the State itself is an open question”**

**Harrison & Ahmed *Sociology* 2000;34;129**



# **Provider Autonomy and Public Policy Imperatives: which should prevail?**

- **Professional autonomy is sacrosanct in facilitating decisions made on behalf/ & with patients**
- **Health Professionals are informed by the realities of resources: the NHS has to live within its means**
- **Government must work closely with health professionals – on the one hand they raise expectation of the NHS while on the other blame professionals when it is not delivered**
- **“Part of the durability of clinical autonomy lies in the advantages it offers to professions, government and patients”**