

# Socialist Health Association

## The NHS Paradox

**Paul Stanton**  
**Professor of Governance**  
**Northumbria University**

# Aims: To reflect upon...

- The paradox of an NHS staffed by those who (mostly) care ....
- Where inhumanity has become a system property
- Potential solutions

# The NHS Contribution

- The inception of the NHS: 1948



**Aneurin Bevin with the first  
NHS patient:  
Sylvia Beckingham (13)  
Park Hospital Manchester:  
5<sup>th</sup> July 1948**

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- *A higher ‘lowest common denominator’ than any international comparator*
- *A lower “highest common factor” than one or other comparator at the level of specific conditions*
- *“The NHS is fantastic - it's an incredible structure. When you really think about it, there is no one else in the world who has anything to come up to it”*

Sylvia (Beckingham) Diggory

1998





*“Every light was a story and the flashes themselves were the stories going out over the waves, as markers and guides, comfort and warning”* Winterson, J Lighthousekeeping 2005

[www.patientvoices.org.uk](http://www.patientvoices.org.uk)



Andrew's Story

# NHS Paradox

- Customer/consumer separation
- Differential drivers
  - Executive
  - Clinical community
- = Oppositional conflict
- Inherent Politicisation
  - *“In the case of nutrition and health, just as in the case of education, the gentlemen of Whitehall really do know better what is good for the people than the people know themselves” Jay D 1937*

# NHS Paradox

- Centralist executive command and control
- The collapse of consensus
  - The NHS battleground
  - The legacy of underinvestment (£230 billion: *Wanless*)
- Rhetoric reality gap
  - Orwellian ‘doublespeak’
    - “NHS Boards should look outwards to their local communities, not upwards to Whitehall” David Nicholson NHS CEO 2008
- Self interested meso political interference

# NHS Paradox

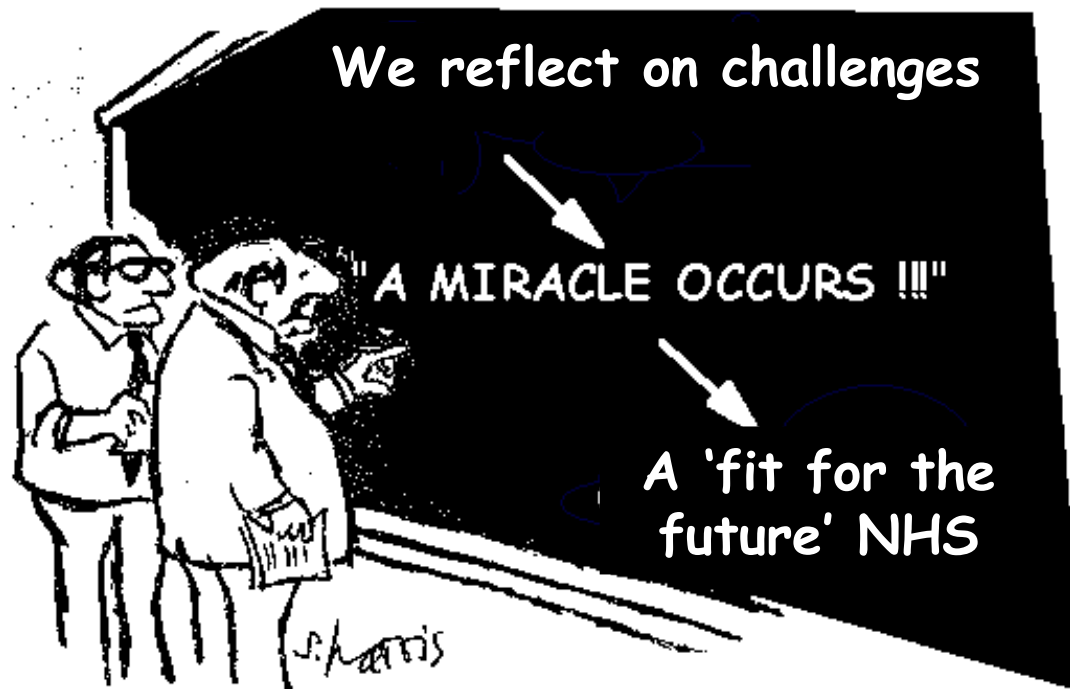
- Bureaucratic hierarchy
  - “A power instrument of the first order for those who control the bureaucratic apparatus” Jacques A general theory of bureaucracy
  - “A caring bureaucracy?”
    - Users
    - Staff
- “The interests of the providers of services came to take precedence over the interests of the users of services.... The NHS’s monopoly over the provision of services compounded these problems....[and] meant that the system lacked both alternative sources of capacity, and the inbuilt challenge and spur to innovation and efficiency that a plurality of providers can bring” [Hewitt 2007](#)

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# NHS Paradox

- Well intentioned but inept attempts to foster reform
  - The DH – vertically segmented
  - Proliferating and non-aligned policies
  - Massive over- over-regulation
  - Endless structural reorganisation
  - Pilots; tool kit freaks
- The problems too deep, the solutions too superficial



I think we could be a little more explicit here at step two

# Solutions?

- Decoupling of commissioning
  - local democratic accountability
- De-bureaucratisation
- Depoliticisation
  - *“A cause too good to be fought over” Henri IV*

*How wonderful it is that nobody need wait a single moment before starting to improve the world"*  
*— Martin Luther King Jr. 1942*



*FIN*

*Paul.stanton@unn.ac.uk*