

## COVID19 Advisory 16

### RMS Covid Series. NHS and the Pandemic - Capturing the lessons

#### An interview with Professor (Sir) Don Berwick

##### Biography

Former Medical Administrator of the Centers for Medicare & Medicaid Services and Whitehouse Advisor to Presidents Clinton and Obama. Previously Founder and President Emeritus & Senior Fellow of the Institute for Healthcare Improvement (IHI). Founded in 1991, previously President and CEO of IHI. As an International Authority on patient safety he was invited to Chair the National Advisory Group on the Safety of Patients in England in August in 2013 which followed the Francis Enquiry (Mid Staffs NHS Foundation Trust Public Enquiry).

“SARS COV2 has only 15 genes, compared to 30,000 in the human genome, but it will shape society as a whole. It is a stern teacher.”

Q. What lessons have we learned?

Pace: we can move very quickly. The Nightingale Hospital from concept to being open – “Bench to Bedside” – took three weeks. The challenge is to keep pace and yet retain good science.

Standardisation comes naturally when the medical community worldwide has the avidity to learn and share via the World Wide Web (www). We need innovation, to absorb the new but yet maintain scientific standards thus

Discipline and scientific rigor at Pace. Dialogues can be fast and reflective.

Email question from the Head of the NHS Sir Simon Stephens: “What good has come out of COVID19 and how do we build on it.

Answers: Solidarity and Teamwork are golden. The NHS has great potential but there must be no more Iconoclasts. We work best and praise best as a team.

Equity. “The US is reeling from a new reckoning with racial and other prejudices. The Solution is to Listen up and do something about it”

DB said “In the view of Dr. Anthony Gaucci, the USA has a leadership problem. The incumbent President has no knowledge, nor does he Honor Science. He has extracted Science from Healthcare Agencies as well as from Climatology etc.”

The public need to feel secure. During this crisis the NHS has suspended many checks and balances but has managed to work very well, relying on Crisis Standards of Care. Legacy Standards are too slow and cumbersome but not at the front line. We must retain accountability. We need to watch, measure, exchange information, finding New Ways with reduced regulation. It is important to find and support these new ways, allowing new people to show up and do what they can do.

We have seen rapid licensing by the General Medical Council and in the USA similar fast track return to work under close supervision

Telemedicine has already revolutionised the patient doctor interface of outpatient clinics or Office. In hospital settings he knows such consultations have gone from 5% to 95% in a week. With this blossoming of telemedicine we must have safe protective rules to protect patients

In Primary Care the sector has been almost neglected in the USA. Whilst \$2trillion Government support has gone to large hospitals there are no plans for the primary (Office) service.

Large scale bale out money is an opportunity to demand a quid pro quo for change (provided you have a plan!).

Even when there is no money, the NHS has great enthusiasms but also struggles with fatigue, conflict and uncertainty.

Q. Regarding an Independent Commission – on COVID19 and the NHS, it is too soon. A Commission will lead to conflict, the teams are exhausted even more now with enormous pressures – both emotional and physical stress. We need an integration of effort – a coming together to connect with a long term plan

The sole purpose of an enquiry is to find out who screwed up! This is not the same as the default tendency of finding someone to blame because, for the most part, it is a case of good people who are trapped. There must be a strategy for psychological support as well.

Reference to an article by Prof. Berwick in the Journal of the American Medical Association, emphasises the importance of emotional safety making the individual feel secure

The IHI maxim was “Never worry alone”. Be sure to design structures which guarantee a reaching out.....???

## **BAME**

Prof. Berwick declared that we have still not addressed issues of inequality, injustice and vulnerability in Black people.

In the 17<sup>th</sup> Century America adopted slavery for its economy and we still have slavery in a different form. Look at taxi drivers, car park attendants, and security and healthcare workers. To manage this problem we must shift power to “Communities” of colour. We have structural racism in schools, police, housing and not just healthcare. The science behind inequity the UK has done more that anywhere to explore. We have spent a long time admiring the problem; it is now time to change it. Culture there is the assumption that money is abundant and of course money talks. What to do when we run out of money and there is no more abundance? What remain are ideas, spirit, intent, respect, knowledge and intelligence, Everyone wants to help so invite them to get together.

Calling upon the NHS Prof. Berwick declared “You are good. You have an abundance of spirit, of love and pride in the service. It won’t disappear when the money goes down anyway; there is never enough money- no one ever asked for less money! We are who we are and we will get this done.”

Q. Regarding Black Asian & Minority Ethnic groups (BAME) Prof. Berwick said “We have always known that lower income gives less flexibility to adapt, leading to vulnerability”. It is vital to reach out to the “Support Staff” of your workplace and civil community. A message to those in authority especially

Insist that inequality does not, will not happen. Your job is to **encourage** and to **buffer any toxic culture**.

## **Track & Trace**

Q. How did Cuba do so well?

Answer: A matter of tempo. It has a well developed primary care service and the best supply chain. It was quick out of the blocks with Track & Trace on a community base.

Q. Can we say we have a primary care system second to none? We deceive ourselves if that service is not really engaged.

Whitehall is on its third big organisation – McKenzie's following after SERCO and Deloitte and Track and Trace is still poor

It is clear that a middle layer i.e. a Regional Health Authority is vital and General Practice could and must become more responsible for Public Health.

Empanelment- every citizen must be tied to a GP unit

The NHS is better if it can be population and community based. Working together leads to the energy to survive. We need to prioritise emotional safety, ensuring in a simple design that every worker feels *accompanied* – somebody in the group knows them

**Isolation is the enemy of mental health**-it is essential to understand this. Unfortunately the default is to find someone to blame. When enquires are called for the clamour is for finding who screwed up instead of finding the true root cause.

Reading sections of the enquiry which Professor chaired, the sub heading was

“A promise to learn; a commitment to act”. He ended the report by writing three letters which were addressed to

1. To Senior Government Officials
2. To the People of England
3. To the Mangers and Administrative staff of the Mid Staffs NHS Foundation Trust

If Prof. Berwick were invited to rewrite letter three he would say

“Thank you. Please think of the next generation. You feel out of control but you are the NHS and you will pass it on. The NHS is some kind of Challis- a work of Art – Please think about the NHS you have been given and what it is you want to pass on. Manage it gently. COVID has made it more important. What a gift you have been given. Pass it on.”

I encourage readers to find and read the *Executive Summary of the National Advisory Group on the Safety of Patients in England 2013 (Chairman Professor Berwick)*.

**David R Hughes**

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