I am proud of the changes the Labour government has helped bring about in my local health service in Southampton. Long waits have been slashed. Walk-in centres are a popular success. More than £100 million is flowing into cancer and cardiac centres alone. The rates of teenage pregnancies are falling.

Yet my local NHS trusts face huge challenges. Too often new money has been used to delay change, not to speed it up, and we are now feeling the consequences. The main hospital trust and three primary care trusts (PCTs) have a deficit of £30 million, and this will rise as one-off savings run out. We must tackle this in the next three years before NHS expansion slows. It will be painful and require exceptional leadership. I wonder whether this can be done while all the government’s other planned changes are being introduced.

I am in favour of choice in public services. Of course, all local services should be good, but we should also have a choice to fit our lifestyle, working arrangements, family patterns and personal preferences. But I am worried by the belief that choice is not only good for patients, but that money following patients is the best way to improve the health service as a whole.

Change and reform
Current plans for market-based choice will complicate the task of dealing with our local problems. We need to use hospital beds more efficiently, but it is hard to build up the community capacity with those deficits. We need better co-ordination of services between Southampton and Winchester, but that is not easy politics for the residents of Winchester. Primary care services and
commissioning are becoming stronger but not fast enough. The challenge is to make these changes and to implement reforms. Practice-based commissioning with PCTs is going well. Targets – much maligned – have driven real improvements. Private sector capacity in Salisbury has cut orthopaedic waiting times. But it is brave to leap from individual success stories to assume that the whole picture is coherent.

**Dangerous mish-mash**

We are in danger of a mish-mash – a bit of socialist planning, a bit of state capitalism and a bit of liberal markets. Managers have to deal with central targets and PCT commissioning, commission new capacity in independent surgical treatment centres, with payment by results and new pressures from patient choice.

The independent sector gets money under different rules, without competition, and at a higher cost than NHS hospitals. Different NHS hospitals get money by different rules. Payment by results and patient choice may give wildly different and unpredictable results: it depends on the effectiveness of PCTs, patient choice and the cost base.

With stable finances, a patient market might produce a more effective configuration of services. I worry that in our area, the uncertainty and instability will get in the way of much-needed investment, for example, in better community facilities for older people. Areas such as mental health, that are not so subject to market forces, may be stripped out to make up the cash shortage in more high profile areas.

We may get the worst of the old and the worst of the new. Old central planning mechanisms may now be too weak to bring radical changes, while the new money flow may create instability not long-term certainty.

Market-based choice that does not take into account the capacity of the local NHS to make those changes may overload the system and the decision-makers in it.

John Denham is the Labour MP for Southampton Itchen. He resigned as minister of state at the Home Office in March 2003 over the government’s decision to go to war with Iraq.

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**A PRIVATE MATTER**

**Listening to patients helped avoid distress on admission and preserve dignity, says Alison Gray**

Feedback from patients showed us most were unhappy at being admitted for surgery to a lounge full of strangers at a stressful point in their lives.

On becoming manager of the admissions lounge, I asked 15 patients how the experience could be improved. They all preferred a small, private bedded area and the opportunity to mingle in the lounge. We organised this in the existing space – two side rooms, two four-bed bays and a smaller TV room.

The same day, a patient came to the admissions lounge for completion of a mastectomy. She cried with relief. On her previous admission, she had been in the lounge with a man undergoing orthopaedic surgery who asked her: ‘What are you having done?’ She reluctantly made polite conversation.

She had thought of complaining but, by giving her the choice of a side room and lounge, this was avoided.

Patient feedback has enabled me to argue the case for keeping enough space to maintain privacy and dignity to surgical division senior managers. Evaluation is ongoing in the form of patient questionnaires.

Walk-around handovers on the orthopaedic/general surgery ward were introduced after a month’s trial to improve communication in the ward team. Nurses felt the information gained at the bedside was more accurate, relevant and meaningful.

However, one patient was concerned that privacy and confidentiality might be compromised. On reflection, I had failed to explain the process to patients or seek feedback. To rectify this, subsequent patients were given a written explanation and questionnaire on the process.

They were asked if confidentiality was broken, whether they felt involved and if they would prefer the handover to be away from the bedside. We also asked if they felt privacy was compromised and whether the walk-around handover should continue.

All 25 patients questioned felt confidentiality, privacy and dignity were not compromised. They felt more involved, and supported the continuation of the handovers. Other comments, many positive, were collected on the questionnaire. Some presented further opportunities to improve communication – for example, explaining why nurses ‘are so obsessed’ about patients drinking well.

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Our experience demonstrates that patients appreciate the opportunity to be involved and reflects the value of their feedback when looking at ways to improve the quality of care.

Alison Gray is a senior sister at St Albans City Hospital

Send your clinical governance stories to linda.watterson@rcn.org.uk