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Chris Smyth Health Correspondent
Rachel Sylvester, Alice Thomson

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- "Trolley waits" to get into hospital from A&E are running at almost three times the level of 2011 and the cost of bed blockers is at a record high.

David Cameron did not understand Andrew Lansley's explosive reforms
MATT CARDY/GETTY IMAGES

Simon Stevens, head of the NHS, said that the health service needed more radical change to cope with a lack of cash. As staff strike today over a pay freeze, Mr Stevens has warned that "recent methods of balancing the books are not going to be indefinitely repeatable".

After a political conference season in which party leaders competed to promise support for the health service, the Tories admit that public trust of their stewardship of the NHS has been undermined by Mr Lansley's reforms.

While the Tories had promised to give GPs more control over organising and care, and patients more choice over treatment, Mr Lansley's plans took other ministers by surprise. He abolished almost every organisation that allocated NHS budgets and gave £63 billion to hundreds of new GP-led bodies to spend on services as they saw fit.

The plans led to an 18-month fight with the health unions, which said that the reforms would be hugely disruptive, fragment care and allow more private-sector involvement in the NHS. After a Liberal Democrat revolt, Mr Cameron had to make concessions to get the Health and Social Care Act through.

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A former No 10 adviser said: "No one apart from Lansley had a clue what he was really embarking on, certainly not the prime minister. He kept saying his grand plans had the backing of the medical establishment and we trusted him. In retrospect it was a mistake."

Clare Gerada, who led the fight against the reforms as chairwoman of the Royal College of GPs, called the admission disgraceful. She said: "I think politicians and policymakers need to have a long, hard look at themselves. They are saying this now but they should have said it then. The big issue is that nobody has been held accountable for it. If Mr Lansley was a doctor, he would have been referred to the General Medical Council."

Health service insiders say that the scale of the reorganisation, which cost an estimated £3 billion, wasted two years as managers were distracted from the urgent need to find £20 billion in efficiency savings to cope with rising demand from an older, sicker population. Chris Ham, chief executive of the respected King's Fund think-tank, said: "You've got leaders in the NHS rearranging the deckchairs when we're about to hit the iceberg."

Jeremy Hunt, the health secretary, said: "Andrew's structural changes are saving the NHS more than £1 billion a year. Because of that we can employ 7,000 more doctors and 3,500 more nurses. We wouldn't be delivering nearly a million more operations a year or be able to put more resources on the front line without what he did. The difficult question for those who complain about Andrew's reforms is where would we have found the money otherwise?"

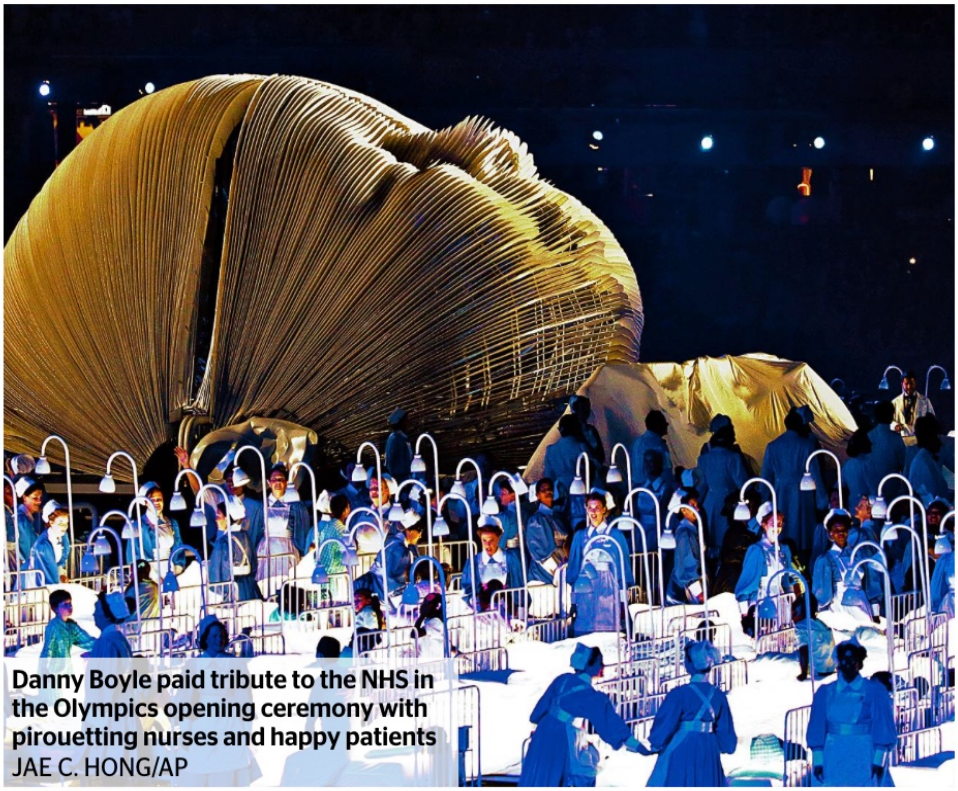
Mark Porter, chairman of the British Medical Association's governing council, said: "Rather than listening to the concerns of patients, the public and frontline staff who vigorously opposed the top-down reorganisation, politicians shamefully chose to stick their head in the sand and plough on regardless. The damage done to the NHS has been profound and intense, so this road to Damascus moment is too little too late and will be of no comfort to patients whose care has suffered."

See *Diagnosis that could prove fatal for Tories* in this section and leading article ■

Diagnosis that could prove fatal for Tories

Future of the NHS

David Cameron pledged to protect the healthcare system. His government then began a shake-up 'so big you could see it from space'. On the first day of a five-part series, Rachel Sylvester and Alice Thomson assess the damage



Danny Boyle paid tribute to the NHS in the Olympics opening ceremony with pirouetting nurses and happy patients
JAE C. HONG/AP

The meeting in October 2010 is still described in Downing Street as "legendary". The government's leading lights had gathered at No 10 to discuss Andrew Lansley's health reforms. According to one account, the health secretary talked "unintelligible gobbledygook" for half an hour. When he sat down, David Cameron and George Osborne turned to Oliver Letwin and said: "Are we sure this makes sense?" The Tories' policy guru nodded sagely, telling his colleagues that it was a brilliant idea to hand the commissioning of healthcare to GPs. And that was that.

As Sir Jeremy Heywood, the cabinet secretary, left the meeting, he muttered nervously that "anyone who went into the room worried came out much more worried and anyone who went in supportive left more in favour".

One ally of the chancellor says: "George kicks himself for not having spotted it and stopped it. He had the opportunity then and he didn't take it."

With the NHS set to be a key political battleground between now and the general election, senior Tories admit privately that the reorganisation of the health service has been the government's biggest error. One senior cabinet minister says: "We've made three mistakes that I regret. The first being restructuring the NHS; the rest are minor." A former No 10 adviser admits: "No one apart from Lansley had a clue what he was really embarking on, certainly not the prime minister. He kept saying his grand plans had the backing of the medical establishment and we trusted him. In retrospect it was a mistake."

The Conservatives had campaigned in 2010 with a poster showing David Cameron's face next to the words: "We'll cut the deficit not the NHS." The Tory leader had promised "no top down reorganisation" of the health service. Yet within weeks, the coalition had embarked on a shake-up so big its architect said: "You could see it from outer space". The Health and Social Care Act 2012 paved the way for GP consortia to take over the management of the NHS from primary care trusts, taking control of 80 per cent of the £100 billion budget, and being put in charge of planning

and buying everything from community health centres to hospital services.

A former Downing Street aide says that it was a "huge strategic error". "A lot of work had gone into persuading people that David Cameron believed in the NHS, had personal experience and cared about it. Then the Conservatives came in and forgot all about reassurance. Lansley managed to alienate all the professional people in Britain who were trusted on the NHS. For his own weird psychopathic reasons, he decided he had to do it his way. Consciously or unconsciously, he drove away all the potential allies."

Within weeks of the meeting at which the reforms were agreed, the backlash had begun, with doctors, nurses and patients groups increasingly appalled. By March 2011 it was, says one senior Tory, "clear it was a total car crash. Nobody understood why we were doing this anyway". The No 10 policy adviser on health told colleagues that the key components of the reforms could have been introduced without legislating at all. When the Royal College of Nursing backed a motion of no confidence in the health secretary a month later, all he could say was: "I am sorry if what I'm setting out to do hasn't communicated itself." "That," according to one aide, "is when we freaked."

A five-page memo from Andrew Cooper, No 10's director of strategy, Craig Oliver, the director of communications and

George Osborne and the prime minister asked Oliver Letwin: "Are we sure that these reforms make sense?" MARTIN RICKETT/PA

Stephen Gilbert, the political secretary, was soon put into the prime minister's red box. "It set out in stark detail what a disaster this was, politically and practically," says one person who read it. "It made the case that we didn't have any good options but the best was to have an official pause and attempt to reset the dial." The memo came back with a note from Mr Cameron, scribbled in Sharpie pen, saying that he agreed. Mr Lansley "was puce, absolutely furious and sat there steaming and fuming" when he was told the news by the prime minister.

Jeremy Hunt, Mr Lansley's successor, has closed down the NHS controversy with remarkable effectiveness. Concentrating on compassion, safety and access, rather than complicated structures, he has got many of the professionals back on side and reassured patients. "I challenge you to find the words 'clinical commissioning group' in any of his speeches," says an aide.

Now, though, as waiting lists rise again and the financial black hole deepens, Tory MPs worry that they may yet be blamed at the polls for a reorganisation that was meant to save £5 billion a year but is said by independent experts to have cost £3 billion. The referendum campaign in Scotland showed how effectively the NHS can be used — fairly or not — to play on voters' fears.

Sarah Wollaston, a former GP who is now Conservative chairwoman of the Commons health select committee, insists that the chancellor "needs to be writing a bigger cheque" for the health service in his forthcoming autumn statement.

"The NHS has coped incredibly well so far but in my view it won't cope this year," she says. "All parts of the system are under great pressure and that is only going to increase. Once you've ticked the 'getting to grips with the deficit' box, that is no longer on voters' minds as they go to the polls. Maintaining the ring-fence on health spending is not enough."

Nick Clegg believes that the Tory leadership lost the plot over health reform, describing Mr Lansley as like "a man possessed" when he discussed his reforms in one cabinet committee meeting. "It was amazing how Osborne and Cameron didn't give him any steer," he says. "The lesson I learnt was if you don't set out the problem you're trying to solve remorselessly and constantly, then don't expect people to understand the solution."

It was no coincidence that the director Danny Boyle gave a leading role to the health service in his dazzling Olympics opening ceremony. The NHS has a powerful emotional hold. The 1.7 million people who work in it — and the one million patients who use it every 36 hours — are also voters.

They will judge politicians' claims on the basis of their own experience. Lord Rose, the former chief executive of Marks & Spencer who is now conducting a government review of NHS leadership, says that the health service, like his old company, is a "taxi driver" issue. "Everyone has very strong opinions about it. The good news is there's a lot of goodwill, a brand ethos, but it would be wrong for me to say that there isn't a level of frustration."

Ed Miliband will do all he can to raise the political temperature on health after his pledge of an extra £2.5 billion a year for the NHS. Although Mr Cameron narrowed his rival's poll lead with his announcement about forcing GPs to open seven days a week, a YouGov poll for *The Times* found that 54 per cent of people do not think that Conservative ministers are committed to improving the NHS, compared to 29 per cent who do.

Labour's pollster James Morris says: "Everyone has personal experience of the NHS, whether it's in the GP's surgery, A&E department or maternity ward. They are very proud of it but they think it's got worse. They weave it all into the sense that the government is all about cuts."

No 10 insists that it is happy to fight the general election on the issue of health — "Labour have created a straw man by talking about privatisation," a strategist says. There are, in fact, tensions within the Labour party over how far to go with this line of attack. Although Andy Burnham, the shadow health secretary, accuses the Conservatives of "selling off" the NHS, Mr Miliband has deliberately avoided talking about privatisation, fearing that it could backfire. It was Labour that first involved the private sector, creating independent diagnostic and treatment centres and giving patients the right to choose a private hospital if NHS waiting lists were too long. According to the Department of Health, spending on healthcare from private providers has risen a little since 2010 — from 4.4 per cent in 2010 to 5.9 per cent now — but the income to the NHS from private patients has remained virtually static at around 0.7 per cent. The number of NHS-funded operations carried out in the private sector has risen from 215,044 in 2009-10 to 401,357 in 2012-13.

Chris Ham, chief executive of the King's Fund think-tank, says that talk of privatisation is a "red herring". More damaging, in his view, is the "distraction" of the reforms. "You've got leaders in the NHS rearranging the deckchairs when we're about to hit the iceberg," he says.

What is clear is that the health service is still struggling to come to terms with what has become an extraordinarily complicated structure. There are 25 national organisations managing and regulating the NHS and dozens more at a local level. Alongside the 211 clinical commissioning groups, 18 "commissioning support units" have been set up, employing 8,450 people, alongside 152 "health and wellbeing boards" and regional "clinical senates". There is an "NHS acronym buster" app to help to decipher the alphabet soup.

One chief executive had to talk to 62 different people to change a cancer treatment

protocol. "It's a cat's cradle of lines of accountability and the result is chaos," according to an NHS board member. A businessman who has worked with the health service says that the structures are hampering the clinicians. "Every busybody in town has got their snout in the trough. There are some brilliant people in the NHS but they are succeeding despite the system, not because of it."

Now, just 18 months after it was set up, NHS England is embarking on another restructuring, with a quarter of managers set to go. The health service has already spent £1.6 billion on redundancy payments since the start of the reorganisation, with many six-figure payoffs. More than 4,000 officials who took redundancy have been reemployed by the NHS. Insiders say some of these will now almost certainly be paid off again. Last year the health service also spent £584.7 million on outside management consultants.

Alan Milburn, who introduced foundation hospitals as Tony Blair's health secretary, says: "The ill-thought-through reforms have left the NHS in an awful muddle. What's worse is the army of regulators unleashed on the health service. Every time you send in the inspectors it takes the NHS's eye off the critical ball, which is patients."

Maureen Baker, who chairs the Royal College of GPs, argues: "It's like trying out a new drug. You wouldn't just shove it out and give it to patients without testing it first."

Peter Carter, chief executive of the Royal College of Nursing, says: "They got rid of one set of bodies and replaced it with another that was more complex than the one they disbanded. Making thousands of people unemployed then employing them again is just a waste."

Privately, senior Tories say that there is a health service establishment "blob" — similar to the one Michael Gove identified in education — that suffocates genuine reform. "The professional bodies are very powerful lobbies," says Ken Clarke, a former health secretary as well as chancellor. "They frighten the public by dressing up their financial demands as if there's some threat to the health of the nation if they're not met. They're ruthless with their shroud-waving."

Many across the political spectrum fear that the pre-election battles will be a phoney war, which fails to confront the scale of the challenge.

Margaret Hodge, the Labour MP who chairs the Commons public accounts committee, says: "We have got to be honest about closing hospitals. That would save a fortune. And we have to have an open debate about what the NHS should and shouldn't provide."

Andrew Haldenby, head of the think-tank Reform, insists that charging for GP appointments and the "hotel" side of hospital stays should be on the table. "They are common in other countries and raise revenue without putting more pressure on taxation."

Lord Winston, the fertility expert and Labour peer, says that Mr Lansley's changes have made the situation critical. "His reforms were an affront to logical thinking. He didn't understand what he was doing and didn't seem to care... In terms of fairness and efficiency they were a disaster."

He thinks that patients may now need to pay a deposit for appointments that would be refunded when they arrive. "My clinic was packed. People came from Ireland and Glasgow and Cornwall, but the people from Hammersmith didn't bother to turn up — it was 20 per cent [missed appointments] at each clinic, costing £200 [each]. If you don't pay for it, you don't value it. Poor people shouldn't pay for their GP but you could argue for means-testing."

Sir Bruce Keogh, medical director of NHS England, insists that genetic medicine makes it more important than ever to have a universal health service free at the point of delivery. "Science has inadvertently got us to a place where we can really justify future pooled risk," he says.

"I think there's a universal and growing feeling in the NHS that we've squeezed the orange quite tightly and that it's time for a discussion on more money. We have an NHS based on a certain set of principles and values. What we can't do is allow the NHS to be dismantled by mistake."

See leading article

Inefficient hospitals waste billions every year

Ministers have been warned that as much as £5 billion is being wasted every year through NHS inefficiencies.

At least £2 billion could be saved annually by improving the procurement of drugs, medical equipment and basic items such as tissues, analysis for the Department of Health suggests.

£1 billion could be clawed back by reducing the use of agency staff, with similar savings possible from management of the NHS estate and reducing the disposal of out-of-date drugs, advisers believe.

An audit of thousands of products by cloudBuy, an internet procurement company that works closely with the NHS Business Services Authority, and seen by *The Times*, found that there were big discrepancies between the prices different hospitals pay for basic goods. In some cases, there were price gaps between separate parts of the same health trust.

Some hospitals, for example, pay £5.02 for shoulder slings while others pay £9.20. The price of orthopaedic implants ranges from £365.38 to £558.60. There is a 34 per cent discrepancy between the highest and lowest payers on medical tape, 31 per cent for hypodermic syringes and 23 per cent on disinfectant swabs.

Some hospitals are spending under £4 for 100 blunt needles while others are paying more than £30. More than £5 million could be saved overnight if all hospitals bought the cheapest surgical gloves — at the moment some pay almost twice as much as others.

Ronald Duncan, chairman of cloudBuy, says the NHS could save £2 billion a year by buying correctly. "It's like turning a supertanker around," he says. "But these savings are do-able without affecting patients." £1 billion a year is being wasted on the incineration of unopened out-of-date drugs, he adds.

The government is introducing national procurement of hundreds of the most commonly purchased items to take advantage of economies of scale and minimise discrepancies. A bar code system is also to be introduced in an attempt to reduce drugs exceeding their sell-by date.

Ministers believe there are also big savings to be had from reducing the use of temporary workers who cost between four and five times more than permanent staff. According to an analysis by the Department of Health, if the hospitals that used the most agency workers reached the average level, it would reduce the wage bill by £600 million a year.

The savings would rise to £1 billion a year if the bottom third of hospitals reduced dependence on temporary workers to that of the top third.

Hospitals are being encouraged to sell land to release money and reduce management costs. An area the size of 1,300 football pitches owned by the NHS but not used for patient services has already been identified and between £100 million and £150 million is expected to be raised this year alone. An estimated 14 per cent of NHS real estate is lying empty.

Dan Poulter, the junior health minister, intends to rank hospitals on how well they spend money, naming and shaming the most profligate. Guidance to be published next week will make clear that funding is conditional on adhering to the efficiency measures. He insists the NHS must try harder to "make every penny of the extra investment count... efficiency will free up

more money for care and enable patients to hold their public services and hospital managers to account for how their money is spent."

A businessman who was appointed to the board of an NHS Trust says there is a "huge amount of waste" in the health service. "It took me six months to get the finance department which had 250 people working in it to produce a profit and loss statement. They had never produced one before," he says. "The NHS is set up to spend money, not to save it."

His proposals to capitalise on health service resources — by for example developing own brand plasters and food supplements, or offering lab services to the private sector when they were not being used — fell on deaf ears. "There are lots of things that could be done to generate money, but there's resistance from large parts of the NHS to anything that is seen as commercial."

What do you think of the current state of the NHS? Tell us your views at thetimes.co.uk/futurenhs or use #futurenhs on social media

It's patients who pay as the money runs out

There are now 3.3m people waiting for operations, compared with 2.57m at the time of the last election
NICK RAY

Hospital waiting times are rising and charges to see GPs are feared, report Alice Thomson and Rachel Sylvester

"If you don't put fuel in the aeroplane it's not going to fly," says Clare Marx, president of the Royal College of Surgeons. "At the moment it feels as if we might not be able to get all the way across the Channel."

The warning lights are flashing on the dashboard of the NHS. There are now 3.3 million people waiting for operations, compared with 2.57 million at the time of the last election. The target to treat 90 per cent of patients within 18 weeks has been missed for the past three months.

The average wait is now 10.3 weeks, compared with 9.3 weeks in 2010. In the past year, 365,950 patients waited longer than 18 weeks and 131,500 longer than 26 weeks — a 25 per cent increase in both cases. In addition, the cancer treatment target has been missed for two successive quarters.

The engine is also stuttering in A&E departments, which have failed in every one of the past 63 weeks to achieve the target for 95 per cent of patients to be treated within four hours.

New figures also reveal a sharp rise in so-called "trolley waiters" — patients who waited between 4 and 12 hours for a ward bed after being assessed as in need of admission. The number this summer was 46,633, compared with 17,537 in the same period three years ago.

Non-urgent surgery is increasingly being delayed, sometimes on the morning that it is due to take place. More than 64,000 planned operations were cancelled in 2013-14, the highest figure for nine years. This is partly

sioning groups, found that 59 per cent of chief executives feared they would not have enough money to meet their obligations. Without it, they warned that care would be affected — 91 per cent said it was likely that patients would experience longer waiting times, and 83 per cent predicted a fall in quality if nothing changed.

The survey also found that 40 per cent of chief executives thought it likely that "user charges will need to be introduced" for GP appointments or hospital stays if no more money is forthcoming.

"Charging is the last thing they want to do," says Rob Webster, the chief executive of the confederation. "Everybody wants an NHS free at the point of use but if we don't get significant changes we will end up with a service we can't afford."

Chris Ham, chief executive of the King's Fund, says: "I've worked with and for the NHS for almost 40 years and I've never known a time when it has been under so much pressure as today." Trusts are now having to draw on their contingency funds to pay staff wages.

He adds: "We are moving beyond a small number of well-known hospitals with problems to a majority. There is contagion in the system and it's going south very quickly. The NHS may descend into real crisis between now and May next year. I think there is every likelihood that it will."

Sir Andrew Dillon, chief executive of the National Institute for Health and Care Excellence, agrees that pressure is mounting: "There's a substantial financial challenge visible to anybody who's involved in any kind of planning."

Lord Darzi of Denham, a surgeon who was a health minister in the last Labour government and who is now leading Boris Johnson's London Health Comission, thinks that the western model of healthcare — based around hospitals — is "no longer sustainable" because the pressures on the NHS are now so great.

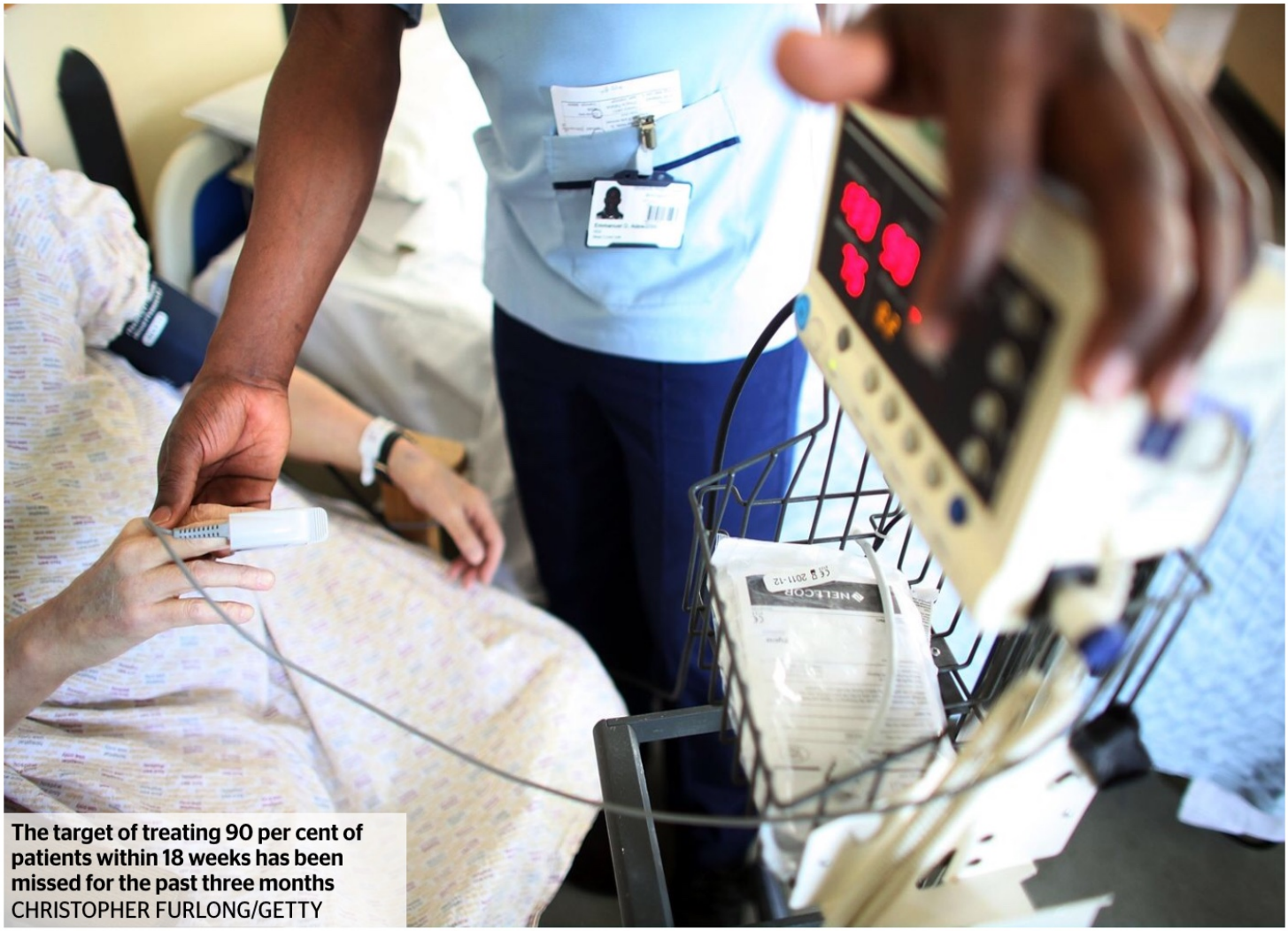
"It's not just financial, it's the burden of disease and demographic changes... the emerging economies use their workforce in a different way, with nurses delivering more. We can learn a lot from them."

Ms Marx says that there will be some "uncomfortable" judgments to be made. "What doctors will do is start prioritising the patients they feel are the sickest and try very hard to make sure that those who need the most care get it. Doctors aren't making moral judgments, they're making practical judgments about the people in front of them but there will be tensions."

The Department of Health insists that the health service is coping well under the circumstances. Last year, the NHS came top in an international comparison of health systems by the Commonwealth Fund, beating Switzerland, France, Germany and Sweden as well as the US for quality of care, efficiency and fairness. More patients are being treated than ever — there are 2,321 more operations every day now than in 2010, 3,471 more people seen in A&E, and 6,000 more GP consultations.

However, the ageing population and the growing cost of treatments mean that the NHS is struggling to keep up. Managing the health service is, says Kenneth Clarke, a former health secretary, like "running up a down escalator". ■

How charges make a difference across Europe



The target of treating 90 per cent of patients within 18 weeks has been missed for the past three months
CHRISTOPHER FURLONG/GETTY

Chris Smyth Health Correspondent

The NHS is almost unique in asking patients to pay virtually nothing for care. In most other developed countries, charges for seeing a GP, "hotel" fees in hospital or a minimum yearly excess on health insurance claims are routine.

This can be fairly token — seeing a GP in France costs only 80p — as the aim is not only to raise money but to control demand, or to use lower charges to incentivise people to see a family doctor rather than go to hospital. Such fees can, however, be controversial: Germany introduced charges for GP visits ten years ago, only to scrap them last year after they proved unpopular.

The NHS system also has clear advantages: only 4 per cent of British patients say that they avoid seeing a doctor or taking medication because of cost, compared with 18 per cent in France and 37 per cent in the US.

> **'The UK scores extremely well on prompt access to care'**
> **David Blumenthal** President of the US-based Commonwealth Fund

No country has found an ideal system. Yet Arne Björnberg, who compiles the Swedish-based Euro Health Consumer Index, which ranks England 14th out of 35 European countries, insists the NHS model is failing.

"There isn't really a difference between private and public, but

THE TIMES
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Managers get more as nurses are left trailing

Alice Thomson, Rachel Sylvester

Senior NHS managers' pay has risen by almost three times as much as nurses' salaries since the last general election, official figures show.

While nurses' and midwives' salaries have increased by a total of 5.05 per cent since May 2010, the average cumulative rise for chief executives and other top administrators has been 13.8 per cent.

Consultants have had pay rises of 2.05 per cent and registrars 2.12 per cent while more junior managers' wages have increase by 10.23 per cent, according to an analysis of data from the Health and Social Care Information Centre (HSCIC). The average pay rise for a senior manager has been almost £10,000 since 2010, compared with £1,500 for nurses and midwives.

As some NHS staff embarked on a strike this week in protest over pay, nurses' and midwives' leaders insisted that there should be a level playing field on salaries. "These large pay rises for chief executives seem very unfair to our members," said Jon Skewes of the Royal College of Midwives. "Frontline staff like midwives seem to be being singled out for really poor treatment."

Dr Peter Carter, general secretary of the Royal College of Nursing, said: "We assumed that the public sector pay freeze meant the best paid too. Some chief executives have had double-digit pay rises yet the hospital is failing. How can they walk through the wards knowing they have had a high pay rise while others are ending up on austerity? We need leadership and example."

The strike was called after the government rejected a recommendation by the NHS pay review body that health service staff should get a 1 per cent rise.

According to the figures from the HSCIC, the average pay for senior NHS managers rose by six times the rate of increase for nurses in the past year. Although top administrators received a 3 per cent rise, nurses and midwives got an increase of only 0.5 per cent. Average earnings for senior managers reached £78,000 while nurses, midwives and health visitors were paid about £30,000. Hospital chief executives earn an average of about £164,000, with some at large trusts receiving up to £260,000 a year.

'Pay restraint should apply across the board to everybody'

Research conducted by the Royal College of Nursing this year found that some chief executives had received bonuses greater than a ward sister's annual salary.

Andy Burnham, the shadow health secretary, said that staff morale was being damaged by the difference in treatment. "Pay restraint should apply across the board to everybody," he said. "This is why morale is so low in the NHS.

"Nurses, midwives and others see big pay rises handed out like confetti and feel absolutely sickened." ■

Our hospitals: the good, the bad and the ugly

Future of the NHS

Some are the envy of Europe but many are unsafe and uncaring, Rachel Sylvester and Alice Thomson report in the second part of our series on the NHS

A matron is patrolling the immaculately swept floor in Accident and Emergency, while dementia patients eat scones and cucumber sandwiches for tea. There is a fruit and vegetable stall outside, a weekly market on the lawn and a consultant arrives wearing bicycle clips. This isn't a throwback to a 1950s hospital but the new Queen Elizabeth Hospital in Birmingham, the centre where every health professional wants to be treated.

With 8,500 staff and half a million patients a year, the QEH, opened only four years ago, is one of the largest hospitals in Europe with helicopters landing throughout the day, 1,213 beds, almost half in single rooms, and 32 operating theatres.

The wounded military come here from Afghanistan to be treated, as did Malala Yousafzai, the Pakistani schoolgirl who won the Nobel peace prize. It has the world's largest single-floor critical care unit, Europe's biggest solid organ transport programme and the most

The Queen Elizabeth Hospital treats half a million patients every year
CHRISTOPHER FURLONG/GETTY

advanced cancer and trauma treatments. There is self-check-in and robots man the pharmacy but there are also 650 volunteers and fast-food outlets have been replaced by juice bars.

Its integrated IT system is the envy of the NHS because it works. If a nurse misses taking a patient's temperature, it shows up on a computer screen. If more than four patients dislike the food, an automatic message is sent to the catering staff, who are expected to go to the wards to explain themselves.

QEH is so popular that it has had to refuse referrals from GPs outside its catchment area and the chief executive, Dame Julie Moore, has suggested that it could run a chain of hospitals. The University Hospitals Birmingham NHS Foundation Trust, which oversees the hospital, had an income of £691 million last year and a surplus of more than £4.9 million. But it is the exception.

> **'We have seen individual wards where our teams have said we think this may be like Mid-Staffs. People weren't being cared for'**
> **Sir Mike Richards**
> Chief inspector of hospitals

Professor Sir Mike Richards, chief inspector of hospitals, says there is "huge variation between the best and the worst" in the NHS. In his first year, he has completed 70 inspections and assessed 40 per cent of the hospital acute trusts in England. Of the 42 rated, only one was outstanding and nine were good — five were inadequate and 27 required improvement. "We call it a National Health Service and we need to make sure that it is," he says. "If you go to Sainsbury's, Tesco or M&S, you expect the same level of quality whether you are in the north, south, east or west of the country. The health service must be consistent, too."

Having spent his life in the NHS as an oncologist, Professor Richards has been surprised and shocked by the discrepancies he has found. Too many hospitals are still dirty, unsafe or uncaring. "We have seen individual wards where our teams have said we think this may be like Mid-Staffs. People weren't being cared for. They were left in soiled sheets and call-bells were being unanswered. Staff were rude or

abrupt with patients. There was a lack of attention, not giving them sufficient drinks, not making sure that people who had difficulty feeding themselves were getting fed."

Although Professor Richards says such cruelty is rare, some hospitals also fail hygiene tests. "We've seen blood on the floor, dust and grime, the 'sharps' boxes — for needles — overflowing. We came across somewhere not all that long ago where there was a patient being nursed with known *Clostridium difficile* [a bacterial infection] and yet staff weren't all washing their hands."

Safety is also a concern. "In the inadequate hospitals, we are seeing equipment that has not been properly checked, incidents — a fall or the wrong medicine being given — not reported. No hospital is perfect, but they will only get better if they acknowledge what's gone wrong."

There are nearly 300 "never events" a year in the NHS — last year 123 patients had items left inside them after surgery and 89 had an operation done on the wrong part of their body. "There should be a surgical check list in place to ensure they don't cut off the wrong leg or leave swabs in after surgery," Professor Richards says. "What we are finding is that some trusts do that and others are still not doing it fully. That's not good enough."

"We have seen some places where the staffing levels — either medical or nursing — are too low, and that clearly does need money. But a lot of it could be done without. It's about leadership and the culture of the hospital. Giving someone a drink doesn't cost anything."

Jeremy Hunt, the health secretary, has introduced new safety procedures for the NHS based on what he calls the "airline model". He was struck by a graph showing airline fatalities falling as passenger numbers rose after the industry urged pilots to report near-misses and mistakes. "There can be a culture of collusion in the cockpit and it's the same in hospitals," says one source at the Department of Health. "We want to encourage openness so the NHS can learn from things that go wrong."

However, Dame Julie Mellor, the NHS ombudsman, warns that there is still a "toxic cocktail" of public reluctance to complain and institutional refusal to listen in the health service. "Patients don't think they'll be taken seriously, they think it will be too bureaucratic and they're concerned it might affect their treatment," she says. "Of those who made a complaint two thirds say it made no difference. The system is very defensive. There's a fear of being blamed and personally criticised. People talk about tribes — that their sense of identity relates primarily to the clinical group they're in or the Royal College."

As the Westminster watchdog for the public services, she deals with 18,000 complaints a year about the NHS and an area of increasing concern is patients being discharged unsafely from hospital, often during the night. "There is a lack of co-ordination between health and social care. In one case, an elderly woman was brought home to an empty house in a confused state with a catheter still in place. A neighbour had to call an ambulance to take her back to hospital. Unplanned admissions and readmissions are a huge cost to the NHS."

With nurses and midwives striking this week over pay, staff morale is low in many hospitals. Jon Skewes of the Royal College of Midwives says that his members are struggling to cope with a growing workload. "Since 2000, the birth rate has gone up by over 20 per cent but the number of midwives has not kept up. The pay freeze is seen as a slap in the face and a sign that the government does not really value the people working in the NHS."

According to Jane Dacre, president of the Royal College of Physicians, patients are too often treated as "widgets" rather than human beings by a system that has become ever more depersonalised.

"Hospital consultants see a patient, dictate a memo which is then sent to India to be turned into a letter which is then printed out back in Britain put in the post and sent to the GP before being sent on to the next consultant... People are only worried about the bottom line and balancing the books. Everyone is in a panic and worried about sanctions so no one is looking forward or looking out for the patients.

Even our altruistic young members who want to save the world quickly become battered and bruised."

Clare Marx, president of the Royal College of Surgeons, an orthopaedic specialist, agrees that the NHS is now so busy and bureaucratic that individual care often gets lost. "There are many more people going around the system. We are providing huge amounts of extra choice and care. In order to get some efficiency there's been a process introduced that's often not based on the patient. I rather hope I've always provided a sense of humanity."

NHS England is trying to encourage seven-day working in hospitals — after studies showed mortality rates rising by 14 per cent on Saturdays and 17 per cent on Sundays, but Ms Marx says there is still too little back-up. "On Saturday and Sunday there's often a skeleton crew. The surgeons are hanging around but you need pharmacy and radiology too and there's a cost attached to that."

With most hospital trusts now in deficit, many chief executives are warning that services will be hit unless the government releases more funds. A recent survey of members by the NHS Confederation found that 78 per cent said increased investment was fairly or very important for them. But Dame Julie Moore, the chief executive of the Queen Elizabeth Hospital in Birmingham, thinks that throwing more money at certain hospitals could worsen the problem by propping up smaller institutions that are struggling to safely provide the services that patients need. "The NHS at its best is amongst the best in the world. However, it is patchy," she says. "Putting more money in has sometimes actually led to some of the problems, in that you've artificially propped up some of the hospitals that really are not sustainable."

There is a debate in the NHS about whether the traditional general hospital model is out of date in a specialist age. Lord Darzi of Denham, a surgeon who was a Labour minister and is now chairing Boris Johnson's London Health Commission, says: "Hospitals were built when the burden of disease was infectious disease. We have different problems now... We still need hospitals but we must make sure that the patients who are coming into hospital are the patients who need to be there. A large number of them who are in hospital now don't necessarily need the care."

Lord Winston, the fertility expert and Labour peer, thinks it is time to confront the political taboo of hospital closures. "In west London we have four hospitals with a deficit of £60 million — that is a nonsense. People can travel to hospital. You would end up with more expert treatment and better services. GPs in hospitals are also a very good idea because they could visit their patients on the ward."

Kenneth Clarke, a former health secretary, says there are too many creaking wards. "I closed more old hospitals than most people have had hot dinners. The popular politics of the 21st century means that the most clapped out A&E department is defended by its local MP but these are dangerous places to go to if you are seriously injured and they waste a lot of money that could be spent on more specialist centres."

Sir Bruce Keogh, medical director of the NHS, says the creation of 24 specialist major trauma centres has improved survival rates by 30 per cent. "When we set them up the naysayers and the scaremongers threw their arms up in their air and said 'People will die in the ambulance, you'll have blood on your hands'. It was seen as infringing the dignity and status of your local A&E but that wasn't about the patient.

"There are some areas where it's best to deal with things in a specialist way."

After a review of the 14 worst hospitals, he warns that the NHS must recognise when things need to change. "The NHS is a really strong statement of values — but like a great building it started to go into decay. People were complacent about the moral superiority we had. We got into a bad place." He says he does not want to see hospital closures, but thinks their role must be redefined. "You need a basic community hospital. People like that. What we do need to do is re-purpose some of the hospitals and A&Es. The issue for me is not about the real estate, it's about what goes on in the buildings." ■