Putting healthcare policy into practice

The Francis report (2013) on the Mid Staffordshire NHS Foundation Trust, recently called for sweeping changes to end the NHS’s neglect of patient safety, calling for a fundamental overhaul of the culture so that patients are always put first.

The report makes 290 recommendations covering a broad range of factors relating to patient care and safety in the NHS (McCaughan and Kaufman, 2013). However, this comes at the same time as other major policies affect the quality of health and social care provision, such as tighter budgets, more accurate targeting of services, outcome measurement, nurse recruitment and education, and the persistent widening of health inequalities (Fatchett, 2012).

With regard to practice in facilitating opportunities for staff to learn new skills, whether in the hospital or community setting. Indeed, future education must be based on the premise that the public have expertise that can support the development of professionals and help improve clinical services.

This places an increasing demand on health professionals for greater collaboration, and educational preparation must ensure that appropriate skills are developed (Casey et al, 2013).

Efforts to embed an understanding of the implications of health policy throughout nurse and health visitor education programmes play an important part in encouraging students to consider issues they face in practice from a broader perspective.

As Adams (2013) and Smith (2012) remind all undergraduate students, becoming a caring and compassionate nurse or health visitor is an absolute priority. Studying for a degree does not change this focus.

As Goodman (2011) notes without some critical thinking and understanding of government health policy, the desired learning improvements may not be achieved because of a lack of real understanding, or even personal/professional prejudice or ignorance.

Fatchett (1994; 1998; 2012) has long argued that studying health policy encourages an in-depth understanding of today’s constantly changing healthcare environment, resulting in a greater ability to influence services. Understanding and becoming involved in the policy-making process is a valuable skill to learn and a challenge to which all nurses should aspire (Arif, 2013; Whyte, 2010). As Wright (2013) proposes, ‘we should all work with and fight with any government in the interests of nursing and patients’.

In 2010, Andrew Lansley, Secretary of State for Health, pledged that the public would be at the heart of everything that is done within the NHS — not just as beneficiaries of care, but as participants in shared decision-making (Secretary of State for Health, 2010).

Three years on, this promise looks decidedly compromised, not least with the collateral fallout of some appalling and widely reported care failures on the part of both health professionals and organisations, with safe, compassionate, integrated, people-centred care losing ground to budget constraints and targets.

As Francis reminds government and us: ‘If there is one lesson to be learnt . . . people must always come before numbers. It is the individual experiences that lie behind statistics, benchmarks and action plans that matter’ (Francis, 2013).

The government’s initial response in ‘Patients first and foremost’ (Department of Health [DH], 2013), has been to accept Francis’s recommendations and to oversee root and branch changes across the whole of the NHS.

As such, the policy imperative to involve the public in a meaningful way remains an important focus for the education of undergraduate nurses and health visitors within UK universities.

As Tim Curry, the RCN’s assistant head of nursing noted (Sprinks, 2012), universities have a key role in facilitating opportunities for staff to learn new skills, whether in the hospital or community setting. Indeed, future education must be based on the premise that the public have expertise that can support the development of professionals and help improve clinical services.

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The Francis report (2013) on the Mid Staffordshire NHS Foundation Trust, recently called for sweeping changes to end the NHS’s neglect of patient safety, calling for a fundamental overhaul of the culture so that patients are always put first.
However as Davies (2011) reminds us, a vital skill for all nurses and health visitors is to draw a clear distinction between opinion and fact. She asks us to compare two statements, the first, that ‘patient mortality is inversely proportional to the number and educational level of nurses in a hospital’; the second, that ‘introducing competition between services in the NHS is likely to improve the quality of care while reducing costs’. She suggests that many years of research have consistently shown the truth of the first statement, while ideology and politics often influence the latter.

The point of studying health policy is to explore the veracity of such statements because the implications are so important for healthcare services. While we may disagree with each others’ conclusions, the important stages of reflection, analysis and discussion help us to have a sounder base for decision-making (Fatchett, 2012).

THE LEEDS EXPERIENCE

The nursing and community nurse lecturing team at Leeds Metropolitan University have had a long-standing commitment to the inclusion of health policy within its curricula at all levels, ensuring that new DH documents and initiatives are shared with students on a regular basis – not least those that propose ways to involve the public.

This approach helps students to think of innovative ways to involve people in every stage of their care. Ensuring that the public remains at the centre of learning helps to bridge the gaps between academic life, policy and practice. For example, the now well-established annual multidisciplinary workshops at Leeds Metropolitan University have proved to be a significant learning experience for both undergraduate and postgraduate health and social care students.

The mixed discipline sessions include a variety of experienced and less experienced practitioners, together with service users of all ages. The sessions are designed to be stimulating but can sometimes be very uncomfortable, particularly as service users are encouraged to challenge students’ ideas, which at times can be incompatible with patient need, inflexible, irrelevant, or even unsafe.

Learning from and with the service users and patients helps students to:
- Be inspired by and to explore new information and ideas
- Appreciate the ‘world view’ of users and other professions
- Be rejuvenated by new insights and information
- To go into work/placements with new ideas and information to share with others.

Students have commented on how the sessions help them develop a wider appreciation of the profession and their own working environment. They see the benefits of implementing policy backed up with new ideas that they can then share with their colleagues in practice.

The fear of negative consequences in practice is a substantial deterrent to students in weighing up whether or not to ask seemingly stupid questions or challenge more experienced colleagues — there is also the fear of causing offence to a patient or member of the public.

Fulfilling the remit of patient-led policy requires sensitivity and understanding. All of the modules encourage the students to view experiences from the patient’s and public’s point of view, encouraging feedback on both good and bad points and always remembering that ‘the public’ is actually made up of individuals to whom we provide a service.

Consideration is given to understanding how personal behaviour creates either a positive or negative experience for patients and colleagues. Caring with compassion is about paying attention to the intellectual, social, spiritual, emotional and environmental aspects of each person as well as their physical needs.

Similarly, any concern about dereliction of care needs to be raised, and exploration of how to challenge colleagues in practice is discussed as well as dealing professionally with other stressful situations. The Mid Staffordshire experience has provided us all with a salutary wake-up call.

Service users are regularly invited to contribute to student recruitment, curriculum development, and planning and course development, together with theoretical and practice placement assessments.

Lectures, tutorials and seminars led by patient representatives are also a successful feature of certain modules (Fatchett and Taylor, 2013). These link ‘classroom to practice’ with service users often keen to offer insights into their personal experiences of care and how these have affected their life (Ashby, 2013; Fatchett and Taylor, 2013).

Involving patients and their families in this type of learning activity has proven value not only for the students, but also for the patients and the general public.
Challenging the sometimes esoteric intellectual debate within the university by involving patients is an important counterweight, keeping the students’ focused on ‘real life’. As Ashby (2013) states, ‘the most powerful lessons about good nursing often comes from the users themselves’.

CONCLUSION

The relationship between the NHS, patients, service users and the general public continues to be central to UK health policy. Lansley’s policy promise in 2010 that patients would be central to any decision-making still requires a great deal of work. The question is whether this was just political rhetoric or a serious promise?

Students at Leeds Metropolitan University are encouraged to play their part, but like the government, they have to put into practice the lessons they have learnt — only then will the promise to give patients greater involvement in their own care become a reality.

REFERENCES

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