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EDITORIALS

Improving the safety of patients in England

Berwick's report should be required reading for everyone

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The health service in England has been subjected to unprecedented scrutiny in recent years, with the Francis Report,[1] Keogh Review,[2] and now a report from a panel chaired by the American patient safety guru, Don Berwick.[3] Although all deal with the same problem, the reports are quite different. Whereas Francis, a lawyer, produced a document stretching to more than 1700 pages, with 290 recommendations, Keogh and Berwick, both doctors, wrote concise analyses, with Berwick's amounting to only 46 pages and 10 recommendations. For those unwilling to read even that, Berwick adds three letters, to senior government officials, to NHS staff, and to the people of England. Each emphasises four fundamental principles, that quality and safety must be placed above all else, that patients and carers must be empowered and heard, that staff should be developed and supported, and that there should be thorough and unequivocal transparency.

Unfortunately, despite its brevity, the immediate responses suggested that those commenting on it had failed to read it thoroughly. The health secretary claimed that it supported the government's reforms, whereas patient groups believed that it ignored some of their key demands.[4] Neither conclusion is justified. This is a report whose every word requires careful study, not superficial scanning.

Berwick recognises that healthcare is political, and he was clearly aware of the current sustained ideological campaign to denigrate the NHS.[5] Thus, he states unequivocally that it is a "world-leading example of commitment to health and healthcare as a human right" that should be emulated and that, although the NHS does have patient safety problems, so does "every other healthcare system in the world." He agrees that "big changes are needed" but notes how its "achievements are enormous" and catalogues ways in which it continues to improve. No doubt mindful of how "zombie statistics" were misused to attribute 13 000 excess deaths to failings in the hospitals Keogh reviewed,[6] Berwick suggests that "drama, accusation, and overstatement" are best avoided.

He shows his independence by challenging the prime minister's ambition of zero harm, noting how patients must often balance the harms and benefits of treatment. He understands that many risks could be eliminated if resources were infinite but knows that they are not. He calls for "constant vigilance against reductions in resources" but also a mature and open dialogue in which trade-offs must be explicit when goals such as cost savings are being pursued.

He is emphatic that most health professionals seek to do a good job and calls for them to be spared the now too common "generalised criticisms of their intentions, motivations, skill, or dedication." When things go wrong it may be as a consequence of wilful or reckless neglect or mistreatment, but this is extremely rare, and when it happens he accepts the need for criminal sanctions. Much more often the cause will be failings of the system or human error and "it makes no sense at all to punish a person who makes an error." Instead, the organisation should learn from it.

This view underpins his approach to regulation, which "alone cannot solve the problems highlighted by Mid Staffordshire" as "in the end, culture will trump rules." Describing the existing regulatory system as one of "bewildering complexity," he calls for a regime run by "true experts" who can "apply thoughtful judgment," a model that seems far removed from the tick box culture that has characterised the Care Quality Commission. It is unfortunate that many of the public health professionals with skills in healthcare evaluation have been pushed out of the NHS in the recent reforms. He also reflects widespread concerns about lack of patient involvement,[7] asking whether the concept of community health councils should be revisited.

Berwick's report has, however, attracted some criticism. One relates to his reluctance to recommend minimum nurse staffing levels. Yet, he shows how the reality is more complex. He knows that low staffing levels threaten patient safety,[8] noting that a medical or surgical ward with fewer than one trained nurse for every eight patients, plus one in charge, is likely to increase risks substantially. However, mindful of the potential for this to become the norm, he notes how more nurses will be needed if patients are sicker. He states that staffing levels must be informed by a more sophisticated real time system to ensure that they match patient needs. This is a warning to those hospitals saddled with large private finance initiative liabilities that are currently shedding staff.

A second criticism is his rejection of a legally enforceable duty of candour. Again, his words require careful examination. He is clear that patients have a right to have all their questions

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answered and that professionals must notify all serious incidents. However, he cautions against the immense bureaucratic burden, as well as the anxiety that would result, if patients had to be told of every error, no matter how minor. He also calls for research about how best to communicate these matters to patients.

Berwick's clarity of writing, logical flow, and at times subtle phrasing might lead some to think that he has said little that is new. But he has put forward a clear vision for a new set of relationships between patients and health professionals to ensure continuing improvements in quality and safety based on trust, not fear. He has given them a powerful weapon in the fight against those who seek to undermine the NHS and denigrate its staff in pursuit of ideology or profit. It is now up to them to seize it.

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