Humanising Healthcare: Patterns of Hope for a System Under Strain

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Why is there such widespread concern about our healthcare systems today? Quite simply, the inexorable rise in healthcare costs around the world is becoming unsustainable. That is true whatever the financial systems and organisational structures in place. In most developed countries healthcare inflation runs at about three or four percent per year, which as an exponential figure doubles the cost every 20 years.

Pressures in the system

The NHS, as an example, is rarely out of the headlines. It faces formidable funding issues, staff are routinely stressed, and efforts to move things on to a more sustainable footing seem less and less effective. In 2010 David Nicholson, the Chief Executive of the NHS in England, sent a letter to all healthcare providers saying that £20 billion (out of an annual budget of £100 billion) would have to be saved over a five-year period to 2015. This was the biggest saving challenge it had ever experienced. But it was largely achieved through efficiency measures familiar to anyone who runs a business - freezing pay, increasing pension contributions from staff, reducing the number of managers and administrative staff and delaying maintenance work.

But the underlying driver to healthcare inflation has not gone away and five years on, Nicholson's successor, Simon Stevens, described an even bigger saving of £30 billion now has to be made by 2020. In his Five Year Forward Plan he set out plans to undertake further efficiencies and to reconfigure services – again very familiar strategies for cost cutting in the private sector. Stevens estimated these strategies could achieve £22 billion in savings, but he also asked the government for an extra £8 billion because he couldn't imagine any other way to bridge the gap.

Another way is possible

It seems like a perfect storm is brewing. Unrelenting demand for healthcare, pressures on funding, an over-stressed workforce and options running out for addressing these issues effectively before the system collapses. Is another way possible? I believe there is - but not without deeply examining underlying assumptions and being bold enough to transgress the cultural norms of the dominant system. What follows is a short summary of work I have been involved in which is beginning to grow a new culture of healthcare better adapted to the changing circumstances described above.

The work started with a series of conversations with senior clinical managers at NHS Fife based on a framework called Three Horizons (www.iffpraxis.com/three-horizons). This helped us to describe our aspirations for a future health system which was sustainable and effective. In the course of these discussions, we heard about the "Nuka" system at Southcentral Foundation in Alaska and thought this was the kind of healthcare system we were hoping for.

'Nuka' is an Alaskan native word for a strong and extensive living structure. The Nuka system of healthcare sees staff and patients as participants in a web of life. This web is strengthened and enlivened by quality relationships between people built by open, honest and dynamic conversations. These take place at every level in their system between patients, staff, politicians and the wider community. In the Nuka system, they see the person not the condition. As they put it, "Diseases don't have people, people have diseases." They also recognise that the 'person' is more than an individual and includes their family, friends, community, culture and history. Staff working at Southcentral Foundation are trained to work in this way and are conscious that they too are on a healing journey in their lives.

Changing culture

These insights helped NHS Fife along with partners in social care, voluntary organisations and social enterprise to get started on changing the culture and pattern of care. Our first initiative involved finding ways for older people to thrive, not just survive, at home; to explore what matters to them in their lives and then address those aspirations by developing quality relationships and co-create solutions with them, their families and their community.

It was slow work. After a year, we had worked in this way with just six patients and were very unsure whether we should continue. But staff were keen. Each new story of an older person finding something meaningful and valuable in their lives had a knock-on effect on the staff who helped them to achieve this. As one of them said, "A little bit of hope goes a long way".

After five years, we are now working with over 15,000 patients in this way and have extended the work from older people's care to other areas including physiotherapy and podiatry. The change is subtle but profound: shifting from deficits to assets, problems to solutions, standard assessments to unique conversations and from clinical to relational practice.

Reciprocity and mutuality

Our assumptions have been challenged in ways we couldn't have imagined when we started. We know now that we can't facilitate change in others if we are not willing to change

ourselves. We now work differently, in a more integrated way and where possible in real partnership with our community. In addition to our professional training we recognise our need for good conversational skills to explore people's hopes for the future – what matters to them, what gives them joy in their lives, helps them thrive, not just survive. Another shift has been to recognise that we don't always have to be busy doing something with patients. Good quality conversation is itself of value and an important service to another human being.

The work is beginning to show that healthcare can renew itself if we are prepared to go beyond the constraints of the thinking which has led us to this point. It is not a magic fix, but working creatively and expanding what we consider as a resource for ourselves offers some hope to people working in a system under huge strain that another way is indeed possible.

Challenging the deep assumptions that drive modern healthcare helps staff explore new possibilities with patients and their families and shows signs of being highly cost effective. This is because good quality conversations help people identify what they value in their lives, not what inputs they can get from staff. In Fife we are finding some patients saying they have achieved what they wanted from their contact with us and are telling staff they don't need to come back any more.

This is a novel experience for staff – being discharged by the patients and not the other way round. We are also finding patients are keen to help others – volunteering in the day hospital, or in one case, passing on a copy of the local newspaper to their elderly neighbour, as they did before they went into hospital. Meaningful and social activities are important for keeping well and generate mutual gains for those involved. This is a new type of sustainable healthcare, where the key characteristics are reciprocity, mutuality and diverse solutions. By drawing on these insights, we can grow a system of health and social care that is financially sustainable and highly valued by patients, families and staff alike.

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