



## Catholics in Healthcare Liverpool, 17<sup>th</sup> October 2010



# Mission, Ministry and Identity in modern healthcare

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# The Benedict Bounce...

needs us to play “keepie  
uppie”



## Key Points

- ▶ There is a mission, a ministry and a distinct identity for Catholics to discover in the vocation to healthcare
- ▶ This comes from the Gospel directly
- ▶ It is underpinned by Catholic Social Teaching
- ▶ It can be an asset to the NHS
- ▶ We're not claiming we're better, we're claiming we're part of a diverse NHS
- ▶ We have a contribution to make
- ▶ The NHS needs us, as it needs others





## And those are

- ▶ Mission – Given by Christ, John 10.10; Christ’s healing mission; cherishing life, embracing death; personalism
- ▶ Ministry – embodying these values in the way we work. Called
- ▶ Identity – Formed by a gospel perspective, there is something different about us. Living the gospel. Part of the work of Sanctification





A society which welcomes and understands our faith....?




As ministers of Christ,  
You *are* agents of *Change* and *Leaders*



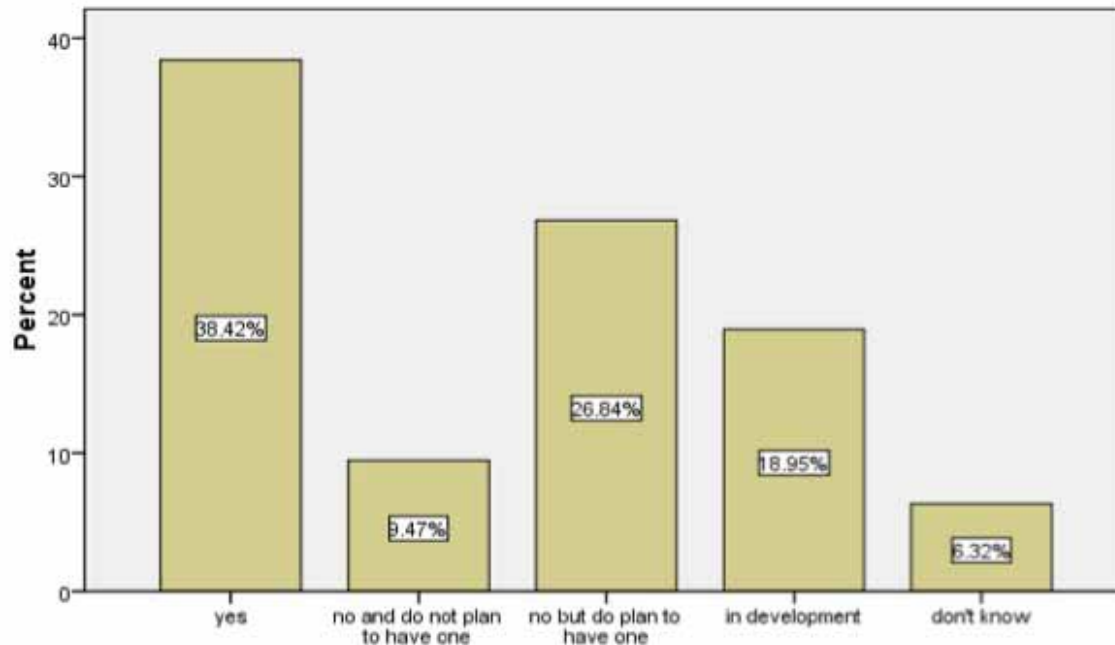
Every person has the right to adequate health care. This right flows from the sanctity of human life and the dignity that belongs to all persons, who are made in the image of God... Our call for health care reform is rooted in the biblical call to heal the sick and to serve 'the least of these,' the priorities of justice and the principle of the common good.

*Resolution on Health Care Reform  
U.S. Catholic Bishops [1993]*



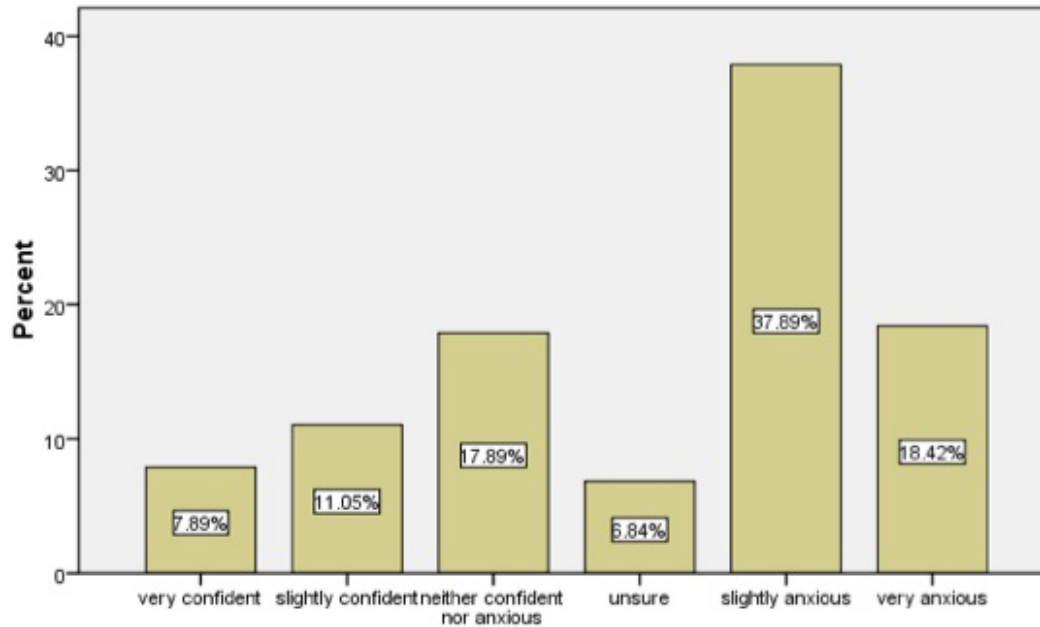


**Does your organisation have an equality action plan which includes religion of your staff and patients as one stream of action**



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## Why?

- ▶ 57%) felt anxious in trying to recognise and work with the religious needs of staff.
- ▶ This became a focus for the telephone interviews
- ▶ The most common responses from telephone interviews were
  - a) staff working on diversity did not feel knowledgeable about or comfortable with faith (35 of 50),
  - b) staff did not want to cause offence (43 of 50) and staff were often unaware of the make up of faiths in their area (38 of 50.)
  - 19 respondents specifically said there was some hostility to dealing with religion from colleagues whereas
  - 23 stated that the issue was repeatedly deprioritised because "it's in the too difficult box."
  - 20 said lack of government guidance was salient





## John Henry Newman

- ▶ I want a laity, not arrogant, not rash in speech, not disputatious, but men who know their religion, who enter into it, who know just where they stand, who know what they hold and what they do not, who know their creed so well that they can give an account of it, who know so much of history that they can defend it" (The Present Position of Catholics in England, ix, 390).





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## Our Charism?



# Charism

- ▶ The Greek term *charisma* denotes any good gift that flows from God's benevolent love (*charis*) unto man; any Divine grace or favour,
- ▶ The term has a narrower meaning: the spiritual graces and qualifications granted to every Christian to perform their task in the Church: "Every one hath his proper gift [charisma] from God; one after this manner, and another after that" (1 Corinthians 7:7 etc.).





## Our Charism?

- ▶ We believe in the dignity of the human person and in the resulting holistic approach to patient care which recognizes and integrates the physical, spiritual, emotional and psychological care of both patient and family.
- ▶ We believe in those Catholic/Christian principles and standards, which create a total environment which assist administration and medical staffs in making difficult ethical decisions.
- ▶ We believe in justice and equity for those in the workplace that foster personal and professional development, accountability, innovation, teamwork and commitment to quality.
- ▶ We believe that advocating for social justice can enable the neglected in society to empower themselves and their communities.

Adapted from Catholic Health Assocn of Texas





## Our Charism?

- ▶ We believe that the Catholic health ministries must recognize their social accountability to the communities they serve, developing policies and procedures to ensure this accountability, and responding pro-actively to engage in community outreach.
- ▶ We believe each Catholic in healthcare is directly participating in the healing ministry of Christ and the mission of the Holy Spirit
- ▶ We believe the Church should foster and maintain collaborative linkages with the broader community - Catholic, ecumenical and community-based to re-humanise healthcare.
- ▶ We believe that to be effective stewards of our ministry, we must develop organizational structures that promote management effectiveness, continuous quality improvement, well-trained medical staffs, and comprehensive programs and services.

Adapted from Catholic Health Assocn of Texas





# Rainbow or Vegetable Puree? Lessons from Psychology



# Dialogue

- ▶ Benedict XVI –reason
- ▶ Benedict XVI – conscience
- ▶ Benedict XVI – we have experience to contribute
- ▶ Catholic Social Teaching
- ▶ Healthcare Workers Charter
- ▶ Dolentium Hominum
- ▶ Diversity Policy
- ▶ Anxiety about religion
- ▶ The NHS Constitution
- ▶ The Equality Act 2010
  - The right to conscience will be coming back more strongly?
- ▶ Employment Equality Act 2003
- ▶ The NHS Act 1966

Catholic Teaching

NHS Policy

# Benedict XVI

- ▶ Your common law tradition serves as the basis of legal systems in many parts of the world, and your particular vision of the respective rights and duties of the state and the individual, and of the separation of powers, remains an inspiration to many across the globe
- ▶ These questions take us directly to the ethical foundations of civil discourse. If the moral principles underpinning the democratic process are themselves determined by nothing more solid than social consensus, then the fragility of the process becomes all too evident – herein lies the real challenge for democracy.

Westminster Hall

Westminster Hall



# Dialoguing with the White Paper

A Catholic Perspective

First get a recommendation from your family doctor that your eyes need testing. Then hand that recommendation to any doctor with special qualifications (lists will be available) or to any ophthalmic optician taking part in the new service. If you need glasses, these will be provided without charge. For re-testing you can go direct to any of the doctors with special qualifications, or to an ophthalmic optician.

The National Health Service will provide several kinds of spectacles of different types. For specially expensive types you will have to pay the extra cost.

**Deafness** Specialist ear clinics will be established as resources allow. At them you will get not only an expert opinion upon deafness but also, if necessary, a *new hearing aid* invented by a special committee of the Medical Research Council. Production of these aids is now going on, but will not meet all demands at once. They will be supplied free, when ready, together with a reasonable allowance of maintenance batteries.

**Home Health Services** Your local County or County Borough Council will, as soon as it can, make special provision for: (1) advice and care of expectant and nursing mothers and children under five (for particulars ask your doctor, health visitor, or Welfare Centre); (2) midwifery (ask your doctor or Welfare Centre); (3) home nursing where there is illness in the family (ask your doctor); (4) all necessary vaccination or immunisation (through your doctor or Welfare Centre); and (5) a health visitor service to deal with problems of illness in the home, especially tuberculosis.

**Health Centres** Special premises known as Health Centres may later be opened in your district. Doctors may be accommodated there instead of in their own surgeries, but you will still have "your own doctor" to give you personal and confidential treatments. He will still come to your home as necessary. At the Health Centre he will be able to use equipment supplied from public funds. These Centres may also offer dentistry and other services on the spot.

#### WHAT TO DO NOW

1. Choose your doctor.
2. Get application forms from him or from the Post Office, Public Library, or office of the local Executive Council.
3. Fill one in for each member of the family.
4. Hand them to the doctor.

#### ACT AT ONCE

PREPARED BY THE CENTRAL OFFICE OF INFORMATION (100 THE MARQUEE OF WALKER)

1948/49 W.S. 2020 21/2 1/2



# THE NEW NATIONAL HEALTH SERVICE

Your new National Health Service begins on 5th July. What is it? How do you get it?

It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a "charity". You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.



# The White Paper

- ▶ Goodbye to New Labour 3 Ps? Errr...not quite
  - Performance
  - Partnerships
  - Participation
- ▶ Localism
- ▶ Devolution
- ▶ Accountability?
- ▶ Clinicians at the Centre
- ▶ Investment did not equal productivity





## Major Problems

- ▶ We cannot afford this system any longer
- ▶ Prevention is not working
- ▶ Public health seems to be broken in some respects
- ▶ The balance between management and clinical leadership remains problematic
- ▶ Health as a %age of GDP keeps growing
- ▶ A pluralist NHS/Non NHS system





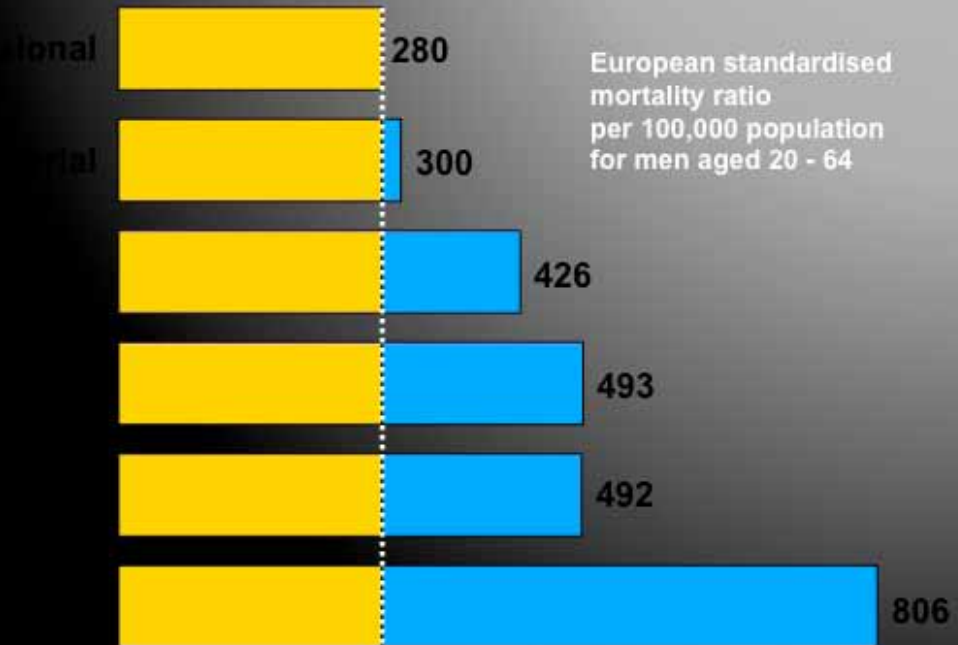
# Drivers

- ▶ **Morbidity and Mortality**
  - Huge Cardiovascular disease burden
  - Long Term Conditions
- ▶ **Cost**
  - %GDP compared to Europe
  - Wanless Report : 2026
  - PSA Targets
  - English Deficit £532million, Welsh £76million
- ▶ **Bad Performance**
  - Waiting Times, Access (Travelling for Bloods)
  - Choice, Independence (if you are up for it)





# Inequality = Excess Death?

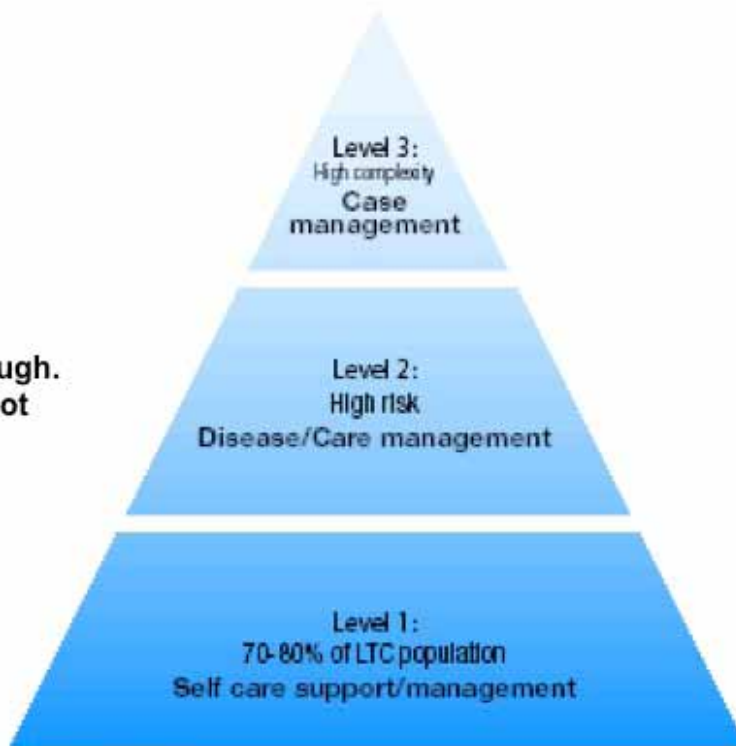




# Kaiser Permanente Triangle<sup>®</sup>

This has informed  
NHS Long Term  
Conditions  
Management

**Ignores challenge by Wanless though.  
Key is prevent these conditions, not  
Manage them.**



# Salaries (England)



GPs: 1996-1999 figures are second of two-stage awards in those years.

Average figures. 2003-2006: estimates of average net income (excl expenses) following introduction of new contracts.

Consultants: Mid-point of salary range.

Nurses: Entry grade for qualified nurse (basic pay)

Trust chiefs: Mid-point of salary range (inc benefits) of chief executives of NHS trusts

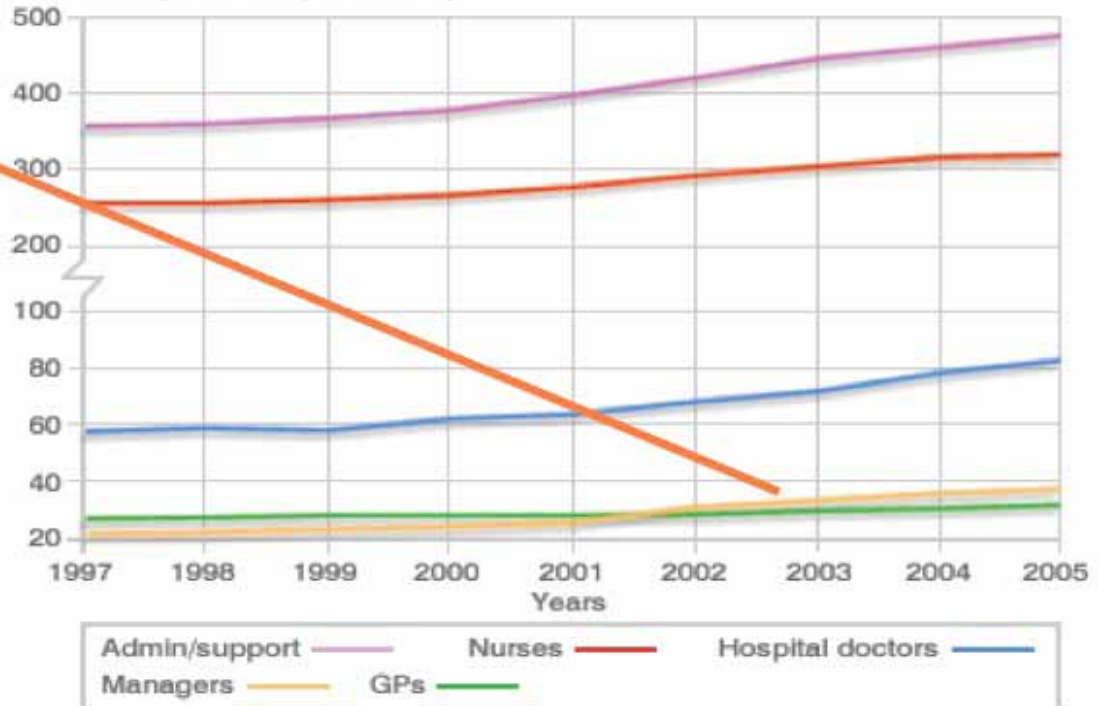
Porters: Basic grade excluding additional allowances (2005 and 2006 are inclusive)

Source: BMA/Incomes Data Services

# NHS Staffing

## NHS STAFF IN ENGLAND

Full-time equivalents (thousands)



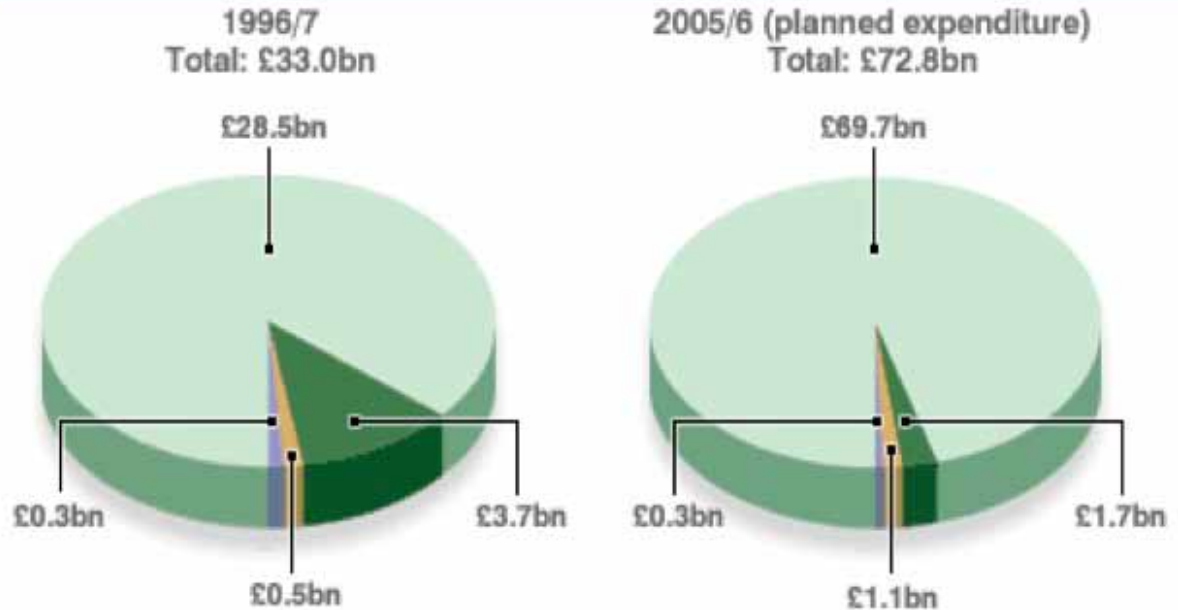
**Managers**

**50% of them are clinically qualified**

Hospital doctors - all doctors except GPs  
GPs - excludes retainers  
Nurses - includes qualified practice nurses  
Admin/support - includes porters/secretarial, clinical and estates staff

Source: Health and Social Care Information Centre

## HOW THE NHS MONEY IS SPENT



1996/7 chart shows money spent but costs not necessarily incurred in that year.

Hospitals/Community Health	<span style="color: #90EE90;">■</span>	Family Health Services (inc dental/ophthalmic/pharmaceutical)	<span style="color: #008000;">■</span>
Central Health/Misc (inc welfare food scheme and medical treatment for Britons in EU).	<span style="color: #FFD700;">■</span>	Departmental admin (inc agencies)	<span style="color: #6A5ACD;">■</span>

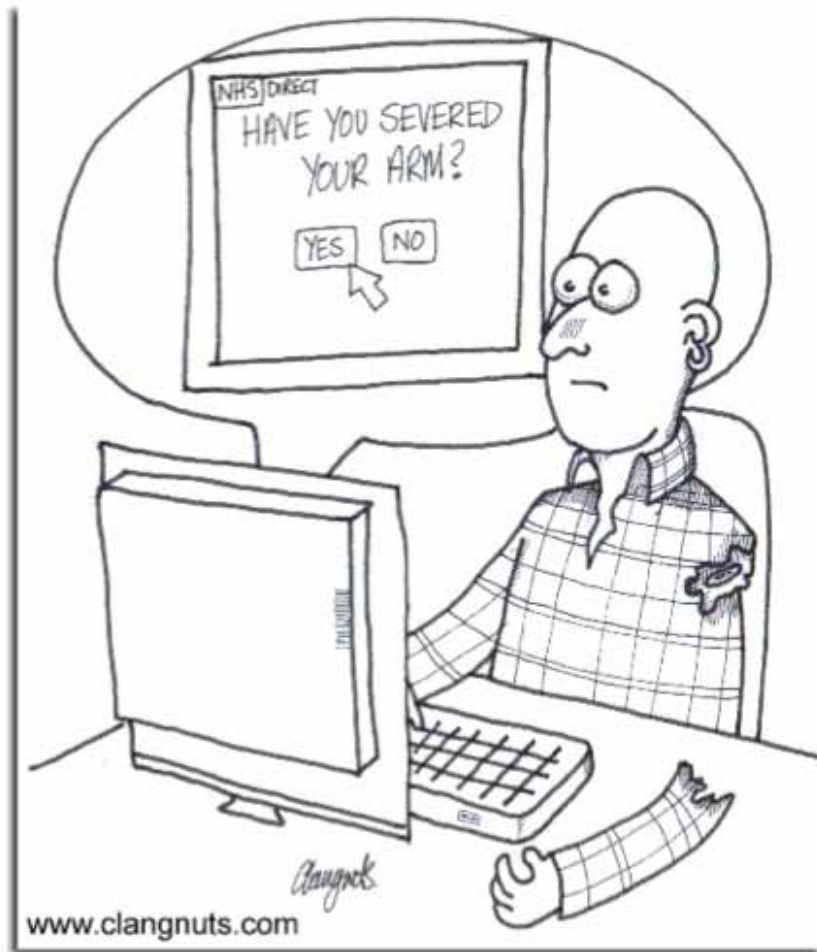


## Solutions Picked by Govts...

- ▶ Structural Change
- ▶ Performance Change
- ▶ Configuration of Care
- ▶ Delivery Mechanisms
- ▶ Workforce
- ▶ Personalisation
- ▶ This is all driving local change in response
  - Commissioning Hubs
  - Public Health Commissioning enhanced role
  - Specialist primary care



Jo thought  
telehealth  
had gone a bit  
far...



# Principles

- ▶ Personalism, the Common Good
- ▶ Subsidiarity
- ▶ Vocation, Personalism
- ▶ The Limits of the State
- ▶ Option for the Poor
- ▶ No decision about me, without me, democratic legitimacy, Kennedy Report, Structure
- ▶ Structural Change
- ▶ Clinical Leadership
- ▶ Choice, Funding
- ▶ Need, Public Health

Catholic Social Teaching

Reforms



# Worries then...

- ▶ Personalism, the Common Good
- ▶ Subsidiarity
- ▶ Vocation, Personalism
- ▶ The Limits of the State
- ▶ Option for the Poor
- ▶ Too far, too fast?
- ▶ Democratic legitimacy?
- ▶ The role of vocation?
- ▶ Some things devolve, some things centralise
- ▶ Equity – the postcode lottery
- ▶ Rationing/Allocation
- ▶ Still haven't identified the role of healthcare in 21<sup>st</sup> century Britain

Catholic Social Teaching

Worry



# Engaging as Catholics 1

- ▶ Continued Iteration of the Teaching of the Church
- ▶ The Church's Wealth of Experience in Healthcare
- ▶ Personalism of a Health Service
- ▶ Our Charism
- ▶ Rights of Staff and Patients to Religious Expression
- ▶ The Salience of the Religious Dimension in Healthcare





## Tools for Us

- ▶ Knowledge and Skills Framework (KSF)
- ▶ Patient and Public Involvement
- ▶ Move into primary care
- ▶ NICE
- ▶ NHS Constitution
- ▶ Essence of Care
- ▶ Clinical Governance
- ▶ Human Rights Act
- ▶ Religious Belief (Employment) Regs 2003
- ▶ Equality Act 2010





## Policy Challenges Remain

- ▶ 4Es – Efficiency, Effectiveness, Economy and Equity (Choice, Quality, Access)
- ▶ Widening Inequalities
- ▶ Whole Person Approach v Increasing Technologisation
- ▶ Philosophy of Individualisation vs Social Action and Inequalities?
- ▶ Commodification
- ▶ Faddism in structures and systems





# Policy Stakeholders

## ▶ England

- Westminster
- Think Tanks – King’s Fund, Nuffield Foundation
- Professional Lobbies – Royal Colleges, IHM
- Employers Lobbies – NHS Confed, NHS Employers
- Unions – Unison, RCN, MiP,
- QUANGOS – NIHCE, Healthcare Commission
- Networks
- Local Authority Health Scrutiny Panels

## ▶ Wales

- Assembly
- WLGA, NHS Confederation Cymru
- Wales National Centre for Public Health





## Just a thought or two...

- ▶ In the vessel of the Church we are all part of the crew, there is nobody who is a passenger

*Yves Congar*

- ▶ Waiting for ultimate things implies a commitment to the penultimate

*Dietrich Bonhoeffer*



# An Exercise in Change Management

and

## An Exercise in Public Theology





# Making it Happen

Five Vs, Several Tactics



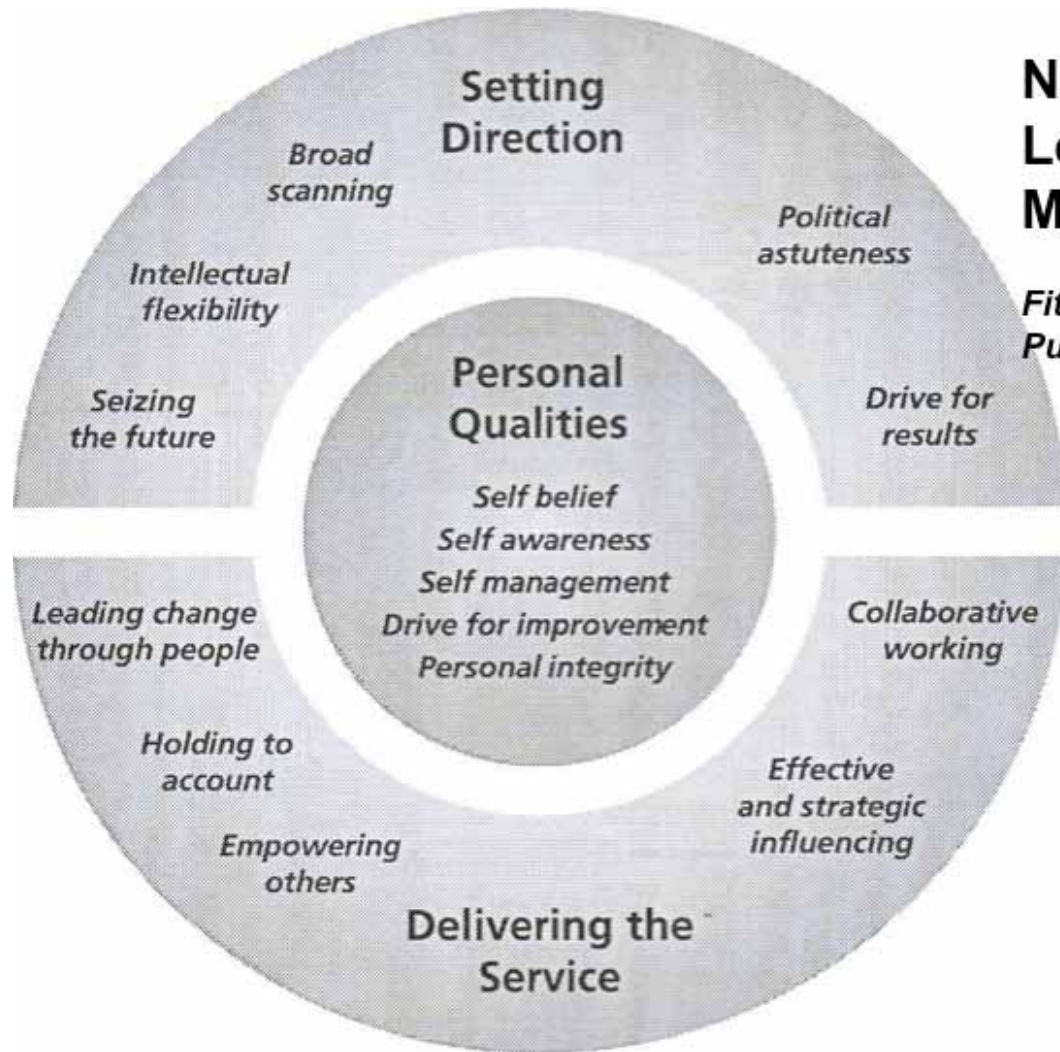


# Key Things for Local Advocacy

1. Use a Change Management Model
  1. Pick Targets and Stakeholders
  2. Apply it to your Chaplains
  3. Apply it to your NHS Trusts
2. Form local “collaboratives”
  1. The NHS Likes these and you need to draw up terms of reference for them in clinical governance terms
3. Develop your own Leadership Skills
  1. Understanding personal styles
  2. Leadership
  3. Change Management
  4. Team Working



# NHS Leadership Model



*Fit for Purpose?*



## Vision into Action



- ▶ **Vision** – We have this from Catholic Social Teaching
- ▶ **Vocation** – our calling is from Christ, we add and bring something with us
- ▶ **Visibility** – this is an opportunity for the post Benedict Bounce
- ▶ **Voice** – positive and together, not individuals
- ▶ **Vibrancy** – show the NHS our diversity





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