The only constant in the NHS is change

How many times have we heard that phrase yet the reforms proposed by the new Government in the White Paper - Equity and excellence: Liberating the NHS - launched on 12 July are unparalleled, unprecedented and ambitious? Anyone involved directly or indirectly with the NHS in England will be affected by these proposals yet what that means for each of us individually is not clear.

However, whether you work in any of the four countries, for an acute trust, within a community service or a national agency, changes to your role are inevitable as significant reductions in the workforce within healthcare are envisaged as the effect of unprecedented levels of efficiency savings are adopted in the next two to three years, resulting in uncertainty for us all.

Many of the proposals within the White Paper are to be applauded; the focus on quality, the emphasis on improving healthcare outcomes, putting patients and public first and empowering them to make decisions and take control of their healthcare and, as practitioners involved directly with their care, we need to be encouraging patients to do exactly that. We welcome this focus and direction however these are not without risk - will patients want this control? Will patients have the information they need to make the choice and decision?

In trying to manage our own uncertainty we also need to support patients and colleagues as the changes are implemented. Each of us is and can be a leader. Sir David Nicholson in his letter of 13 July outlined key leadership behaviours to enable us to achieve success:

- don’t stand behind walls but look across boundaries
- don’t be inward looking and defensive but seize the opportunities
- engage positively and flexibly to the process of change.

Despite the uncertainty that many of you must be feeling I urge you to take his words and realise the potential benefits of these changes not only for your patients but also for you. Broaden your horizons and share the knowledge, skills and technical expertise you have to develop services for patients and with patients, in the community and closer to home. We all want to achieve the vision for patients of ‘in future there will be no decisions about me without me’.

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References
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