

# Lessons for the left shift

**Bob Klaber tells Richard Gardham that the desired shift towards community care is threatened by an over-fragmented NHS**

Bob Klaber is the wearer of many hats. He's a consultant general paediatrician at St Mary's Hospital, and the executive director of strategy, research and innovation at Imperial College Healthcare NHS Trust. He also holds various roles at the School of Public Health at Imperial College London, the NHS Assembly, the North West London integrated care system, and A Conversation for Kindness, which is a global movement focusing on how kindness in healthcare leads to better outcomes.

As impressive as this list of jobs is, however, just as important is the leading role Dr Klaber has played in taking care from hospitals and into the community.

His 'eureka' moment came about 15 years ago when he was treating a two-year-old girl who had ingested caustic soda, damaging her oesophagus. The girl found her frequent hospital visits terrifying, so Dr Klaber contacted her GP, Jonathan Fluxman, and they came up with the idea of treating her in the GP surgery. This success was extended by Dr Klaber and colleague Mando Watson, as they developed Connecting Care for Children, leading efforts to better connect care and reduce non-urgent care in a hospital setting.

Dr Klaber remains a vociferous advocate for a movement the government is now urging the whole of the NHS to partake in: shifting healthcare from a hospital to a community setting. It leaves him in a strong position to judge the shift's likelihood of success.

Dr Klaber is not shy of identifying the problems that stand in the way. 'The NHS is far too fragmented,' is his opening salvo. 'It's structurally fragmented, but more importantly, it's fragmented by the way we behave.'

Too many people in the NHS spend too much time 'rubbishing' those working in other parts of the service, he says. 'It seems deeply built in to the culture of professional "tribes" we grow up within and work in.'

'The hospital teams find it all too easy to rubbish the GPs, saying that if only they'd make themselves more available, people wouldn't be turning up to A&E all the time. And colleagues in primary care are often rubbishing the hospital, saying if only the consultants would answer the phone, we'd move things along more quickly. But the problem is it's a costly act. We need everyone in the NHS to big up other people in the NHS, and indeed across the wider care sector.'

## Transactional cost

Another problem Dr Klaber identifies is the 'transactional cost of doing stuff'. 'If you watch how money flows through the NHS, some of the adversarial positioning of how things work means that the transactional costs are far too high,' he says. 'And I have not seen enough evidence to convince me that we know how to use commissioning levers in a way that delivers outcomes that really matter to patients and communities.'

Another worry is the way policymakers talk about simply moving the budget from one to the other. 'That takes no account of how people behave,' he says. 'We need to think more about moving people's time, and encouraging them to work in a more connected way, than moving budgets. If we stopped thinking about referrals, and pushing patients around a complex

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system, and instead thought about how a neighbourhood team could pull in the specialist resource it needed from around the NHS, we would get to a very different place.'

Dr Klaber laments the difficulties

in changing how this model is currently operated, adding that altering behaviours so that people act in a more connected way is key. 'I'm convinced this is the right thing to focus on,' he says, 'because our patients tell us that the times they have had poor experiences are in the gaps between the different fragments of our care system, and nowhere more than between primary and secondary care. So why wouldn't we lean into those gaps and try to help build bridges?'

Clearly, Dr Klaber is not shy of taking aim at sacred cows in the NHS, with this opprobrium extending to payment by results – 'it has very little to do with results/outcomes; and just drives episodic, fragmented care – fine for elective surgery but not much else'. He also rails against the way in which patients are pushed around a system, using 'sewage words' like flow, discharge and blockage.

So what is his message for those working in finance in the NHS? 'Be super curious. Ask how we can all work together to change and adapt the way we behave to enable these shifts to happen. Think about how we can be more collaborative in the way we work and act.'

'Every time we push something, there's a transactional cost to it and there's often an experiential issue for the patient. I think people recognise that a pushing transaction is a costly one and often doesn't deliver a good outcome. So be curious, and think about how you and your teams can help others in different parts of the health and care system on what they are trying to achieve.' 

