WHAT THEN SHALL WE DO?

Tolstoy's question, originally posed as the title of a book he published in 1886, took for granted that there was a problem requiring action, based on the adverse living and working conditions of the mass of the population in newly industrialised societies in the second half of the 19th century. In a pamphlet published 15 years later, Lenin asked a similar question, "What is to be done?" Neither Tolstoy nor Lenin had the right solution, but what was the problem?

Such considerations preceded an unusual public conversation in Glasgow on 10th September 2008, between two giants of social medicine and social policy during the lifetime of the British Welfare State – David Donnison and Julian Tudor Hart.

The meeting involved an audience of about 200 people, mainly from the NHS and Universities, but with others from local and national Government, the voluntary sector and community groups. They had been attracted not only by an e-mail flyer (1) advertising these two famous names but also a recent paper by Julian Tudor Hart in the Lancet commenting on the advance of market solutions to problems in the National Health Service, and David Donnison's reply, considering what the alternatives might be.

In the event, discussion focused not only on the encroachment of public services by commerce, but also the estrangement of professionals and members of the public in relation to the management and direction of public services, and the relationships between professionals and the public in addressing these issues.

The discussants

Both discussants had been prolific authors in their fields, but their experience and authority came from very different career paths. Julian Tudor Hart worked out his ideas in the microcosm of a small general practice in the South Wales mining valleys, where he spent a quarter of a century as family doctor to a population of about 2000 people. Through famous papers on the inverse care law and the rule of halves, and through his example of applying a population approach to clinical care, working with his patients to reverse risks, prevent complications and increase longevity, he had had more influence on NHS development than any other UK doctor. David Donnison took a more academic route, succeeding Richard Titmus as Professor of Social Administration at the London School of Economics and chairing the Supplementary Benefits Commission for 5 years, before taking over the chair of town and regional planning at the University of Glasgow. Throughout his career, he was in touch with the most and least powerful groups in society.

Until their ninth decade, David Donnison and Julian Tudor Hart had never met. Their first conversation involved reminiscences of what they were doing when the result of the 1945 British general election was announced. The meeting began with a reprise of this conversation, contrasting the circumstances of this first Labour landslide with the next one in 1997. Both speakers saw little similarity. David Donnison recalled the generation of young men who returned from military service in World War 2, determined that the society to which they were returning would be a fairer society than the one they had left behind. Julian Tudor Hart said that while the 45 Labour landslide came after a 30 year period which included WWI, the Wall Street Crash, The Depression and World War II, 1997 had measured only 1 or 2 on the political Richter scale. Major political change is most likely after social upheaval and there had been nothing of that nature in 1997. Speaking three weeks before the global economic crisis, he felt that major change was much more likely now.*

Setting the scene

Professor Graham Watt introduced the meeting with three quotations and a warning. He began by quoting from *Snow White and the Seven Dwarves*

"Mirror, mirror on the wall, Who is the fairest of us all?"

warning against the conceit of seeing ourselves only as we wish to be seen, and not as we actually are. A modern version of this quotation might be "If you are not part of the solution, perhaps you are part of the problem". He amplified with the well known quotation from Tolstoy's book *What then shall we do?*

I sit I sit on a man's back, choking him and making him carry me, and yet assure myself and others that I am very sorry for him and wish to ease his lot by all possible means except by getting off his back

His third quotation, comprised the conversation between Roper and Sir Thomas More in Robert Bolt's *A Man for all Seasons*

ROPER So now you'd give the Devil benefit of law!

MORE Yes, what would you do? Cut a great road through the law

to get after the Devil?

ROPER I'd cut down every law in England to do that!

MORE Oh? And when the last law was down, and the Devil

turned round on you where would you hide, Roper,

the laws all being flat?

This country's planted thick with laws - Man's laws,

not God's – anf if you cut them down – and you're just the man to do it – d'you really think you could stand upright in the winds that would blow then? Yes, I'd give the Devil benefit of law, For my own safety's sake

Graham Watt proposed that many trees had been cut down, in the society that had been established since 1945, and that individuals were finding it increasingly difficult to stand up in the economic winds that now blow. Solidarity was needed not only to protect the weak, but also to achieve social advance.

The recent announcement by the minority SNP Government in Scotland, that the provision of NHS primary care in Scotland by private providers be outlawed, established a clear difference between the situations north and south of the border, but the Scottish situation still needs solutions and these could not simply be based on "Scottishness", or on being different from England.

Key points from the discussion

The meeting that took place in the following hour and a half can be heard on http://www.gcph.co.uk/content/view/50/66/

Key points that emerged were :-

- The Welfare State in general, and the NHS in particular, are cooperative enterprises, based on mutuality and trust, in which both professionals and users have rights and responsibilities.
- The provider/consumer model, favoured by the market, does not fit well with the above, emphasising some aspects at the expense of others. Bureaucratic management and policy styles within the Welfare State and NHS also subvert the co-operative nature of services. Commodification and specialisation can be narrowing, demeaning and counterproductive for both providers and users.
- Some aspects of the tensions between the "haves" and "have nots" in the society that preceded the Welfare State have re-emerged as tensions between the providers and users of public services.
- Feelings of powerlessness and anger are expressed by professionals, who feel restricted in their ability to do the best for and with users, and to influence the circumstances in which they work. Users express similar views based on their experience of services. There is a need to provide an outlet and *to give voice* to such views. Professionals need to speak out on behalf of users, and vice versa.

- The democratic principle is that people should be involved in making the decisions that affect them. It was not clear how this principle could best be applied, in organisations as diffuse, large and varied as public services.
- In addressing specific failures within public services there is a need *to understand* problems not only as isolated incidents or moral failures, but as general patterns and system failures.
- Change is more likely if views are expressed *collectively*, not only within professional and user groupings, but also as alliances between professionals and users. There was very little discussion about how collective voices could be expressed.
- There is much to learn across different public services in the statutory and voluntary sectors, and to share with professionals in training who will work in public services in the future.

What then shall we do?

The meeting showed that there is an appetite and ready participants for events and activities that address issues of fairness, decency and mutual respect within public services and the relationship between these and the wider economy and society.. It is too early to know where this might lead, but a good start could be made by holding open events outside existing organisational and disciplinary boundaries on such topics as:-

- Understanding more fully what works
- Applying the provisions of the Human Rights Act
- Direct payments as a way of empowering users of services
- Advocacy
- Democracy and participation

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* The meeting also preceded the publication of the Annual Report for 2007-08 by the Scottish Public Services Ombudsman (www.spso.org.uk) which prioritises the rebuilding of trust in public services – "Bridging the gap between the values held by the public and their perception of official behaviour is a major challenge facing public bodies"