Do you trust NHS Boards to make decisions that are in the best interests of the public?
No, I do not. Trust boards make decisions that suit themselves and the organisation. An example is when a GP refers a patient to a specialist and they decide after seeing the patient that the patient should see somebody else. This is often sent back to the GP to refer instead of doing it themselves. This creates a built-in time delay, but this is good for the trust, just not good for the patient. Another example is being referred to a specialist and sent out an appointment that does not suit. When we call to change the appointment it is being called a cancellation and we are placed to the back of the queue and have to wait another 7 weeks for an appointment. Another is when the CEO is contacted about the number of patients smoking outside hospital windows, causing staff to inhale cigarette smoke constantly whilst in work. The response from the CEO’s personal assistant was to say it will be passed on. In commercial business an e-mail like that gets actioned.
NHS boards are complicit with gaming and massaging. They treat their hospital trusts as a business and simply make decisions that are good for their business. The public trust doctors and nurses but managers are using this to make rules and decisions that are not in the public good.

Are NHS board decisions open and transparent?
No. Being open and transparent involves having minutes on-line, regular updates on issues, having representatives from junior doctors, junior nurses and other less senior members of staff that actually see the patients.
There is little to no feedback from Datix forms for all to see. Finding the people that make up the board is hard and finding their contact details is even harder. Reasons for the decisions being made are never conveyed to staff or on-line and often decisions are heard of through rumour.

How accountable do you feel NHS boards are?
The recent case of Dr. Garba-Bara proves that NHS boards are not accountable. My colleagues are terrified of losing their GMC licence due to dangerous and inadequate staffing. If a corporation ran its staffing levels like this the CEO would be before a court facing corporate manslaughter charges.
The NHS boards must be accountable for long term rota gaps and known shortages. There should be mechanisms in place to highlight patient safety issues that can be immediately seen and actioned. Senior managers and clinicians should see this and bring in senior staff to ensure that junior doctors are supported and are not covering two and sometimes three people’s jobs. This would be like asking you to read this, whilst getting phone calls to answer and deal with constantly and then needing to rush off to resuscitate somebody and then come back to reading this at 4am!! The NHS board employ us and should have responsibility.
Overbooking clinics happens all the time or cancelling patients happens but it is the doctor who has to speak to the patient and apologise but managers should be there as well.

How effective are NHS boards at delivering health services and improving the health of their population?

The delivery of health services is difficult to judge. The GPs have ultimate responsibility to improve the health of the population with secondary care input. There is clear friction between sectors in the NHS and this causes unnecessary delays.