

"Only connect the Prose and the Passion and both will be exalted"¹

Why the NHS needs a new story to tell

A discussion and a story of the challenges facing the NHS as it comes to terms with the new political and managerial environment.

There is a new environment for the NHS, there always is.....

It has passed through an era of radical growth in its finances and radical challenge in the expectations of delivery of improved services and 'modernisation'. A new Prime Minister, a new Secretary of State, a new financial settlement, a new Chief Executive, a new Medical Director and a new organisational structure. All these 'news' have begun to grow old (well some at least are beyond the first flush of spring). Some of the older 'news' have yet to take full effect – we have yet to see the real impact of a competitive market, or much evidence of new approaches arising from new contracts, the IT system has yet to deliver. And there is the same old same old: Patient expectations are ever higher, Medical morale (especially but not exclusively) is apparently still at an all time low, the NHS still seems weary and ill at ease with itself. We hear the same old worries about middle grades, of middle managers, of career doctors and nurses, each (un)able to deliver what the leadership wants, or to step into their shoes when the time comes (but not too soon to be threatening).

And we know that there is much to do that could disturb the current fragile balances on which day-to-day operation of the NHS seems to depend. No doubt some of these balances may be more apparent than real and no doubt not all are desirable. For example, Lord Darzi's surely well-intended process has had both intended and unintended consequences, disrupting traditional modes of thought and challenging existing service models, and relationships with key groups of staff and stakeholders who at the outset it was apparently intended to woo. Which of these is intended is a mute point, but it will (and should) have a serious impact through service re-design and reconfiguration, intended or not. And this impact could have serious consequences for the relationship between the NHS and its patients and public.

Added to this potent mix are a tighter financial regime (albeit in the context of surpluses) and the range of new tools implied by the World Class Commissioning process, for example in the as yet limited introduction of the market. So, it is not hard to imagine why the NHS finds itself wondering what is happening! The collective understanding of its rationale and of its story are under challenge.

From my experience of working with the NHS, sometimes embedded in it, sometimes as a change-agent, sometimes at one remove, I thought it might be helpful to play out some of the dilemmas that I see, and to ask "so how do we connect the prose and the passion?"

What follows is set in a Trust but the situations are essentially generic and relate to no one situation or Trust I have worked with. And so, now for the story. Are you sitting comfortably (thought not), shall we begin?

¹ From Howard's End, EM Forster's story about the clashing worlds of three families.

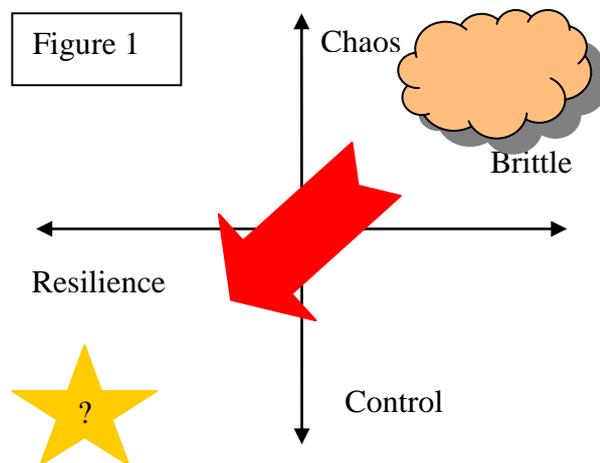
One day, not long ago, an heroic Trust Chief Executive found himself all alone and lost in a dim, dark wood, surrounded by gruesome and hungry monsters.....

Well maybe not quite like that, but how about.....

The Overview and Scrutiny Committee and the LINK have both just determined their position. Clear opposition to the only workable solution the Trust and the PCT have managed to construct after months of arguing ('constructive dialogue'), position statements (barely veiled threats to 'go public') and consultations ('fait accomplis'). While everyone anticipated their opposition to the changes no-one has a relationship with either the Borough, the patients groups or the local media that allows a different perspective to be attained. Some see a perspective that satisfies many more and could be workable, but no-one will listen. Why?

We have a crisis of medical leadership and advocacy for the necessary service changes. Our middle management is perceived as de-skilled and disempowered. Too often we seek to battle with Chaos and Brittle structures and processes by seeking their opposites - Resilience and Control (Figure 1), when our knowledge suggests we need all these approaches (and more) in moderation to have the constructive dialogues and effective relationships that will deliver the greatest change.

I believe there is currently the potential for real momentum for sustainable change to build up, producing self-regenerating change, based in good use of the data, constructive challenge and insight. Yet we operate in ways which encourage dissipation of what we have gained. Many clinicians have been saddened, frustrated or worse by the impact that 'collaboration' has on their credibility with their peers.



And we don't yet have a credible story to connect the prose and the passion, based on reliable data, clear capability, good performance management, assurance, or effective engagement (the prose). And based on an understanding of the social contract and the clinical commitment that many people see as the essence of the NHS (the passion).

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