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Focus on the NHS 60th Anniversary year

Editorial by Martin Powell

This issue of the HSMC Newsletter focuses on the 60th anniversary of the NHS. Some events are being organised by the ‘Health Service Journal’. The government is planning a series of high profile events, culminating in NHS 60 week (29 June-5 July), and with the 5th July as ‘NHS day’. In a letter of 9th April, Ann Keen, the Parliamentary Under Secretary of State for Health, wrote that this momentous milestone, coupled with a new vision for the NHS through the Our NHS, Our Future review provides us all with an unmissable opportunity, not only to celebrate achievement over the last 60 years but also to look ahead to our future vision for a world-class NHS.

The NHS Choices website and a commemorative publication will document ‘the history of the NHS and some of its remarkable achievements’. However, in addition to celebrating, birthdays are also a time for taking stock, and it is also necessary to examine the problems and failures of the NHS in drawing up a balance sheet with debit and credit columns, in order to ensure that the NHS becomes better with age.

The three main articles in this Newsletter examine the past, present and future of the NHS. My article on the past argues that examining the achievements of the NHS requires a complex template of evaluation. In terms of intrinsic evaluation, the NHS has largely lived up to its principles of a service that remains comprehensive, free at the point of use and equitable. However, this is a rather narrow focus, which implicitly views the NHS as an illness rather than a health service, and tends to stress cure rather than prevention and care. Moreover, in a point made by the other articles, it is important to consider extrinsic evaluation and looking outward towards international comparisons. Until fairly recently, much of the debate on the NHS has been insular, and the mantra that NHS was the ‘best in the world’ discouraged comparisons, with few pointing out that not many countries copied this model.

Jon Glasby’s article on the present points out that the belief that the perfect organisational structure must exist somewhere still persists. Many staff may consider that the best birthday present might be no more reorganisations in 2008. He argues that while becoming world-class commissioners is likely to be a major challenge for PCTs, an even larger challenge will be to become seen as the local face of the NHS. Those working long enough in the NHS might remember a similar challenge to become ‘champions of the people’. But is it possible to be people’s champions when many people do not know what PCTs are? Moreover, given the democratic deficit in the NHS, how can local people influence their local NHS, or ‘place shape’? Even if they were successful, would diversity increase inequalities, and reduce the national character of the NHS (notwithstanding the post-devolution question of whether we have four national health services?)?

Chris Ham’s article on the future of the NHS points to three challenges. First, he argues for a higher priority for prevention and public health. It has long been recognised that prevention is better than cure, but there are problems of reallocating from existing constituencies to more diffuse possible future benefits. Would Glasby’s local people prefer to have their hip joint done today rather than spend that money on promoting healthier lifestyles that might reduce health problems in the future? Second, he points to client group inequalities such as chronic disease versus elective surgery. To adapt Glasby’s phrase, when TV dramas give similar attention to consultations with diabetes nurses, or discussions with pharmacists, about managing long-term conditions compared with road accidents in ‘Casualty’, then, we are nearly there. Finally, Ham discusses standards of customer care. However, should ‘customers’ have responsibilities as well as rights? Should ‘customer care’ reserve a stomach pump every Friday night at a booked time for ‘frequent fliers’? Moreover, responding to customer wishes or demands may ignore those with less consumerist views, and may undermine prevention. There are unlikely to be any ‘quick fixes’ in the past, present or future of the NHS.

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Jon Glasby and Helen Dickinson have recently published the book series *Better Partnership Working* with Policy Press, an exciting series of accessible ‘how to’ books which provides an essential introduction to partnership working. Designed to be short and easy to use, the books offer practical support to those working in partnership and provide helpful frameworks to make sense of the complexity which partnership working entails. Summarising current policy and research in a detailed but accessible manner, each book explores hot topics and emerging issues and provides practical, evidence-based recommendations invaluable for policy and practice.

Although there is a substantial and growing literature on partnership working, most current books are either broad edited collections, very theoretical books inaccessible for students and practitioners, or texts focusing on partnership working for specific user groups. Where more practical, accessible and general texts exist, these typically lack any real depth or evidence-base – in many ways little more than partnership ‘cook books’ which give you apparently simple instructions that are meant to lead to the perfect and desired outcome. In practice, anyone who has studied or worked in health and social care knows that partnership working can be both frustrating and messy – even if you follow the so-called ‘rules’, then the end result is often hard to predict, ambiguous and likely to provoke different reactions from different agencies and professions. In contrast, this book series seeks to offer a more ‘warts and all’ approach to the topic, acknowledging the practice realities that practitioners, managers and policy makers face in the real world. There are five books in this series, details of which are outlined below:

### Partnership working in health and social care

by Jon Glasby and Helen Dickinson provides a ‘warts and all’ introduction to partnership working, summarising current policy and research, setting out useful frameworks and approaches, and helping policy makers and practitioners to work more effectively together. The book is also fully evidence- and research-based, whilst still being accessible and applicable to everyday practice. Aimed at students, practitioners, managers and policy makers in health and social care, this has been described as the one book that everyone in the field should read.

### Managing and leading in inter-agency settings

by Edward Peck and Helen Dickinson provides a robust guide to the leadership and management of partnerships. It summarises recent trends in policy, establishes what we can learn from research and practice and sets out useful frameworks and approaches to address a range of problems that partnerships face. It will be an essential aid to policy makers, managers and practitioners, providing a realistic account of the main characteristics and expectations of leadership and management in partnerships.

### Interprofessional education and training

by John Carpenter and Helen Dickinson provide a thorough introduction to IPE in health and social care, examining the issues in detail and providing much needed practical advice. The authors summarise recent trends in policy, establish what we can learn from research and practice and provides readers with an essential set of IPE ‘do’s and don’ts’. It will be a core text for undergraduate and post-qualifying interprofessional students on health and social care courses, as well as students of nursing, social work, social policy and medicine.

### Working in teams

by Kim Jelphs and Helen Dickinson is an accessible text which introduces a range of theories, models and research to demonstrate the benefits - and pitfalls - inherent in teamworking. In addition, it provides frameworks and practical advice on how inter-agency teams may be made to function more effectively. Illustrated throughout by real examples from practice, this no-nonsense book will be ideal for students, practitioners, team leaders, managers and policy makers in health and social care.

### Evaluating outcomes in health and social care

by Helen Dickinson, provides an introduction to evaluation, outcomes and partnerships, summarising recent trends in policy and research, setting out useful frameworks and approaches and aiding policy makers and practitioners to more effectively evaluate partnerships. Short, accessible and designed for everyday use, the book is aimed at students, practitioners, managers and policy makers in health and social care.

“This book helps piece together the jigsaw of partnerships. Clearly written with a light touch, it provides a timely update on partnership working for practitioners and students.”

Prof. Jill Manthorpe, King’s College London

The books are available individually from Policy Press or may be purchased as a box set. For further details see the Policy Press website [www.policypress.org.uk/catalog/series_info.php?sid=5455](http://www.policypress.org.uk/catalog/series_info.php?sid=5455) or contact Jon or Helen directly j.glasby@bham.ac.uk or h.e.dickinson@bham.ac.uk

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The final book in the series, *Evaluating outcomes in health and social care* by Helen Dickinson, provides an introduction to evaluation, outcomes and partnerships, summarising recent trends in policy and research, setting out useful frameworks and approaches and aiding policy makers and practitioners to more effectively evaluate partnerships. Short, accessible and designed for everyday use, the book is aimed at students, practitioners, managers and policy makers in health and social care.
Life begins at Sixty? 

Martin Powell

We would like to wish a ‘Happy 60th Birthday’ to some colleagues in HSMC . . . . and to the NHS.

Just before the 1997 Election, New Labour claimed that we have ‘14 days to save the NHS’. With Labour elected, and presumably the NHS saved, 1998 saw the 50th anniversary with many major events, with me coming off the bench to substitute for Charles Webster, the Official Historian, of the NHS in places such as Brighton and Gorseinon. At one event, I followed Michael Foot, with his reputation as one of the best speakers in the House of Commons, who spoke with no notes and tears in his eyes when he mentioned ‘Nye’. With Foot in unstoppable mood over-running his time, I had 10 minutes - rather than an anticipated 20 - to talk about 50 years of the NHS. Here I have 900 words on 60 years.

Of course, in many ways, the NHS is a lot older than 60 in that the ‘Appointed Day’ of 5th July 1948 did not result in any new hospitals or new staff. Some of the NHS estate dated from the 18th century. Despite a major building programme (under Public Private Partnerships/Private Finance Initiative the NHS will pay for these presents for some time to come), the NHS is showing its age (unlike our HSMC colleagues see photos above). After 60 years, it is time to take a hard look at the working life of the NHS.

At the time of its creation and subsequently, the NHS has seen some very favourable verdicts. The ‘Daily Mail’ of 5th July 1948 stated that ‘On Monday morning you will wake up in a new Britain’ (Timmins 2001: 127). According to Peter Hennessey (1992: 143), the fifth of July 1948 was one of the great days in British history … it was a day that transformed like no other or since the lives and life chances of the British people. Michael Foot (1973) termed it ‘the greatest Socialist achievement of the Labour Government’. Tony Blair has called it the ‘greatest act of modernisation ever undertaken by a Labour Government’, while to its founder Aneurin Bevan it was ‘a beacon to the world’.

On the other hand, it has been claimed that the erstwhile ‘best in the world’ or ‘envy of the world’ has its faults. Labour Peer Lord Winston famously termed it ‘worse than Poland’. It often seems to be towards the wrong end of European league tables on issues such as cancer survival rates and MRSA infection. The much criticised World Health Organisation league table of 2000 rated it as 18th in the world, but the Commonwealth Fund ranked it 1st (out of 6 countries) in its 2007 report. In order to make sense of these very different claims we require a more complex template of evaluation or balance sheet. Despite the plethora of performance indicators, performance assessment frameworks, annual Operating Frameworks, Public Service Agreements, Star ratings, Inspectatorates, and website and newspaper league tables, it is very difficult to come to any clear and unambiguous verdict on how well the NHS is performing. Some years ago, I attempted to examine the performance of the NHS through different analytical lenses (Powell 1997).

Intrinsic evaluation compares performance to the organisation’s own stated criteria. The problem here is that the NHS neither in 1948 or since has set itself SMART (specific, measurable, achievable, relevant and timed) targets. Most commentators claim that the NHS has three main principles. First, it should be comprehensive - covering all services - and universal - covering all people. Some services such as complementary and alternative therapies and continuing care have never been firmly on the main course of the NHS menu. Exclusions and rationing - even of life extending drugs and treatments - are now familiar, and in many parts of the country NHS dentistry is on the endangered species list. Second, it should be free at the point of use. This can be illustrated by the experiences of our colleagues. One was born before the ‘Appointed Day’ which would have incurred charges, while the other was born in the free NHS. This objective remains largely intact, although many people spend large sums of money on health care products and services from pharmacists and physiotherapists, and many people pay prescription, dental and optical charges. Third, the NHS should achieve ‘equity’, but there are many different faces of equity. Should the NHS attempt to achieve equality of access or equality of outcome? Is it better at achieving equality between geographical areas than between social classes? Despite New Labour setting health inequalities targets, the NHS has certainly not achieved equity.

It might be said that these objectives are rather narrow. The 1946 NHS Act stated that ‘it shall be the duty of the Minister of Health to promote the establishment of a comprehensive health service designed to secure … the prevention, diagnosis and treatment of illness…’ It can be argued that the NHS has been more successful with respect to diagnosis and treatment than to prevention, or indeed care. This was recognised in the Hansard House of Commons Health Debates before the NHS was created that it was ‘not a health service Bill; it is a medical service Bill’.

Extrinsic evaluation compares the NHS against other countries (see above). However, the most difficult question concerns the ‘counterfactual’: what would have happened without the NHS or under a very different NHS (eg based on the voluntary hospitals and the local authorities). Politicians and the NHS often claim credit for phenomena such as falls in the infant mortality rate, but this has fallen since Victorian times with no clear ‘break of slope’ associated with 1948. So the question ‘what has the NHS ever done for us?’ is very difficult to answer or even precisely formulate. While we should wish the NHS a happy birthday, we should also be aware that, both compared to its promise and to the actual achievements of other countries, we could have more to celebrate.

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Can things only get better? Jon Glasby

After all the financial tensions and low morale of 2007, 2008 looks like it is going to be a key watershed in the ongoing reform of the NHS. As current (and large) funding increases come to an end and future increases revert to a more typical 3-4% per year, NHS performance has improved since 1997 (especially in areas such as waiting times) – but arguably not enough. Certainly this is the view of the media and the public more generally – and as we move towards the next election, the extent to which previous investment in health care is perceived to have delivered the goods could well be crucial. However you measure it, the UK still underperforms compared to the best EU countries, and going ‘from good to great’ is likely to depend as much on reform as on further investment.

With this in mind, the danger (give the recent history of the NHS) is that this could lead to yet further structural reorganisation – at the very time when some stability and a breathing space is needed to consolidate previous changes. While we know that structural change by itself is not enough to change front-line practice, the belief that the perfect organisational structure must exist somewhere (we just haven’t found it yet) still persists. As Chris Ham’s article in this newsletter suggests, there are some key challenges to overcome as the NHS looks to the future, and much will depend on the extent to which services can find a way of responding to these opportunities and threats in a way that moves the system forward rather than starts to pull it apart.

In particular, the jury seems out on the extent to which PCTs can deliver on the potentially massive agenda that lies before them. Although they have to respond to an ageing population, tighter finances, medical advances and rising public expectations, the long-term challenge for PCTs (if they survive into the long-term) is not just to respond to the world class commissioning agenda - in many ways, the task in hand is even harder. To be truly successful, they need to become so visible and so meaningful to local people that they are automatically seen as the local face of the NHS. As the move towards greater plurality of provision, PCTs are arguably not just the commissioners of local services – they are the local NHS. Yet many are far away from being seen as such by local people, who struggle to know what a PCT is, what it does or why it matters.

To change this, PCTs need to work not just at ‘efficiency’ and ‘effectiveness’, but also at ‘efficacy’. While efficiency is about ‘doing things well’ (i.e. utilising the minimum inputs possible to obtain a required quantity and quality of outputs), effectiveness is about ‘doing the right things’ (i.e. whether an organisation is achieving what it set out to do; whether it has a programme of activities that will deliver its established goals or intended aims). In contrast, efficacy is about ‘putting on the right performance’ in the eyes of service users, carers, members of the public and their democratic representatives (i.e. the extent to which an organisation is perceived to be achieving outcomes that are valued by its main stakeholders). Unlike traditional measures of performance, therefore, efficacy is more about the quality and outcome of dialogue with local people about what they want and expect the NHS to do; it is about demonstrating civic leadership, creating new conversations with communities, creating vibrant organisations, and influencing policy.

As the NHS looks to the future, where should it set its sights and how should it measure its progress? Despite all the technical measures available, just three stand out (only slightly tongue in cheek). First is the way in which health issues are reported on the local news; second is the public reaction when they next read a story about a PCT apparently denying local people access to ‘life-saving treatment X’; and third is the level of public anger that is displayed the next time there is the loss of a local PCT following a national reorganisation.

The first time a local news reporter covering a community health issue stands outside the PCT headquarters rather than the local hospital, current reforms will really have started to make a difference. When the public read a story about being ‘denied’ access to a particular ‘wonder drug’ and decide that this is OK as the money should be spent on other local priorities, then we’re nearly there. The first time more people turn out to protest at a PCT merger than about the downgrading of an A&E, then we’ve really cracked it. Until then, PCTs will continue to face resistance from all quarters - pressure from policy makers impatient for change, low morale from staff who’ve seen it all before and anger from local people and the media who see any change in local services as an unnecessary cut by ‘faceless NHS bureaucrats’. Can things only get better? Well, they could, but they could also get a whole lot worse.

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The future of the NHS

Chris Ham

The future of the NHS depends critically on its ability to respond quickly and effectively to changing population needs. Three challenges stand out.

First, prevention and public health have to receive higher priority. This has been acknowledged by successive governments since 1976 when Barbara Castle published the first post war health strategy, *Prevention and Health: Everybody’s Business*. Several false dawns have followed, leading Derek Wanless to make the case for the public to be fully engaged in promoting health in his review of the long term funding requirements of the NHS.

Despite continuing reductions in premature deaths from cancer and cardiovascular disease, and increases in life expectancy, the UK lags behind other countries in a number of areas. This includes rapidly rising rates of obesity in the population, and persistent inequalities in health between socio-economic groups. Gordon Brown signalled his commitment to take prevention and public health seriously in his first major speech on the NHS, but it remains to be seen whether his government will be more successful than its predecessors in turning this commitment into reality.

Second, the treatment of people with chronic diseases has to be given the same priority as improvements in elective care. Reductions in waiting times for outpatient appointments, diagnostic tests and planned surgery have been the major success story of the NHS in recent years. These reductions have resulted from a laser-like focus on waiting time reductions by government linked to the allocation of additional funds to this area of care. The achievement of the 18 week target by the end of 2008 will bring an end to the problem of waiting for most patients.

Success in this area now needs to be matched with a similar focus on improving the quality of care for people with chronic diseases such as diabetes, respiratory conditions, and arthritis. While some progress has been made through the new contract for GPs that rewards high quality chronic care, and the development of national service frameworks in a number of disease areas, there are many challenges in ensuring that people with chronic conditions receive the appropriate treatment. Not least, resources must be used to further strengthen primary care and other services (such as those provided by pharmacists) that are most relevant to the needs of people with chronic conditions.

Third, the NHS will have to find ways of providing higher standards of customer care. This is especially important in relation to the baby boomer generation about to enter retirement with higher pensions and greater assets than previous generations, and with commensurately higher expectations as to what the NHS should do for them. Retiring baby boomers will be the major users of the NHS in the future, and they will put pressure on service providers to raise their game.

The implications are likely to be uncomfortable. For example, the current standard of many NHS buildings will look increasingly unacceptable; patients will expect to have more time to communicate with staff and share in decisions about their treatment; they will demand a higher level of privacy and dignity than may have been provided in the past; and they will expect to have access to information about the quality and safety of care in deciding where to seek treatment. The replacement of the passive patient by the active consumer will be difficult but it is a transition the NHS needs to go through to complete the journey of reform that has been started.

A critical question for the Darzi Review is what reform strategies will be proposed to enable the NHS to rise to these challenges? Will Lord Darzi revert to target-driven command and control systems, continue to emphasise the role of choice and competition, or propose an alternative strategy?

Recent work by HSMC suggests there is value in looking outside the UK for answers to these questions. In one of our current programmes, NHS leaders are visiting examples of high performing organisations in a number of European countries to learn about the reform strategies they have used and their relevance for the NHS. One of the organisations included in the programme is Jonkoping County Council in Sweden, widely recognised as an exemplar in performance improvement.

Jonkoping County Council has achieved high levels of performance over a number of years through a sustained commitment to continuous quality improvement. Its achievements have not resulted from a requirement to respond to targets set in Stockholm, because in Sweden the principal responsibility for health services rests at the regional level with county councils, and the role of national government is much more limited than in the United Kingdom.

Jonkoping’s performance is also not the consequence of quasi market reforms, since choice and competition between providers have been largely absent from the public service reform programme used in that county.

Rather, Jonkoping has benefited from a long period of organisational stability, continuity of top level executive leadership (the chief executive has been in post for almost 20 years), a programme to develop clinical and managerial staff in leadership roles at all levels, a commitment to train front line staff to bring about quality improvements, and recognition that public service reform involves a long and at times slow journey in which there are no quick fixes. Jonkoping’s success has been underpinned by the use of information to compare its performance with that of other county councils in Sweden as a stimulus for performance improvement.

The emphasis in Jonkoping on leadership and workforce development as reform strategies echoes a report from the Prime Minister’s strategy unit published in 2006 arguing for more attention to be given to these strategies in the next stage of public service reform in the UK. The Darzi Review provides an opportunity to test this argument in practice.

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Postgraduate Programmes

Kate Vos, Postgraduate Programmes Manager, with Sana Al-Mahmoud who is the first ever female PhD student from Saudi Arabia to study at Birmingham University. In addition, she is only the fifth Saudi nurse ever to gain a PhD.

For further details please contact Kate Vos, HSMC Postgraduate Office, 0121 414 3174 c.j.vos@bham.ac.uk

A number of HSMC academic staff also contribute to the Public Service MBA which as of the 1st August will be hosted by Birmingham Business School (see below).

HSMC have developed a new Postgraduate Diploma/MSc in Health Care Management in partnership with the Malta Institute of Management to be run in Malta. The programme was officially launched in Malta with a breakfast meeting where Professor Chris Ham gave a keynote address on international trends in health care, which was attended by senior managers, clinicians and health ministers. The programme will commence in September 2008. For further information contact course directors Suzanne Robinson or Helen Dickinson.

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The Public Service MBA: a Major Business Asset
Looking to broaden your horizons and develop your leadership skills?

The Public Sector MBA was the first course of its kind to be developed in the UK by the School of Public Policy at the University of Birmingham. With AMBA (Association of MBAs) accreditation, this internationally recognised qualification provides a blended and flexible approach to learning with participants able to choose either part-time or full-time delivery – making it perfect for both working practitioners or participants looking for an intense 1 year career break.

Good management practice does not alter fundamentally, whatever the employment context. Mirroring the increasing demand for public and third sector managers and leaders to have business skills and the increasing involvement of private companies and executives in the delivery of public services, the Public Service MBA at the University of Birmingham provides a challenging and inspiring opportunity to nurture both public and business sector leaders. Current and past participants have represented most organisations from the Public, Third and Business Sectors including the NHS, Local Authorities, Ministry of Defence and the Police – spanning the UK and over 40 countries worldwide.

The Public Service MBA was designed to equip UK and international experienced managers and professionals with the skills required to develop their personal and organisational capabilities for the demanding agendas of the 21st century.

An MBA Alumni Event is to be organised for the Autumn of 2008 and more details of this and future events will be forwarded to all members.

Learn More:
Meet the team and find out more about the Public Service MBA at our forthcoming postgraduate open day/evening events:

Friday 4th July 2008 at Prioryfield, University of Birmingham (10am start or drop in after work from 5-7pm);

Wednesday 21st May 2008 at the Birmingham Business School, University of Birmingham (5.30pm start)

To reserve your place at either open day or to learn more about the Public Service MBA contact Tracey Gray. T: 0121 414 3176, E. t.gray@bham.ac.uk or visit www.publicpolicy.bham.ac.uk for more information.
NHS Management Training Scheme
The NHS will be celebrating its 60th Anniversary in 2008. To coincide with this we will be re-launching our MTS Graduate/Alumni Association and are currently undertaking a review of activities and considering possible areas for development. A questionnaire has been sent to all MTS Graduate Alumni to find out their views on future activities. The first event is planned for Tuesday 29 July at University of Birmingham and details of this will be sent to all MTS Graduate Alumni shortly. For further details about this and other MTS activity please contact Tracey Gray on t.gray@bham.ac.uk or 0121 414 3176.

NHS Management Training Scheme wins Times ‘HR Graduate Employer of Choice’ award
At the recent ‘Times Top 100’ Graduate Employer awards ceremony at the British Library the NHS was awarded 5th place, overtaking the BBC and the Civil Service to make them the highest ranked public sector body. In addition, the HR specialism of the NHS Graduate Management Training Scheme won the much coveted HR Graduate Employer of Choice for the 3rd time since its launch in 2004, beating M&S to the top slot. Voted for by some 15,000 students this award is the most significant of its type in the UK.

Dave Thornton, Head of Building Leadership Capacity who attended the awards, commented:

“I would like to recognise the immense effort that all the Building Leadership Capacity team put in year on year to maintain the standard and reputation of what I am confident and proud to declare is truly a ‘world class’ Scheme.”

This is great news for HSMC who currently provides the education contract for the MTS specialism of the NHS Graduate Management Training Scheme and has done so for the past 9 years.

If you would like to learn more about HSMC’s involvement in the NHS Management Training Scheme contact Tracey Gray email t.gray@bham.ac.uk or tel 0121 414 3176.
Projects Update

Health inequalities
Chris Ham has been asked by the Department of Health to chair an expert panel to advise the Department’s review team to identify the key challenges in tackling inequalities in health status, access to care and outcomes of care; ensure a clear understanding of the underpinning evidence and identify areas where further analysis is needed; and understand the main delivery challenges and determine priorities for evidence based interventions that can be made both in the short term and the longer term to address these challenges and reduce inequalities. The first meeting of the expert panel was held at the end of January and its work is designed to inform the update of government policy on health inequalities expected in the summer.

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Emerging primary care market
As part of its ongoing programme of research on choice and plurality in primary care, a current HSMC project is exploring the emerging primary care market in the English NHS. The project is mapping where and how the primary care market is opening up, focusing in particular on the impact that new contracting mechanisms are having on general practice services. Chris Ham, Helen Dickinson and Iestyn Williams have been speaking to SHAs, PCTs and provider organisations to find out about their experiences. The project report, which will be published in Summer 2008, will outline the factors that facilitate effective procurement and share the learning from a series of case study examples. A seminar to explore key issues in the report will be held on November 12 at the Kings Fund.

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Long Term Conditions: evaluation of whole system demonstrators
Chris Ham has been appointed by the Department of Health to coordinate the evaluation of the whole system demonstrators that have been established to pilot the use of telehealth and telecare interventions to support people with long term conditions. The evaluation itself is being undertaken by a team of researchers led by Stan Newman at University College London. The demonstrators are based in Cornwall, Newham and Kent and will test the use of various forms of telehealth and telecare through a pragmatic randomised controlled trial design. The aim of the evaluation is to assess the impact of these interventions on patients and the utilisation of health and social care services. Recruitment of patients into the trial began in April 2008 and the evaluation will extend over two years. Chris Ham is working with the researchers, NHS and social care staff in the three demonstrators, and the Department of Health to ensure effective coordination of the programme.

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Knowledge for adoption – a literature review
Iestyn Williams and Helen Dickinson completed a report for the NHS Institute for Innovation and Improvement entitled ‘Knowledge for adoption: a review of the literature on knowledge-based facilitators of technology adoption in health care’. The review synthesised a wide range of literature on knowledge management, diffusion of innovation and evidence-based practice and applied the derived lessons and learning to the issue of the apparently pedestrian rate of adoption of new interventions into the NHS. The report is available on request from HSMC.

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NHS East Midlands Executive Director programme
In March 2008 the first event in a development programme designed to prepare NHS Executive Directors for future roles, including that of Chief Executive, was launched by NHS East Midlands. HSMC is currently working with colleagues from Ashridge and Manchester Business School to deliver the programme which, over a period of nine months, will include a series of linked residential workshops along with supporting Action Learning Sets. This programme will challenge participants to improve their individual skills and performance as well as enhancing their knowledge base about leadership of the changing NHS. In addition, NHS East Midlands will reinforce networking and support across the whole health system.

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Masterclasses at Kettering General Hospital NHS Trust
As part of its preparation for Foundation Trust status Kettering General Hospital NHS Trust has asked HSMC to deliver a series of Masterclass events. Over a period of five months a series of eight interactive workshops is being presented to a large group of senior clinicians and managers. The topics include ‘Provider responses to World Class Commissioning’, ‘Hospitals and Public Health’ and ‘Managers and Clinicians’.

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New Research: integrated primary health care systems
Primary health care is being looked to as the main locus for development of new approaches to the management of long term conditions. This represents a policy priority for developed nations that results from demographic factors, a move towards greater self-management of disease; and a desire on the part of patients and professionals for more care to be delivered in non-hospital settings.

Given that many countries are seeking to respond to these pressures by exploring and implementing new models of health care provision that seek to integrate primary and community health services in a more effective manner HSMC, together with colleagues from New Zealand and Australia, is undertaking a research-based comparative analysis of how four countries (Australia, New Zealand, Canada and the UK) are responding to the pressure to develop new models of integrated primary health care. A paper will be published in the Autumn.

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High performing health care organisations
HSMC is working with the NHS Institute for Innovation and Improvement to enable NHS leaders to learn from international experience of high performing health care organisations. Two learning sets of NHS board members have been established, involving visits to Sweden, the Netherlands and Norway. The work of the learning sets commenced with a briefing session at HSMC in July 2007 and the first visit to Jonkoping County Council, Sweden took place at the end of September 2007.

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Demand and referral management techniques

Helen Dickinson and Jo Ellins are conducting a literature review for the Wales 2009 Access Project around the effectiveness and utility of demand and referral management techniques for the Welsh context. The Welsh Assembly Government (WAG) announced that by December 2009 there should be a total wait time target of 26 weeks from primary care referral to treatment (including waiting time for diagnostics and therapies). This literature review will look at international literature on the effectiveness of a range of different demand and referral management techniques and draw together evidence of the implementation issues which accompany these various mechanisms. On the basis of the review, this project will also draw together a series of recommendations regarding applicability and usefulness of these mechanisms within a context which has quite different drivers to the English NHS.

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Long term conditions

HSMC’s extensive programme of work on long term conditions includes a review of the workforce needed to improve care for people with long term conditions. The report of the review, entitled Which staff improve care for people with long term conditions? is available on HSMC’s website.

HSMC was commissioned by the NHS Institute to undertake a review of UK and international frameworks used to inform the development of policy and practice. The report of the review, Improving care for people with long term conditions: a review of UK and international frameworks, is available on HSMC’s website.

HSMC is also leading an international learning set on long term conditions bringing together senior leaders from the NHS in England and New Zealand. The learning set commenced with a one week programme in July 2007, a visit to New Zealand in October 2007 and continues with a visit to the United States in May 2008.

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Provider service strategic reviews

HSMC is currently supporting a number of provider organisations to review models of service delivery against policy objectives and patient experience. These reviews include working with individual PCTs to explore potential organisational models and across provider organisations within a health and social care economy to ensure all services are configured to achieve long term sustainability and deliver financial and clinical efficiency. HSMC has worked with local people to design review methodologies, lead evaluations and facilitate learning sets for managers and clinicians to support service improvement.

Please contact Helen Parker for more information or a discussion on how we could support your service development.
h.parker.1@bham.ac.uk

Coaching RCN Council Members

A team of Senior Fellows from HSMC are providing coaching sessions to members of the RCN Council. The coaching sessions are intended to support the Council members through their first year of this responsible post (as part of an initial development programme) and to give additional development sessions for more experienced members.
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Improving the management of controlled drugs in the community

Over the last year ten PCTs (Bolton, Bury, Cornwall, Gateshead, Lincolnshire, South Tyne, Stoke, Sunderland, Tower Hamlets and West Essex) have been piloting a method of tracking the appropriate use and disposal of schedule 2 injectable controlled drugs in the community. These classes of drug are used principally for symptom control in palliative care or the maintenance of drug misusers. The purpose of the pilot has been to assist the Department of Health in responding to shortcomings in the management of controlled drugs which were identified in the Shipman Inquiry.

Having worked on earlier related DH projects, HSMC Senior Associates Chris Fewtrell and David Martin were contracted by the DH to evaluate the pilots and make recommendations on future national policy. They reported at the end of March.

Study visit to Kaiser Permanente Colorado

Kaiser Permanente is recognised throughout the world as an integrated delivery system that provides high quality care to its members.

Building on the work that the Health Services Management Centre has done with Kaiser Permanente, a study visit has been arranged for senior managers and clinical leaders to visit Kaiser Permanente in Colorado in September 2008. Kaiser Permanente in Colorado is of particular interest from an NHS perspective as it combines a medical group with a health insurance plan, while hospital care is provided by an independent organisation. As such, these arrangements are more similar to those found in the NHS and in the relationship between PCTs, practices and Foundation Trusts.
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Projects Update (continued)

**Supporting the introduction of joint strategic needs assessment.**

HSMC has been commissioned by the Integrated Care Network to carry out a national survey of PCT Chief Executives, Directors of Adult Social Services and Directors of Public Health with a view to supporting the implementation of the new duty to conduct a Joint Strategic Needs Assessment. In addition to the survey, HSMC will be drawing on broader lessons about population needs assessment from areas such as regeneration and economic development in order to help local government and the NHS learn from existing good practice. This links to a national seminar planned for 9th June 2008 - for further details see page 10 or the HSMC website at [www.hsmc.bham.ac.uk/seminars/AltogethernowWhatwillJointStrategicNeedsAssessment.pdf](http://www.hsmc.bham.ac.uk/seminars/AltogethernowWhatwillJointStrategicNeedsAssessment.pdf) or [j.glasby@bham.ac.uk](mailto:j.glasby@bham.ac.uk) or [j.i.ellins@bham.ac.uk](mailto:j.i.ellins@bham.ac.uk)

**Individual budgets and the interface with health care**

The Care Services Improvement Partnership has commissioned HSMC to produce a policy paper on the implications of individual budgets for the relationship with health care. Drawing on existing joint work and on lessons from the 13 individual budget pilot sites, the project will inform future thinking about the implications of this new way of working for the NHS. HSMC’s involvement builds on a previous HSMC policy paper on this topic (Glasby and Duffy’s *Our Health, Our Care, Our Say?*), as well as on involvement in proposals by West Midlands SHA to develop a series of individual budget pilots. HSMC will also be chairing the national expert group for *Staying in Control* - a joint initiative between in Control and the Integrated Care Network to explore the implications of current models of self-directed support for health care. [j.glasby@bham.ac.uk](mailto:j.glasby@bham.ac.uk)

**Medical leadership**

An international review of Arrangements for Medical Leadership, training and support. In January 2007 the NHS Institute for Innovation and Improvement commissioned HSMC to carry out two reviews in support of the Enhancing Engagement in Medical Leadership project. The first review was a rapid survey of experience in a number of countries of arrangements for medical leadership and the training and support provided to doctors in leadership roles. Experts in these countries were commissioned to write papers for the review, and these were discussed at a workshop in May. The papers were subsequently revised and edited, and a full report on this work can be accessed at [www.institute.nhs.uk/medicalleadership](http://www.institute.nhs.uk/medicalleadership). The second review focused on the literature on medical leadership.

The key findings from both reviews are brought together in a summary document “Engaging doctors in Leadership: What can we learn from international experience and research evidence?” which can be accessed at: [www.hsmc.bham.ac.uk/Programmes/Engaging_Doctors_Research_Evidence.pdf](http://www.hsmc.bham.ac.uk/Programmes/Engaging_Doctors_Research_Evidence.pdf)

This summary concludes that the NHS has an opportunity to learn from international experience to become an exemplar in medical leadership and its development. However, the education and development of doctors as leaders needs to be linked to appropriate incentives and career structures, and reward and recognition for those taking on leadership roles. [c.j.ham@bham.ac.uk](mailto:c.j.ham@bham.ac.uk)

**Small country governance**

The governance of health services in small countries and salient lessons which may be appropriate for Wales.

Helen Dickinson and Chris Ham have published a summary paper based on an international review of the literature which was commissioned by The National Leadership and Innovation Agency for Healthcare (NLIAH) on behalf of the Welsh Assembly Government. This paper looks at the governance of health services in small countries and asks whether there are any salient lessons which may be appropriate for Wales. Countries included in this review are Scotland, New Zealand, Scandinavian countries and the Republic of Ireland. The review draws on published literature on health service governance in these countries and was further supplemented by the views of experts in these countries. [c.j.ham@bham.ac.uk](mailto:c.j.ham@bham.ac.uk) or [h.e.dickinson@bham.ac.uk](mailto:h.e.dickinson@bham.ac.uk)
Events

Altogether now? What will Joint Strategic Needs Assessment mean for health and social care partnerships?

9 June 2008

Venue: Health Services Management Centre, University of Birmingham

Chaired by Jon Glasby, Professor of Health and Social Care and Jo Ellins, Research Fellow, HSMC, University of Birmingham

From 1st April 2008, PCTs and local government have a new legal duty to collaborate and a new statutory duty of Joint Strategic Needs Assessment (JSNA). Building on a recent national survey of senior health and social care leaders, this seminar will provide an opportunity to explore key issues in the local implementation of JSNA. It will include a national overview of emerging practice, key lessons from other sectors and insight into the future direction of travel. Good practice case studies will be presented, in addition to contributions from policymakers and academics in the field.

For further information contact: Ingrid Leeman, Events Coordinator: i.leeman@bham.ac.uk

OBHC Conference - 2010

HSMC has been selected as the next host for the bi-annual OBHC (Organisational Behaviour in Health Care) conference in 2010 and this was officially launched at this year’s conference in Sydney which a number of HSMC staff attended and presented at. More information about this conference will appear in the newsletter as this event is planned in more detail, but for further information or to register your interest in the event see the HMSC website or contact Helen Dickinson.

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Selected Publications


Glasby, J. and Duffy, S. J. (2007) Our Health, Our Care, Our Say - what could the NHS learn from individual budgets and direct payments? HSMC.


People at HSMC

Welcome to Ross Millar and Dr Abeda Mulla who join as Research Associates on the Department of Health project ‘Evaluating the impact of the health reforms in England’. Ross is completing a PhD on the NHS Modernisation Agency’s Improvement Leaders’ Guides at the University of Manchester. Abeda has completed a PhD in Neuroendocrinology at Imperial College London, and was previously a Post-doctoral researcher at the Unilever Health Institute in the Netherlands.

Judith Smith is spending the year February 2008 to February 2009 working on secondment as Visiting Academic Fellow in a joint post between the New Zealand Ministry of Health and the Health Services Research Centre (HSRC), Victoria University of Wellington. This builds on Judith’s one-year primary health care research fellowship that entailed her spending 2007 based at HSRC in Wellington.

It is intended that Judith’s post will enable a wider strategic collaboration between HSMC, HSRC in Wellington, and the New Zealand Ministry of Health, focusing on comparative health services research, academic exchanges, and joint management development opportunities.

As Visiting Academic Fellow within the Ministry of Health’s Sector Capability and Innovation Directorate, Judith’s role includes the provision of advice on the development of options for the implementation of the next five-year phase of the Primary Health Care Strategy, and support to the Ministry of Health in developing new approaches to ‘linkage and exchange’ of research findings and health services management practice.

At HSRC, Judith is continuing to contribute to the design, execution and writing up of a number of primary health care research projects within HSRC, as well as completing her PhD thesis on the experience of women chief executives within health care organisations.

International recognition of Helen Dickinson’s outstanding contribution to Health Services and Policy Research

HSMC’s Judith Smith and Helen Dickinson attended the 5th Health Services and Policy Research Conference in Auckland on 2-5 December 2007, which was on the theme ‘Listening to the Past, Looking to the Future: How can Health Services Research contribute to assessing fads and fashions in health policy and practice?’

Helen won first prize in the ‘outstanding paper by an emerging researcher’ category, beating 30 other papers to the prize which was awarded by senior academics for both content and presentation.

Helen’s paper was based on her PhD research evaluating English health and social care partnerships. Helen argued that partnerships have thus far not empirically demonstrated that they improve the outcomes of individuals who use these services. However, this is not necessarily indicative of their ineffectiveness, but instead a demonstration of the magnitude of the challenge facing evaluators. Helen outlined the POET toolkit which she has designed to more effectively evaluate partnerships and outlined some early findings from this research. More information on the POET project can be found at hsmcfs3.bham.ac.uk/questionnaire/

Webwatch

For information about the NHS including its structure, core principles, history and regulation go to the NHS Choices website at: www.nhs.uk/aboutnhs/HowtheNHSworks/Pages/NHSstructure.aspx or alternatively check out www.nhshistory.net/


P. Hennessy’s book Never Again: Britain 1945-5, (1992), London: Jonathan Cape can be brought from Amazon at: www.amazon.co.uk/Never-Again-Britain PeterHennessy/dp/0224027689/ref=sr_1_1?ie=UTF8&s=books&qid=1207730764&sr=1-1

To purchase Martin Powell’s book Evaluating the National Health Service, Buckingham: Open University Press (1997) go to the following link: www.amazon.co.uk/Evaluating-National-Health-ServiceState/dp/033519530X/ref=sr_1_1?ie=UTF8&s=books&qid=1207730823&sr=1-1