

Going to the HSJ Innovation Summit 2014

No Shortcuts, sheer hardwork

In preparation for the HSJ innovation summit 2014 on 17/18 June I have been wracking my brain about how to come across as the saviour of the NHS- I have this vision of describing the ground breaking innovation and being hailed in the next day's press headlines as the new Guru with subsequent private meetings with the SoS and the PM.

I have no idea how I got invited to such an event which is usually the gathering of the great and the good (and if I find out who fingered me, you better watch out!), and am feeling somewhat nervous and out of my depth. As I have grown older I have become more uncertain and less confident that I have the answers, or the answers that my masters/policymakers want to hear.

In my 'youth' I had met Tony Blair and sent him my thoughts (see the compendium on www.leadershipforehealth.com , and which I had shared with Simon Stevens also then) and although I did get two invitations to No 10 Downing Street I did not make any significant impact. I also got appointed to the Forward Thinking Group in the early 2000s and 'failed' to impress my colleagues! Simply because I was then, and am now, not convinced that the conditions in the NHS are right for innovation – there is too much talk but no commitment or indeed ability to see this through. I kept on making the politically unacceptable points about stopping restructuring, clear vision, about leadership, focus on health and not illness, about rationing, and about taking time etc, rather than delivering overnight improvements (low hanging fruits!). And after being painted as the 'luddite' and naysayer I stopped being on that circuit and spent the latter part of my career doing things locally where we confirmed some of these lessons (see our paper describing experiences of commissioning for quality- the only documented journey and where Robert Francis agreed that our conclusions were correct - <http://www.emeraldinsight.com/journals.htm?articleid=17062443>)

I have previously recounted the story of a past CEO of Mayo Clinic who told me of the various UK delegations who were making regular visits to the Clinic to learn the reasons for their success with a view to emulating it in the NHS. He commented that he wished he knew the formula as he could then 'bottle' it and make millions from its sale! The Clinic 'happened' when the original founder William Worrall Mayo happened to be in Rochester at the time of the tornado in 1883 and then due to the long and hard work of his sons and associates, over the next few decades. The usual ingredients of clear vision, right time, right person, team work, and sustained effort over prolonged period were the reasons behind the success of the Clinic. (see <http://www.bmj.com/content/346/bmj.f606/rr/631166>)

And this is the case in other places; Gary Kaplan has made similar observations about his experiences of transforming Virginia Mason in Seattle.

I have lived through Modernisation Agency, the Nill and now NHS IQ and indeed chaired the HIEC and so do have some knowledge and experience of innovation but I have never found that magic solution. There is no shortage of innovative ideas or technologies but finding innovation is one thing and spreading and sustaining it is a

totally different ball game. I have previously told the story of spreading the nurse led back pain clinic, which we had set up in the early 1990s in Middlesbrough, in the compendium mentioned above.

And overall therefore to my simple mind, the biggest innovation for the NHS is a 'Thought' rather than 'Technical' one; the NHS and its leadership including the politicians need to agree some clear principles, accept that we must practice what we preach, and to persist. The recent reorganisation of the NHS has been a total disaster and missed opportunity. All that was needed was that we stick to 2 design principles:

1. No decision about me without me
2. Quality is the organising principle

to deliver the six challenges that Don Berwick put to the health systems, as a patient undergoing surgery

(<http://www.ihl.org/resources/Pages/ImprovementStories/RequestforProposalsReplacingDonsRightKnee.aspx>)

Now I would like anyone to show me how the new NHS delivers these; patients are completely at sea and the NHS 'organogram' looks like a child's drawing.

We are constantly searching for the silver bullet, the technical solutions and the quick results, whilst the reality is that there are no such things, there are no short cuts and that it is sheer hardwork that delivers the transformation.

So, this is what I am going to say at the summit:

1. To paraphrase Bill Clinton: It is the patient, stupid – involve them and they will show us the way.
2. NHS in theory is the best health system and we need to be proud of it and find ways of sustaining it. We are the global leaders in health system design, but have failed to realise the potential of the NHS.
3. Money is not the solution – I actually achieved more in the 1990s when money was tight as it made us creative, there are many innovators out there – free them up.
4. Technology is a servant, and not the master – yes, in some instances technology can change behaviours, eg i- and android phones, but on the whole there is not, to my knowledge, a single solution for healthcare. But we do need to find those low cost paradigm shifting technical innovations by searching globally.
5. Slow down to speed up – this is not a sprint but a marathon.
6. Integration not commissioning is the operating principle - the latter has a limited role and we are in danger of the tail wagging the dog.
7. We need more and better management but fewer managers – KISS (Keep it simple, stupid).
8. Clinical leadership is the key – doctors need to rise to the challenge.
9. The NHS is a single organisation and not the 100s of kingdoms – the logo and the NHS constitution mean nothing unless backed up by clear management and accountability.

10. And overall, stop restructuring, create the right system using the above two design principles, appoint the right leaders and give them time.

Do these, and we will have innovated and created the 21st century fit for purpose NHS.

So, apologies to my fellow participants in advance – I will be very boring and have no new ideas, and can only repeat what Don Berwick said in Escape Fire : “Healthcare, it’s in really bad trouble. The answer is among us. Can we please stop and think and make sense of the situation and get our way out of it?”

(<http://www.youtube.com/watch?v=00aa6xcOXf4>)

But I am looking forward to meeting my fellow innovators over the 2 days, even if it is in Reading (just kidding).

RAJAN MADHOK

15 JUNE 2014