

## DAY 0: HOME TO JARROW

Finally, the day is here. Will be setting off to start the march tomorrow. Apart from the trepidation due to the physical aspects of the Jarrow march - my poor feet! - I am also trying to make sense of things, and to make sure that I add value on this march. So, my blogs – and the current plan is to write daily – are partly thinking aloud, so please bear with me.

Going to Jarrow brings back memories of my time as the director of public health in South Tyneside (1994-98, my first Board job) and one of the best periods of my professional life; those were austere times and the economic reality focused our minds. South Tyneside with places like Jarrow reinforced my belief in the NHS and shaped my future public health and management career.

I also met Tony Blair during that time, before he became the PM, and indeed wrote to him with my thoughts for the NHS where I had made three fundamental points:

- *we need to look at health as a whole and not just health care and thus move from a National Illness Service to a truly National Health Service. This will require appropriate positioning of the NHS so that it holds the necessary pivotal position to influence other bodies which impact on health, both at the national and at the local level.*
- *we need to be clear about the big picture at the national level and about the big objectives. What the person at the coalface needs to know and do is very different to what the company boss needs to know and do - the level of detail must reflect position. Knowing everything at every level is impossible without immense bureaucracy and is counter-productive. Common goals, trust, shared power and empowerment, and flexibility are the desired characteristics.*
- \* *we could really benefit from increased funding although we acknowledge that there is not a bottomless pit. Some of the increased funding may come from giving up certain existing practices including administration, and from stopping the continual drive for increased efficiency based on quantity and shifting the emphasis to clinical effectiveness and quality.*

(The full paper is at page 215 of the Compendium available at [www.leadershipforhealth.com](http://www.leadershipforhealth.com))

I was quite pleased with the start of his administration, with explicit recognition of health inequalities and setting up of Health Action Zones, appointment of Tessa Jowell as the Public Health Minister, creation of NICE and CHI, and then increased funding. I was very mindful of the 'bed pans in Whitehall' problem with micro-management of the NHS by politicians and was very keen to promote a new culture of working. But as history shows, sadly it was all too short-lived and started unravelling soon thereafter – was it because Tony Blair was 'Thatcher incarnate' anyway or the administration just did not have the patience or the political/management experience for the huge cultural change that was necessary? And it was not just the NHS, look at Iraq War, and which proves the point: "power corrupts and absolute power corrupts absolutely". And since then the NHS has been on a roller coaster and currently seems to be plunging down rapidly.

So, we need to march to show our concerns, and to ensure a fair NHS for all.

But, what is more taxing for me is what do I (we) want? Again, I have already written about this in my paper on management and leadership in the NHS (page 259 of the compendium, written in 2012):

*“If I was to name my main disappointments (with the NHS), then the biggest stumbling block has been the primary-secondary care (and some would argue health and social care) divide, and rather than find ways of bridging it, the consistent policy direction with emphasis on purchasing/commissioning has reinforced it. The second is the denial by politicians that the NHS is not affordable and has to set some limits; it cannot provide world class state of the art health care to everyone. Rationing has become a taboo word despite evidence, and lately increasing evidence, that some sort of rationing is already happening. Thirdly, I have been really pleased with some of the major developments such as the work of the NICE, NPSA, National Institute for Innovation and Improvement and National Service Frameworks, which have generated unprecedented, and unparalleled elsewhere, intellectual capital, but disappointed to see that we have failed to fully capitalise on this. Amongst other reasons, the failure of execution is partly to do with constant restructuring and resultant instability and partly to do with overall leadership. Finally, and the subject of this paper later, is the limited leadership by the doctors, for various reasons including the lack of career progression in medical management and the associated stresses of the roles with limited incentives.*

*Rather than address these fundamental issues, the approach has been to find scapegoats and short term populist and diversionary (such as structural changes) solutions. I still believe that the NHS is a great system of delivering healthcare on a mass scale, but it does/can not provide best care to all- the individual vs population dilemma remains the weakest link. Let us stop claiming that NHS can provide world class services for everyone at all times – good enough is good enough.”*

So where do we go? Going by some of the comments in the media, (some) people seem to be clear about what they want but are all their demands and expectations realistic and possible? What would a 21<sup>st</sup> century NHS look like? Do we have a (practical) blueprint for reconciling costs, quality and access? What would our NHS/health manifesto look like?

I think that the last reorganisation has been a total shambles like its predecessors and, political parties have reinforced the ‘ideology of markets’ and are shifting the burden to the individual – the hard fought for Welfare State is dead. What we, therefore, need is a new concordat between the public and the politicians. For the record I am not against (appropriate and limited) private sector but am against the current extent and way of marketisation; I do not believe more money for the NHS alone is the answer; I want more emphasis on prevention and primary and community services – I am very disappointed with the treatment of the elderly, and children and mental health services; I want an NHS based on outcomes and a clearly defined basic package of care for all; and I also do not believe that preserving the status quo with unreformed hospitals and general practice- and stopping any

closures – is the way forward. And most of all I want a stop to constant restructuring, to ensure proper accountability and governance, and for both, staff and patients to be treated fairly, with respect and dignity.

So, there you have it - my prejudices and preferences. As we walk I am keen to hear from you about how you see things. I am hoping to learn and to explore how we can work together to keep the NHS. We need to find a common platform – ‘jaw-jaw not war-war’ approach to solving the NHS.

Finally, what is interesting about today (15 August) is that it happens to be the Independence Day for India and I am reminded of the speech – Tryst with Destiny - the First Indian Prime Minister, Pandit Jawahar Lal Nehru gave on the birth of the nation in 1947:

*“Long years ago we made a tryst with destiny, and now the time comes when we shall redeem our pledge, not wholly or in full measure, but very substantially.*

*...It is fitting that at this solemn moment we take the pledge of dedication to the service of India and her people and to the still larger cause of humanity. “*

And....

*“The future beckons to us. Whither do we go and what shall be our endeavour? To bring freedom and opportunity to the common man, to the peasants and workers of India; to fight and end poverty and ignorance and disease; to build up a prosperous, democratic and progressive nation, and to create social, economic and political institutions which will ensure justice and fullness of life to every man and woman.*

*We have hard work ahead. There is no resting for any one of us till we redeem our pledge in full, till we make all the people of India what destiny intended them to be. “*

The full text can be seen on [http://en.wikipedia.org/wiki/Tryst\\_with\\_Destiny](http://en.wikipedia.org/wiki/Tryst_with_Destiny)

As we walk we could do well to remember the spirit of his speech – and take the solemn pledge to do our best to promote this worthy cause of ensuring affordable health care for all and to create a fit for purpose 21<sup>st</sup> century NHS. But, we have hard work ahead, indeed, and let there be no resting until we achieve our goal.

Our politicians would also do well to read and practise the above last two paras of the speech quoted; I wonder who amongst them will be the new Nye Bevan?

It would be a tragedy if our fate is no better than that of the original Jarrow marchers who were given £1 rail fare to return home, whom the then Prime Minister, Stanley Baldwin refused to meet, and who came back to the same hardships and only got a temporary reprieve after the war started.

We must do better: We Can, We Will.

On a jolly note, I am looking forward to meeting some colleagues from the ‘old’ days (not old colleagues!) and let us see who wins: my will power (and my fitness/dieting

plan) or the generosity of the folk (who are going to feed me!). Weight 85 kg; BMI 24.8 (just under the healthy limit of 25, but then I am South Asian and perhaps need to be at 23?)- work to do, get walking!

**Rajan Madhok**

**15 August 2014**

**DECLARATION: I am walking in personal capacity and the views expressed are mine alone, and are meant to inform not criticise or insult. If you like them, tell others and if you do not, tell me- just kidding, but do help me with my prejudices/arrogance. I may be old but can still learn.**

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