

# Happier hospitals means healthier patients

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The National Inquiry into Management and Medicine looked at hospitals across the UK, focussing on the often troubled relationships between doctors and NHS managers. It found that where the two sides have formed a genuine alliance, the health service runs more efficiently – and patient outcomes are improved.

Frictions between doctors and managers have been well documented. And the new research, led by Professor Ian Kirkpatrick of the Leeds University Business School, blames poor relationships between the two sides for the fact that increased productivity in hospitals has not kept pace with the rise in spending.

“It can be difficult for doctors and managers to get on,” said Becky Malby, Director of the University’s Centre for Innovation in Health Management, which published the research. “But our study shows that where the two sides work together, everyone can benefit.”

And now the centre hopes to use the good examples set by some hospitals to improve relationships in the others.

“There has been a tendency to think that these problems can be changed simply by changing management structures,” said Becky. “You find people fiddling about with structures when in fact it’s more important to get the actual relationships right.

“Managers and doctors are always going to have different points of view about the way the NHS should be run. But the places which succeed are

those where they have transcended this and where they see these different points of view as a strength.”

Becky points to power struggles within the NHS as a source of difficulties: “Over the past 20 years, general managers began to develop a power base to rival that of the doctors,” she said. The report says the first step in developing productive relationships is for the two sides to be willing to work together – and to take a genuine interest in each other’s work and pool their resources.

“The business of the NHS should be health, not just managing the money,” said Becky. “The questions they should ask are: ‘Are we doing the best for our patients’” and ‘how could we do it better’”

“In the best places, the chief executives are genuinely interested in the patients. And we know that where there’s a good relationship, clinical outcomes for patients are better.”

Now the team plans to bring managers and health professionals together to encourage the best-performing hospitals to spread their good practice to the others. The first step will be a workshop in September which will put forward good examples, using ‘buddying and mentoring schemes’ to pair hospitals with others who would benefit from their advice. These long-term relationships will spread the message that co-operation is key to making the NHS do the best possible job for its patients.

“Both parties will get something out of it,” said Becky. “We want them each to ask ‘Can we find a hospital which is doing something better than us – or support one that isn’t’” And of course if it’s done on a peer-to-peer basis people are going to be much more receptive.”

## Key findings

The National Inquiry into Management and Medicine states: “The NHS is obsessed with money not with clinical care. This report shows that NHS organisations need to focus first and foremost on patients and their treatment and care and that should be modelled at the top of the NHS. General Management cannot ‘manage’ without knowing the business it is in.” It says the answer is not in structures but in a re-focusing of the organisation’s energy and ways of working: “This means learning what it is like to be a manager if you are a doctor, and what it is like to be a doctor if you are manager.”

Among its recommendations are:

- The NHS should set the direction and expectations for the service, but allow individual trusts to develop their own metrics.
- Chief Executives should stop moving from trust to trust – and where they do move, should ensure a succession plan is in place to conserve productive relationships rather than destroy them.
- Commissioners and providers should be locally accountable.
- Clinicians and management should be involved in the development of performance data.
- Both sides should talk to staff, listen to their experiences of working together, and assess whether their real-life stories suggest the working relationship is productive – or obstructive.
- Medical students should be taught about management earlier in their education, with the curriculum embedding the notion that management is core business for doctors.

Source: University of Leeds

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