

SPEAKERS' CORNER

Interview I: Peter Reay

former Chairman of Westmorland Hospitals NHS Trust

What did you do prior to becoming chairman of the trust?

I worked for Cadbury Schweppes in Human Resources for most of my time there, and retired from the board as Personnel Director in 1989.

How did you become involved in the NHS?

I started at the top. I knew Len Peach, my opposite number at IBM, who was seconded to the NHS as Personnel Director, and later became Duncan Nicholl's predecessor. He whetted my interest in the changing NHS. I was a non-executive on the Northern Regional Health Authority from 1990-92 before joining Westmorland General Hospital as chairman.

What did you consider to be the major challenges on becoming chairman?

The priorities were to help to establish a new structure with a largely new senior team, to tackle a tricky financial problem and to carry through change despite suspicion and hostility from some local opinion-formers and understandable staff anxiety. We needed strong alliances and partnerships, and we had to establish the hospital's strategic role in South Cumbria, later Morecambe Bay. Competition was just beginning to bite, and we were obliged to adapt to the growing power of GP fundholders.

Looking back, which challenges remained important throughout your time in office?

The strategy of consolidating services within the new hospital and looking to attract new activity and developments paid off. We have had particularly positive relationships with Lancaster Acute Hospitals and South Cumbria Community and Mental Health Trusts, and have sought to build confidence in purchasers at district and regional levels. Coping with the priorities of GP fundholders has not been universally easy and has led to tensions with some consultants, for reasons we respect. The key priority throughout has been to recognise that as a small unit the trust must be resourceful, quick on its feet and able to anticipate both opportunities and threats.

How did trust personnel react to the upheaval?

Admirably. Restructuring and a handful of redundancies in 1993 naturally hit morale, but there was a rapid pick-up and great adaptability has been demonstrated. Westmorland General Hospital has been ably led by the executive team and has a cooperative and positive staff.

How does NHS management compare with that in industry?

It's difficult to generalise. Some well-established private sector skills seemed surprisingly weak in the NHS at the outset, particularly information management and budgetary control. The more recent pressure to introduce local pay bargaining has exposed widespread inexperience. NHS managers compare well intellectually and in motivation and commitment. The task is made more difficult by the variety of stakeholders and the level of public exposure. Nothing has caused me more irritation than mindless management-bashing in some parts of the media and the political system.

What are the strengths and weaknesses of the NHS?

What an invitation to pontificate! It's a cliché, but the strength lies in the enduring idealism and quality of care of the people, their professionalism and resilience, and, despite change, a sense of common purpose and pride in the service. There are two problems which remain unresolved, and are perhaps insoluble. The first is the tension between national accountability and local devolution. The second is how to achieve optimal balance between planning and cooperation in the use of resources on the one hand, and the forces of competition on the other. I have a genuine concern about the effects of weakening the strategic role of the regional tier. At a more practical level, I worry about inadequate manpower planning in many areas of medicine.

Need doctors be involved in managing the NHS? Are they as good at planning and managing change as at delivering care?

I've no wish to lose my consultant friends! Even in six years I have seen the gap between doctors and managers increasingly bridged, which must be good for the NHS. Managers clearly need to understand and accommodate to the perspectives, priorities and problems of doctors and vice-versa. Doctors cannot be uninvolved in management because they account for significant slabs of cost. I am, however, wary of the dogma that more and more doctors should become virtually full-time managers. Exceptionally perhaps, but given the low consultant-patient ratios by international standards and known shortages, it seems perverse to deflect doctors from caring, which of course they are good at, to managing, for which they are not necessarily equipped. Most doctors I have met seem conservative (with a small 'c') except towards innovation in their specialty. Most prefer stability to change and – wild generalisation – to be brilliant individuals rather than team players. If this is true, it presumably goes back to training and specialisation, and, for the longer-established, weariness with constant restructuring in the NHS. I think there is a collective shift towards the good of the organisation, perhaps for defensive reasons.

How would you sum up your time? Was it rewarding?

Though occasionally stressful and frustrating, it's always rewarding because of the calibre of my colleagues. In three years, thanks to the efforts of many people, Westmorland General Hospital has passed from mini-crisis to stabilisation, consolidation and encouraging development and growth. The hospital is stronger and the trust enjoys greater local confidence. As I retired, I was asked whether we were "over the hump", or whether I was simply escaping between humps. Big challenges remain, and there may be future Loch Ness monster-like humps with occasional calm water in between. I do, however, have great confidence in the ability of the team to cope with whatever lies ahead.

Do you have any advice for your successor?

What was it that Michael Mates caused to be inscribed on the watch he gave to Asil Nadir?

Interview II: David Hawkes, Chairman of Westmorland Hospitals NHS Trust

What is your professional background?

I worked for 30 years at K Shoes and then at C & J Clark, as chairman of the former and director of the latter, retiring unexpectedly in 1992. I subsequently joined the steering committee of Westmorland General Hospital when it was seeking trust status, and have served as a non-executive director since the trust came into being in 1993.

After three years of Peter Reay's chairmanship the hospital is certainly a great deal stronger than when he arrived. He developed a well-rounded executive team and chaired a board which united well to oversee the management of the hospital. His previous knowledge of the NHS stood him in good stead, particularly in understanding the complex way in which many issues have to be addressed. I hope that I have learned enough from Peter to continue the management of the hospital along the same or similar lines.

What are the main issues facing the trust?

1 Maintaining good relationships with all our GP fundholders and re-securing funds which have slipped away during the last three years from one local GP fundholder.

2 Living with the shortage of funds available throughout Morecambe Bay and reorganising the hospital so that it can continue to manage on lower real fund income for the foreseeable future.

Both these will be major challenges to the trust, but in addition, our relationship with the Lancaster Acute Trust, with whom we share most of our medical and surgical expertise, is essential if Westmorland General Hospital is to continue to provide the high quality treatments for which it is known.

We have a firm commitment to maintain the presence of Westmorland General Hospital as a centre for various medical, surgical and diagnostic treatments.

What are the key elements in ensuring the effective presence of a hospital in Kendal?

We have to recognise what has made, and will make, Westmorland General Hospital a success. We have to reduce our waiting times and be even more competitive with the costs of our procedures, whilst keeping up to date with advanced medical practices. Various surveys of resources have been carried out across Morecambe Bay to examine the benefits of change when applied to treatments or configuration of services. It seems likely that some of these topics will have to be reconsidered in order to make the restricted funds work satisfactorily across Morecambe Bay Health Authority.

Westmorland General Hospital accepts that it is not a sensible proposition to carry out highly sophisticated surgery or medical procedures where intensive care is required. For this

reason we shall always be limited to the sort of services we provide now, but hopefully with additional procedures "bolted on" to the hospital in order to buttress its worth to the community. The haemodialysis unit and the eye service are good examples of the types of treatments which fit naturally and easily into the hospital. We shall seek support and suggestions from our purchasers, GPs and medical staff for other initiatives of this type as they become available to us.

What does Westmorland General have to offer to the patients in Kendal and its surrounding district?

It's only four years old and is built and equipped to a high standard appropriate to modern hospital needs.

It is well served medically by experts in a very wide range of specialities.

It has a well-deserved reputation for good nursing care and is perceived to be a 'nice' place in which to work or be ill.

If patients enjoy it, this helps their speedy recovery.

I believe it has a management record of responding quickly to requirements, and listening to and reacting to criticism.

It is there, and accessible for new mothers and sick people to be visited easily, without having to travel 20 or 40 miles in each direction.

What is our relationship with the local member of parliament?

The MP for Westmorland and Lonsdale, Michael Jopling, has taken a close interest in the hospital from the day it was first mooted on the drawing board, and especially since it opened four years ago. He has been a supporter of everything that takes place here and has given much encouragement to expanding our treatment base and particularly new services. Michael's retirement at the next General Election leave a gap in our access to ministerial ears and the loss of a staunch friend.

Tim Collins (Conservative candidate) and John Harding (Labour candidate) have recently visited the hospital and we have invited Stan Collins (Liberal candidate) to visit too. We hope to enlist whoever wins this seat as a supporter of our aims and as a conduit for our voice.

What is the hospital's future as a training site for junior doctors?

Junior doctors, some on a rota from Lancaster Royal Infirmary, have played an important practical role in the medical team in Kendal. The hospital, subject to continuing support from the royal colleges, will continue to provide facilities for their education and further medical experience, which should also provide them with an insight into hospital treatments in a small unit serving a largely rural community.