

# The density and scale of London mean that its healthcare challenges are unique within the UK. Good data and public information are key to managing change and improving services

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*The challenge of making changes to service delivery and yet maintaining public confidence is a great one. **Claire Perry** outlines ways in which improvements can be made for the good of all people living in the capital.*



Is there a difference between London and the rest of the country when it comes to health care? This has always been a controversial question. Some would say the issues are the same; others that the complexities surrounding London health care – a relatively small geography coupled with its numerous autonomous organisations – do make a difference. I'm from the latter camp.

Firstly the demography of London, and some of our other large cities, has an impact on how we run health care. The great mix of ethnicities in the city – having 150 languages amongst your patient population for example – requires consideration and a sensitive response. The wide variation in health status, often in close geographies, can also require specific, targeted responses. The high level of agency staff and staff turnover, and a wide variation in the quality of general practice also differentiates London.

Many organisations in London were created centuries ago, and a number of the hospital buildings have been constructed (or substantially and expensively rebuilt) geographically close to each other, creating higher infrastructure costs for relatively small patient volumes. The configuration of hospital services in London has changed a lot, but I believe there's still the potential for beneficial change – more services closer to patients' homes, supported by specialist hospital services in fewer units with greater patient volumes.

Service reconfiguration creates many challenges, so how can we take the public and the staff with us during the transition and how do we manage the resulting services? People are unlikely to take the streets with placards saying 'we demand a hospital here', but if you try to take away the hospital that is there, the placards come out. It is an emotional as well as a practical response, based on what people are used to.

We have made changes in the past but we have not been good at evaluating them and demonstrating that new services are as good, if not better, than they were before the changes were made. If we did that more then I think people would have more confidence in our decisions. Despite all our efforts and processes we've still got a lot to learn about communication on why change is needed, the options available and why decisions are made. The challenge of delivering major change and maintaining public confidence is great.

The scale of health care organisations in London also raises some issues and implications for the way in which you lead. Imperial College Healthcare Trust had 9,500 staff members, so it's impossible for any individual leader to walk about and get to know everyone. In my experience, in larger organisations there has to be even stronger clinical leadership, governance and processes, and very clear levels of

delegated responsibility to ensure effective accountability to the board for patient services.

Having close links through the organisation to the board requires strong clinical leadership. As a good example, the Director of Nursing and all nurse managers at Imperial had a day of operational delivery each week, while the Medical and Nursing Directors reported directly to the board on service quality, outcomes and patient experience.

In order to deliver quality care and productivity savings the need for good data and information is, in my view, one of the biggest challenges for the NHS. It's such an important part of the infrastructure and yet it is still lacking in some places. It's particularly difficult in London, with so many different autonomous organisations within a relatively small geography. But improvements are being made – for example, Imperial are planning to replace their major hardware and use that as a change management process to work in different ways and get better patient data and improved patient services.

So can we solve any of these challenges? Organisations in London recognise these challenges, and there have been some amazing successes, such as the London-wide stroke and major trauma reconfigurations. I've already said that the NHS could improve the way it evaluates what has worked and bring that intelligence together more consistently, and The King's Fund are now evaluating with rigour some of the changes happening out there. It would be fantastic if every health economy was able to evaluate change, but unfortunately this is not always achievable.

The issues in London are wide-ranging, but we have the opportunity to make a huge change to the lives of millions of people who live here.

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## About the author

**Claire Perry** is a Visiting Senior Fellow at the King's Fund and works on the programme for integrated care. She contributes to both policy and leadership development.

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