Doctor leaving the house

As Sir Jonathan Michael retires from the NHS after 45 years, he speaks to Radhika Holmström about developing the organisation's leaders of the future, and highlights the vital role that integrated health and social care must play in years to come.

"I TRAINED IN THE DAYS OF RICHARD GORDON'S *Doctor in the House* books and film," says Sir Jonathan Michael. "I remember seeing the film before I went to medical school and thinking it was wonderful fiction. Then when I started work I realised it was actually a documentary."

This September, Sir Jonathan bowed out as head of Oxford University Hospitals NHS Trust (OUH) after five years at the helm. He's leaving, as he puts it, "with our house in order".

"The thing that brought me to Oxford was the enormous potential of a very large and complex healthcare delivery system involving one of the most famous medical schools and universities. Most of our 'business' is looking after patients, but we also have a significant training and education role as well as the whole research and development aspect of our work. I hope to hand over an organisation which is much fitter for purpose as an internationally recognised health science organisation."

In fact, Sir Jonathan is not only leaving OUH but retiring from the whole of the NHS. It's now 45 years since he started as a junior doctor and with the exception of three years at BT, his entire career has been spent in the NHS. During that period he has seen a seismic shift from the Richard Gordon days: and as far as he is concerned much of it is welcome. "When I look back on the hospital sector when I trained, and the NHS, it is so different now and so much better than it used to be. We've moved beyond the welfare-based system where patients were almost required to be grateful for care to one where we are a service provider. I think the expectations of society have changed, and also the ability of the NHS to respond to that has also changed dramatically."

Integrating care

The other huge shift, he feels, is towards integrating health and social care. "I think the NHS needs to move away from the distinction of what goes on within the hospital and what goes on more broadly in the community. Patients need services that flow seamlessly between those locations, from GPs to clinical specialists to social care. It's not new – I spent a lot of my career delivering care in a very integrated fashion for kidney patients, even though we were running it from a university hospital – but people are now talking a lot more about moving towards vertical as well as horizontal integration and about greater integration of health and social care."

At OUH, Sir Jonathan and his colleagues are already moving to that kind of delivery for elderly patients, in conjunction with Oxford Health. "It's not an organisational merger, so the structures and accountability are still separate, but we're looking to integrate services under a single alliance management team."

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The actual model for achieving integration is less important – in fact, he would prefer a much greater range of options to the two models presented in NHS England’s Five Year Forward View. “I think it’s more important to focus on the function rather than having the quality of the care constrained by the organisations.”

Taking the lead

What does matter to Sir Jonathan is the quality of the leadership. He makes some important distinctions between “structural leadership” – where people are assigned responsibility by virtue of their position within a management structure – and “sapiential leadership”, where people have built up a huge body of knowledge and experience, and are turned to by others because of that. Sir Jonathan believes very strongly that clinicians should play a key role in management and leadership, and that leadership should be more built into the overall training and professional development that clinicians receive. “The NHS Leadership Academy has been running some really good programmes, but it touches just a small percentage – and while we do need a central capacity, you cannot manage all the leadership for what is, after all, a virtual organisation.”

Biography

Education:

- 1956-63 Bristol Grammar School
- 1964-70 St Thomas' Hospital Medical School, King's College London

Career:

- 1970-1 Pre-registration House Officer: St Thomas' and Kingston Hospitals
- 1971-3 Senior House Officer: Royal Brompton, Guy's and St Thomas' Hospitals
- 1974 Medical Officer: Red Cross, Ethiopia
- 1975-6 Medical Registrar: St Thomas' Hospital
- 1976-7 National Kidney Research Fund Fellow: Department of Medicine, St Thomas' Hospital Medical School
- 1977-80 Senior Registrar in Nephrology and General Medicine, Guy's and St Thomas' Hospitals
- 1980-2000 Consultant Physician, Queen Elizabeth Hospital, Birmingham
- 1996-2000 Chief Executive: University Hospitals Birmingham NHS Foundation Trust
- 2000-7 Chief Executive: Guy's and St Thomas' NHS Foundation Trust
- 2007-10 Managing Director (Healthcare), BT Health, BT Global Services, BT Plc
- 2010-15: Chief Executive: Oxford University Hospitals NHS Trust

The challenge for leaders

Recent strategic announcements, such as the Five Year Forward View, illustrate types of organisation that will be needed to deliver the long-term objectives of the NHS. The leadership that delivers this successfully will need to be the masters of strategy, as well as comprehending the tremendous complexity of healthcare delivery. They will need to retain and motivate their workforces, they will frequently have to protect their corner and, above all, they will need resilience to survive the buffeting of re-organisation.

Perhaps the most significant challenge is to bridge the gap that often exists between the front line and the boardroom. Here the picture is fuzzy, spans of control are large and growing, and regulatory sanctions are unclear in their application. Should this gap widen, the NHS will only suffer more. High quality leadership is needed at all levels, and a graduated system of promotion and recognition is required to nurture the next generation.

Yet, having said this, there is hope. The quality of care and devotion is widespread, in spite of the media's coverage, and the support of the public strong. The trick will be to align expectations for the NHS with the money and the capacity of the people and the system to deliver. We all have a part to play in that.

He adds: "If clinicians are going to become managers they need to accept accountability as well as responsibility for issues like finance and operational performance. As a medical director one of my first actions was to make some of my consultant colleagues redundant. Organisations are no different from each other – if you are bankrupt you're bankrupt, and you have to accept accountability for running effectively." But, he adds, "I have absolutely no regrets. I loved being a clinician but as I moved into managerial roles I've been able to influence the shape of healthcare for many more people."

Looking to the future

So where does he think the NHS will be in five years' time? Unsurprisingly, Sir Jonathan envisages more integration; ideally with NHS England commissioning, the Care Quality Commission regulating quality and the new NHS Improvement body regulating provision. How it will be paid for is another issue: Sir Jonathan would prefer the general taxation route. "I am not entirely convinced I understand the basis of the £22 billion saving to which NHS England has committed us to find and there'll need to be a wider debate on what sort of healthcare system and how we pay for it; if that's by taxation we may have to dig a bit deeper into our pockets when the economy's better."

And for himself? He's started to learn to play golf, but that certainly isn't going to be his sole focus. "I'm going to do a bit more of a 'portfolio' career – to continue my interest in healthcare in a range of other areas. Having worked full-time for 45 years, I'm not giving up." ■