

Gandhi and bacon sandwiches

Rumsfeld continues to amuse. His Gilbertian patter on the theme of knowing or not raises smiles and we move politely on. But buried in the seemingly capricious, there is more than a grain of something. Without the benefit of universal wisdom, who can understand everything?

In the lower circles of our Dante-esque hierarchical professional underworld – we come across the humble healthcare architect, attempting to eke out a crumb; a lost soul who cohabits with the desolate and the lost, the deceivers and philanderers. Little good comes of endeavours in this bleak place. Fade to black.

Weak sunshine on a bustling conurbation: everyone is energetically busy. There is too much to do and less time or money. From distant castellated fortresses, the privileged elite are plotting. Raiding parties begin, to devastating effect.

Healthcare architects, and notably those whose livelihood depends on the NHS, generally have a devotion to the service as if they were part of it. Indeed, many once were – but with the passage of time and many an expensive and disruptive act of parliament, the community of expertise now resides predominantly outside the NHS.

The world 'outside the NHS' is a commercial one - where large and small players compete for commissions from large and small players inside the NHS; which has itself become equally commercial. Competition is the background to almost every endeavour inside the NHS: competition for architectural commissions from the NHS has been the norm for some time.

Make some comparisons. Large national commercial enterprises behave competitively to survive and grow. Should not the healthcare architect be in the same boat as, say, the supermarket architect? Or the call centre architect?

Two part answer – but first, two more questions. What is the nature of the NHS? Is it 'national' anymore?

The NHS is not a supermarket or a call centre – or any other manifestation of national commerciality. Its public funding places the NHS with other state services such as education and social services. Much disruptive legislation has ensured that the current NHS is anything but 'national'. And there lies the rub.

Tucked into manifestos from most political parties we find a commitment to localism – the willingness to let the locals get on with it: the implication – that all will be fine. Reconciling that position with problems arising from postcode lotteries in provision is incompatible. Wherever the tug of war between the centrists and localists is going is perhaps unimportant providing outcomes improve. A tug of war does at least have a rope with the proponents engaged at each end.

So to the castellated fortresses. No tempting rope to tug in most cases. The predominant current behaviour of many local NHS organisations is to pull up the drawbridge and plot in closed session. The service appears often to have little or no strategic direction and the reduced forces closeted in their fortresses appear to have less and less relevance to the world outside.

With limited people doing ever more complicated tasks – who in the NHS had any notion of ‘the market’ 25 years ago – the limitations are all too clear to those on the outside attempting to provide services. It is not too far from the truth that the greater majority of relevant skills in some areas now reside only outside the NHS – but the limited few inside the NHS continue to commission and plan and plot and launch raiding parties nonetheless.

If this picture is too starkly painted then it is to make a point. But that point is not the core of the malady.

In 1990, the dismantling nationally of expert design functions within the NHS – seen as uncompetitive and ‘non-core’ – led to the birth of Architects for Health, as a means of keeping architects and other healthcare design professionals, in touch with each other and with innovation and current best practice.

Nearly 25 years later, Architects for Health is more relevant and more active than ever – and unsurprisingly so. It incorporates a large body of architects – and notably other design professionals, contractors and even project managers – representing the only national network for healthcare design in the UK. And the word ‘only’ is more than significant.

Because the tower dwellers have stopped talking to the outside world. One suspects the silence is a combination of introversion and ignorance. Let me explore that a little.

The now defunct and oft reminisced NHS was pyramidically structured with the consequence that lower orders were unflinchingly upward looking: the Secretary of State for Health occupied the pinnacle and edicts were cascaded down, with less clarity as they fell. This was not a perfect system by any standards but it did have the characteristics of the classic Frost Report sketch in which everyone knows their place.

Currently – post Lansley, post Francis – in the world of CCGs, the CQC, the ever confused NICE, PropCo, NHS England and many more besides, there is no clarity on many fronts, no single leadership body and, for the design professions still doggedly devoted to the NHS, no cohesion, planning, strategy, principles, values or plan. According to an edict which did escape the tower, we are to ensure that the NHS estate is ‘clean, safe and secure’. Hardly aspirational and not at all inspirational. Negligent is more like it. Where is design quality? How can the many millions spent on the NHS estate be dismissed so glibly?

In attempting to form some means of assaulting the tower, looking for a rope to tug, the great campaigners of history lined up to advise. Gandhi is a hero – his quiet persistence, pacifism, integrity and modesty are given to few. Mandela had a good try but none achieved more than Mahatma Gandhi who inspired many to a more tolerant world.

Gandhi's chief skill was in quiet conversation with those he sought to influence. He reputedly never lost his temper but stuck doggedly to calm logic and persistent pursuance of his beliefs. Gandhi had one ace card however – he got to talk to the people he hoped to influence.

Applying the lessons of the master, we need to find the right people to talk to about the lamentable lack of direction for the physical embodiment of the NHS. Without that dialogue (which will almost certainly need to be a multi-logue), something called 'market forces' will prevail with the probability of standards dropping to the level of the lowest.

Is there a will to engage? The sentiments in the 'private sector' will be mixed – the world has turned away from thinking and musing as a premium activity. Time and money rule – crafted design is a rarity: we repeat, we replicate, we imitate as a proxy for good design, driven by constraints of cash and often entirely fabricated deadlines.

The plotters in the tower and the toilers of the plains below know less and less of each other. Edicts and raiding parties provide some insight but these are variable, inconsistent and often contradictory from tower to tower, from week to week. The Rumsfeldian adage of 'not knowing what we don't know' applies equally to both parties.

The call is for a conversation. The willing and the reluctant, the certain and the unsure – a resurgence of a common interest in national, consistent, principled professional direction for the NHS estate. The conversation will need a champion – or a focus, and one which has the profile to draw in an interested or at least, curious, cohort – as Gandhi could.

Initial progress will be disappointing. Restrictions of time and organisational boundaries – administrative and physical – misunderstandings, sabotage, vested interests will hinder and frustrate. Gandhi would understand and would persevere.

Many years ago, dealing with a difficult and complex contract situation, a group of over 20 gathered early one morning in a site hut in Docklands. Posturing and preening turned to open animosity as the meeting began. The skilful chairman took a strong lead and within a few minutes, had calmed the situation in greater part by inviting everyone to bacon sandwiches which appeared on cue. Our hoped for gathering could well benefit from a 2014 version of bacon sandwiches.

The current lackadaisical approach to NHS estate custodianship is not on anyone's agenda. Colleagues in Architects for Health appreciate the situation and those with an ear to the ground within the NHS understand the point. The level of debate is barely audible. It would offend many, including Gandhi, if voices were raised. But the situation, the lack of even a simple conversation, is moving towards anarchy. This is the NHS – it deserves excellence.

The temptation to make noise is growing – what would Phil Gusack do? He would be incandescent in our situation. I am not sure that even Gandhi would take this lightly, were he reincarnated as a healthcare architect – it may be that he, a strict vegetarian, would be willing to accept a bacon sandwich if he thought it would do some good.

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