Still, hopefully I’ll have a brand new resolution next New Year’s Eve.

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REFERENCES

THE CHALLENGE OF CHANGE: PUTTING PATIENTS BEFORE PROVIDERS
BRENDAN DRUMM
Orpen Press, 2011
PB, 280pp, £15.00, 9781871305265

The Challenge of Change provides interesting reading. As Chief Executive Officer of Ireland’s Health Services Executive, Professor Brendan Drumm had 5 years to attempt much needed reform. The stage set is Ireland but the script is worldwide. He provides a rare insight into the machinations of health services delivery often threadeing a fine balancing act between political masters, the aspirations of a general public with parochial interests, and an unyielding bureaucracy long accustomed to doing things its own way.

Drumm sought to merge ‘hospital and community services into one operational structure with a single management system.’ He saw the exclusion of clinicians from central managerial roles as a major error and cites Einstein’s dictum that ‘we cannot solve our problems by using the same thinking that we created them.’ His approach involved clinicians taking responsibility for the costs and pace of services provided. Peer-pressure from colleagues improved performance and facilitated linkage between clinical leadership and performance measurement.

A particular highlight of the book compared health system management with business models. Healthcare frontline workers [doctors, nurses] rank among the most highly qualified in the organisation. Business has more hierarchical structures with a workforce significantly less qualified than management. Drumm saw the need for health management to cede significant executive power to clinicians as essential to achieving reform.

One solution used clinical leadership to help standardise care pathways with emergency department bottlenecks a key area. Older patients are often admitted to hospital due to the absence of a planned approach for their care. He wanted the focus to be on the entire patient journey rather than specialists looking after individual domains. Services in silos are easy to quantify but lack quality for patient experience. His remedy was to establish an integrated health service with the primary focus on the patient rather than simply counting patient encounters.

Drumm sought to increase the development of primary care centres with less investment in hospital beds. He preferred the whole population approach starting with local healthcare provision. His future involved building community-based services and fundamentally changing the way hospitals provide services. He foresaw the balance of power shifting from hospital to community-based services with specialists reaching out to meet community needs.

Such reforms involve cultural and structural changes that won’t come easy especially with parochial and individual self-interests involved. Schopenhauer’s dictum: ‘All change passes through three stages. First it is ridiculed. Second, it is violently opposed. Third, it is accepted as being self-evident’ is apt. Let’s hope we are moving to stage three.

Some brickbats include the lack of a flow chart comparing existing services with future plans and the tendency for the writing to be heavy at times. Despite this, the author writes with passion for what he sought to achieve and manages to keep a level headed perspective on future developments. Similar problems are encountered worldwide and many of the sentiments discussed will resonate loudly with many readers. The progressive ageing of our population together with ever-advancing technologies will influence how and where we provide health services. The overwhelming message from this book is that community services need developing while hospital services need refining.

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