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# How to build a healthy view of marketing

**How do you market a public service? Pauline Chudley looks at moves to bring marketing to an area where, traditionally, it has been an alien concept - the NHS**

Bringing marketing techniques to a monopoly provider service, such as the NHS, can cause more headaches than it seeks to relieve. Commerce and competition are fundamentally alien concepts in the health service, and the value of marketing has yet to be understood by its staff. Yet marketers are increasingly keen to join its ranks.

If the number of health marketing job ads in the recruitment pages is anything to go by, health service chiefs are already sold on marketing. Haringey Health Care, for example, has an ad in this week's *Marketing* for a director of marketing at £35,000 to £40,000pa. The news last week that the Cabinet approved above-inflation pay awards for 1.3 million public sector workers will make salary levels even more attractive for marketers.

The tensions and problems involved in engineering commercial principles into a public service were explored in a major national conference this week, *Healthcare Marketing Strategies*. The keynote speaker was Peter Reynolds, a marketing professional with experience in the information technology and healthcare markets. The conference highlighted the fact that "both purchasers and health service providers have common goals of anticipating, identifying and satisfying their customers' needs"

which can only be achieved by a sound and viable marketing strategy".

Since the Government's 1989 White Paper, "Working for Patients", brought about the introduction of marketing as a function in health service management, and the subsequent NHS and Community Care Act promoted competition by introducing changes to the way the health service is funded and organised, the key issue for Reynolds has been the need to balance varying levels of expertise (see box).

Seeing a divide between those with marketing qualifications and experience outside the NHS, and those without marketing, but sound NHS skills, Reynolds was determined to bridge the gap. To his surprise, the bulk of his work has been with district health authorities ("purchasers") rather than hospitals ("providers").

"I thought all the business would come from hospital trusts, but the experience has been exactly the opposite. It has come from purchasers and I think that is because marketing for them is a far more complex and fundamental issue," he says. "In the new NHS, purchasers have to drive the whole system; they are setting the agenda. The purchasers have to assess the health needs of the local population and work through contracts to decide how these are met."

For the providers it appears it is much simpler. "Hospitals do not have to go out into the community and sell themselves. They have to concentrate on monitoring how well they provide services," says Reynolds. "If the purchaser gets the marketing right, everything flows from there."

But like the infamous persuasion of the chief executive's wife when shown a piece of advertising, how do you go about persuading a resistant NHS that it needs to adopt an effective marketing strategy?

Traditional marketing techniques are not the answer. Glossy brochures and slick ad campaigns are not right for this customer base - it is about building up personal contacts and trust, as well as delivering the goods. Customer service is king.

Reynolds argues that the classic marketing goals of anticipating, identifying and satisfying consumer demands are entirely consistent with the aims of the health service. He concludes: "Marketing is totally appropriate for the NHS. The market is the patients, they will define what is provided for them. But it is an alien idea for most people working within it."

However, unlike any other brand, there is one fundamental that any marketer in the NHS must not forget. "We cannot overlook the fact that any health issue is bound to be emotive because to someone somewhere, it means life and death." Not that this is an excuse for not doing things properly.

The Chartered Institute of Marketing is also becoming increasingly involved in the health service.

Spokeswoman Liz May explains that it has just taken on a major consultancy project for a health authority and many of its 1400 enterprise initiative schemes have been within the NHS.

Reynolds, however, started with simple commissions - producing service directories, research projects and writing annual reports which then lead to much more corporate identity work.

"I don't go into the NHS with an ivory tower approach. The most successful route is in talking about things and problem solving. Communications were the priority - how to help the NHS organisations to communicate more effectively with each other and with the community it serves."

Two of Reynolds' projects have been in South West Hertfordshire where he carried out a communications audit for the local health authority, and in Oxford, where his task was to help Nuffield Orthopaedic Hospital determine the clinical direction for its rehabilitation service. This work has developed into a corporate identity for the whole hospital.

In both cases Reynolds set up workshops and a professional facilitator to bring about "structured brainstorming". At the end of the day, people came out with a wish-list that everyone was signed up to. And the main goal was not much different from any consumer goods marketer - more satisfied customers. □

Pauline Chadley is assistant editor of GP magazine

**Right... GP and patient - in the health sector customer service is king**

**Below... Nuffield Hospital which has been out to establish a corporate ID**



**CASE STUDY**

**The Derbyshire Trust's do-it-yourself solution**

Calling in outside experts like Peter Reynolds is not the only solution. Some places, like the Southern Derbyshire Trust, have chosen to do it themselves - marketing community nursing and other support services to GP fundholders.

Chief executive Liz Haggard explains that the first principle she embraced was not to get involved.

"I was too busy and would not be available to deal with queries and day-to-day telephone calls from GPs."

"We therefore decided to appoint a liaison officer and identified someone already working here with a strong business background who had the trust of local GPs."

Following Reynolds' experience, personal contact is the best way to market health services, especially to a demanding group such as family doctors who are directly answerable to their patients for the quality of health services provided.



National Health Service and Community Care Act 1990

CHAPTER 11

**The NHS Act promoted competition by introducing changes to funding and organisation**

Haggard explains that the concept of marketing in her unit existed before the reforms.

Each head of profession had to set out criteria for his or her services similar to a business plan. There was therefore little resistance from staff.

But no marketing strategy will ever wash with them, if the hospital concerned fails to come up with the goods.

Careful assessment and anticipation of their needs are essential.

Haggard says: "Our liaison officer goes out with his portable PC and talks to each GP practice about the full range of services, coming back to clinicians at the trust for further information if necessary."

"The experience has helped us sharpen our image. GPs neither want nor need a hard sell; they already understand the concept of health."

"We have learned to keep our nerve and not get panicked into cutting our prices if we offer a good quality service."

"We do not feel threatened if fundholders say they will go elsewhere. There is a huge range of GPs out there. It is normal to lose some contracts and to gain others."