

NHS management structures and culture from c.1960 – 2000s

Dr Stephanie Snow

Centre for the History of Science, Technology and Medicine

1948-1974

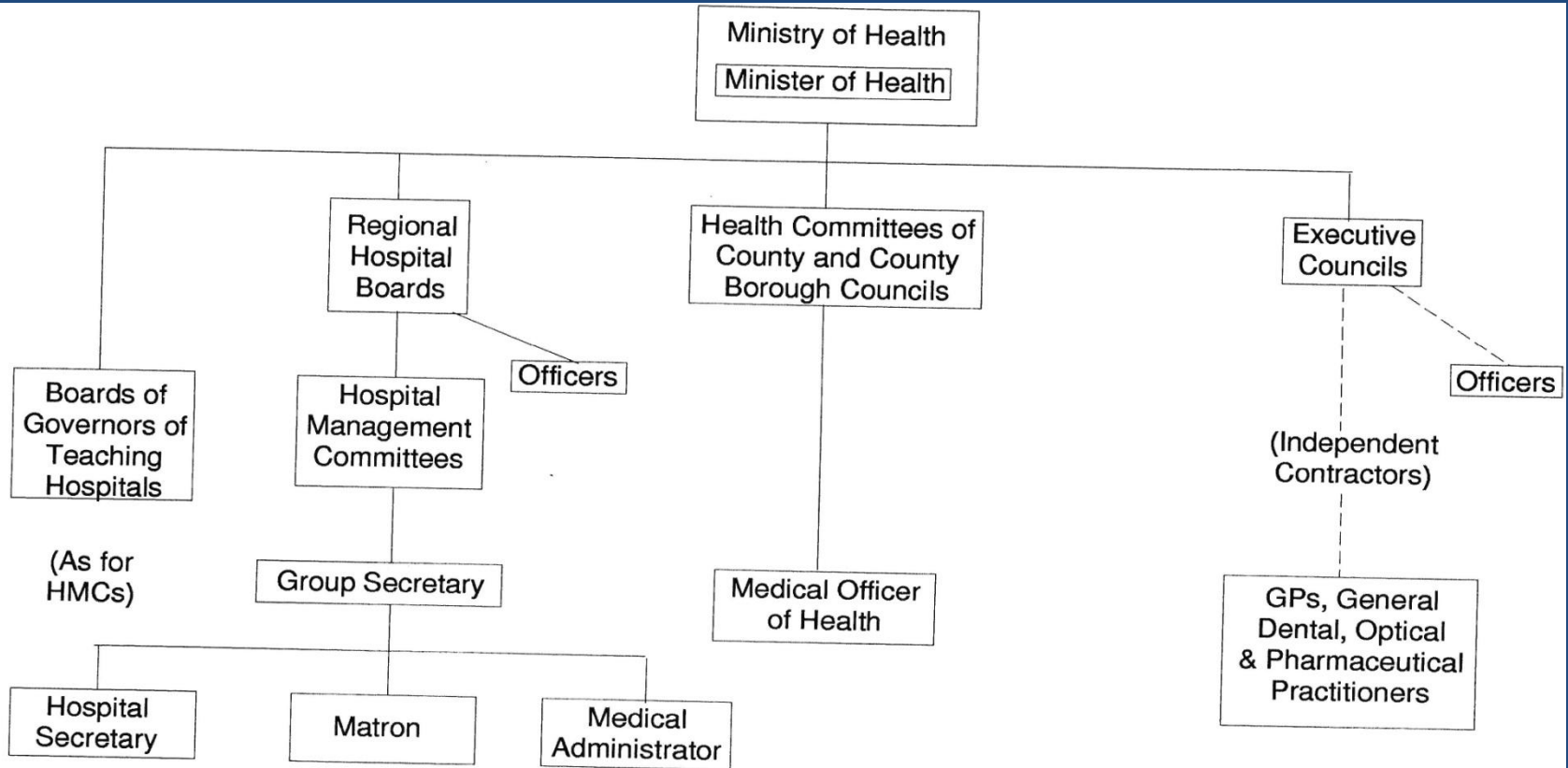


Figure 2.1 Outline Organisational Structure of English NHS; 1948.

Source: S. Harrison, *Managing the National Health Service: Shifting the Frontier?* (Chapman and Hall, 1988).

1948-1974

- Stresses and strains: different histories and cultures
- Vertical structures, few horizontal connections
- Increased layers of decision-making
- Reinforced professional inequalities
- Self-regulation and autonomy of medicine

1974-1982

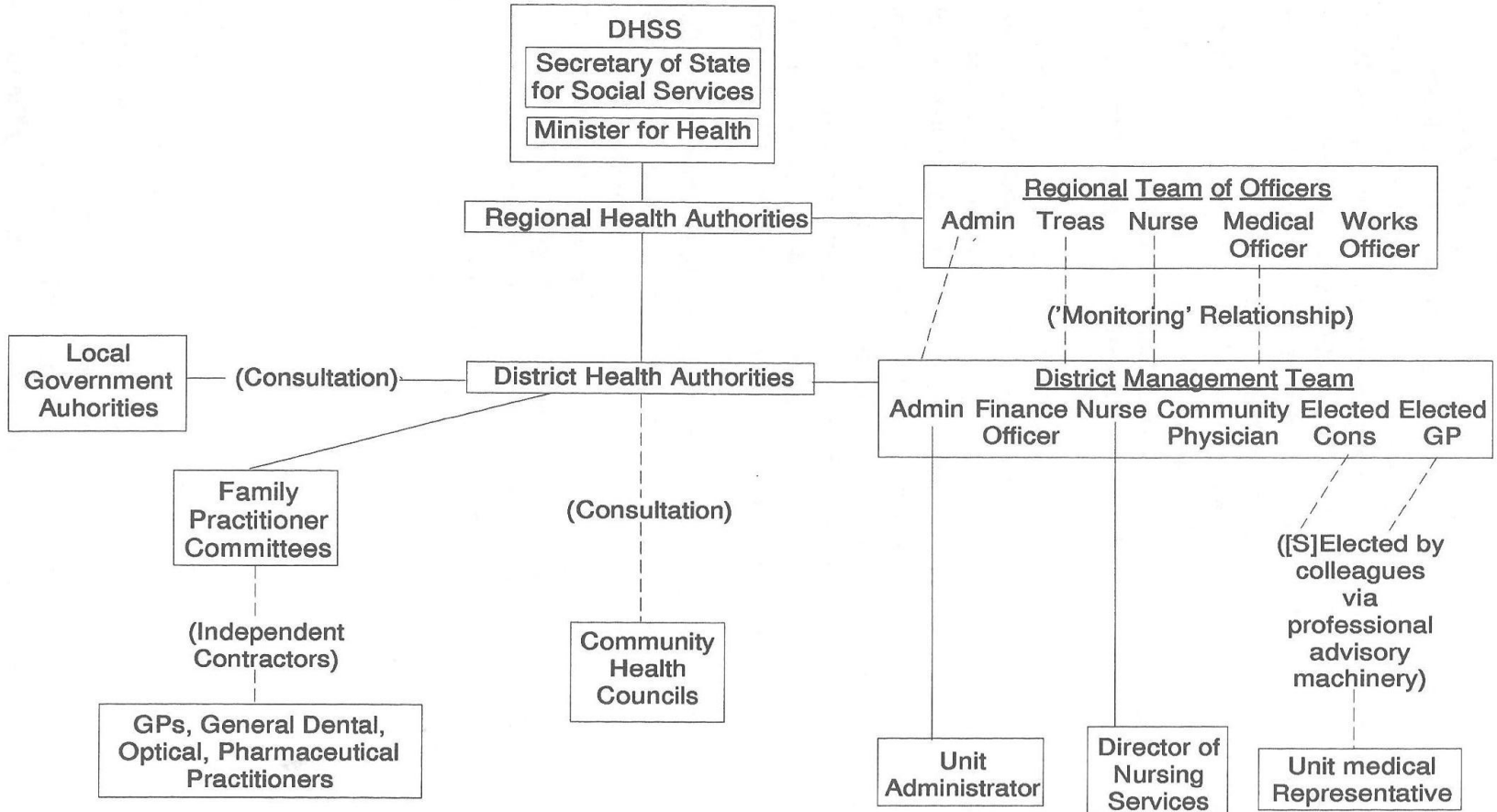


Figure 2.3 Outline Organisation Structure of English NHS; 1982.

Source: S. Harrison, *Managing the National Health Service: Shifting the Frontier?* (Chapman and Hall, 1988).

1974-1982

- ‘In the context of collective responsibility founded on close association and mutual respect, consensus need not mean difficult-to-attain unanimity but a more practical sense of the meeting and the accommodation of views, with rare instances of conflict intense enough to invite the exercise of veto powers’, Battistella & Chester, 1973.

1974-1982

- ‘[T]here was much more willingness to share decision making and a willingness to be reflective [especially compared to] surgeons . . . [who] regard their decision-making as pre-eminent.’ Unit Administrator.

1983-1991

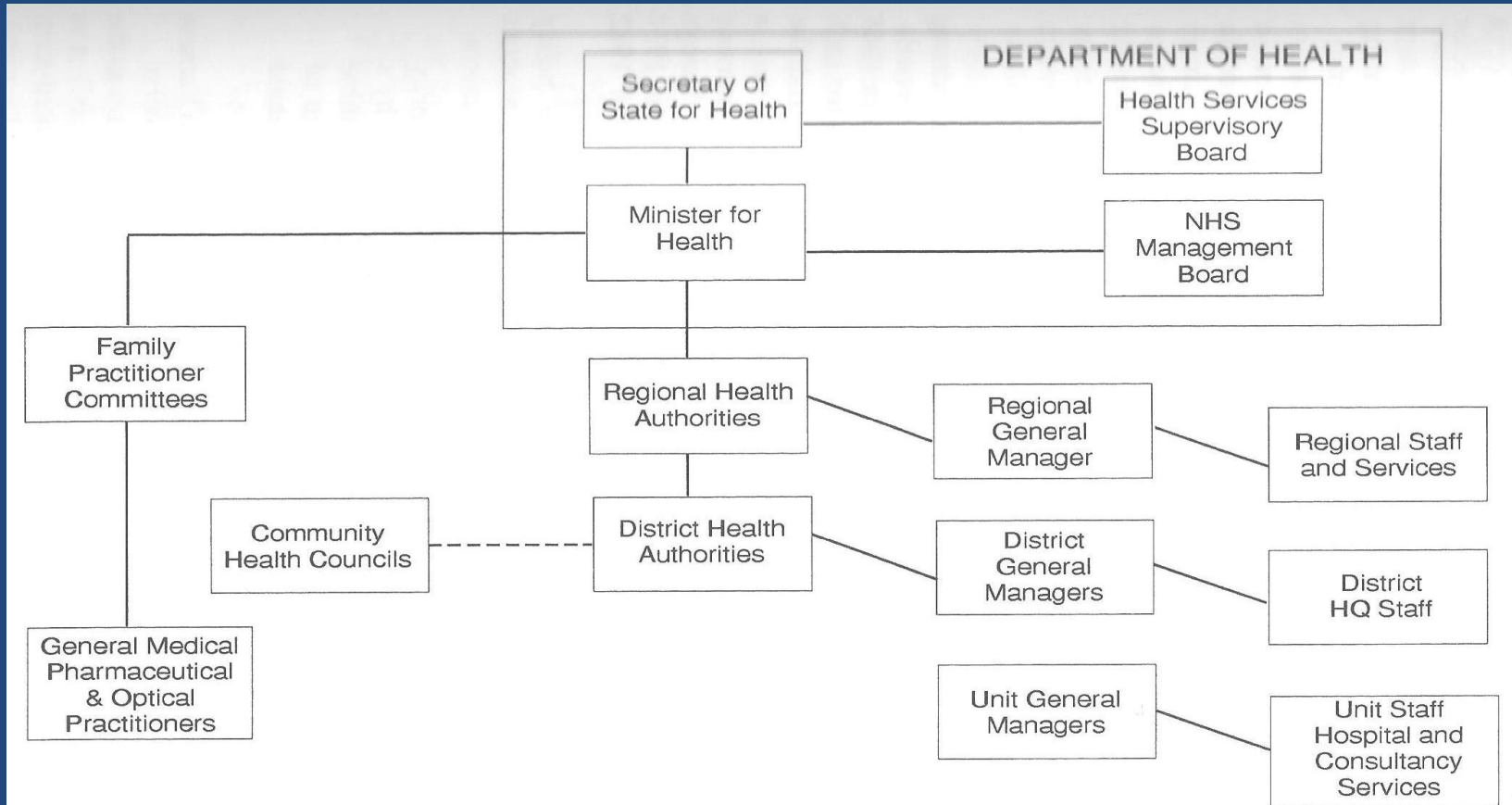


Figure 2.4 Outline Organisation Structure of English NHS c. 1985.

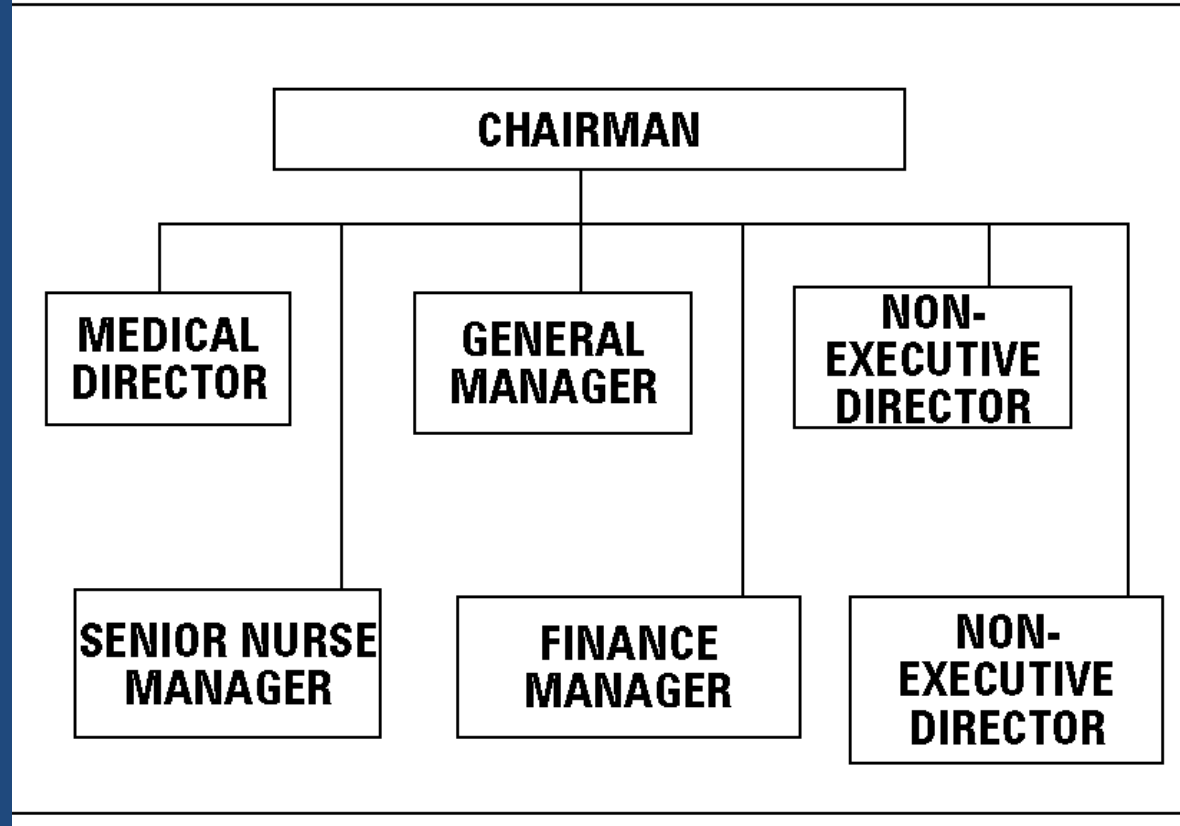
Source: S. Harrison, *Managing the National Health Service: Shifting the Frontier?* (Chapman and Hall, 1988).

1983-1991

- Managers increased authority over clinical services
- Doctors increased involvement in management
- ‘you do not hear people at Guy’s now referring to “management” as if its members were some separate species, because now everybody is involved’, Cyril Chantler.

1991-2000s

Figure 3 Structure of the NHS Trust Board



1991-2000s

- ‘when people come into the organisation they say the synergy between the consultants and the managers is absolutely fantastic and why can’t it be like this everywhere else? It’s because we work really hard at it. We have away days as a board where we plan our objectives. . . . we have a strategy-setting group which consultants are on . . . everybody knows what it is we’re planning. . . . it’s about this mutual respect agenda; we’re not enemies in this hospital, we’re colleagues working together, and I think that’s a real strength’, Chief Executive.