

**PAUL DODD**  
**SIZE 11**

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Hello my name is Paul Dodd. I'm program specialist at a clinical commissioning group in Staffordshire.

I am a walker. I walk a huge amount. I walk out in the countryside. I've spent most of my life walking over hills and dales and forests and gorges and everything like that. I spend a lot of time walking between hospitals and car parks as well. Yeah, yeah, I'm a walker.

I've been working in health care services for around twenty five years. I went to university, came out, having gotten through all my money. I needed a job quite quickly and I took a job working at an old Victorian mental institution and that was quite a shock to the system. Every day, I'd get up really early, I'd jump on my bike, bike to the station three miles, go on a train for about half an hour, get off the train and then have another half hour ride on the other end through the countryside to where the institution was. It just looked like a massive stately home from the outside, it was absolutely enormous. It was completely set apart from the community, which was quite daunting.

At that point in time, generally you didn't come across people with learning disabilities or mental health needs in your normal communities, because most of them had been put away, so to speak, in these big units. Now it seems absolutely barbaric. I'd had no grasp of this type of work and you're suddenly thrown into a maelstrom of noise and people. Doors were locked, people had big sets of keys. When I first started there, I think the overwhelming feeling was fear, honestly, and the impact initially was me thinking "Do I want to continue in this type of job?" It was really quite - upsetting would be the right word. It was equally fascinating though, because this was where hundreds of people lived their lives on wards, no privacy, and it was also quite inspirational in terms of the clinicians and the support workers, really, really, trying to do their best to work and live with people who needed a great amount of support.

Care in the community started around 1990-ish, moving people back to their own communities to receive the care that they needed within a community setting rather than in a large institutional setting, and most of the people within that institution were offered to go back into the communities from which they came from, from where they lived. I had the opportunity to go and help to set up and run and start a normal house for four people within the NHS and this was one of the first times that this had happened. So there was a real opportunity there. And I really wanted to see what impact care in the community would have on a first hand basis.

After that, a job came up within the National Institute of Mental Health in England and that was a really crucial point in my career I think. The National Institute of Mental Health in England, it was a really special place. It was set up at a time when the NHS had quite a lot of resources. It was set up a time when it wanted to look at doing things different with mental health, and it was a fascinating place to work, with a whole range of really, really, bright people. We had the freedom to do a massive amount of new work. Partly because we had time to think about it, they actually used to make us think, they sort of gave us a day a week and said "Be reflective". And when you look back, that was a massive luxury really within the NHS, to be able to take time and actually think about what you were doing. It's something that I don't think we do enough of now, it's so hectic the change of pace is so manic. I think the ability to reflect and take time is something that we've perhaps lost in the NHS.

At the moment, my job is a programme manager for the regional respiratory improvement programme. When the strategic health authority closed in 2012, we were able to secure a move

into a clinical commissioning group, to continue that work and be hosted by the South East Staffordshire and Seisdon Peninsula CCG. And they've been really good to us, they provided a home. They provided us with support, so we can still do the actual role within the region, which is to support people with respiratory illness.

We're working to provide a new form of community respiratory clinic, based around social engagement, based around social inclusion, based around clinical support, but also based around patients and clinicians co-designing the services. I think if my role wasn't there, people with respiratory illness possibly wouldn't get some of the quality of services that at the moment we're helping areas to develop.

With the community clinics that we've been piloting - they've probably taken eighteen months or so to get anywhere near right - but I think there's an aspect where failure can be useful. I mean, that's how people generally learn. There's no way that humans just get things absolutely nailed on, first time. Often it's trial and error and I think it's harder in the mainstream NHS, when you've got financial pressures, when you've got clinical pressures, to get things wrong. I think we're quite lucky that we've almost got some wriggle room, where we can try something different so far that we correct it and do it right next time, then it can be a really beneficial process.

In the NHS, there's a whole raft of policies, procedures, frameworks, and it can become quite stifling at times in terms of trying to work the system. I think the bit that I've got a decent handle on is the structure of the NHS, and how to most effectively work around it to get the best outcome for the patient. It's not a simple process, it's a big organisation, and to make anything happen at speed and to make improvements and to make changes is really quite difficult. Hopefully that's the one thing that I'm pretty OK at.

There's a perception, I think, that the NHS almost sits outside of the community, that it's this big ivory tower where people go and they get treated when they're unwell. I don't see it as that, I think the NHS is everywhere, health care services are everywhere. They're absolutely critical for the quality of all of our lives. Patient journeys don't follow single routes, patient journeys take us through health care, they take us through primary care, through GPs, they take us through hospitals, they take us through the third sector. They take us through social care and councils and sports centres and everything else. We live in a complex city, and patient journeys are complex and I think the NHS has a perception of being separate and I don't think it can be, I think the NHS is as big a part of our lives and as big a part of our communities as any other institution.

So I'd prefer the NHS to be almost a porous institution and by porous, I mean almost translucent. So you've got a transparency there. You've got a connection with community. Buildings should be utilised by the public, people should be able to walk through them, NHS staff should be interacting with everyday people as part of the community.

The older we get the more interaction we have with the NHS - me, you, our families, our children. They're all going to need health care. So I want the best health care for my friends and family that I can possibly get and my way of doing that is working in the NHS.

The significant people in my life apart from my friends, are my daughter, my stepson, and my wife. Yeah, my family have quite a big influence - my wife's a nurse and my father's got COPD, which is a breathing illness, and I think it's hard to not be influenced when quite a lot of your family either have a long term condition or they're part of the provision of health care. The influence works on firstly being able to have a perspective on what it's like to be a carer and what it's like to have a family member with a long term condition, and trying to understand what care they're receiving, what care they're not receiving, how they can best look after themselves, and I think there's a lot of dialogue between my wife and myself in terms of health care, as we're both within health care from a different perspective. But there's often long, complicated debates about the NHS and politics within our household. I feel quite privileged really that I, we, are still there in the NHS doing innovative work. The NHS is one of the best health services in the entire world - I think it's world class. I'm proud to work for it.