

**SIOBHAN JONES**  
**SIZE 5.5**

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I'd been asked to do a bit of research into how could we make payments in the hospital system a bit more linked to quality. Rather than just paying for a hip operation, you pay a little bonus if that person gets to go home really quickly, so I put together a bit of advice, came up with a proposal and we put it up to ministers and agreed it. But it wasn't actually until a couple of years later I'd moved onto a different job and I was visiting a hospital somewhere, and they just suddenly started talking about this scheme and it was just part of daily life for them. And it just suddenly felt very, very strange that something that I'd spent a while sat there trying to do, and talk to the minister about and get them signed up and agreed, was now just part of regular life and being talked about in hospitals all over the country. They didn't hate it which was quite reassuring. I think we all have that moment of going, "Yes, but that was just me! That was just me trying to write some stuff down and make some sense of a few things and tested it with a few people".

I'm Siobhan Jones, I work in the Department of Health and have done for more years than I care to think about at the moment, but it's still service. You are sat in an office a lot, with you know - I do go to a lot of meetings. I spend most of my time in Westminster. I don't get out as much as I would like.

I think I would never be as excited and enthusiastic about my job if I didn't remember the fact that this is all about people at the end of the day. It's about patients, it's about the staff, it's about people working, you know, all the carers that work in the care homes, you know. The risk if you don't remember the human side, if you then start getting too involved in what's interesting and I've seen some people fall into the trap of "Oh, this looks like such an elegant solution to the problem. It's really interesting, really intellectually coherent" and that's great, but then if you don't take a step back and think "Well, what does this mean for the overworked nurse or doctor who's actually got to do this on a daily basis? Is it going to work for them?" then I think you're letting the system down and you're not doing the best thing you can. So it's sort of a mental test for me is, is this going to make life easier for the staff and the NHS, free up more of their time so they can do the care, because I can't provide the care, I would be rubbish as a nurse or a doctor.

We've got to make that system work in a way that helps them do their job and provide the best possible care for everybody. Civil servants are there to serve the government of the day, so we are neutral and one of the things I feel very passionate about is that we have to be neutral. But that doesn't mean you sort of ignore politics because our job is to deliver what those politicians want. They're the ones that have been elected we do need to understand where they're coming from politically so we will read their manifestos, ahead of an election you'll listen to all the speeches. So you need to understand the politics. Where you draw the line though, is, you don't start then trying to press that ideology on others and it is sometimes quite hard when you're being driven to a timetable that you don't really understand why. And I think that particularly happens when something has got a high media profile, and then there seems to be this pressure because it's in the media you have to make a decision about something instantly and that can be quite frustrating when you think it's a really complicated topic area. We don't really understand what the consequences might be, so it might be that looks great to try and change things in a particular way and that will look brilliant on the front page of *The Daily Mail* but I have no idea does that, is that going to massively increase workloads for nurses in a particular area?

So there's something that's been really interesting I think, in the last sort of ten years or so, particularly with social media growing that culture of the media - the 24/7 culture has changed the pressure on politicians to make decision which changes the way civil servants have to work so I think it is quite tough to then, to come back to this always rethinking about what the long term need is so again at the moment, you know, finances are tough so it's all very well thinking "well, this if I did this. Now that would really help the next year but is that going to cause problems further down the line?" I think that is one of the things about having a permanent civil service that's quite helpful. So if I contrast it with the states in the U.S, a lot of their civil servants change when the government changes because they're all political appointees. I think one of the benefits of our system is it's the same people. So we can think fifteen years down the line. So we don't, still don't make the decisions but we can spend a bit of time thinking about well, what is the world going to look like in ten years' time?

I was in a meeting last week actually talking about some work we were doing around what are the technologies that we think are going to be most beneficial to the NHS. in 2030 and it was quite exciting. Robotics was on the list, 3D printing, Blockchain - all these really exciting things that, they're some way off the moment but it's part of our job to make sure that the NHS of the future is going to be able to use these technologies when they come on board. How can we plan ahead to make that a reality? And I think some of the politicians spend more time on that than others. Some politicians really get that, and certainly when you are in a time of financial pressure I think that does push people more to thinking to the long term. Because you know that's got to be your priority, to make sure things will be sustainable in the long term.

So part of my role is about bringing together what sort of the business and industry can offer in this space and what the NHS. needs. It's about getting some of the really exciting technologies out there. So everyone knows that there's things that can monitor diabetes so you can monitor your insulin levels at home and top yourself up if you need to. So it's about making it easy to manage your own condition, but there's some fantastic new devices out there that can help people do that, that keep them out of hospital which is what everybody wants. That can be anything from the apps on your mobile, all the way through to some really high tech bit of kit in an operating theatre. Surgical robotics is quite big, now. And actually it's a growing area because in the future particularly in the area of robotics for example you might have somebody, an elderly person who just needs a bit of help around the home - occasionally forgets take their meds or something. They can maybe be helped by a robot. There's a great picture of a robot dog that will help remind, actually you can store the medicines in it, and it will bring the medicines to the person, and actually sit there and bark until the person takes the medicines. The government are putting some money to fund the research into this and you can combine that as well with some sensors in the home again, that can just tell you, you know if you've got an elderly mother, has mum got out of bed yet? And it can send you a text to say, you know, "It's ten o'clock, your mum's normally up by seven thirty and the curtains aren't drawn, the bedroom door hasn't been opened. You might want to give her a call." So you can get that text, so it's just peace of mind for the family as well that you don't have to worry that your loved one's just lying on the floor having had a fall.

We try and make sure that we spend at least three or four weeks a year out with people in hospitals, in G.P. surgeries and it's there sort of you meet, you get the reality of staff who are trying to work with an absolutely rubbish I.T. system. I was sat with some people who were working, they were actually a psychiatry service that was working in a mainstream hospital, that, because they worked for one organisation but was sat in another, they had to type up their case notes twice. So every time they saw somebody they had to enter that twice. So you still see the reality there.

But I guess on the positive side, I'm also working on a project where they are trying to sequence 100,000 whole genome so that's your entire genetic code for each individual which is really exciting and they've done it for a few children who no one knew was wrong with them. There was obviously something wrong with their genome that has meant in this case this little girl four year old girl was having seizures four / five times a day but by sequencing her genetic code the scientists identified a flaw on one of her genes which was all about how she made some protein and they

were able to propose a simple change to her diet. So she's now on a different diet and is having a seizure maybe once every couple of weeks. That's the lovely side of what we do.

I think there probably is a fairly common perception of we're just bureaucrats who have no idea what the real world is like and just enjoy making life difficult for people so I would really like to say that that's not what we're there to do. We know we sometimes do make life more difficult for people but we very much acknowledge that most of what makes the NHS what it is, is not about the Department of Health, it is about people who work there and I think we know that but there are some things that we can do and perhaps the 100,000 genome project is a good example of that, that that takes something essentially pulling all that together because that could never happen with one local area. That's perhaps where we can bring the best out of it.