



LOGO WATCH

– what's happening to the NHS corporate identity?

A Special Report by Alison Dunn, Caboo Design

New organisations keen to break with the NHS. New organisations delighted to come under the NHS umbrella. It's a challenging time for the NHS corporate identity. In this special report we reflect on the current struggle.

The NHS logo is widely regarded as one of the UK's most powerful and recognisable brands. In our earlier special report *What next for NHS branding?* we opened the discussion, in the context of the NHS reforms, about the future of the NHS corporate identity which has been so diligently policed for the past ten years. We were writing in February as the Health and Social Care Bill was forging its way through Parliament. Now we are in 'pause' and listening mode, and the certainty, welcome or not, of a forceful, uncompromising policy has given way to uncertainty, and a definite whiff in the air of some form of compromise.

Our paper generated some fascinating responses from communications professionals who have been involved in protecting and developing the brand in various ways in recent years.

The man at the centre of it all, Ian Williams, head of brand management at the Department of Health UK, commented: 'We've got a major asset in the NHS brand. The fundamental "promise" of a service that's free at the point of use, available to all, based on clinical need not ability to pay is widely understood – and the visual identity, particularly the logo is almost universally recognised. There's a tremendous potential to use the brand to provide public clarity and simplify a complex system.

'I think increasingly the NHS brand is going to be the mark of the service being provided (free at the point of use and so on) and less the organisation providing that service. Providers of NHS services will need to differentiate – and will need to address their own values, principles etc - but it still needs to be really clear to patients they are receiving an NHS service. As ever, the balance to strike is between consistency – provided by the NHS brand and values – and differentiation by individual providers.'

Dan Wood, former head of strategic communications at the Department of Health and now running his own agency, reflected: 'I was always struck by the irony that we had two simultaneous struggles. On one hand, FTs were trying to rid themselves of the NHS identity because they wanted to be different. On the other, we had to prevent independent sector providers from trying to hijack it because of its high levels of public recognition and trust.

'How the NHS is branded in the future will fundamentally underpin how the public perceive it. The approach until now just won't be sustainable. But I'm not sure it's currently being given the thought that it warrants in amongst everything else, so your paper is a very helpful stimulus for discussion.'

John Rafferty's agency acted as a guardian for the NHS identity and he remembers being told that if you put the NHS logo on a kebab people would think it was healthy. He says: 'It's as powerful and as well understood as Ronseal. As for its value as a "brand", that's down to how the NHS values are delivered at a local level. It's either amazing or atrocious, depending on your experience.

'As new organisations they carry no baggage or preconceptions (apart from a lack of clarity around how they'll behave). So this creates an opportunity to get things right from day one.

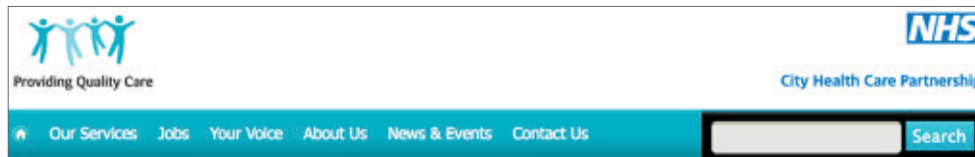
'Descriptive naming and verbal positioning will be critical, otherwise we'll end up with the indecipherable descriptors and definitions we currently have. Clear statements of purpose and intent need to be developed as soon as possible, so it's clear what they're in business to do and achieve. And values need to be defined while they're new and relatively small, to ensure that staff who join them know what's expected of them and set the standards for those who follow them in. Brand values and identity need to be established before the doors open for business. They're defined not by what you do, but how you do it,' he says.

As one who has worked at the coal face as a communications manager at an acute trust and a PCT, Bernadette Burroughs commented that it was going to be difficult to brand the GP consortias as it is still not clear how they will develop.

'PCTs are a real example of this problem as their purpose is still not fully understood by the public nearly eight years on. I wrestled with this problem myself when working for a PCT,' she says.



www.centralsurreyhealth.nhs.uk



www.chcphull.nhs.uk



www.salfordangel.org.uk



Ripplez also achieved its independence via Right to Request and is now a social enterprise with a big, bold logo of its own

The shape of things to come?

Dan Wood's comment about the two simultaneous struggles he observed could be very apposite for the coming months. Already there are signs that former NHS organisations are thrilled to be free of the branding constraints while the new providers from non-NHS routes cannot wait to put the NHS logo next to their own as a badge of quality and respectability.

Some of the new social enterprises, for example, emerging from former PCTs, are riding both horses. In our last report, we mentioned Central Surrey Health which uses the NHS logo on one side and its own 'happy people' logo on the other. Hull City Health Care Partnership, which has been a social enterprise since June last year, uses the same device – with a remarkably similar 'happy people' logo.

But here are two examples of former NHS organisations which have broken free:

- Social adVentures started life in Salford as part of the healthy living centre programme in the late 1990s with SHA health action zone funding, as the The Angel Health Living Centre. Ten years later it was selected as part of the NHS's first wave of Right to Request organisations, to encourage health professionals to work more entrepreneurially. It is now a social enterprise jointly owned by service users, its employees and local Salford people and with its own identity. Barely an NHS logo in sight.
- Ripplez also achieved its independence via Right to Request and is now a social enterprise with a big, bold logo of its own. It started life in 2007 as the Derby City Family Nurse Partnership (DCFNP), one of the first in the UK to be licensed to operate a parenting programme imported from the US. It aims to improve pregnancy outcomes, child health development and parents' economic self-sufficiency. Chris Tully, its director, says it is still part of the NHS family but now they have freedom to develop the service very differently as 'masters of our own destiny.'



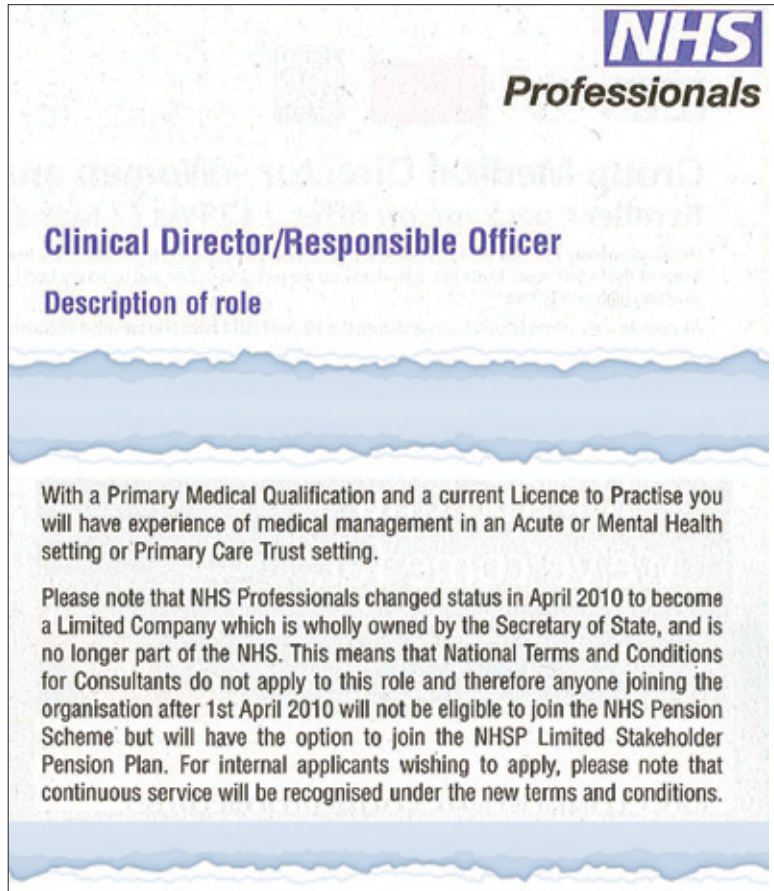
From a local newspaper in Wiltshire: a whole page advertisement placed by UK Specialist Hospitals who provide five NHS Treatment Centres in the West Country.

The struggle for freedom therefore is one side of the coin. On the other are the new providers who are only too keen to adopt the NHS logo. Ian Williams points out that providers of NHS services will need to differentiate but it still needs to be really clear to patients they are receiving an NHS service. 'As ever, the balance to strike is between consistency – provided by the NHS brand and values – and differentiation by individual providers.'

During this period of 'pause' we do not yet know exactly what the future will hold, but one can be certain that some degree of diversity of provision is here to stay. It can already be confusing for the innocent bystander.

For example, I pulled out of a local newspaper in Wiltshire a whole page advertisement placed by UK Specialist Hospitals who provide five NHS Treatment Centres in the West Country. Promoting their recent Laing & Buisson Independent Healthcare award, they say: 'We've beaten the best of the private hospitals for our facilities and we only treat NHS patients. As an NHS patient you can choose to be seen at any of our treatment centres.' The UKSH and NHS logos are at opposite sides of the page. Confused? I certainly would be if I hadn't been a dedicated follower of NHS policy.

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A recent recruitment advertisement placed by NHS Professionals for a clinical director

Even more curious is a recent recruitment advertisement placed by NHS Professionals for a clinical director. NHS Professionals was launched in a hurry in the early days of the Labour Government. Its *raison d'être* was of course that it was part of the NHS, wholly owned and not-for-profit to compete with and perhaps drive out the commercial locum agencies. It has had a troubled life but is now finding its feet and its profits with a new legal status. The advert says: '...NHS Professionals changed status in April 2010 to become a Limited Company which is wholly owned by the Secretary of State and is no longer part of the NHS.' And all this under the NHS logo. Confused?

I certainly am, though I suspect it is something to do with pension entitlement.

What of the GP consortia?

This is the elephant in the corner of the room, the obvious victims of 'pause.' The pathfinders have at best a sort of virtual reality (without a website!), not able to label themselves yet as NHS and not even sure anymore whether they will be able to call themselves GP consortia. A glance down the list reveals that a few consortia had already glimpsed a gleaming new future with an interesting name and a smart identity: Red House Group, Principia, Bexley Clinical Cabinet, Cumbria Senate, Calleva, Wellcomm and so on. It's all grist to the mill for design agencies!

Just about the time 'pause' descended, *HSJ* (5 April 2011) provoked a storm in the healthcare communications world with an exclusive story about the Department of Health considering setting up a national social enterprise to handle communications for commissioning consortia. It seemed as if a central 'shared service' body was being proposed which would handle campaigns, 'stakeholder management', media queries and Freedom of Information Act requests for consortia. It would fulfill the function of 'centralising before localising.'

The critical comments came thick and fast: 'jobs for the boys;' 'just what we needed - another quango;' 'strangle this one at birth;' 'one for the Office of Fair Trading.' A few commentators thought it was a good idea. So the debate continues about local versus central, market freedoms versus state control, though it's a highly philosophical, speculative activity while the reforms are in limbo.

A calm and considered contribution to the debate comes from Michael Guida at Precedent, writing in *HSJ* (26 May 2011), *Is there enough room on the web?* He wonders whether it will be necessary for the new consortia to have their own websites and makes a plea for clear relationships and roles to help the public find a way through 'these potentially competitive destinations'. He advises linking into NHS Choices, keeping navigation simple and considering branding and tone very carefully. Many GP sites at the moment, he observes, do not tend to look much like the NHS.

It is a confused and contradictory landscape, and likely to remain so for some months to come. The fate of the NHS corporate identity hangs in the balance as the coherence and the integrity of the service itself has become the most challenging domestic political issue to face the Coalition Government...

Conclusion

When we launched NHS logo watch in February, we had assumed that by now the pattern of reform would be clearer and, like it or not, the new organisations would be finding their feet. Instead we are in 'pause'. Some changes, however, had passed the point of no return: PCT staff were already dispersed, new partnerships up and running in public health and patient/community involvement, health and wellbeing boards established and PCT chief executives straddling roles that encompassed past, present and future.

It is a confused and contradictory landscape, and likely to remain so for some months to come. The fate of the NHS corporate identity hangs in the balance as the coherence and the integrity of the service itself has become the most challenging domestic political issue to face the Coalition Government.

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Alison Dunn has been involved in healthcare communications for over thirty years. She was editor of *Nursing Times* and *HSJ*, before becoming director of communications at the Royal College of Nursing. She then set up the RCN's publishing company and launched *Nursing Standard* as a weekly magazine. For the past fifteen years she has been joint managing director, with Will Chamberlain-Webber, of Chamberlain Dunn and Caboo Design.



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