



What next for NHS branding?

Some thoughts on the future of the NHS brand

A discussion paper by **Alison Dunn**, Caboo Design



With the publication of the Health and Social Care Bill in January 2011, the full extent of the Coalition Government's NHS revolution is writ large. This is massive structural change the like of which the NHS has never before seen. Some have called it the dismantling of the service. Hundreds of new organisations are emerging, all in search of their new identity, all needing to forge fresh relationships with their audiences and stakeholders.

The NHS brand over the past decade has shown itself to be rather well able to accommodate changing NHS structures. That's proof that its brand architecture is resilient and flexible. But are the current changes a step too far? What is the future of the NHS brand?

The NHS brand has been policed rigorously since 1999 when the Labour Government began its huge investment in the service and wanted to reinforce and protect the value of the brand. NHS healthcare organisations, which had developed their own brand identity over the previous couple of decades in order to stand out from the crowd (notably in recruitment advertisements), were asked to conform to the official regulations and to ensure that the letters 'NHS' were always used and always used in the correct way.

The pages of the professional press quickly became rather dull, advertisement agencies lost a good source of revenue and the NHS saved a great deal of money.

Foundation trusts were reminded to include 'NHS' in their title: their independence was only relative. Then PCTs were asked to reinforce their overall identity in their NHS health economies by rebranding as NHS Stoke-on-Trent or NHS Warrington or NHS Swindon. Logos were changed. This has been only partly successful as PCTs, now in their dying days, are still referred to as PCTs to differentiate them from other healthcare organisations. What does NHS Warrington actually mean to the public?

This change, however, paved the way for the vision, begun by Labour and now accelerated by the Coalition Government, of NHS commissioning bodies drawing on the services of the best providers wherever they come from, whether independent, charity, social enterprise or NHS. If you are providing services 'to' the NHS, does that make you 'of' the NHS?



The White Paper, *Equity and excellence: Liberating the NHS*, published in July 2010, dramatically changed the landscape. Since then more and more detail has emerged about what the reforms will mean for patients, employers and staff, culminating in the publication in January 2011 of the new Health and Social Care Bill.

What will now happen to the NHS brand? Do the proposals have the potential to strengthen or weaken the corporate identity of the NHS? The desire to increase patient choice and strengthen control of their care and treatment ('No decisions about me, without me') suggests a highly competitive environment where providers will be vying for business and using conventional marketing techniques to differentiate themselves from others. It's the patient as 'customer'.

The proposal to scale down the Department of Health and liberate professionals and providers from top-down control also suggests a loosening of the brand controls. As power shifts to the NHS Commissioning Board and to the twin regulators – the Care Quality Commission for regulating standards and Monitor as economic regulator – perhaps the key logos for providers will become these 'kitemarks' of quality.

The previous Government's attempts to introduce greater competitiveness into NHS provision brought with it an acceptance that marketing techniques and approaches need not be brashly commercial. In March 2008 the Department of Health put out a code of practice for the promotion of NHS-funded services, and the Health Service Journal joined forces with the Chartered Institute of Marketing to organise an NHS Marketing Forum. Marketing in the NHS was here to stay.

At the height of this fresh attempt to open up the NHS to greater competition, Richard Hudson wrote a fascinating article *Brand strategy for acute NHS Trusts* (Journal of Communications in Healthcare Vol 2 No 1 pp 20-33). He said:

'Brand strategy is a perfect tool for NHS acute trusts, being based around the principles of organisational values and communication of those values to key stakeholders.'

He warns, however, that the ability to win or retain the loyalty of stakeholders and compete effectively, depends on managers and staff being able to deliver the organisation's values and promises to its key stakeholders. In other words, you must live up to your brand.



Foundation trusts

More recently (September 2009) the NHS Confederation published *Branding Matters – a guide to branding for foundation trusts* to help FTs make or reinforce the link between stakeholder loyalty and brand identity. It argues that getting the process of brand development right can, in itself, reinforce the loyalty of staff, patients and the wider community. Case studies, including Liverpool Women's Hospital, The Christie NHS Foundation Trust, and Oxford and Buckinghamshire Mental Health NHS Foundation Trust, show different approaches and different results.

The publication's key points are:

- The starting point should be the different audiences to which the trust needs to relate
- Be aware of how the marketing jargon around branding issues can alienate many people, especially clinicians
- Don't ignore the power of the emotional pull of a successful identity and the way it can connect staff, patients and the community
- Your brand positions you in your 'market' and is a key building block for a marketing strategy.

Most foundation trusts are well on their way to establishing their brands and are presumably relishing the prospect of the increased freedom that the White Paper reforms will bring. What about other providers? Are the names and images of the major private hospital groups in the new H5 group (Spire Healthcare, General Healthcare Group, HCA International, Nuffield Health and Ramsay Health Care UK) enough in their own right to win the confidence of the public, or will they need to use the NHS brand identity to establish their credibility?

For further information about *Branding Matters – a guide to branding for foundation trusts* contact Mitali Begum, commercial advisor, Foundation Trust Network, NHS Confederation (Mitali.begum@nhsconfed.org).

Social enterprise

And then there are the social enterprise pioneers. The White Paper set out the Government's ambition 'to create the largest social enterprise sector in the world'. Much of this is yet to emerge, but Central Surrey Health, for example, has got off to a confident start with over 700 former PCT staff now delivering community services as co-owners. Their vision encapsulates a clear 'brand', mixing a powerful emotional appeal with a recognition that they have their feet firmly on the ground:

- We will put patients and clients first in everything we do
- Our company will be built on openness and honesty between colleagues ensuring clear communication with our customers, clients, patients and suppliers
- We will be decisive in our actions and direct in our approach to issues, ensuring we do not allow inertia to hold us back
- We will build our business by providing innovative and creative alternatives and solutions and being able to say 'yes' when others say 'no'
- We are proud of our role in our community and take our responsibilities seriously
- We will always act with integrity ensuring our actions match our words
- As co-owners we will help and support each other to fulfill our responsibility
- We will live within our means.

They have a logo which manages to capture their vision, and which sits alongside the familiar NHS logo. It suggests: We are of the NHS but we are free to do things our way, which is the patients' way (www.centralsurreyhealth.nhs.uk). Their neighbours in Kingston upon Thames have also launched a social enterprise company to deliver community services, under the pleasing name of Your Healthcare.



Over to the GPs

On the commissioning side, as the PCTs fade away and GP consortia emerge, we wonder how these new commissioning organisations will reach out to their audiences and establish their identities. The very term 'consortia' does not promise well in branding terms as it suggests something rather impersonal and distant. And GP practices have rarely won awards for consumer satisfaction or marketing excellence with their inhospitable access systems, fierce receptionists and tattered notices. As well as commissioning skills, there may well be other techniques and approaches that the new consortia will need to acquire.

Skills networks

More new organisations will be emerging. Deaneries, which are currently under the SHA banner, are being scrapped and replaced by 'local skills networks' of employers organised into legal entities in order to spend the £5 billion MPET budget. They, too, will need their place within the new NHS branding architecture.

Into local government

A further dimension is the move of certain NHS functions into local government. The PCT's responsibility for public health matters, for example, will move, with ring-fenced monies, into local authorities. They will also house Health Watch bodies representing the voice of the healthcare consumer; and health and well-being committees to ensure an integrated approach across health and social care services. Will there be joint NHS/local authority branding for these new bodies? Or will they set up a completely new identity?

Building trust

The cynicism around the talk of branding can be a real problem. In her HSJ article (5 April 2009), Hilary Thomas admits that after more than two decades in the NHS 'the concept of a brand never consumed much of my intellectual energy'. But having been recently involved in a re-branding exercise, she says that she now understands how it fits with the healthcare culture, and in particular with a culture of leadership, support and trust.

As part of the exercise they looked at the leadership behaviours of 80 of the most senior people in the organisation; and 'building trust' emerged as one of the most critical behaviours. Citing her experience of a recent visit to a mental health hospital which had previously been through a difficult time, she reported a transformed climate. She argues that the true concept of a brand emerges when people are supported and trusted by their managers and teams – 'a journey through which the culture of the hospital would change for the benefit of staff and users'.

We have had our own experience of the power of organisational culture – for good or not so good. About the time of the introduction of Choose and Book, the scheme that allows patients to select and confirm a hospital appointment while seeing their GP, an acute trust invited us in to talk about what they should be doing to survive in the new world of competition, with greater patient choice. They knew what they were up against: a mixed bag of relationships with local GPs, several 'rival' hospitals in easy reach and a local population who viewed the hospital with ambivalence.



As we talked to people throughout the trust, it became obvious that it was not a question of whether they did a 4-page A4 brochure for local GPs or advertisements in the local papers, or any other conventional marketing activity but a question of sorting out their 'brand'. The values the Board aspired to needed to be understood and 'lived' throughout the organisation.

There was a high level of patient dissatisfaction about infection levels and about staff attitudes. We felt there was no point wooing local GPs if patients and their relatives left hospital complaining about the way they were treated. Many of the doctors failed to display corporate loyalty. So the starting point was to work with staff at all levels – and of course to clean up the hospital.

We did give them one easy win: we told them to have a fresh look at the main reception area through the eyes of a first time visitor. We suggested to them that it was in fact the excellence of the coffee beans served in the coffee shop that was the overwhelming message to strike people when they entered the hospital reception area. It perhaps should be: 'Welcome to our hospital: we are here to help.' The coffee beans were back where they belonged by the time of our next visit. That was a good first step but the hard work of raising standards and improving staff attitudes was still to be done.



Conclusion

The world's leading guru on branding is Wally Olins, whose company Wolf Olins virtually created the concept of 'the brand'. He says:

'Overall, because branding is about creating and sustaining trust it means delivering on promises. The best and most successful brands are completely coherent. Every aspect of what they do and what they are reinforces everything else.'

This is hard enough to sustain in the business environment where a reputation for quality, or service or creativity is hard won and easily lost. In the healthcare environment, especially in the highly politicised UK health system, it is extremely difficult to sustain. Patient expectations are high, needs are infinite while resources are finite, professional priorities compete for attention, and risks are not always managed effectively. And this is all taking place against a backdrop of intense political scrutiny. It takes a tough brand to survive that by delivering on promises and maintaining coherence.

As we write, the Health and Social Care Bill is working its way through Parliament, and the new NHS landscape in England is far from clear, even, apparently, to those at the top who are steering the changes. There are huge tensions in this change process around how far the market should be freed up and how far the centre should still exercise control. Amid this maelstrom, when so much is at stake for so many people – not least the patient – it may perhaps seem a little peripheral to be concerned about branding. Yet brands are symbols and over the next two years, we shall be monitoring the hundreds of new organisations as they emerge to see how they relate to the NHS brand.

We welcome comments and contributions to the debate.

Alison Dunn

ali@chamberdunn.co.uk

February 2011

Key principles of branding in the healthcare setting

- A brand works as evidence of distinction and of quality; it both captures and reflects values. As a badge or even perhaps as a medal it has to be earned, sustained and developed.
- Things of course can go wrong, but built into a successful brand is the capacity and the capability to manage that.
- A brand works as an internal force to engage staff, build teams and create a sense of loyalty, trust and belonging.
- Successful branding gives external identity, differentiating you from the others and positioning you in your 'market.' It helps you to stand out from the crowd.
- A successful 'brand' needs to be culturally sensitive and inclusive for its audiences. This includes shapes, colours, words or no words and the position of the logo and strapline in relation to other logos.

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.



Gothic House
3 The Green
Richmond
Surrey TW9 1PL

T 020 8334 4501
F 020 8332 7201
E studio@caboodesign.com

www.caboodesign.com

Caboo Design is a division of Chamberlain Dunn