

1 Stronger clinical and financial rapport

An overwhelming number of NHS senior clinicians and finance directors recognise the need for strong clinical and financial relationships to help improve quality of care and change the way services are delivered.

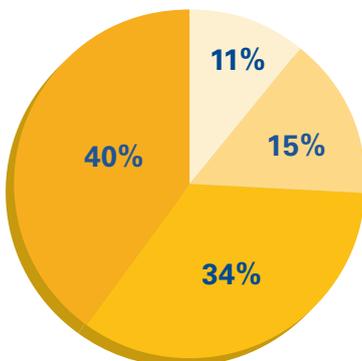
The savings now required of the NHS should demand that clinical staff be more involved in decisions about how resources are distributed. Yet our findings show that nearly three quarters of clinicians feel they are rarely or never involved in financial decisions affecting their whole organisations, and over half do not believe they are involved in financial decisions that affect just their service or team.

Some clinicians we spoke to still believe they need to “make the quality case” in the face of a financial imperative they feel is dominant, and a few were even reluctant to accept that financial matters were a big part of their role as a clinician. Nonetheless, most clinicians understand the increasing importance finance now plays in their daily duties and recognise the need to become more involved in financial decision-making within their organisation.

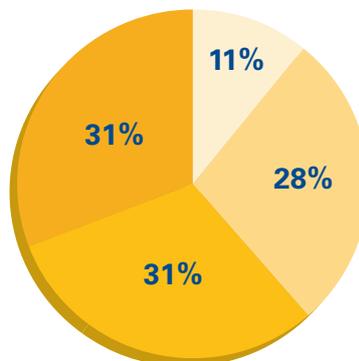
Three key messages

- 1 Requirements for every NHS organisation to achieve savings means clinicians need to be actively involved in current and future decisions demanding much tougher trade-offs.
- 2 Adjustments to balance clinical priorities with financial duties can be significant for clinicians moving into management.
- 3 Good communication is essential and working well to achieve desired outcomes requires multi-disciplined working across clinical and financial teams.

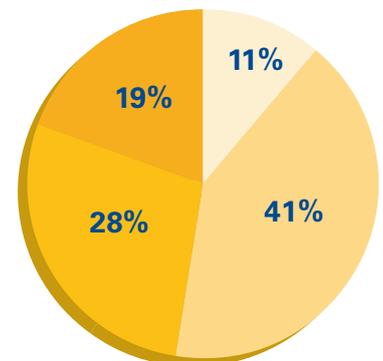
Please indicate how far you feel involved in financial decisions? (Clinicians, Nr=156)



Affecting whole organisation



Affecting a number of services/teams



Affecting just my team/service

Fully involved

Sometimes involved

Rarely involved

Never involved

This might mean challenging a mindset clinicians develop through training, from focusing on “the patient in front of you” to thinking about the needs of all patients now and in the future. For the growing number of clinicians who move into management, it can be a big adjustment to balance clinical priorities with financial duties.

In the course of the study we met clinical and financial professionals who believe they have come a long way in building strong relationships and can demonstrate how this has contributed to better decisions overall. An important pillar of these relationships is trust: trust from financial staff that clinicians are contributing to decision-making with an understanding of the financial context, and trust from clinical staff that finance colleagues appreciate the impact their decisions have on quality. These relationships need to be established over time, particularly if previous experience of not having views taken into account had contributed to a cycle of disengagement.

Good communication is also crucial and many people talked about how regular meetings offer an opportunity to solve problems as a team and use experience and expertise of each part of the team to help make good decisions. However, meetings are not enough on their own – they need to be complemented by real, multi-disciplined team working of those involved.

A number of organisations offer programmes to teach clinical and financial staff the basics of each other’s business, and information from the Department of Health shows a shift in the number of trusts who believe collaboration between clinical and finance teams to be the norm in at least one clinical specialty/directorate in their organisation. While strong clinical and financial rapport may not yet be the norm, things are moving in the right direction.

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My job used to feel like a ping pong match between an executive that wanted you to hit targets and the ward that complained about quality of care. But now it feels different.

Divisional director

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