

Culture shock therapy

The Praxis One expedition, held recently in Manchester, was intended to be the start of a renaissance in respect for healthcare users. James Parker and Rebecca Allmark report on their impressions.

Photography by Mike Barrett www.frogspac.fsnet.co.uk/Praxis1/

The second instalment of the Caritas Project's journey to "change the world" (in the words of its founder Wayne Ruga) took place at the aptly-named Renaissance Hotel in Manchester recently – a far cry from the inaugural meeting two years ago overlooking the Pacific Ocean near San Francisco.

However, the gathering of 87 believers in the potential to change the culture of healthcare to 'respect human dignity' while well below the original target audience numbers, represented the next stage in a process of evolution which will probably take years to reach its goal. Yet, perhaps due to its ambitious nature, the goal is hard to locate. The agenda set by Ruga was that of an 'Expedition' as opposed to a conference, to try and break some of what he sees as the trappings of the tired old PowerPoint formula. At some 'expeditioners' remained puzzled as to where the adventure was going throughout its course, although the presentations often offered rare insights into personal and professional struggles, that threw light on the need to respect both patients and carers to a far greater degree than at present. While the stories, often movingly presented by a variety of health professionals and indeed patients, provided vivid beacons along their personal journey, whether they guided the group towards a clear destination is less clear if this was indeed the point.

But arguably the goal of the 'Praxis

One' event ('Praxis' from the Greek word meaning a collection of examples) was not to reach a fixed destination at all, but to cement an international network (Caritas) and to accelerate the impetus for a true patient-focused culture in healthcare at grass roots level. Many examples given by presenters showed that the exact opposite still exists across the world, yet from HDs standpoint we have to ask the question – can our readers change the culture, or is it more a question of energising the critical mass of a group? Many including Ruga, see the far more ambitious task of changing clinical attitudes and practice as part of the ultimate end, though this will require a much greater participation in this endeavour from on-the-job clinical staff, who are of course deeply enmeshed in both heavy schedules and the somewhat parochial nature of their individual specialties. So there is a goal – "systemic change" as Ruga put it in his welcome address, but the small steps made, perhaps via personal and in turn professional enlightenment as demonstrated by the speakers, or by delivering a sensitive building, is a far cry from rolling out a new culture across an organisation such as the NHS. However, from small acorns, as the saying goes...

To open the event, a thoroughly enjoyable trip on the Orient Express, (despite terminating in Chesters opposed to Venice), formed an opulent location for an interactive workshop on positive and negative qualities of healthcare facilities! Back at the

slightly less elegant hotel, Wayne Ruga attempted to give delegates some signposts to where they may be going on this 'journey' in his welcome address. As well as "creating a community of global leaders," Ruga suggested that one of the items on the agenda would be to explore whether healthcare delivery was a "human rights issue," and this was certainly an aspect which seemed to resonate throughout many of the sessions later to be heard. High quality healthcare clearly should be a right, not a privilege. Ruga's ambitious targets include "developing policy which currently seems so at odds with issues of 'humanism' and more concerned with signifiers of the commercial world such as 'consumerism'." The event, while seeming in some senses a mutual appreciation society gathering, would also usefully bring academic healthcare issues down to the rawest human level by displaying often distressing personal experiences of healthcare failing the individual.

The excellent opening speaker president and CEO of the American Healthcare Association Chip Roadman, 'nailed the jelly' of high-flown concepts of respect and culture to the wall using raw human issues in his speech. It was a welcome grounding for the delegates, intrigued as to what might ensue at the event, given by a high-profile clinical representative and former US Air Force surgeon general – yet a man with his feet firmly on the ground. He is the embodiment of the people Caritas needs to persuade,

straddling as he does the worlds of 'the healthcare industry' and a more humanistic approach to patients.

Roadman emerged from a tent placed on the stage (engagingly in tune with the 'Expedition' theme) clad in a green patient gown reflecting his talk's theme of seeing things from the patient's perspective. He recounted both his professional and personal experience of healthcare, and like several other speakers, found the system to be severely lacking in terms of the 'care' end of the service. Roadman was also refreshingly down-to-earth about his attitude to healthcare management speak: "I get nauseated when I hear 'we're going for a healing environment' – what else would it be?" He attacked the "decision tree" that he said management tends to erect, and said that the Caritas network, as well as those of like minds already engaged in the struggle, needed to stand up against this world of dogma and dictats. Said Roadman: "We are footsoldiers in a moral war about whether we are going to deliver quality care or whether we aren't."

Roadman's grasp of the conflicts between managerial discipline and the real issues of patient care were made all the more affecting by his having been at the 'sharp' end as a patient: "We need to tell them we're not just slabs of meat – we're real people." He said that health professionals "have grown into practicing our craft rather than the fact that we're looking after somebody's mother."

In conclusion, he summed up the problem: "We need a different kind of health system," but worried that the research didn't yet exist to back up what would be a paradigm shift. He put this down to the fact that, "we are afraid to ask the satisfaction question." However if more like him begin to take up the call then maybe one day we'll have a truly caring healthcare system internationally, and one where in turn, hospitals would not be "designed for the well instead of for the infirm."

Abbie Richardson, therapy coordinator of a home-grown, highly user-driven mental health project in Manchester, The Creative Living Centre (see below and p16), had some concise and useful messages for delegates: "We have lots of excuses for compromising our own integrity, but healing in its finest form is about integration. It's about not having doctors tell us dismissively we can't have things and shooing us off." She concluded pointedly: "We're good at

recognising challenges, not always good at recognising qualities."

The event was supported wholeheartedly and in person by its sponsors, US furniture giants Nemschoff and Shaw Tek (which claims to be the world's biggest carpet manufacturer), without whom it could not have taken place, Caritas being a not-for-profit. *HD* was pleased to be the partner with Caritas on the event, and we have given it ample coverage due to its potential importance as a potential force for good, as well as a networking opportunity, in the industry. Other sponsors included Amtico, Inscape, Invista and Spec Furniture, all of whom presented products in the event's Innovation Concourse. Break-out seminars were hosted by the companies and provided some interesting technical learning points, for example sliders instead of castors for chairs for longer carpet life, and modular waiting area furniture. Wayne Ruga deserves special mention for organising the event and providing a splendid range of healthy food to keep the delegates' minds on the job.

Steve Young, director of service development at Manchester Mental Health Services was something of a rare commodity at Praxis, being a healthcare manager, and he delivered a passionate talk on the need to escape from traditional dogma in order to approach truly tailored facilities. He said that from being "the suit" he had reached a position, in developing the Creative Living Centre where he "suddenly had the overwhelming feeling that I wasn't at work. At meetings we truly listened, and real trust developed. Often NHS meetings are just people wanting to get their 'two-pennorth' in." Nick Borrett, architect at UK firm Care Consultants provided some intensely personal experience of the NHS as a paradoxically anti-care organisation, which left him asking: "Why is the NHS so inconsiderate, uneducated and unprepared?" He was sceptical about whether it was really going to "communicate with all patients," as promised in the NHS Plan.

Many other presentations demonstrated personal struggles, which also resulted from professional struggles, and methods of survival. However the open panel discussion provided most of the food for thought in terms of the debate on healthcare design, and as to where the Caritas organisation may go next. Rosemary Glanville of MARU asked whether without a destination we were "wandering," but that the message

from the US manufacturers present of "working with people and not for them," had been the most important thing she'd take away. She discussed the subject of fear (as in fear of speaking out), echoing other delegates, and asked how the network could be taken forward. John Zeisel, CEO of US Alzheimer's home provider Hearthstone offered thoughts on achieving "action, not decision." On the subject of action, Clare Cooper-Marcus announced she would write a book to convince chief executives of the benefits of (what we can only call) healing design, architect and CABA commissioner Sunand Prasad said CABA would "do something real about involving patients," and last but definitely not least, Duane Passman, head of the capital investment unit at London Strategic Health Authority, said he was committed to integrate the messages from Praxis and the evidence base into new NHS guidance. However he prefaced this with the fact that he was "disappointed at the lack of people in the audience who this voyage would have been most useful to (NHS staff)."

Many questions remained at the close of Praxis One – how would the organisation capitalise on its massive resources of expertise, what had we learned, was it all worth it? However Mark Nemschoff, CEO of Nemschoff Furniture, provided a postscript to the event in a private conversation with *HD* after its conclusion which seemed to sum up its positives. He said that over the duration of the four day event he and the other manufacturers had become more and more aware of its benefit, and that he saw companies who see themselves as "leaders" necessarily engaging with cutting-edge thinking on healthcare practice – being "in" it, not just working "at" it. **HD**



A challenging place to discuss healing spaces

Rebecca Allmark looks at two key themes that emerged from Praxis – creating supportive spaces, and achieving culture change.

The Praxis One expedition offered an unconventional forum for health service reformers to “refuel” among like-minded individuals and share their thoughts on how best to promote human dignity in healthcare.

Patient advocates, architects, academics and designers were among those who made up the Praxis One ‘expedition’ programme, in a far from conventional vehicle in terms of getting messages across. The four day event threw open the subject of how to produce spaces that enable health, placing human dignity at the core of this concept.

Each speaker gave a very personal account of how they had been affected by a healthcare environment, or discussed an area where they believed a significant change for the better could be achieved, while delegates were required to examine their needs as individuals for comfort, security and peaceful surroundings and relate this to healthcare delivery. During the conference two clear themes emerged; environments that support care and culture change.

Exploring the theme of environments that support care, Clare Cooper Marcus, professor emerita in the departments of architecture and

landscape architecture at the University of California, Berkeley, explained how the healing powers of gardens have helped her to cope since having been diagnosed with cancer in 1994. In a talk entitled ‘delighting in the splendour of nature’ Professor Marcus described how she worked with an alternative healer to focus on healing images – a kind of “highly-focused day dreaming,” using her garden as a source of relaxation and therapy, a place of complete contrast to the windowless room where she received chemotherapy.

In experiencing nature Professor Marcus described the ‘journey’ she took in changing her environment from one of stress and anxiety to healing place where she could be alone. This ‘journey’ then ends with “spiritual attunement” where the small anxious self disappears into the bigger self.” Professor Marcus’ talk reinforced the positive benefits that many people experience from the outdoors and the need for well-designed landscaped areas in hospitals for patients, their family and visitors – an area of design still failing to receive serious widespread attention in the UK.

Sunand Prasad of Penoyre Et Prasad Architects continued the idea of creating spaces that generate feelings of trust and comfort, examining what

is needed for a sense of trust to be established. “In hospital patients are often reliant on the visits of family and friends to bring comforts such as food,” said Prasad. “We need to improve institutionalised areas by treating them like our own homes...making places where staff and patients matter.”

In the open discussion Prasad said that service users need to demand more and that CABE needs to take these demands more seriously. “Focusing on the supply side will not be effective in the long run,” he said. “We need to do something real about harnessing patients’ views to effectively move forward.”

The difficulty of creating sustainable caring environments was highlighted by Dr Eileen Fairhurst of Manchester Metropolitan University. With the future likelihood of healthcare increasingly taking place in peoples’ homes, Dr Fairhurst considered the difficulty of how patients then make sense of the space. “If the individual needs an array of equipment where does it go?,” she asked. In the context of the challenge of making such care environments comforting as well as safe, she concluded “the work of designers is to predict the future.”

Creating culture change

In his welcome address, *HD* editor James Parker tackled the thorny issue of creating culture change. As Praxis was a meeting of ‘like minded individuals’ there was some degree of “preaching to the converted,” and a failure to get messages across to those in the NHS who need to hear them most, he said. However he described the event as a worthwhile “refuel” for those who strive for change. “This event may not touch the unconvinced, but it is crucial to bolster up and re-energise those who are working for the good of patients and staff under very

difficult circumstances,” he said.

“The big idea is really culture change, though we are often thankful for any change, even if it is a solitary picture on a patient’s wall,” continued Parker. “But is a move to a culture of respect too ambitious? Is it overreaching ourselves to expect these public servants to respect public dignity in all walks of their profession?” In conclusion, Parker asserted that the industry needed to be brave enough to have demanding ideals for healthcare, and the NHS should be working towards a “can do” attitude. Dr Barbara Rawlings, a qualitative researcher from

the University of Manchester, described how a move away from the “gold standard” of research, the double-blind randomised control trial, to an approach such as action research can provide a “strong and immediate link” between research and practice. Dr Rawlings used action research when she was asked to observe a new therapeutic community in Crewe where patients made decisions such as who should join or leave.

“We were developing a culture where, from the start, the patients and staff involved would know what it was to be involved in a democratic



society," she said. "No-one knew what the community would look like and there were unlimited opportunities for doing things. They then discussed whether they had achieved this culture." Using this method participants research themselves, examining their own practice, and the project has the potential to become a means of personal and organisational

development, she said.

It was perhaps patient advocate Joy Dale's account of her own experience of the NHS as a patient that most sharply illustrated the need for culture change – a new world where the needs of the individual are finally the basis on which healthcare facilities are designed. Having encountered first hand the waiting and isolation of NHS hospitals in a

very 'acute' form, all working to enhance the fear of the unknown, Dale said that the effects of poor patient environments could not be underestimated. The implications of being left alone to digest bad news or the lack of somewhere quiet to go to make decisions and be with oneself are immense and, as Dale concluded, lessons must be learned before any positive change can be made. **HD**

Living creatively

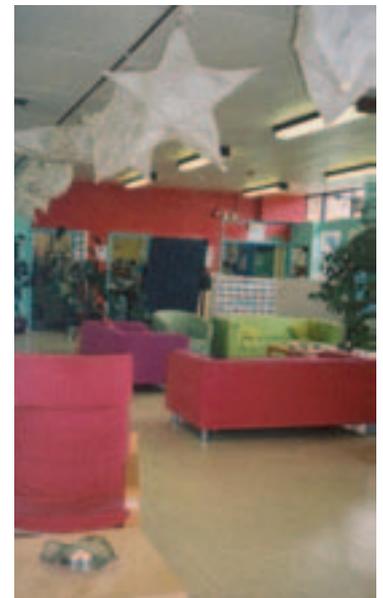
James Parker found the visit to Manchester's Creative Living Centre one of the most rewarding 'treasures' found on the Praxis journey.

As part of a tour of local facilities on the final day of Praxis One, the visit to the Creative Living Centre, a user-driven mental health unit in a fairly deprived area of Manchester, provided some proof of the Caritas maxim of 'respect for human dignity' made concrete.

Providing a range of complementary therapies under the umbrella of holistic care, the centre is funded by various sources, including mental health charity MIND, Salford Mental Health Service (NHS), and the National Lottery. Therapies offered include acupuncture, reflexology, massage, aromatherapy, reiki, music therapy, dance, and creative arts. As well as having a direct physical effect, these often help to "break the isolation" felt by users. The idea developed between 1995 and 2000 as a result of MIND's national survey of mental health service users, which indicated they wanted more choice of services. The unit occupies a

the old Victorian mental health asylum which retains a medium secure unit, but it is firmly 'within the community'. It features a healing garden whose stones came from the previous building used to separate male and female mental health patients (see pic, below). Internal spaces are bright, cheery and welcoming, fostering social interaction.

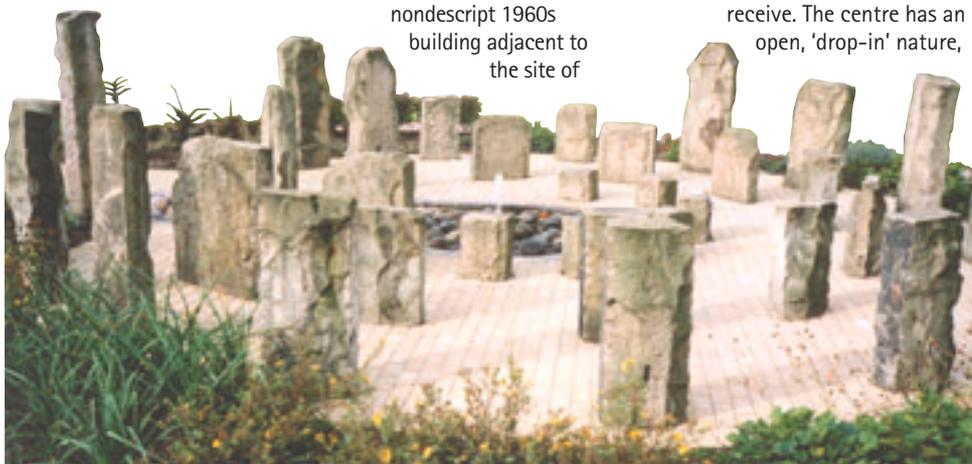
The Creative Living Centre believes that the responses offered in mental health care at the time of its inception "often encouraged passivity and resignation to the 'illness' diagnosed, and the drugs prescribed often have a debilitating effect on the body." Instead a different model was envisioned by therapists together with users, that focused on recognising that "the physical, mental, emotional and spiritual aspects of a person all contribute to a person's well-being." In such a location, where patients are often very distressed, such words are not mere psychobabble, but fundamental to the effective day-to-day care they receive. The centre has an open, 'drop-in' nature,



no fixed catchment area and a self-referral option, and voluntary workers work alongside paid therapists. Group therapy and one-to-one sessions are a key feature.

One of the stated aims of the centre is also to help educate the public about mental health issues. But chiefly, as therapy coordinator Abbie Richardson says, its purpose is to serve "people who don't have anywhere else to go."

An important potential financial argument for such centres is demonstrated by anecdotal evidence such as one user having used the local acute hospital several times previous to attending the centre, but not once since. The trustees of the centre "recognise that development of the centre cannot be effective in isolation," thus it works in concert with national, regional and local agencies to link in with their respective strategies. More important is the response from patients: "I have to go because it's right for me – it's somewhere I can feel totally free." **HD**



nondescript 1960s building adjacent to the site of



This month we are pleased to bring you another issue packed with case studies of good examples of design quality in healthcare, including our special interior design focus. From the esoteric, such as a moving and revelatory exhibition of art by mental health patients

(p31) to the more down-to-earth, eg the extensive use of tiling to create a beautiful environment at Treetops children's hospice (p37), to the academic – a UK study into the benefits of 'Bedscapes' murals (p33), we hope the breadth of coverage provides some interest for everyone.

This month's two projects also run the gamut of healthcare, from a hi-tech digital unit in Indiana, albeit one with some very attractive spaces (p24), to the stunning, self-governing departments found at Groningen Academic Hospital, Holland (p18), a contender for the world's best hospital in design terms, and a real example of 'by the people, for the people'. Our issue celebrating interior design is timely, as the good news reaches us that the King's Fund's 'Enhancing the Healing Environment' programme, whereby £35,000 was given to all London trusts for nurse-led interior design schemes, with such fantastic results, is being rolled out nationwide with funding from NHS Estates. We look forward to seeing the results of this next year; if the organic, grass roots excellence displayed in many of the London projects is anything to go by, many of the UK's hospitals might look very different in 2004.

James Parker, Editor

Deal imminent at Bart's

HD HAS learned that the Skanska/Innisfree consortium is in final negotiations as the likely preferred bidder on the mammoth £620m PFI scheme to develop the Royal London Hospital site at Whitechapel, east London.

In a statement, Barts and The London NHS Trust said that while these negotiations continue, the trust "will reserve the right to re-enter negotiations with the other bidder if agreement cannot be reached."

The Skanska/Innisfree consortium (which

includes architect HOK), and the Renaissance consortium (led by contractor Bouygues), are believed to be the only two consortia to have bid for the redevelopment contract – the biggest PFI yet in the NHS. They submitted their final proposals to the trust on 17 September.

The trust added that there were "outstanding commercial and funding issues" to be resolved before formal appointment takes place. Construction is due to begin in 2004.

Foundation hospitals rejected

THE HOUSE of Lords has voted by 150 to 100 to reject Government plans to grant 'foundation hospital' status to top performing hospitals in the NHS.

Health union Unison welcomed the move, but health secretary John Reid said that the Government would fight the decision: "It is not right the will of the Commons should be thrown out by unelected Lords," he told the BBC. General secretary of Unison Dave Prentis said: "When the Bill goes back to the commons we want MPs to be brave."

The Lords voting against the plans said the Government has failed to answer concerns that the Bill would not deliver genuine freedom to hospitals. Earl Howe said it would "tie the hands of management." Dave Prentis had previously called on Labour MPs to "follow Labour party policy" and vote against foundation hospitals, as governance arrangements for foundation trusts are a "shambles," and because "some hospitals would gain at the expense of others."

Cumberland Infirmary "too small"

THE CUMBERLAND Infirmary, the first completed PFI health scheme, is being accused by its clinicians of being "too small" according to BBC reports.

The hospital has come in for criticism for being "consistently overcrowded." Some patients have had to be turned away because all 444 beds have been occupied, it is believed. The hospital's new chief executive Marie Burnham has conceded that a new extension must be considered. She did not rule out adapting a former tower block,

vacated when the new hospital was built.

In October 2001 a cancer specialist at the Carlisle hospital claimed that crowded wards were a danger to patients. Dr Paul Dyson said it was too difficult to wheel in resuscitation equipment because beds were too close together.

The £87m Cumberland Infirmary was the first in the UK to be built under the PFI, completed in 2000. The hospital has previously been the subject of reports of blocked pipes, high temperatures in the atrium, and flooding in the maternity unit.

HD MAIL

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Dear Sir

I write to congratulate Wayne Ruga and the Caritas Project on Praxis One, a hugely generous and big-hearted event, lovingly and precisely worked out – even the brochure was a work of art. The aims were noble, the hospitality ever ready to help attendees on their 'Journey,' and the whole conception was expeditionary, with 'Navigators' and 'Beacons' leading the way, and a trip on the Orient Express!

There were regrettably less than large numbers of attendees, and while the event might have seemed a little removed from the hardships sometimes seen in the locale of central Manchester, it generated enormous friendliness and warmth. The

thoughtfully recounted personal healthcare-related journeys were heartfelt and inspiring. Wayne's own opening and closing talks acting as lyrical 'bookends' to all the testimonies.

Suggested improvements for future Praxis events might include finding ways of absorbing interactive delegate-data to generate and feed back on-the-spot analysis. People do like to compare notes, and it was tantalising to be given five or 10 minutes for some very interesting and challenging team task, only to be rigidly stopped by the clock, the outcomes not compared, contrasted or evaluated. Overall, however, a memorable and worthy event.

Stephen Nicoll, Arts for Health