



**THE 50 PEOPLE WITH  
THE GREATEST INFLUENCE  
ON NHS POLICY AND  
PRACTICE IN 2007**

**HARVEY  
NASH**

The Power of Talent

 **ERNST & YOUNG**



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# Power and intellect

*HSJ* is delighted to unveil the HSJ50 2007, the ranking of the 50 most influential people in healthcare policy and practice in England.

The ranking was drawn up by an expert panel in association with our partners, recruitment consultancy Harvey Nash and management consultancy Ernst & Young.

This is the second year we have published the HSJ50. The dramatic changes since last year are testament to the continuing turbulence in health policy – 26 of this year's names are new.

Out goes the old ministerial team – and the new one appears in a very different order.

The list is controversial and we do not expect everyone to agree with the judges' decisions. See page 16 for the judges' names and details of how they made their decisions.

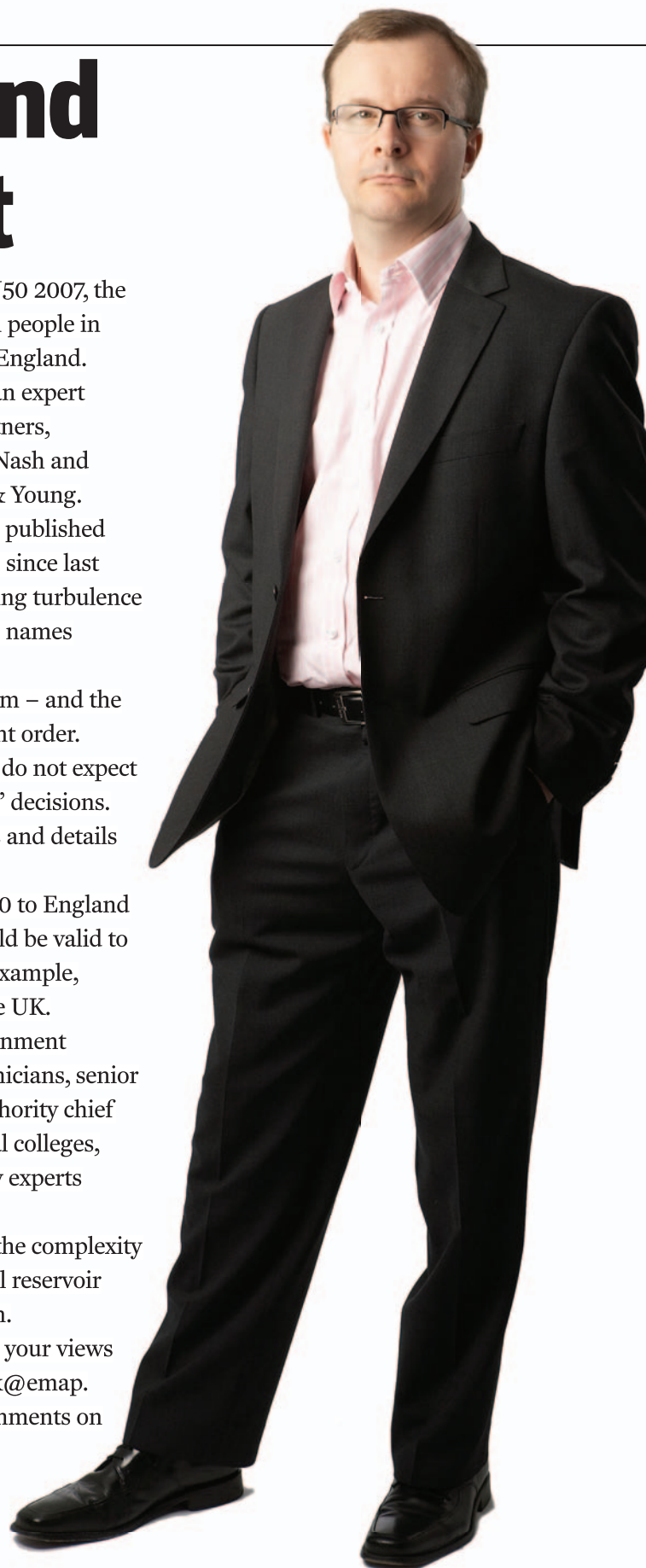
We decided to restrict the HSJ50 to England because we did not believe it would be valid to make comparisons between, for example, politicians in different parts of the UK.

As well as politicians and government advisers, the rankings include clinicians, senior civil servants, strategic health authority chief executives, key players in the royal colleges, trade unionists, journalists, policy experts and regulators.

The HSJ50 demonstrates both the complexity of power and the huge intellectual reservoir from which health policy is drawn.

*HSJ* would be delighted to hear your views on the HSJ50. E-mail [hsjfeedback@emap.com](mailto:hsjfeedback@emap.com) and we will publish your comments on our website, [hsj.co.uk](http://hsj.co.uk). ●

*Richard Vize, editor*



## IN & OUT

The HSJ50 for 2007 is testament to the transitory nature of power – 26 of last year's list have dropped out.

Among the fallen are James Johnson, former chairman of the British Medical Association, Richard Granger, who resigned as director-general of Connecting for Health, and Barbara Clark, the nurse with breast cancer who triggered a national debate over prescription of the drug Herceptin.

Matthew Swindells, a former special adviser to health secretary Patricia Hewitt, has also dropped out. But watch for a re-entry next year if his temporary role in the Department of Health paves the way for an influential posting.

The waning power of the mainstream DoH and the rise of the NHS management is revealed by the falling rankings of permanent secretary Hugh Taylor and chief medical officer Sir Liam Donaldson, and the rise of NHS chief executive David Nicholson and his directors.

The regulators are on the march, with strong showings for Healthcare Commission chief executive Anna Walker and Monitor chair Bill Moyes. Andy McKeon, managing director of health at the Audit Commission, has also clawed his way further up.

Shadow health secretary Andrew Lansley has had a good year, his jump of seven places reflecting the Conservatives' success in putting the government on the back foot and winning friends in health policy circles.

Several strategic health authority chief executives wield power, via direct involvement in national policy and by ideas that effect change further afield.

Staff power is readily apparent, at a time when health secretary Alan Johnson is trying to win back trust and suppress stirrings of industrial unrest.

One of the highest new entrants is director-general of social care David Behan, whose ranking reflects both the growing importance of social care and his effectiveness. The social care green paper could increase his influence.

The tectonic plates are still shifting. Among untested entrants are Dr Hamish Meldrum, the new BMA council chairman, Greg Beales, health adviser to Gordon Brown, and Alan Johnson. Will Mr Johnson take a firm grip on health policy or will junior minister Lord Darzi continue to steal the limelight?





**1** A little over a year after his move from running NHS London to becoming the newly established stand-alone chief executive of the NHS, David Nicholson has secured the number-one spot in the health service power rankings.

He has built an impressive top team, with introvert David Flory (7) running finance and extrovert Mark Britnell (3) leading the charge on commissioning. These two – the yin and yang of NHS management – have been described as ‘the two halves of David Nicholson’s brain’.

They have been joined by highly respected surgeon Professor Sir Bruce Keogh (10) as medical director,

an appointment which further marginalises chief medical officer Sir Liam Donaldson (31) and gives Mr Nicholson’s team a powerful counterweight to the clout of health minister Professor Lord Ara Darzi (2).

Mr Nicholson has stuck close to Lord Darzi in the opening weeks of the minister’s review of the health service, accompanying him on visits around the country. He is pushing hard to ensure the service does not lose its momentum for reform while Lord Darzi draws up his final report over the coming months. Mr Nicholson also has the challenge of ensuring the review does not try to impose a centrally determined model across the NHS.

Mr Nicholson is robust in arguing his case in Whitehall, is admired for his political and leadership skills and integrity, and is passionate about his work.

In his autocue-free speech to this summer’s NHS Confederation, the plain-speaking Mr Nicholson promised to try to keep the politicians off managers’ and clinicians’ backs. He has his work cut out overcoming the Brown government’s centralism, but is determined to get managers and clinicians to ‘look out, not up’.

Mr Nicholson is an NHS veteran, having worked in mental health and acute trusts as well as in learning disabilities.

**He promised to try to keep the politicians off managers’ and clinicians’ backs. He has his work cut out**

## PROFESSOR LORD ARA DARZI ★ NEW ENTRY PARLIAMENTARY UNDER SECRETARY OF STATE

**2** Few junior ministers wield more power than their secretary of state. But Professor Lord Ara Darzi is central to the formulation and presentation of health policy.

Darzi – a professor and a knight before he was appointed to the Lords by Gordon Brown this summer – personifies the government's drive to put clinicians at the heart of health thinking.

He is there to help the government win back the trust of both clinical staff and the public after the PR battering during Patricia Hewitt's time at the department.

Lord Darzi was the biggest coup in Mr Brown's push to have a government 'of all the talents'. Having arrived home after spending most of the day in theatre, he was so shocked at having a call from the prime minister inviting him to join the government that he took some time and persuasion to accept.

The deal he has done with Mr Brown is unique. He handles little routine health business in the Lords. He does not even have a ministerial red box, and he still performs operations.

His job description is simple – to work with NHS staff and the public

to develop a new vision for a 21st century NHS ahead of next year's 60th anniversary celebrations.

The subtext is to defuse public anger at accident and emergency department closures as part of hospital reconfiguration plans.

Although Lord Darzi is new to government, he is no neophyte when it comes to policy formation.

In July, he published his review of healthcare in London, in which he predicted the demise of traditional district general hospitals. Instead, specialist centres would cater for illnesses such as strokes, while polyclinics would offer GP and other primary care services. The Tories have been beating him with the 'killing off district hospitals' stick ever since.

His interim report for the government is an important staging post on the road to raising primary care standards, especially by winning the argument to open 100 new GP surgeries in the poorest areas, many of which are likely to be run by the private sector.

The Department of Health PR machine has lost no opportunity to push Lord Darzi's impressive clinical credentials, picturing him in his

surgical gown and mask on the front cover of his own report. He got off lightly in not being asked to wear them to public meetings.

The dynamics of the relationships at the top of the DoH have yet to play out. At first glance, Sir Liam Donaldson might be the one most likely to take umbrage at the noble Lord's arrival, because it means he is no longer the only famous clinician in the village – but insiders predict that Lord Darzi and fellow surgeon Professor Sir Bruce Keogh (10), NHS medical director, are most likely to clash.

Lord Darzi's first, hesitant confrontation with *Today* presenter John Humphrys, marking the publication of his interim report on the eve of the comprehensive spending review, showed he is still learning the political ropes.

Will he live to regret accepting the prime minister's blandishments?

While Mr Brown has never been squeamish in ditching an inconvenient report, the Darzi review is inextricably linked with the fortunes of the government as a whole, and is likely to be one of the most prominent features of Labour's offering when a general election is eventually called. Lord Darzi's influence is still growing.

**Lord Darzi's job is to develop a new vision for a 21st century NHS. The subtext is to defuse public anger at A&E closures**



As chief executive of Birmingham and the Black Country strategic health authority from 2003 until July 2006, he introduced a fitness for purpose-style regime for primary care trusts. The SHA subsequently claimed some of the lowest waiting times in England.

His national credentials were established long before he took over as NHS chief executive. He had already played a significant role in policy, delivering the human resources policy for the 2002 reorganisation of the NHS and, in 2004, was asked to chair a national leadership group covering payment by results, new contracts, foundation trusts and patient choice.



**DIRECTOR-GENERAL COMMISSIONING, NHS**

**3** Is the civil service ready for Mark Britnell? The young and talented former chief executive of NHS South Central has jumped 17 places in the HSJ50 following his appointment to the NHS management team.

Never lacking ambition for himself or the services he leads, he responded to his boss David Nicholson's entreaty to 'make commissioning sexy' by setting himself the target of turning PCTs into 'world-class commissioners'.

Both the goal and his approach to achieving it typify his aim-high, move-fast style. After arriving at the DoH, he set himself 30 days to work out what he needed to do and 30 more to work out how to do it.

He is refreshingly inclusive and open, working with those he regards as the best in the NHS to develop the commissioning

**Mark Britnell is refreshingly inclusive and open, working with those he sees as the NHS's best**

framework – securing buy-in, enthusiasm and belief from the outset – rather than taking the more plodding civil service route of drafting it in Whitehall-speak then putting it out for consultation.

He is now hurtling around Whitehall corridors aligning policy, mandarins, ministers and the Treasury before anyone has time to throw a spanner in the works.

He is already being talked about as a successor to David Nicholson (1) as NHS chief executive, but commissioning is difficult territory in which to shine. His chances of securing the top job may suffer if PCTs fail to deliver.

His infectious energy, restless intellect and big talk marked him out early as a high-flyer. He was made chief executive of one of the country's largest trusts, University Hospital Birmingham foundation trust, at the age of 34, having joined the board as operations director at 28.

Over the following five years, he established a reputation for innovation, clinical engagement, local power broking and self-publicity. He oversaw an enormous private finance initiative to build a new hospital for the trust; he keeps a model of the building on his desk.

It surprised very few when he was named chief executive of one of the 10 new strategic health authorities.

Originally an NHS management trainee, Mr Britnell spent a year on the civil service fast stream. While an acute trust chief executive, he



championed the use of clinical information to drive improvement and innovative partnerships with the independent sector. At the same time, he was one of the biggest enthusiasts for using foundation powers to take over services from

failing organisations in the acute and primary care sectors.

If Mr Britnell has ever suffered self-doubt, he is certainly not letting it show. As one observer put it: 'Mark is almost as good as he thinks he is.'

**ALAN JOHNSON MP** ★ NEW ENTRY

**SECRETARY OF STATE FOR HEALTH**

**4** Alan Johnson's position at number 4 in this year's HSJ50 – as opposed to higher – is a combination of timing, circumstance and, arguably, personality.

Never before has a secretary of state had to take a back seat to a new minister in the Lords, Professor Lord Ara Darzi (2), who is not only a respected clinician but is also, more significantly, carrying out a root and branch review of the NHS.

While Lord Darzi has met hundreds of NHS staff and patients since his appointment in June, published a report calling for greater GP access and announced a consultation on an NHS constitution, Mr Johnson has been made more prosaic announcements – such as those on hospital-acquired infections, health inequalities and obesity.

While these are important, there is a feeling that so far the new health secretary has offered little that is substantively new.

In the public's perception, the move that Mr Johnson is so far likely to be best known for is his legally questionable directive to withhold the severance pay-off for



shamed former chief executive of Maidstone and Tunbridge Wells trust Rose Gibb.

That said, Mr Johnson's influence should not be underestimated. Sources close to the government machine say he understands what his job is and he's getting on with it. He may not be hitting the headlines, but that is precisely the point. The fact that the unions have accepted his (small) concessions on pay and quietened significantly is testament to his personable nature and considerable skills as a negotiator.

His background as general secretary of the Communication Workers Union and his working-class roots as a postman have certainly helped. When he said at the launch of Lord Darzi's report that he was in no doubt doctors could be persuaded to work in the deprived areas they have traditionally shunned, his confidence was convincing.

No stranger to large ministerial

portfolios – he was pensions and trade and industry secretary – his reputation as a safe, soothing pair of hands was likely to be a reason why he was given the health brief.

Not many secretaries of state would so graciously answer the 'political' questions directed at Lord Darzi at the launch of his interim report, while leaving the politically inexperienced clinician to focus on what he knew best.

But he can raise his profile when he wants to. Last year's media portrayal of Mr Johnson as a contender for the Labour leadership demonstrated that he can turn on the charm – and win hearts and minds in the process.

The fact that he eventually left the top job unchallenged, and lost narrowly but with good humour to Harriet Harman in the deputy leadership election, will have won him respect throughout Westminster and beyond – which he will no doubt be able to call on if required.



**EXECUTIVE CHAIRMAN, MONITOR**

**5** Despite plans for a new super-regulator, Bill Moyes is unlikely to fade into the background. Never shy of taking on more responsibility, in the past he has pressed for Monitor to financially regulate the entire NHS. Earlier this year, he had to defend himself against claims that Monitor was trying to enhance its role 'under the radar' by introducing changes to the type and amount of information it demands.

And his reticence to scotch rumours that he will decline to apply for the new top job suggests his mind is still open. In any case, Monitor's role is unlikely to weaken given the government's aim for all trusts to achieve foundation status by April 2008.

As a regulator chief, Mr Moyes set up a prudential borrowing code and lays down a borrowing limit for each foundation trust. He has the power to sack managers and whole boards, and even to revoke a foundation trust's licence. His readiness to use the powers at his disposal was clear as early as 2004, when Monitor sacked the chairman at Bradford Teaching Hospitals foundation trust amid debt forecasts of £11m.

Mr Moyes' willingness to speak his mind has been evident this year in his criticism of the quality of

many aspirant foundation trusts that are failing to pass Monitor's rigorous tests – as well as the DoH's attempts to support them.

One of his favourite words is a C-word seemingly censored from the new ministerial team's public speeches: competition. However, rather than anticipating closures, he sees this as a way to address change and avoid propping up services that are no longer viable.

He was appointed as executive chairman of Monitor in December 2003, after working as director-general of the British Retail Consortium for three years.

He spent the early years of his life in a cramped Dundee house with no inside lavatory, and went on weekly trips to the local public baths. This did not stop him gaining a PhD from Edinburgh University nor going on to have a varied career in the public and private sectors, including stints at the Department of the Environment and the Cabinet Office as well as holding various posts in the Scottish Office.

He joined British Linen Bank in 1994 and set up its PFI advisory and equity investment team, which focused on large deals mainly in health. He became a director in 1996 and, when BLB was absorbed by the Bank of Scotland, became head of the infrastructure investments department.

**ANNA WALKER** ↑ 30**CHIEF EXECUTIVE, HEALTHCARE COMMISSION**

**6** Anna Walker seems to have forgotten that public bodies slated for abolition lose their power.

A bill to replace the Healthcare Commission with the Care Quality Commission in 2009 is heading for the statute books, and Ms Walker has decided not to apply to run the new commission after what will be five years in her present post. Yet the influence of the Healthcare Commission has risen dramatically in the past year. Annual health checks have become powerful tools to put pressure on trusts over their financial management and service quality, while the new hygiene code puts it in the front line of the government drive on patient safety.

Ms Walker is clear thinking and precise, and seen as highly capable, dedicated and determined.

She is also a shrewd judge of how to wield the commission's huge clout in the national media with sensitivity. To retain the buy-in of NHS staff, her public comments are often positive, but she is not afraid to expose failings and be brutally honest about poor performance. Reports on *Clostridium difficile* outbreaks at Stoke Mandeville and Maidstone and Tunbridge Wells trusts have become watersheds on infection control.

Ms Walker oversaw the introduction of the health check regime last year, which replaced the old star-based system with more exacting standards. Gone are the days when trusts could inflate their grades by just concentrating on a few targets – there are now dozens of performance tests.

Colleagues describe her as open, forceful and sometimes tough with top staff, but her management style is participatory.

In the last few weeks alone, apart from the health checks, the commission has been pushing standards on care of the elderly, patient involvement, bullying and harassment at work, mental health and antenatal care.

Ms Walker got a taste of the regulatory world as deputy director-general at the Office of Telecommunications in 1994-98, before spells as a director-general at the Department for Trade and Industry, where she was in charge of energy, and the Department for Environment, Food and Rural Affairs, where part of her brief was a review of regulation.

Her father, Lord Butterworth, was an Oxford law don and the first vice-chancellor of Warwick University. His office was once occupied by protesting students, among them Mark Britnell (3).

In her present role, one of the bigger challenges is negotiating an effective working relationship between the commission and Monitor, led by Bill Moyes (5).

**Her public comments are often positive but she is not afraid of being brutally honest about performance**



## FRANK MCKENNA LEADERSHIP IS CENTRAL TO CARE

It is often said that a week is a long time in politics and recent weeks have seen a significant shift in the ratings of political parties and their leaders. The same can certainly be said of those who are deemed to be at the leading edge of influencing and controlling the NHS.

This year's HSJ50 has seen a significant reordering of those directing strategy and delivery of services, reflecting a new ministerial, management and advisory team at the DoH, as well an increased recognition for influencing bodies (note the rises of Bill Moyes, Anna Walker, Andrew Dillon and Andy McKeon).

It is important to note the greater influence of professional and staff interests, with Professor Ian Gilmore, new BMA chairman Dr Hamish Meldrum and Peter Carter, new at the helm of the RCN, all entering the list. Their inclusion, together with Dr Laurence Buckman's, presage a year where there is likely to be robust debate over the systems and management of the NHS rather than structures, as well as over productivity and pay. But who will this affect?

At last month's annual NHS Employers' conference, David Nicholson raised the issue of leadership as a central theme to the delivery of more efficient and more effective care. This recognition has shone through like a ray of light, illuminating perhaps one of the biggest challenges the NHS faces – leadership and talent management.

We are seeing increasingly, at top team level, the difficulty of aligning the right person to roles that are becoming more demanding and complex. Managing high levels of competence on strategic and operational issues is taxing, especially when the demand to reduce costs is added to the equation.

Mr Nicholson's challenge is to have high-level leaders working successfully in dynamic teams. NHS organisations need to commit to more time and effort to development programmes tailored to individual needs – bespoke, flexible and meeting the needs of business.

The belief in 'hero' chief executives is fading as an approach in business – good chief executives are seen in the strength of their senior teams and, in turn, those under them. Structured career and development discussions, focusing on competence and motivation, are seen as essential to successful commercial companies.

What about the NHS? When did you last have yours? If you can't answer that question, David Nicholson's advice is clear – start now.

*Frank McKenna is director of NHS and healthcare at Harvey Nash and a former NHS HR director.*

## DAVID FLORY ★ NEW ENTRY DIRECTOR-GENERAL FINANCE, NHS

**7** Very much the yin to Mark Britnell's (3) yang in David Nicholson's (1) NHS top team, David Flory is proof that nice guys can succeed – in his case being appointed the Department of Health's director-general of NHS finance, performance and operations.

Described as 'quietly effective' by a former strategic health authority chief executive peer, Mr Flory gets on with achieving results without shouting about it – little 'talk the talk' and plenty of 'walk the walk'.

Instead of charisma and razzmatazz, there's introverted self-sufficiency. Another describes him as 'a man of few words but the words count. When David speaks I listen.' His quiet approach, focus and ability to assemble a good team around him make him an 'outstanding leader'.

He demonstrated those leadership qualities at SHA level in the north east and last year brought his expertise to the interim rule of Sir Ian Carruthers to help some of the more financially challenged areas and make a significant contribution to the financial improvement of the NHS.

It was work that provided the basis for his new job. Before his new role this June, Mr Flory was chief executive of North East SHA and before that chief executive of both County Durham and Tees Valley and Northumberland, Tyne and Wear SHAs.

His links with the north east stretch back 15 years. He worked for eight years in senior positions in finance and performance for the regional health authority, which superseded by the Northern and Yorkshire regional office of the NHS Executive. In 1999, he became chief executive of the former Newcastle and North Tyneside health authority.

Mr Flory's lack of ego, thoughtful leadership style and ability to deliver will be essential in the new NHS era where surplus stability, sound financial management and long-overdue sustainable efficiency and productivity gains are the order of the day.

His huge remit means he has a challenging job, ensuring the NHS improves and secures timely and safe delivery while maintaining financial health.

The 'Flory Four' priorities –



18-week targets; MRSA reductions; financial performance; and health inequalities, health and well-being, and access to sexual health services – may not have the PR profile of the Selbie Six but those who know Flory have little doubt he will achieve.

Depending on your view, he appears to have just one example of doubtful judgement: he is a fanatical Manchester United supporter. Lucky for him, perhaps, that David Nicholson's beloved Nottingham Forest are unlikely to be losing to the Red Devils in the premiership for a good few years yet.

## JEREMY HEYWOOD ★ NEW ENTRY HEAD OF DOMESTIC POLICY AND STRATEGY, CABINET OFFICE

**8** Sometimes described as the ablest civil servant of his generation, Jeremy Heywood probably most enjoys the description provided by Bruce Anderson in *The Independent* in June 2002, who portrayed him as 'a shy, scholarly and unworldly fellow' sustained by black coffee and vitamin pills. This less than wholesome diet left him 'lanky', according to Mr Anderson, who further observed 'any off-the-peg shirt which fits the rest of his frame gapes around the collar'.

After 20 years as a civil servant,

Mr Heywood left his role as principal private secretary to Tony Blair in December 2003 to join Morgan Stanley in spring 2004 as managing director and co-head of investment banking, where no doubt his salary supported better-fitting shirts.

He returned to the civil service this summer as one of three Cabinet Office appointments designed to strengthen policy, strategy and coordination at the centre of Gordon Brown's new government, away from the autocratic approach of Tony Blair.

A rare example of someone successful under not just Conservatives – he was PPS to chancellors Norman Lamont and Kenneth Clarke – but also Blair and Brown, Mr Heywood has also long been tipped as a future Cabinet secretary.

Until then, his official job is to tie up domestic policy and strategy across government in a return to Cabinet government. As BBC political editor Nick Robinson observed, this translates as the prime minister's main domestic policy adviser and progress chaser.



# This translates as the prime minister's domestic policy adviser and progress chaser

**RUTH CARNALL ★ NEW ENTRY**  
**CHIEF EXECUTIVE, NHS LONDON**

**9** It is said that Ruth Carnall is as close to NHS chief executive David Nicholson (1) as you can get without marrying him. Taking over from her friend as NHS London interim chief executive in August 2006 and securing the permanent post in March this year, she has batted off accusations that she was handed the job to turn the capital into a test site for central initiatives.

Conspiracy theories have been further fuelled by the appointments of Lord Norman Warner as chairman of NHS London's provider development agency and former Downing Street health adviser Paul Corrigan (36) as director of strategy and commissioning. The *London Evening Standard* ran a series of damning articles accusing Ms Carnall of helping to set up NHS London while working as a consultant with her husband at their company CR Carnall Associates.

Despite this, Ms Carnall remains a popular figure. From the outset, she has said her priorities included making London's NHS more responsive and patient focused, continuing reform and improvement of the capital's health service, and ensuring that it is on a sound financial footing.

Commissioning Professor Lord



Ara Darzi to write the London review before he was poached by the government was a major coup.

However, many of his proposals – such as polyclinics and specialist acute units – will face considerable challenges from patients, GPs and MPs determined to fight the 'downgrading' of hospital services.

Ms Carnall has also overseen work to get London's finances under control. She put her own stamp on the role by bringing in a new commissioning regime for PCTs and experimenting with splitting the provider and commissioner roles.

Before her current position, she was a freelance consultant working

for the NHS as well as government departments including the Prime Minister's Delivery Unit and the Home Office. On her appointment, she stood down from roles as non-executive director at Care UK and chair of Verita.

Her career began in finance, and she became finance director at Hastings health authority in 1987. She was chief executive of the West Kent health authority for six years before becoming South East regional director then director of health and social care for the south. From April 2003 until September 2004, she was director of the departmental change programme at the DoH.

**PROFESSOR SIR BRUCE KEOGH ★ NEW ENTRY**  
**MEDICAL DIRECTOR, NHS**

**10** Anyone who can get cardiac surgeons to publish operating outcomes has clearly got a knack of persuasion. Little surprise then, perhaps, that Professor Sir Bruce Keogh was chosen to lead NHS efforts at cracking the perennial problem of improving clinical engagement.

His elevation to the new role of NHS medical director is, in his own words, 'to harness the expertise, experience and talents of clinicians working on the front line to guide and implement the continuing transformation the NHS for the benefit of our patients.'

His position also as a deputy chief medical officer maybe says more about personalities and structures at the DoH than his involvement in the overall drive on clinical innovation, quality and safety.

From 2004, Sir Bruce was professor of cardiac surgery at University College London's Heart Hospital and, before that,

associate medical director of University Hospital Birmingham. He is also president of the Society for Cardiothoracic Surgery but is perhaps best known for his involvement in the ground-breaking publication of survival rates for individual heart surgeons and hospital units.

Whether his gentle manner and 'nice' character will be sufficiently robust to withstand what one colleague calls 'the classic poor DoH treatment' is a concern, but he does have the ability to surprise.

He does not fit the surgeon stereotype of taking himself too seriously and being narrow-minded, says one supporter.

He has a thoughtful approach and doesn't force his opinion, yet is good at persuading colleagues. Unarguably, the DoH needs to get clinicians on board, but Sir Bruce will need coherent health policy and strategy to support his efforts.

And he may have to contend with the brickbats for giving up a clinical role. However, this is not a given and Sir Bruce's work leading the national directors in his new remit should help him avoid that problem.

**ALPESH PATEL**  
**LISTENS FOR THE LOCAL VOICE**

One feature of this year's HSJ50 is that the top slots are no longer so dominated by political figures from the top of the office or their advisers. It is headed by the NHS chief executive, and managers and independent regulators occupy many of the higher ranks.

Given that government says the NHS cannot be managed effectively by politicians, this is perhaps not surprising. It is significant none the less.

Of course, Whitehall still dominates the top 20 rather than managers – or clinicians, of whom there are relatively few – from more local tiers. This proves that depoliticisation is not yet the same thing as decentralisation.

Notwithstanding this, the NHS has been subject to creeping localism. While some may question how serious the government is about letting go, this list suggests that the *HSJ* panel at least think there might be something to it.

This journey towards a more local NHS has continued over the past year, in small steps if not in giant bounds.

Foundation trusts are an established part of the landscape and are beginning to develop more local governance – although few governors and far fewer members have had any great influence over their foundation trusts so far. SHAs are bedding in and appear more confident that they can truly become the dispersed headquarters of the NHS – accordingly, a number of their chief executives appear in this list.

The next front in the localism campaign is likely to be in relation to PCTs. Ben Bradshaw has already thrown down the gauntlet, pointing to a lack of democratic accountability and suggesting that local people must be allowed to make their voices heard.

He has been joined by, among others, Hazel Blears, secretary of state for communities and local government, who has suggested that primary care trusts should have locally elected boards.

The 'democratic deficit' of PCTs has long been talked about. The Darzi report tells us that action should follow now. In the coming year, PCTs must step up a gear and end a period of enforced introspection following reorganisation. Next year, we should see some 'commissioning heroes' in the *HSJ* list.

The bounds of decentralisation have yet to be fully tested. Recent events in Maidstone and Tunbridge Wells demonstrate clearly that national politicians are always likely to be pulled in to local issues. A more local NHS is the right ambition – how deliverable it will prove remains to be seen.

*Alpesh Patel is a partner at Ernst & Young and heads the firm's health sciences practice.*







**ANDREW DILLON ★ NEW ENTRY**  
**CHIEF EXECUTIVE, NICE**

**11** At the top level in the NHS and its various organisations, there are few easy jobs but some are less easy than others. Andrew Dillon is in one of the latter positions as chief executive of the National Institute for Health and Clinical Excellence.

He's not just being between a rock and a hard place, standing between the needs of every imaginable group of patients and the essential rationing of a limited budget that inevitably means patients – and drug companies – don't always get the answer they want. More of a challenge is the longer-term future of NICE – to independence.

In the meantime, as with many other organisations, there's the very real challenge of getting the NHS to adopt guidelines – in NICE's case, the clinical guidelines that provide

best-practice templates for care pathways and interventions. To NICE's credit, it has increased its energy and funding on implementation.

An increased emphasis on out-of-hospital care has also seen NICE develop its public health guidance and contact with local government. It is also extending its reach – albeit in pilot form – into patient safety, working with the National Patient Safety Agency on developing a process and method statement to develop technical solutions to problems of patient safety.

Important thought these developments are, the difficult job for Mr Dillon is around the shift to independence. There's little doubt that Mr Dillon is the right leader to guide NICE through a mixture of practical ability and essential humour. Whether it's the right direction is quite a different matter.

**DR GILL MORGAN ↓ 3**  
**CHIEF EXECUTIVE, NHS CONFEDERATION**

**18** As a clinician turned manager, Dr Gill Morgan is well placed to represent NHS Confederation members without forgetting the need for doctors to be on board.

Straight talking but measured, Dr Morgan will speak out when necessary, but is not one for criticism by sound bite. Her call for patients to be treated with greater dignity at this year's NHS Confederation conference has resounded with public feeling and been heard and acted upon by the government.

Under her charge, the NHS Confederation has expanded its size and influence, adding PCT and



mental health networks to its stable, with a new ambulance network also on the cards.

With her wide range of experience and vast network of contacts, she is ideally placed to make sure her members are represented.

**JO LENAGHAN ★ NEW ENTRY**  
**CHIEF ADVISER TO THE NHS CHIEF EXECUTIVE**

**12** Jo Lenaghan started her career at the Institute for Public Policy Research, working on areas as diverse as patients' rights to healthcare and the impact of genetics on the NHS. She moved to the DoH strategy unit when it was created by Alan Milburn, working closely with key members of the Blair government the NHS Plan.

She surprised many when she quit Westminster to get 'on the ground' experience at Birmingham and the Black Country SHA, eventually becoming director of corporate affairs for David Nicholson (1) at West Midlands SHA. When Mr Nicholson was promoted to chief executive of the NHS, Ms Lenaghan became his chief adviser, essentially his 'eyes and ears' across government and the NHS. She is probably the closest



person to David Nicholson within the department.

Those not in the know think she merely gives David Nicholson communications advice. Yet it is her intellect, fierce loyalty and ability to turn policy into reality that make him value her so highly.

**SIR IAN CARRUTHERS ↓ 8**  
**CHIEF EXECUTIVE, NHS SOUTH WEST**

**15** Perhaps the most telling quote from Sir Ian Carruthers' *Guardian* article to commemorate 100 days as acting NHS chief executive last summer was: 'I have a number of management styles that are used in different situations. I have high expectations and determination. People who deliver usually enjoy working with me; those who don't rarely do.'

Respected, not always liked but certainly always there, Sir Ian came out of the post-Crisp era with a strengthened reputation. He was the steady hand on the tiller needed to guide the good ship NHS through troubled financial waters. He has returned - as he said he would - to his role as NHS South West chief executive to focus on delivering



the government's policies.

A career NHS manager, Sir Ian started out at 18 at the local hospital in his home town of Carlisle. He has risen over the years to place himself as the driving force of the NHS in the south west as well as on the national stage.

**DR HAMISH MELDRUM ★ NEW ENTRY**  
**CHAIRMAN, BRITISH MEDICAL ASSOCIATION**

**19** Yorkshire GP Dr Hamish Meldrum won the vote for chairman of the BMA council after the defenestration of James Johnson in the backlash over the MTAS doctor appointments fiasco. The groan from the DH was almost audible.

As chairman of the BMA's GP committee, Dr Meldrum drove a hard line in negotiations with government. In his new role, he will be central to negotiations with doctors on issues such as the GP contract and out-of-hours services.

On past form he might have been expected to take a tough stance but, since his election in June, he has



been careful to take a conciliatory approach, staying in the discussion on how to sort out MTAS and ensuring that he does not cut off any lines of communication with the NHS management and new ministerial team.



**PROFESSOR SIR JOHN TOOKE ★ NEW ENTRY**  
**DEAN, PENINSULA MEDICAL SCHOOL**

**13** It was, in his own words, a 'debacle' that produced an outcry unprecedented by even the most vocal of doctor campaign groups. The independent inquiry into the fiasco formally known as Modernising Medical Careers needed a steady hand – and it got one in the form of Professor Sir John Tooke.

The inquiry's interim report into the 'sorry episode' called for radical changes to the beleaguered system. Deeply critical of the DoH's weak handling of governance and risk management in policy-making behind MMC, it recommended a national committee to be set up to scrutinise the workforce planning of strategic health authorities.

It also suggested SHA chief executives should be personally accountable – to the extent of



having it included in their annual appraisals – for building relationships with local education providers.

Sir John warned against an open-door policy for immigrant doctors and suggested guaranteeing a postgraduate training post to all those at UK medical schools.

**ANDREW LANSLEY MP ↑ 7**  
**SHADOW HEALTH SECRETARY**

**14** Since his appointment in 2004, Andrew Lansley has impressed many. He has a strong grasp of policy issues, listens and engages with policy makers, clinicians and managers, and has become a formidable government opponent.

He has buried the 1980s notion that the Conservatives wanted to 'destroy the NHS', and has gone a long way to convincing the public that his party would be effective stewards of the service.

In a move as opportunistic as it has been effective, Mr Lansley has championed opposition to the closure of accident and emergency units and has put the government on the defensive over health service reconfiguration, accusing Professor Lord Ara Darzi (2) of wanting to kill off district general hospitals.



In his early days as shadow health secretary, he had to fight voices in his party who wanted to see co-payment or social insurance systems in the NHS. At the last election, he had to promote patient passports, a policy that allowed Labour to say the Conservatives did not care about the NHS. Mr Lansley binned the policy straight after the election.

**CLARE CHAPMAN ★ NEW ENTRY**  
**DIRECTOR-GENERAL OF WORKFORCE FOR THE NHS AND SOCIAL CARE, DOH**

**16** An elusive figure where the media are concerned, Clare Chapman has tried her hardest to stay out of the spotlight since her appointment in January as director-general of workforce for the NHS and social care.

However, she will need to make a big impact if she is to turn the tide of criticism around NHS workforce policy that flows from unions, professional bodies and parliament.

It is clear she is not easily fazed, as her decision to walk into the Modernising Medical Careers mess, threats of strike action over pay and a damning health select committee inquiry into workforce planning shows.



She expresses pride in the NHS workforce and has questioned the need to look outside the service for talent – rather unexpected from a former personnel director at Tesco.

**DAVID BEHAN ★ NEW ENTRY**  
**DIRECTOR-GENERAL OF SOCIAL CARE, DOH**

**17** When Nigel Crisp was permanent secretary at the DoH, the social care lobby had to scream to get themselves heard. But one of Patricia Hewitt's successes was to build bridges between health and social services.

As director-general for social care, local government and care partnerships since September 2006, David Behan has been highly capable in putting forward the social care case.

Mr Behan was the first chief inspector of the Commission for Social Care Inspection. From 1996 to 2003 he was the widely respected director of social services at the London borough of Greenwich.

Adept in managing the transitions from local government to inspector



to senior civil servant, he has built his position without surrendering his independence of thought, and has an astute understanding of the political, organisational and financial complexities of integrating health and social care.

**PROFESSOR IAN GILMORE ★ NEW ENTRY**  
**PRESIDENT, ROYAL COLLEGE OF PHYSICIANS**

**20** It is a thankless task to head the alcohol reduction strategy in a nation that to put it mildly enjoys a drink or seven. Yet Professor Ian Gilmore has bravely put himself at the forefront of this.

His calm but steely performances on such media front lines as Radio 4's *Today* programme were an impressive attempt to get across a vital public health message that the general public know they should probably heed but dislike.

Gilmore is no arriviste to the anti-binge drinking lobby. He chaired an RCP working party in 2001, producing the influential report *Alcohol – Can the NHS Afford It?*

and has consistently talked about the need to look at how agencies can work together. He has also been outspoken about the influence of the drinks industry on government.

He has escaped much of the censure that has flown around in the aftermath of the Modernising Medical Careers/MTAS debacle.

Professor Gilmore was appointed president of the Royal College of Physicians in July 2006. He is a consultant gastroenterologist at the Royal Liverpool University Hospitals, and honorary professor at the Department of Medicine of Liverpool University. His specialist area of interest is in alcoholic liver disease.





**MIKE FARRAR** ↓ 11**CHIEF EXECUTIVE, NHS NORTH WEST**

**21** Once considered to be in the running to be NHS chief executive, Mike Farrar has slipped down the list. But the chief executive of NHS North West is still in the front line: volunteering his organisation to test moves to implement Mark Britnell (3) and Gary Belfield's World-Class Commissioning shows he is far from taking a back seat.

With his area seeing some highly controversial planned redesign of maternity and neonatal services and suffering some of the UK's starkest health inequalities, there is plenty for Mr Farrar to get his teeth into.

His experience in working at the DoH to oversee primary care groups, PCTs and personal medical services – later marred by the rocky reception his work on the GP contract received – and at the



troubled former West Yorkshire SHA should to come in handy.

Considered one of the most likeable NHS bosses, he has spoken of his understanding of the pressures managers can face, while being mindful of the need for the NHS to justify itself to an increasingly consumerist public.

**CYNTHIA BOWER** ★ NEW ENTRY**CHIEF EXECUTIVE, NHS WEST MIDLANDS**

**22** Cynthia Bower is unlikely to neglect the links between health and social care. She was assistant director of social services at Birmingham city council, then became director of primary care before joining Birmingham's specialist community health trust, which she followed by becoming chief executive of South Birmingham PCT.

This was the territory of David Nicholson (1), then chief executive of the Birmingham and Black Country SHA. When he had to run two other SHAs as well, Bower became managing director of his SHA. She was seen as having achieved the task of getting PCTs fit for purpose with significant success.

On her patch, the first – and still only – takeover of a failing trust by a foundation trust took place. Good



Hope Hospital trust had a long history of problems that a private organisation had failed to reverse.

Charismatic, witty, strong-minded and outspoken, Ms Bower is regarded as a person who uses her power and influence very effectively in her area. She is regarded as an SHA chief executive who is still going places.

**NICK TIMMINS** ↑ 7**PUBLIC POLICY EDITOR, FINANCIAL TIMES**

**25** Given the emphasis on financial performance in the NHS, it is understandable why the public policy editor of the business community's favourite pink paper is at number 25.

But that is not why Nick Timmins once again makes the HSJ50.

He is regarded by ministers, civil servants and top managers as the journalist most knowledgeable in the daily press about the NHS. His scoop rate on breaking news stories, knowledge of wider government issues and informed analysis are combined in a sharp-eyed package.

Before he joined the *FT*, Mr Timmins was a founder member of the team that created *The Independent*. His analysis of health policy appear in the *BMJ* and



US publication *Health Affairs*.

The author of the *The Five Giants: A Biography of the Welfare State* and *Designing the New NHS: Ideas to Make a Supplier Market in Health Care Work*, he is also a visiting professor at Kings College London.

**PETER CARTER** ★ NEW ENTRY**CHIEF EXECUTIVE, ROYAL COLLEGE OF NURSING**

**26** A defining moment for previous health secretary Patricia Hewitt was when she was slow-handclapped by the RCN congress. This happened at the end of Beverly Malone's controversial tenure as general secretary. Her successor, Peter Carter, has come into the job with less controversy, and sought a lower personal profile.

He has not, however, been afraid to speak out on behalf of his members. Whether criticising government policy on 'slash-and-burn' reconfigurations of PCTs in front of previous PM Tony Blair, leading the campaign against the below-inflation and staged pay rise for his members or criticising 20 per

cent of managers as 'not up to the mark' in *HSJ*, he has provided the profession with clear leadership.

One of his first tasks was to alter the RCN's policy of blanket opposition to any reconfiguration decisions involving cuts or closures.

He has managed to avoid the difficult terrain of industrial action, while working with the government around changing roles, moving care into the community and other reconfiguration matters.

He is seen as a pragmatist who talks a lot of sense. More than his predecessor, Carter is seen as someone who understands RCN traditions. Observers note and welcome his unwillingness to set himself up as a quasi-policy guru.

**NIALL DICKSON** ↓ 3**CHIEF EXECUTIVE, KING'S FUND**

**28** Niall Dickson has consolidated his personal position and that of the King's Fund on the health policy scene over the past year. He is media savvy, given his background as a journalist, yet he has a career-long knowledge of the real issues facing healthcare.

A former head of publications for Age Concern, he was editor of *Nursing Times* and social affairs editor for the BBC before he became chief executive of the fund in 2005.

The King's Fund was chosen for Tony Blair's swansong in health and for Gordon Brown's pre-coronation 'learning about health' visit.

The fund has had several notable



successes over the past year, including a Wanless (23) review. Mr Dickson was also quick to spot that the comprehensive spending review signalled a shift of policy on social care funding.



**SIR DEREK WANLESS ★ NEW ENTRY**  
**BANKER AND GOVERNMENT ADVISER**

**23** Sir Derek Wanless's influence on health is clear: it was his 2002 Treasury-commissioned review of health spending that led to an unprecedented injection of government cash in the NHS.

Five years on, Sir Derek is disappointed. In an update on his review, this time commissioned by the King's Fund, he says the extra billions have not delivered all they could have.

In an interview with *HSJ*, Sir Derek said the NHS faced a massive challenge to make the most of the historic investment: 'The levers are there. It is possible to be relatively optimistic but it is a hell of a job.'

With his mathematical background and City experience – he was Natwest group chief executive – Sir Derek's views on spending are taken seriously.



His work on social care has won him his high ranking this year. The government is to review the care system fundamentally. His report for the King's Fund found there was considerable unmet need, the funding system was badly understood and ageing baby boomers would be very demanding.

**PAUL DACRE ↑ 6**  
**EDITOR, DAILY MAIL**

**27** If Nick Timmins (25) of the *FT* is required reading for government, policy-makers and top managers, then *Daily Mail* supremo Paul Dacre has an equally strong – if frequently emetic – impact.

The *Mail* has iconic status among middle England and, judging by breakfast table reading at NHS conferences, a significant readership among managers themselves.

Health is a key issue for the *Mail* and, although the NHS frequently attracts withering criticism from the paper, Mr Dacre considers himself a strong supporter. Paradox or hypocrisy?

It is as yet unclear whether Mr Dacre's high personal regard for new PM Gordon Brown – whom he says is 'touched by greatness' – will



alter the *Mail's* trenchant style when covering NHS matters and tendency to moralise editorially about the state of the nation.

*Mail* staff whose views do not coincide with editorial policy term the paper's world 'Daily Mail land'.

**ANDY MCKEON ↑ 15**  
**HEALTH MD, AUDIT COMMISSION**

**29** Andy McKeon, managing director of health at the Audit Commission, has had a good year. His outspoken criticisms of the resource accounting and budgeting 'double-whammy' – whereby money was lost from budgets twice – added influential pressure to complaints it was unfair. RAB was duly scrapped.

Mr McKeon held senior roles at the DoH, including director of policy. He was a major figure in key reforms including target setting, star ratings, payment by results, patient choice and private-sector provision.

He has been admired for political skills in making the commission's health work central to its policy.



**KAREN JENNINGS ↑ 2**  
**NATIONAL SECRETARY FOR HEALTH, UNISON**

**24** Perhaps more than ever before in recent politics, health-sector unions are positioning themselves at the heart of the NHS, with 15 organisations behind an 'I love the NHS' march scheduled for earlier this month.

Public services union Unison and its national secretary for health Karen Jennings have been at the forefront of the movement and in the battle against what it considers to be the 'creeping privatisation' of the NHS.

Ms Jennings was also at the fore of threatened strikes across the service before unions grudgingly came to a compromise about pay for

workers including Unison's 500,000 healthcare sector members.

Future negotiations with former trade unionist health secretary Alan Johnson should be interesting.

But Ms Jennings, a former nurse, is now pursuing a lifelong dream to move into national politics, after being selected as parliamentary Labour candidate for the marginal seat of Hornsey and Wood Green in north London.

Ms Jennings' slight move up the *HSJ50* rankings reflects the increasing clout of unions at a time when health secretary Mr Johnson is trying to win back the respect of staff without giving away too much in return.

**DR DAVID COLIN-THOMÉ ↓ 1**  
**NATIONAL CLINICAL DIRECTOR, PRIMARY CARE**

**30** When in a tight corner in debate, Dr David Colin-Thomé has been known to demur with: 'I'm just a simple GP'. This statement should come with a health warning.

Warm and engaging, he is more alive than many to cant and the clichés that can dog or fog policy discussion. He has been fighting the corner of primary care since his appointment, often with success.

He is now the medical adviser for the DoH's commissioning and system management directorate, as well as national clinical director for primary care. He is also an honorary visiting professor at the Manchester Centre for Healthcare Management.







**PROFESSOR SIR LIAM DONALDSON** ↓ 27  
**CHIEF MEDICAL OFFICER, DEPARTMENT OF HEALTH**

**31** Professor Sir Liam Donaldson has been the nation's doctor since 1998. His annual reports are always highly influential, and this year was no exception.

More than 22,000 people registered as organ donors in the first two days after the launch of Sir Liam's report, which proposed that everyone should automatically be an organ donor unless they opted out.

Patient safety is a personal passion, and he has urged managers at the NHS Confederation conference to learn from mistakes and spread best practice to increase patient safety.

But things were far from rosy this year. Sir Liam revealed that he was given just two hours to insert a reference to public health into the DoH's key policy document, *Commissioning a Patient-led NHS*. And the BMA chairman resigned

after defending Sir Liam over his role in the medical training application service in a letter to *The Times*.

His role was scaled back when Professor Sir Bruce Keogh (10), a leading cardiac surgeon, was appointed as the NHS's first medical director. Sir Bruce's role will be to manage clinical delivery and outcomes, as well as improving safety and quality in the NHS. Sir Liam will focus on health protection and health inequalities.



**PROFESSOR EMERITUS LORD RICHARD LAYARD** ★ NEW ENTRY  
**PROGRAMME DIRECTOR, LSE CENTRE FOR ECONOMIC PERFORMANCE**

**32** If two years ago you had asked mental health trusts, charities and service users about the biggest gap in services for common mental health problems they would have chorused 'a lack of talking therapies'.

Huge waiting lists and GPs unable or unwilling to do more than prescribe antidepressants left the huge numbers of people with mild to

moderate depression and anxiety at worst untreated and at best unable to do much to tackle their illness.

If Whitehall had needed to be convinced of the need for wider availability of talking therapies by a convincing, high-profile voice, they got one in the form of Richard Layard.

Lord Layard's work on the politics of happiness and the cost to the economy of people off sick with minor health problems rang alarm bells in

both Number 10 and the Treasury.

While some of his calculations raise eyebrows – 'he seems to think that all depression and anxiety can be cured first time by 10,000 therapists and will then never return' says one commentator – there is genuine gratitude for his ability to shine a light on this much-neglected area.

After two pilots, the DoH is to spend £170m to expand provision of psychological therapies.



**GREG BEALES** ★ NEW ENTRY  
**HEALTH ADVISER TO THE PRIME MINISTER**

**33** One of a raft of new entries in this year's list resulting from Gordon Brown taking over as prime minister, Greg Beales has the PM's ear when it comes to health policy creation and implementation.

The precise form this will take, though, remains unclear. Although No 10 has promised a move away from the 'command and control' style

of Tony Blair's government, Mr Beales was himself a member of the former Prime Minister's Delivery Unit. His work there on choice, contestability and greater use of the private sector in the health service has led to speculation that, despite Mr Brown's silence on the use of the private sector, competition and choice will continue.

At just 30 years old, Mr Beales has neither have the profile nor the

wide-ranging academic experience of Mr Blair's health adviser – and last year's HSJ50 number one – Paul Corrigan (36). But he's been putting the hours in, working every day for more than three weeks in the run-up to the Labour Party conference.

In addition to working at the PM's delivery unit, Mr Beales has worked at the strategy unit, also in the Cabinet Office, and before that at Accenture.



**HUGH TAYLOR** ↓ 28  
**PERMANENT SECRETARY, DEPARTMENT OF HEALTH**

**34** Following the departure of Sir Nigel Crisp, the traditional split between a chief executive of the NHS and permanent secretary to the DoH was re-established.

A safe pair of hands was needed to re-establish confidence within the department. Career civil servants reported that the use of external consultants had created a resentful

atmosphere, with diffuse leadership.

Hugh Taylor was brought in as acting permanent secretary and his performance was good enough to win the full-time role. He is regarded as a traditional civil servant: Mr Reliable, Mr Clean. Some question whether he represents stability or conservatism.

His roles have included being the DoH's strategy and business development group director. He held

senior posts in the prison service and the Cabinet Office, and director for NHS workforce.

Problems were found during the DoH capability review by the Cabinet Office. In response to the scathing document, the DoH's promised reply arrived late. Next year will show, through the implementation of this plan, if Mr Taylor can deliver change at the DoH.



**PROFESSOR SALLY DAVIES** ★ NEW ENTRY  
**DIRECTOR OF RESEARCH AND DEVELOPMENT, DEPARTMENT OF HEALTH**

**35** The long-term success prospects of major organisations are often thought to be intimately connected to their emphasis on the research and development function.

As such, Professor Sally Davies has an interesting and vital role for the DoH. She also has a budget of over £700m. Some of the key programmes that she oversees include the Health

Technology Assessment Programme, Service Delivery and Organisation and Invention for Innovation.

In July, she launched the *Best Research for Best Health* national strategy. This document aimed to address several key problems for NHS research and development, involving financial, staffing, bureaucratic and regulatory, and structural issues.

Her major challenge is to ensure

that best practice and benefits of R&D are used by the NHS, and actively sold to ministers as part of the success story. The ongoing insistence of 3 per cent efficiency gains for the NHS year on year will also sharpen the focus on what R&D can deliver.

Colleagues regard her as efficient, bright and dedicated. She holds a chair in haemoglobinopathies at Imperial College London.

## PROFESSOR PAUL CORRIGAN ↓ 35

### DIRECTOR OF STRATEGY AND COMMISSIONING, NHS LONDON

**36** It says much about the way Paul Corrigan has embedded himself in the health policy world that he remains in the HSJ50 despite moving from Downing Street.

Last year, Professor Corrigan secured the top spot, above secretary of state Patricia Hewitt, as Tony Blair's adviser on health. As part of the Blairite exodus, he shunned the more obvious options of think tanks,

consultancy or the private sector to take up the post of director of strategy and commissioning at NHS London.

While the London role gives him clout, it is his networking behind the scenes that earns him the No 36 spot. His views are still sought by many in health circles.

His influence is strengthened by his speaking style – a mixture of intellect, wit, plain truths and common sense about 'elf' policy which makes him

highly effective in debate, bolstered by his passion for service improvement and enthusiasm for new ideas.

After being appointed as a special adviser to Alan Milburn after the 2001 general election, Professor Corrigan became the leading strategist behind a range of health policies, and was the architect of foundation hospitals, which he devised to allow the best performers to grow without being controlled by the centre.



## NICOLAUS HENKE ↓ 21

### LEADER, MCKINSEY GLOBAL HEALTHCARE PRACTICE

**37** Nicolaus Henke played an important role when McKinsey won a place on the DoH's list of 14 private firms approved to help PCTs commission services.

While the DoH maintains that the suppliers appointed to the framework for procuring external support for commissioners went through 'a robust prequalification process', it has been controversial.

Rival companies questioned whether McKinsey had been given an unfair advantage, since they had carried out work for the DoH to scope out the extent to which a market could be created in commissioning services. The process involved seeking advice from rival companies.

Mr Henke bit back, saying: 'We do not believe that our work for the DoH gives us any unfair competitive advantage or means that we face a

conflict of interest by taking part in this tender.'

Mr Henke unashamedly communicates his views on the future of the NHS. He believes there is a 'tremendous quality and productivity mandate to specialise'.

'In 20 years we may have three to four globally leading cancer players run as a franchise who master complex and ever-changing protocols,' he says.



## DR JONATHAN FIELDEN ★ NEW ENTRY

### CHAIRMAN, BRITISH MEDICAL ASSOCIATION CONSULTANTS COMMITTEE

**38** Dr Jonathan Fielden became chairman of the BMA's central consultants and specialists committee last year. He is no stranger to medico-politics, having served previously as the committee's deputy chairman.

Dr Fielden's year at the helm has been busy. Last year he announced that the BMA was drawing up

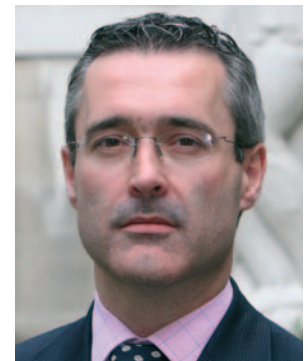
guidance for consultants 'stuck in the middle' of turf wars between acute trusts and PCTs trying to protect their incomes. He said there was evidence that trusts were placing restrictions on consultants who wished to work in the community for other providers.

He has called the MTAS failure a 'debacle', saying that 'junior doctors' careers are in turmoil'.

And he went for the jugular at the

BMA's annual consultants' conference, where he said 'political meddling has brought the NHS to its knees', as *The Sunday Times* reported.

In the same paper he defended the finding that more than half of hospital consultants had turned to private medical treatment instead of using the NHS, saying it was a 'personal matter' and 'not a reflection of the consultants' faith in the NHS'.



## SIAN THOMAS ★ NEW ENTRY

### DEPUTY DIRECTOR, NHS EMPLOYERS

**39** A newcomer to HSJ50, Sian Thomas has had plenty to get her teeth into over the past year after joining NHS Employers as deputy director in August 2005. She leads on work that advises NHS organisations of the employment implications of a range of policy areas including the reconfiguration of PCTs and independent treatment centres.

One of her key areas of responsibility is workforce numbers, giving her oodles of opportunities to take on a high profile following the health select committee's damning report into workforce planning.

When terror plots in Glasgow and London sparked concern over the vetting of overseas staff, Ms Thomas was careful to reassure the public while avoiding alarmist language.

This is particularly important given that equality and diversity issues fall under her remit.

The debate over immigrant medical graduates will be a further test of her ability to balance inclusiveness with the practical realities facing the NHS. Equally important will be her skills in taking forward less headline-grabbing issues such as shared services and unsocial hours payments.



## PROFESSOR SIR IAN KENNEDY ↓ 31

### CHAIRMAN, HEALTHCARE COMMISSION

**40** As chairman of the nation's health watchdog, Professor Sir Ian Kennedy has issued a string of strong statements about patient safety. 'Safety cannot ever be allowed to play second fiddle to other objectives that may emerge from time to time,' he has said.

Sir Ian has accused doctors of 'arrogance' and branded them 'risk-

takers'. He has said future doctors and nurses had to be trained to put patient safety at the centre of everything.

When last year's *State of Healthcare* report was presented to Parliament, *The Times* reported that Sir Ian said: 'The NHS needs to take safety more seriously. It is frustrating that in 2006 we do not have a clearer idea of how many people die or are harmed in hospitals.'

This year he warned that the reconfiguration of maternity services was putting patients at risk, and urged managers to 'keep their eye on the ball' in respect of safety.

He added that, while there had been improvements since the 2001 public inquiry into paediatric heart surgery at Bristol Royal Infirmary, of which he was chair, patient safety was still not being given enough attention.







## ANN KEEN MP ★ NEW ENTRY

### PARLIAMENTARY UNDER SECRETARY FOR HEALTH SERVICES

**41** As a former district nurse with her name still on the professional register, Ann Keen might be accused by some of lacking faith in her choice of second career.

The confidence of others, though, is clearly high. In recent months the MP for Brentford and Isleworth's parliamentary stock has risen sharply.

Long spells of faithful service as parliamentary private secretary, first

to Frank Dobson while he was health secretary and then, for six years, to former chancellor of the exchequer Gordon Brown, have been rewarded.

The prime minister stands to gain a lot from the insights he has on hand into the management of long-term conditions in primary care from the one-time general secretary of the Community and District Nursing Association.

In addition to her West London

constituency work – she first won election there in 1997 – Ms Keen has successfully campaigned for the equal treatment of women with ovarian cancer, 'ending the postcode prescribing of the drug Taxol,' as she put it. National charity Cancerbackup named her public figure of the year.

The new minister is well into her stride and responding to criticism on a range of matters from infection control to access to dental treatment.



## BEN BRADSHAW MP ★ NEW ENTRY

### MINISTER OF STATE FOR HEALTH SERVICES

**42** Second only to the secretary of state at the department, Ben Bradshaw, the minister of state for health has responsibilities that are both onerous and numerous.

The buck – or should that be billions of bucks? – for finances stops at his door, as do 18-week targets, performance management, workforce capacity, primary care and the Connecting for Health programme.

Driving and delivering these policies – under intense scrutiny and against what must at times seem like an almost endless tide of criticism – would overwhelm many a mortal.

His background in radio journalism as a reporter and presenter no doubt helps him stay clear-headed and keeps him wise to spin and counter-spin. His stint as deputy leader of the House of Commons marked him out as a figure heading for authority.

He is no stranger to health. In 2000, he was parliamentary private secretary to then secretary of state for health John Denham then held the post at Defra as minister for animal health and welfare.

Early exchanges in his latest role have seen him rebutting criticism from Sir Derek Wanless (23) and the Tories. This muscle-flexing may just be a prelude to some real scrapping, with changes to GPs' contracts ahead.



## PROFESSOR CHRISTINE BEASLEY ↓ 3

### CHIEF NURSING OFFICER, DEPARTMENT OF HEALTH

**43** If NHS trusts are going to rise to the challenge of meeting infection control and hygiene standards to tackle superbugs, some of their success will be down to Professor Christine Beasley.

The chief nursing officer's portfolio is broad and, with current preoccupations into patient safety, puts her very much in the spotlight.

The DoH's director-general for professional leadership is, among other things, lead director for Reducing Health Associated Infections and the Cleaner Hospitals programme.

Predictions of an escalating crisis – such as that from Professor Richard James at the University of Nottingham – are dismissed by her as sensationalist scaremongery.

The cry to hospital colleagues is not so much 'roll your sleeves up' as 'take your sleeves off' or 'bare below the elbow' as the new uniform policy is described. Professor Beasley's matrons will monitor compliance.

The across-the-service spring-clean demanded by the prime minister is strongly supported by her as an extension of something that happens in NHS hospitals every day.



## DR LAURENCE BUCKMAN ★ NEW ENTRY

### CHAIRMAN, BRITISH MEDICAL ASSOCIATION GPs COMMITTEE

**44** Dr Laurence Buckman became chairman of the BMA's GPs Committee this year.

The move was part of a domino effect after James Johnson resigned as BMA chairman and was replaced by former committee chairman Dr Hamish Meldrum (19).

As Dr Meldrum's deputy, Dr Buckman may have seemed the

obvious successor, but his election will have surprised some. The straight-talking Dr Buckman is regarded at considerably less moderate than his three immediate predecessors, but his appointment seems opportune, given GPs' growing disenchantment with the government.

Dr Buckman was key in negotiating the new GP contract, which is the envy of many in the NHS. But GPs are

aggrieved that they are now under attack for their earnings and were given a zero per cent pay rise this year.

They are also upset at increasing regulation and the continual rolling out of Harold Shipman's face to push through changes to how they work.

Dr Buckman wants to improve GP morale, and is a fierce defender of GPs' independent contractor status and of small practices.



## MARIO DUNN ★ NEW ENTRY

### SPECIAL ADVISER TO THE HEALTH SECRETARY

**45** The arrival of a new secretary of state means a new special adviser. Alan Johnson (4) brought not one but three from the Department for Education and Skills – of whom his lead special adviser is Mario Dunn.

Mr Dunn is an administrative and political special adviser with no background in healthcare – who, like

his boss, has been learning about the NHS at a vertiginous rate.

Mr Dunn has been described as courteous and a good listener. He has so far shown himself to be a good learner – conversations about reform policy and the direction of travel have impressed some.

Smoothing out problems is what Gordon Brown brought Mr Johnson in to do and, to date, he is being well

advised on relationship management.

In Johnson's last ministerial role, however, his political advisers have met with controversy. The Statistics Commission wrote to the DfES in August 2006 protesting about attempts to 'bury' bad news. E-mails were published suggesting that DfES communication staff were over-ruled by senior policy staff who were taking the advisers' views into account.

## PROFESSOR MIKE RICHARDS ↓ 23

### NATIONAL CANCER DIRECTOR

**46** Professor Richards became the DoH's first national cancer director – or 'czar' – in October 1999. In another first, he developed the NHS *Cancer Plan* in 2000, England's cancer strategy, and since then has been in charge of its implementation.

In April, the DoH published *Cancer Ten Years On: Improvements Across the Whole Care Pathway*, which showed

improved outcomes from cancer. Death rates in people under the age of 75 were falling by around 2 per cent each year, and overall cancer mortality in people under 75 fell by nearly 16 per cent between 1996 and 2004.

Professor Richards has also claimed an increase in national uptake of cancer drugs approved by NICE, with fewer regional variations in prescribing. He admits there are still challenges in ensuring patients

receive the most appropriate care.

But could Professor Richards be the victim of his own success? *HSJ* reported in June that the DoH looks set to phase out the 14 national czars, in a move towards further devolution of NHS power to the front line.

Sources say that his role is deemed largely redundant, following the success of major targets, including the 31-day diagnosis to treatment referral for all types of cancer.



## PROFESSOR SIR GEORGE ALBERTI ↓ 20

### NATIONAL CLINICAL DIRECTOR FOR EMERGENCY ACCESS

**47** Last December, halfway through the 10-year reforming emergency care strategy and four years after his appointment as emergency care czar, Prof Sir George Alberti laid his cards on the table.

His report, *Emergency Access, Clinical Case for Change*, describes his vision for the reform and reconfiguration of emergency care services. Networks of care, it explains,

will provide specialist support for the sickest of patients at regional centres.

The former president of the Royal College of Physicians is finding out how hard a vision it is to sell. The support of senior MPs in the party that put him in post would, you think, be a given – but not when there's even the merest whiff that their constituency A&E unit might be at risk of closure or downgrade, it isn't.

Doom-mongers have not had it all

their own way, though. Campaigners against the anticipated withdrawal of A&E services at Chase Farm, Enfield, were encouraged when Sir George's report recommended the maintenance of a smaller A&E department and calling for flaws in primary care to be addressed as an urgent priority.

Under his tutelage and following a pilot, the role of paramedics in the management of non-life-threatening emergencies looks set to develop.



## PROFESSOR MAYUR LAKHANI ↓ 20

### CHAIRMAN, ROYAL COLLEGE OF GENERAL PRACTITIONERS

**48** This year marks the end of Professor Mayur Lakhani's tenure as chairman of the Royal College of General Practitioners. He is the youngest doctor to hold the post and, during his tenure, membership of the RCGP has risen to a record high of more than 27,000. He will hand over the reins to Professor Stephen Field in November.

Professor Lakhani has defended his profession. 'I am concerned that GPs seem to have become the whipping boys for everything that is found to be wrong with the NHS,' he wrote in *The Times Public Agenda*. 'This obsession with GP pay is wearing thin. It is exaggerated, unfair – and must be brought to an end.'

He controversially said GPs should be able to prescribe language lessons

to patients who struggle with English. As chair of the British minority ethnic review group at the government's health inequalities unit, he said language classes would help some patients access NHS services.

Professor Lakhani practises as a GP in Leicester and is a visiting professor in the Department of Health Sciences at Leicester University's School of Medicine.



## PROFESSOR DAME CAROL BLACK ↓ 21

### NATIONAL DIRECTOR FOR HEALTH AND WORK

**49** Professor Dame Carol Black told *HSJ* she was surprised by the anger evoked by a letter she wrote with James Johnson, former chair of the British Medical Association, to *The Times*, in which they defended the failed medical training application service.

Mr Johnson, who chaired the BMA for four years, was criticised for failing

to reflect of the anger of junior doctors and other members of the BMA, leading to a loss of confidence.

According to *The Times*, the greatest offence was caused by the sentence in which Mr Johnson and Dame Carol 'restate our support for the chief medical officer and his role in improving junior doctors' training'.

Last year, Dame Carol was named the government's first national

director for health and work. Last month, she launched a review into the health of the working-age population, with the aim of improving health to help people stay in or return to work.

Dame Carol has been medical director of the Royal Free Hampstead trust and professor of rheumatology at the Royal Free and University College London medical schools.



## ADRIAN MASTERS ★ NEW ENTRY

### DIRECTOR OF STRATEGY, MONITOR

**50** Acting as both regulator and licensing authority, Monitor is the equivalent of a football manager for foundation trusts.

Crucially, Monitor is widely regarded as fair. It is worth noting that foundation trusts are collectively generating a significant net surplus, and Monitor is encouraging them to think about how to spend this.

Adrian Masters, its director of strategy, is therefore a key figure. He joined Monitor in September 2005, having previously been director of the health team in the Prime Minister's Delivery Unit since 2002.

Given the financial responsibility involved in gaining and retaining foundation status, it is wholly appropriate that Mr Masters first qualified as an accountant. His career

included work with IBM, and management consultancies McKinsey and Price Waterhouse. He graduated with an MBA from Stanford University in 1996.

He is considered effective, in both his internal role to see that Monitor's regulatory policy enables foundation trusts to innovate and deliver better care, and externally in influencing the broader policy field.







Alpesh Patel, partner, Ernst & Young



Sir Jonathan Michael, deputy managing director, healthcare, BT; former chief executive, Guy's and St Thomas' Hospital foundation trust



Richard Vize, editor, *HSJ*



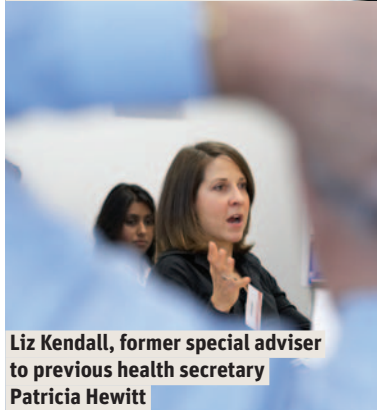
Sir William Wells, former chair of the NHS Appointments Commission



Frank McKenna, director of NHS and healthcare, Harvey Nash



(Centre) Matt Tee, chief executive, NHS Direct



Liz Kendall, former special adviser to previous health secretary Patricia Hewitt



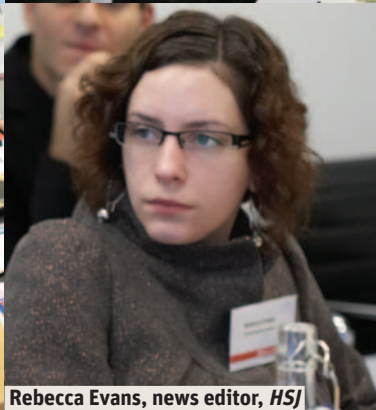
Nigel Edwards, policy director,



Robert Naylor, chief executive, University College London Hospitals foundation trust



Neil Goodwin, partner in consultancy GoodwinHannah and former chief executive of Greater Manchester strategic health authority



Rebecca Evans, news editor, *HSJ*



Alexis Nolan, executive editor,

**HSJ50 AT A GLANCE**

- 1 David Nicholson
- 2 Prof Lord Ara Darzi
- 3 Mark Britnell
- 4 Alan Johnson MP
- 5 Bill Moyes
- 6 Anna Walker
- 7 David Flory
- 8 Jeremy Heywood
- 9 Ruth Carnall
- 10 Prof Sir Bruce Keogh
- 11 Andrew Dillon
- 12 Jo Lenaghan
- 13 Prof Sir John Tooke
- 14 Andrew Lansley MP
- 15 Sir Ian Carruthers
- 16 Clare Chapman
- 17 David Behan
- 18 Dr Gill Morgan
- 19 Dr Hamish Meldrum
- 20 Ian Gilmore
- 21 Mike Farrar
- 22 Cynthia Bower
- 23 Sir Derek Wanless
- 24 Karen Jennings
- 25 Nick Timmins
- 26 Peter Carter
- 27 Paul Dacre
- 28 Niall Dickson
- 29 Andy McKeon
- 30 Dr David Colin-Thomé
- 31 Prof Sir Liam Donaldson
- 32 Prof Lord Richard Layard
- 33 Greg Beales
- 34 Hugh Taylor
- 35 Prof Sally Davies
- 36 Prof Paul Corrigan
- 37 Nicolaus Henke
- 38 Dr Jonathan Fielden
- 39 Sian Thomas
- 40 Prof Sir Ian Kennedy
- 41 Ann Keen MP
- 42 Ben Bradshaw MP
- 43 Prof Chris Beasley
- 44 Dr Laurence Buckman
- 45 Mario Dunn
- 46 Prof Sir Mike Richards
- 47 Prof Sir George Alberti
- 48 Prof Mayur Lakhani
- 49 Prof Dame Carol Black
- 50 Adrian Masters

**THE JUDGING PROCESS**

# How did we decide the top 50?

The judging was conducted by a panel of experts from across the health field, who excluded themselves from consideration. The prime minister and chancellor were also excluded.

At the beginning of the judging process we gathered suggestions

from *HSJ* readers about who should be included. Those on the list they had to be influential in constructing or delivering healthcare policy.

The judges came together to create a long list of around 70, which involved culling many names from last year and adding those

whose influence had grown since *HSJ*50 2006.

There then followed a long, lively and at times tough debate about the final rankings, punctuated by philosophical discussions about the nature of power and the operation of politics and government.

The most difficult discussions centred on judging the influence of ministers.

Not everyone agreed on every ranking but, in the end, we built a consensus around the final list.

The results were closely guarded until they were unveiled last week.



