

## What's in a name?

In difficult economic times it is tempting to play it safe in business. Going out on a limb, taking a bit of a chance – dare I even say taking a 'risk', might be frowned upon by many, but I believe in the adage that doing what you've always done delivers what always got.



One such 'risk' I took was when working for a local NHS primary care trust (PCT). The Department of Health decided in 2001 that a patient help-desk service should be installed in every PCT, hospital and mental health trust in the country, so that peoples' concerns – and maybe even their compliments – could be voiced and acted upon to improve 'the patient experience'. But as many PCTs are based in remote office blocks, out of town and are hard to find, it occurred to me that access to the 'helpline' would be difficult and not everyone wants to talk about their experiences over the phone. Secondly, the 'patient experience' often involves seeing a GP, being referred to the hospital for treatment, then back to the GP and possibly community nurse for post-op care. So having a separate place to complain to in hospital and a primary care seemed not just crazy and inefficient, but also not very helpful to the people the NHS is there for – the patients.

One day in the process of setting up the PCTs Patient Advice and Liaison Service (PALS), I had an epiphany (well a small one) and thought – we should have a shared service with the local hospital! It is near the centre of town, has a big reception area, is easy to find, patients often use both services, complaints often involve primary care and the hospital and it would be cheaper because we could share office space and staff. Good idea I hear you say, makes sense. Well, yes it does, if you don't work in the health service. You see primary and secondary (hospital) care don't really work together in a joined up way, so the idea of a joined up, or shared service was anathema to the management and boards of both organisations. They suggested we did a feasibility study and perhaps we could start to work towards a partially shared service in a year or two.

To cut a long story short, I suppose I refused to take no for an answer. I got key members of staff on my side and wore down the resistance. The shared service was set up within six months of the day I started the project –and is still running today. It had its teething problems of course, but patients liked it and it meant the service was available every day and for a longer time each day. Covering for holidays wasn't a problem and it saved money too.

But talking of doing things differently, I recently changed the way I answer the 'phone at work with amazing results. I used to say, *"Good morning, company name, Julie speaking"* – seems fine. I then changed to, *"Good morning, company name, you are through to Julie"*. The difference? 90% of the people I addressed by saying "you are through to Julie" immediately responded by saying "Good morning Julie, my name is .....", so immediately there was a connection between us – so vital when you work in the charity sector as I do, or any area of customer service.

So be brave in these tough times – try something different – it might just work!

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