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WREATH-LAYING IN THE GEORGE ELIOT MEMORIAL GARDENS NUNEATON, JUNE 27th 1993

THE GUEST OF HONOUR WAS JOHN TOWNSEND, B.A., M.H.S.M., DIP.H.S.M., UNIT GENERAL MANAGER OF THE GEORGE ELIOT HOSPITAL, NUNEATON, WHO DELIVERED THE ADDRESS. THE FOLLOWING IS AN EDITED VERSION OF IT:

Mr Chairman, Mr Mayor, Madam Mayoress, Ladies and Gentlemen, I feel particularly honoured by the invitation to address this distinguished annual gathering, not least because, nowadays at any rate, I have no pretensions to literary scholarship.

Twenty-five years ago I spent a lot of time studying 19th-century novelists. On just such an afternoon as today I sat with my contemporaries arguing the relative merits of these novelists. I have to say that even then George Eliot was not my favourite lady novelist: like any good Yorkshireman I was vociferous in my support of Emily and Charlotte Brontë. But soon after that I started work on hospital textbooks. In the twenty years since I joined the N.H.S. I have studied hospital management and design and funding, as well as the lack of it, and of course hospital staffing. More recently I have learned about the buying and selling of hospital services, and how to run a hospital commercially. These years and concerns have been fulfilling, sometimes frustrating, and time-consuming, with little time left over for the study of literature. Therefore I will talk not about her works but about the name of George Eliot.

My hospital - our hospital - is called the George Eliot Hospital. What does this title mean to me and others who work here? Think of how many hospitals you know which are named after people, including saints and members of the royal family. Think of the great teaching hospitals of St Thomas and St Bartholomew, or the variety of hospitals named after St Luke. Within forty miles of here two hospitals are named after the Queen, and King Edward VII gave his name to nearly as many hospitals as he did grammar schools: modern examples include the Prince of Wales and Princess Margaret.

But how many are named after more ordinary people? In Baltimore, in the United States of America, there is the famous John Hopkins teaching hospital: then there are the John Radcliffe in Oxford, as well as the Robert Jones and Agnes Hunt orthopaedic hospital in Oswestry. Among those so named is the unique George Eliot Hospital, her name being given to it at the wish of the community from which she came as a way of honouring her distinctive achievements. What benefits do we derive from this? I think that I can say that collectively they are significant. Some are of course minor, the passing interest of academics, for instance, providing us with variety when the problems of the N.H.S. press upon us. There is the annual George Eliot Lecture which is held within the hospital, and our links with the literary world are a balance to our own increasingly narrow drives for efficiency and results. Often candidates for jobs at the hospital would be questioned - in the past - about George Eliot: they sometimes showed confusion, and one in particular I

remember told me that he had given up reading George Eliot as *he* would never write anything to beat *The Old Man and the Sea*. Among other benefits, since names of departments are recognizably from her works, there is the sense of belonging: it is much easier to feel you belong to Amos Barton Ward than if it were called C4. This also encourages a sense of fellowship in the smaller community of the hospital. Hospital staff have a sense of pride in the name. Although we seem large, we are small by comparison with say, Leicester Royal Infirmary, the Walsgrave, East Birmingham, or the Queen Elizabeth, all with 1200 beds, and more envisaged, to our 500 with the Manor, a figure which will drop to 350 on the George Eliot site in the next few years. At the same time it is a pleasure to represent not just a hospital or infirmary but The George Eliot Hospital. With identity in the modern world under threat, it is impossible to overstress the importance of it here: we have lost so many of the traditional anchors. Within the home the role of the parent seems to be increasingly diminished, and the role of the wider family is disappearing. In my hospital there are many patients who are being cared for by the State: less than a generation ago they would have been looked after by their own families.

Small firms and businesses fail to survive: big firms get bigger, more anonymous and more impersonal; in public life local government has been increasingly displaced by central government with which we, as individuals, cannot identify. And in the N.H.S. the building up of services over the generations has been undermined through the current insistence that hospitals comply with the prevailing dogma. The future, the whole existence of major hospitals and institutions, is at risk: they have become mere temporary obstacles, unimportant pawns in the game, easily removed from the board by the new commissars of health. In this troubled, constantly changing health-service world where services are built not on the wisdom of generations but on the shallow thinking of today's whizz-kids, a sense of identity is vital to hospital staff if they are to cope with the mixed future which awaits them.

Soon, services from the Manor Hospital will be transferred to the George Eliot Hospital. We shall aim to create for the staff of both hospitals a single shared identity, and the new buildings and the unique name will help us greatly. There will be less welcome challenges, like having to absorb the fact that the George Eliot Hospital, which has become steadily more efficient over the years, will once more be subject to remote control. As far back as 1948 it was apparent that Coventry Hospitals had a greater share of resources than the Nuneaton group. Local campaigning sought to reverse this and appeared to be successful in 1982, when an independent health authority responsible for all health care services in North Warwickshire was created. The current major developments now in progress at the George Eliot Hospital date from this period, but with the formation of the wider Warwickshire Health Authority the health needs of the whole population of the county were brought under one body. Thus almost half a century of National Health Service has succeeded in transferring ultimate responsibility for the Nuneaton hospitals from a base ten miles from Nuneaton to a base twenty miles from the town.

One of the major benefits of an application to transform the George Eliot Hospital into an independent National Health Service Trust is to ensure that the services offered will be

managed from the George Eliot Hospital. Local services will be offered to local people to meet local needs. What do we gain from our unique name? Pride in the name of George Eliot, pride in the links it gives us with the communities which George Eliot honoured and which we serve. Also it gives us identity, a sense of uniqueness, an opportunity to develop services of which George Eliot could have been proud.

I seem to remember that there is another small town in Warwickshire which gave birth to another author. I cannot offhand remember what he was called, but in one of his works he came up with the immortal question, 'What's in a name?' As far as the George Eliot Hospital is concerned, the answer to that question is 'quite a lot'.