

Interview



Professor Philip Sugarman is Chief Executive of St Andrew's Healthcare, the UK's largest charitable provider of National Health Service (NHS) care. He has developed the charity as a leader in mental health, intellectual disability, brain injury and autism services across the UK; and as a national teaching hospital (including an academic centre partnered with King's College London), with specialist services in Northampton, Birmingham, Essex and Nottinghamshire.

What inspired you to become a psychiatrist growing up?

All my family worked in retail pharmacy and it was natural to aspire to be a doctor (i.e. a general practitioner). I was also fascinated that my uncle had an amazing rote memory for what he read. He has Down syndrome and is now over 70. I visited the day service which supported him and volunteered briefly in care homes as a teenager, and then, just after starting as a medical student, I began reading Freud in a bookshop and was hooked on psychiatry.

Did you also have ambitions of running a business?

From when I was eight, I lived and breathed the start-up of our independent family chemist shop, with all the service, staff, financial and other challenges. We were always proud how trade grew, and put the nearby branch of Boots out of business through sheer customer service and reputation among local people. However, for many years I saw myself purely as a healthcare professional, although one that later focused increasingly on the running of a service. Only recently I relinquished Medical Director responsibilities to concentrate on leading the charity.

What prompted your move from the NHS, and was there any angst involved in the decision?

As a clinical director I felt the prospects to make things happen in the NHS such as major service developments were limited, partly because the career structures for doctors in management are inadequate. St Andrew's offered an exciting opportunity which has fulfilled its promise – we have built half a dozen new facilities with unique new services. I have seen lots of patients over the years who recounted their separation anxiety from organisations such as the Post Office and the Royal Air Force. The NHS is the same – once

you're out, you can look back fondly at its strange customs and inefficiencies!

You are one of a rare breed of CEOs who are also doctors. Which clinical skills have been advantageous in this role, and what has been the greatest challenge in the role transition?

Psychiatric and multidisciplinary group skills are very transferable to management, as is a diagnostic approach to what needs fixing in an organisation. The biggest challenge is to realise that staff are not patients, not even close colleagues, and that the best interests of patients lie in challenging staff to perform at their very highest level. Ultimately, healthcare is run for the patients.

What do you think doctors can learn from the business world?

St Andrew's is a long-term, not-for-profit trading concern. The best people in the business world think long term but make the key next steps happen now in the interests of the organisation and its customers. Many doctors do this already for care providers and for patients; others could do better. The worst people in business think short term in their own interests; some doctors are good at that already!

What job would you like to do if you weren't a psychiatrist and CEO?

Run my own outfit, some kind of innovative social enterprise with a reputation for good work. I may yet do this if I live long enough!

What's your philosophy on how to get things done – both at a personal and organisational level?

Like a lot of doctors, I am a critical thinker; quick to see what is wrong in no uncertain terms. Of course you have to be roughly right in some sense, in order to add value. The next trick which I have learnt in part is to thoughtfully convert that into a positive intervention, clarifying what can be done now to make progress – like a psychotherapist but more practical! I have high expectations of others, which they soon pick up and mostly respond to. That's my style, not sure about philosophy.

For the past year, you've been my leadership mentor as part of the NHS London Prepare to Lead Scheme. Have you mentored before, and what do you see as the advantages of mentorship as a way of developing leadership potential?

I found huge benefit from a high-flying business mentor, who knew no rules except for trust and what works. For me, mentoring is like supervision or even therapy, but without the implied constraints. You can get to the heart of the matter as quickly as you want to. I take the same approach to most things now, a kind of polite version of *Dragon's Den*. Leadership, including for clinicians, is about seeing the big picture, how it really works, and sharing this. You can pick up this approach from a role model such as a mentor, once you feel they have your best interests at heart.

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