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Google versus NHS

“The science of today is the technology of tomorrow.”
Edward Teller

In a blog for the *British Medical Journal* I recently asked the question: “Would you rather work for Google or the NHS?” (Kerr, 2011). One reason postulated for Google’s success has been the approach it takes towards its employees. At Google, staff facilities include gyms, swimming pools and climbing walls, and “Googlers” often get together for film evenings, wines tastings and salsa classes among other things. By contrast, the most recent survey of NHS staff found that almost 30% would be looking for a new job in the next 12 months and there are concerns about obesity, smoking and lack of exercise among NHS staff, with rates of sickness and absenteeism much greater than those in the private sector (Care Quality Commission, 2010).

One other feature of the Google culture is that youth is venerated and seen as the premium source of new (and profitable) ideas and development, and employees have dedicated time set aside in their schedule for self-innovation. Contrast that with the current training structure in NHS-based diabetes care where there is increasing pressure on trainees to spend more of their work time on direct patient care and less on research or other areas of professional development. There is also a general feeling that the red tape associated with undertaking clinical research is strangling it at birth. Fiona Pathiraja (2011) recently made the point that “whilst junior doctors are treated as bottom of a hierarchy, their private sector counterparts are nurtured, trained and valued. Other industries wouldn’t dream of labelling the next generation of leaders with the pejorative term ‘junior’”.

Diabetes and industry have traditionally had a very close and effective relationship especially in the area of developing new technologies for diabetes care. Here in Silicon Valley there are more and more new start-up companies entering the health arena and, judging from the reports on TechCrunch (techcrunch.com), finding investors is not a problem. Perhaps back in the UK the diabetes community should consider embracing entrepreneurship by creating an “NHS Ideas Incubation Centre” (NIIC) formed as a partnership between the NHS and private sector technology companies. This NIIC could offer 2-year placements for trainees to develop technology-based ideas for improving diabetes care. The NIIC would be staffed by a mixture of clinicians, business and technology experts and “entrepreneurs in residence” to partner with. The benefits for the trainees would be exposure to the world of business, for the NHS it would be access to successful technologies (and a reduction in costs), and for industry partners the involvement of clinicians in product development and pre-planned deals with the NHS in the event of success. For people with diabetes the benefit would be the creation of new technologies to reduce the burden of their condition. Perhaps worth a try, although some may be concerned that this will lead to fewer people with a higher MD degree and more with an MBA.

Going back to the phenomenon that is Google, among the “ten things we know to be true” listed on their website (www.google.co.uk/corporate/tenthings), at least three of them may be relevant to the NHS: (i) focus on the user (i.e. the patient) and all else will follow; (ii) great just isn’t good enough; and – famously – (iii) you can make money without doing evil.

Many thanks and good luck

This edition of *Diabetes Digest* is the last with Professor Jonathan Pinkney as Obesity Digest Section Editor. Jonathan has stepped down from the editorial board to focus on other projects. A member of the *Diabetes Digest* team since its inception, Jonathan wrote the first of his many insightful commentaries for the journal in the Spring of 2001. Many thanks go to Jonathan for his valuable contribution to the journal over the past 10 years, we wish him all the best.

Care Quality Commission (2010) *Briefing Note: Issues Highlighted by the 2010 NHS Staff Survey in England*. CQC, London. Available at: <http://bit.ly/LJtGMl> (accessed 24.05.11)

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