



Poems for the Waiting Room

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# Poems for the Waiting Rooms of the National Health Service 2002/2003

A Report

by

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**October 2003**

“Let us try and make this  
new generation of health  
care centres truly fit for the  
healing of both body and  
soul”

*The Prince of Wales, speaking in his  
role as Design Champion for the NHS.*

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“Poems for the Waiting Room” is an inspired scheme ..... I've been delighted to be a part of it.”

*Andrew Motion,  
Poet Laureate*

*All of the pictures shown in this report are from poetry readings that took place in South London healthcare sites during the early Spring of 2002. The readings were funded by the Association of London Government and the four London Boroughs involved. One of the aims of the readings was to promote the “Poems for the Waiting Room” scheme in those areas. The photographers were Pierre Bascle and Kate Peters. The poets shown are : Debjani Chatterjee, Andrew Motion, Miriam Obrey, Caroline Carver, Moniza Alvi, Fleur Adcock, David Hart. The healthsites included : a General Hospital foyer, a GP's portocabin, a day hospital for the elderly, the waiting area of a weekly clinic for people a/ with fractures and b/ diagnosed as suffering from chronic pain, the dining area of an In-patient Stroke Unit, a women's mental health support group and a MIND community centre.*

# **Background**

## **The Context**

From its beginning, *Poems for the Waiting Room* has benefited from and perhaps exemplified a number of contemporary “movements” and developments. In a sense it has surfed a whole series of waves, while also clearly belonging to each.

Thus, at the pilot stage in 1997/8, contact was made with Chris Meade at the Poetry Society just as he was applying for Lottery funding for his “Poetry Places” initiative. Suddenly it was obvious that waiting rooms could and should be Poetry Places too, as a result of which the successful bid included funds to pilot the scheme in central London.

It also fitted very closely the ideals and criteria of the Arts Council’s “New Audiences” initiative, resulting in significant funding from that source.

In the meantime the Arts and Health movement had been gathering strength in the NHS, with consistent encouragement from the Kings Fund. Furthermore, real efforts have been made in recent years to re-think the way that hospitals and other health sites present themselves to their patients. “Poems for the Waiting Room” has something to offer under both these headings.

Finally, though less definitely, the project has surely been part of a recent renewal of poetry as popular art, the lone clear inward voice asserting its humanity among so much impertinent and incoherent Selling and Spinning.

An essay that explores these ideas in more detail can be found in Appendix One.

## **The Situation in Mid Summer 2002**

By mid-Summer 2002, a total of 500 packs of poems had been printed – 200 for the Arts Council, 200 for the Kings Fund, and 100 for the Association of London Government (ALG) which also funded promotional readings from the collections around South London in Spring 2002.

The Arts Council collection consisted of 52 poems commissioned by David Hart, all on the theme of waiting.

The Kings Fund collection consisted of 80 poems, 10 of them for children, all copyright cleared.

The ALG funding allowed 100 more of the Arts Council collection to be printed.

Virtually all the stocks thus accumulated had been distributed by 2002, a significant number of the King’s Fund collection going to the same sites as had asked for the earlier Arts Council ones.

At different intervals, the project had attracted national publicity and this had resulted each time in a spate of requests for poems, which had quickly taken the

project way past the London boundaries of its pilot. It clearly now had a national application.

An evaluation report done jointly for the Arts Council and the Kings Fund can be found on [www.charts.force9.co.uk](http://www.charts.force9.co.uk) The report was completed during the Summer of 2002. It offers findings from a questionnaire (designed with the help of Dr Gillie Bolton), from anecdote and from letter, the combination of which show clearly that poems displayed in hospital and community healthcare settings have a positive impact.

It also identifies the fact that poems from the project had taken root in other waiting room settings as well, such as a Benefit Office, a CAB Office and in residential settings such as homes for people with learning difficulties.

In more detail, the report shows that poems on display in healthcare settings can have a meaningful impact both on staff and patients ; they can stimulate staff and patients to add their own writing to the waiting room wall ; they can help staff re-think the whole waiting room patient “experience” and how it can be further improved and made more personal ; and finally, and most obviously, they bring poetry to a vast new audience, of all ages, all classes, all races.

As mentioned above, the period covered by the evaluation report had been punctuated by publicity that appeared most significantly in The Guardian Society pages (three times) but also in a couple of specialist magazines for GP’s, a regional Arts Magazine, the MIND magazine called “OpenMind,” etc. Each time this happened, I received a rush of enthusiastic enquiries from health professionals of all levels of seniority, most of which resulted in a request for poems.

It should therefore be noted that up until mid-Summer of last year, much of the poems’ distribution has been in response to random requests from individuals that followed press publicity, rather than the result of a systematic promotional policy.

A further conclusion to be drawn from this was that the project needed its active “enthusiast” in each site, someone with his/her own motivation for displaying the poems, who would therefore be likely to do so with imagination, as well as remember to change them over.

Reliance on this finding as a strategy ran various risks, including the fact that the “enthusiast” would leave after a while and the poems might then get forgotten in a cupboard ; or that s/he would be unable to overcome possible scepticism from colleagues, perhaps through lack of hierarchical clout. The alternative seemed worse, however - some senior manager allocates the task to overworked junior staff highly unlikely to prioritise it or support it sensitively. The evaluation report offers a more detailed discussion on the issue. Address : [www.charts.force9.co.uk](http://www.charts.force9.co.uk)

Another important finding from these first few years of the project’s



life was that the poems written in minority languages with a translation beside them had an especially powerful impact ; however, in areas of the country that contain a high proportion of people from a particular ethnic group, even the languages featured in the collection would seem a scant, even a tokenistic, acknowledgement of local experience ; if possible, then, the number of these poems should be increased and the range of languages featuring in the collection should be increased as well. Last year, the Baring Foundation contributed £3,500 to this new venture and the poet Debjani Chatterjee is currently putting a collection together.

Finally, a number of ideas had surfaced during the period and were waiting on the shelf - so to speak - either for a funding opportunity, or for other signs of support that might make them viable.

These ideas included :

- putting together a larger collection of poems for children ;
- putting together a collection of poem posters in Braille ;
- following the success of the ALG readings in South London, to promote the project on a regular basis in all parts of the country through regular readings in healthcare settings by local poets ;
- making a book of the collection(s) ;
- gradually making the project an international one, so that poetry in the non-literary setting of the waiting room might play a part in helping peoples and cultures better to respect and hear each other.

The last idea will be referred to later in this report ; here I shall expand slightly on the book proposal. At an early stage, the King's Fund publications unit expressed interest in a book, but then altered its own policies and had to withdraw. The Arts Council's Alison Combes also expressed some interest, thinking of the "Beyond Bedlam" exercise as a possible model. Jonathan Millman of NHS Estates played with the idea at a later stage, wondering whether the NHS might fund it.

My own initial response to the idea was actually luke-warm. There are so many books already, so many anthologies. And here all round us are new, exciting and in some ways more democratic forms of publication, including producing poster poems for waiting rooms. Would not a book be in some ways a step backwards ?

However, someone recently suggested a use for a book that did seem positive. If a patient sees a poem in a waiting room setting that s/he would like to keep, it might be useful for the doctor to be able to direct him/her to a book where the poem can be found. Better still, perhaps, actually to have it available on sale in the surgery.....

## **Funding Issues**

### **The Funding Agreement between NHS Estates and the Arts Council**

The phase presently under review began with a letter to Nigel Crisp, Chief Executive of the NHS. This step was taken on the advice of Peter Carter, Chief Executive of CNWL Mental Health NHS Trust. Most of my social work is conducted in Peter's catchment area. He had recently met Nigel Crisp and thought the latter would offer a positive response to the project and its needs.

The letter was written in March 2001 and concluded : "To enable me to print larger numbers..... I wonder whether there are funds within the NHS, either centrally or by region, that a/ will give me a bit of admin support (I have none) and b/ will allow me to distribute the poems more widely. The alternative will be to fund them by sales, which will flood me in yet more paperwork, and may have implications for copyright."

The result was a meeting in August 2001 at the King's Fund in Cavendish Square. Present were Alison Combes of the Arts Council, Annette Clark of NHS Estates and myself. The following was agreed :

A new collection of 100 poems would be printed, combining both previous collections – 50 from the Arts Council's 52, 50 from the Kings Fund's 80. NHS Estates and the Arts Council would each contribute £10,000, with a view to printing as many packs as possible for that sum. (3,000 was the number that was settled on). The King's Fund would be applied to for a further £10,000 to cover core costs.

The aim would be to promote and distribute the poems across the NHS, as part of an NHS Estates strategy articulated as follows by Prince Charles, speaking in his role as Design Champion for the NHS : "Let us try and make this new generation of health care centres truly fit for the healing of both body and soul."

It will be noted that this meeting took place only a few weeks before September 11<sup>th</sup>, following which the King's Fund lost heavily on the Stock Exchange. I understand that this was the reason my application to the King's Fund for the third element of a £30,000 package was unsuccessful.

### **The Core Funding Issue**

Following the King's Fund disappointment, this latest chapter in the project's life has been much affected by core funding needs, and to a significant degree delayed and hampered by them. The rest of this section will give further detail on the funding aspect.



The first effect was to delay the re-printing of the poems. In the first few months after March 2002, when the King's Fund aspect of the project came to an end, I had to concentrate on securing sufficient fee funding for the months ahead to justify the printing expense. Obviously there was no point printing the poems if, after the printing, there would be no-one to promote or distribute them.

The second effect was to decrease the number of packs printed. 3,000 packs seems a significant enough number, but it could have been larger. My need for core costs and to use a proportion of the Arts Council contribution to cover them, affected the decision that was made.

The King's Fund's contribution to the project ended officially at the end of the financial year 2000-2001. However, there was underspend on my Production budget. I am grateful to the King's Fund Grants Department for allowing me to convert this under-spend to salary funding to cover the first few months of the new financial year.

Regional Arts Councils across the country were applied to for contributions. Three responded positively. London Arts contributed £1,500. Two others supplied £1,000 and £500 respectively. With the exception of London Arts, each application - both the successful and the unsuccessful - required its own detailed application form.

Fund raising in various other directions was unsuccessful. The sources applied to included Merchant Taylor's (suggested by the King's Fund) and Ottokar's Bookshops.

The Arts Council's own Touring Fund was applied to, in the mistaken belief that it might almost take over the burden of ongoing funding, inclusive of core costs, by supporting a rolling programme of promotional readings. This hope proved misplaced.

A first cast in the direction of commercial sponsorship was made, in a letter to Richard Branson of Virgin. A letter with his personal signature on it expressed enthusiasm for the idea, but said he was unable to help.

The Hamlyn Foundation was approached but expressed interest only in small-scale funding of a reading tour of mental health agencies. This idea remains an interesting one, but has to wait for another time, when core funding is assured.

I wrote to the Chief Executive of the Royal Mail (at that time it was calling itself Consignia) hoping that we could do a sponsorship deal - free postage of the poems in return for putting their logo on each poem. But, according to the employee who wrote back, the organisation was "doing Literacy this year."

The year 2002 was thus a struggle, much concerned with funding applications and anxiety, a series of hops from one small funding foothold to another, even while the records of the ALG readings were being put on Hyphen-21's website, an overdue evaluation report was being written, a major print-out was being seen through the printers, and various promotional and distribution strategies were being developed. However, the successful applications meant that funds never entirely dried up and just before Christmas 2002, New Audiences sent notice that they would be able to help the project's core costs to the tune of a further £5,000. Although that £5,000 took several months to arrive, it covered the project's costs from New Year 2003 until the end of May. After June 2003 and until the time of writing, I have been running the project without receiving a fee.

A new funding foot-hold has recently materialised. The Foreign Office has committed £3,000 to the selection, printing and distribution of 13 new poems, one each from the 13 countries soon to enlarge the EU. The European Commission may well match this figure.

A new application to the Arts Council has consequently gone in, including of course core costs. If successful, this will enable the 13 Foreign Office poems and the 25 Baring Foundation to be printed and distributed as one collection of 38 new poems in the Spring of 2004. After that, the project's sustainability will again be in question.

Finally in this section, I wish to make clear in general terms what the core costs presently entail. They pay for one worker (myself) to run this project one day a week. All activity described in this report has been funded on that basis.

Dear Rogan Wolf

Just a note 14 months on from our launch with Andrew Motion of the "Poems for the Waiting Room" project here at Mayday Hospital.

The poems are still up, and being changed around regularly, and patients often comment on them in passing. In addition, shortly after the launch event, we laminated several of the poems together with a "please self-clear this table" notice on the reverse and distributed them about the tables in the Burger King concession in our front entrance. To our surprise, most of them are still there, one year on, and clearly have been enjoyed by very many people.

Thank you again for the initiative, and please keep us informed of any new schemes or if there is a way we can encourage other organisations to benefit from this great idea.

Yours sincerely

Sue Eardley  
Chairman



# The Collection of 100 – Production, Promotion and Distribution

The most recent phase in the development of the Poems for the Waiting Room project has lasted about eighteen months. It was part-funded by NHS Estates. Initially the Arts Council New Audiences Project matched the NHS contribution ; later it added a further £5,000.

The purpose was to bring together a large collection of poems from the two collections produced already and to print the new combined collection in large numbers. The new collection would be promoted with a view to distributing it across the NHS.

This section describes the main activities that went into this process. A record of the last part - the distribution of the poems – cannot escape being something of an examination of how a particular large and pressured organisation works, and the issues that arise when one seeks to implement a new idea when the organisation is already bombarded with change and new requirements.

The phase can be divided as follows :

1. The Printing
2. The Promoting
3. The Distributing

## 1. The Printing

Before printing could start, various minor decisions and changes had to be made.

Firstly, I had to decide which poems should make up the new collection, ie which poems should be removed from the original number. Two needed to go from the Arts Council's 52, thirty from the King's Fund's 80.

The Arts Council decision was easy. There were already two extra poems in it - mine and David Hart's. Although we had applied a stringent selection "procedure" to our two respective poems (mine sent to him for assessment - and much changed by him - and his sent to a colleague for assessment), neither of us had been commissioned as such (and neither of course had been paid). Being already extras we went quietly.

The decision on the King's Fund collection was of course much harder. In the event all but one or two of the children's poems were retained, making a total of ten, and an important criterion for the retention of the remaining 40 was breadth of ethnic range and the common theme of transition, of being a



stranger.

There was also, of course, some changing round of logos to do. Earlier the Poetry Society's Christina Patterson had pointed out that the Poetry Society had featured largely in the establishment of the project but did not feature among the logo's (though the Society's role was always mentioned in covering letters and flyers, etc). The omission was corrected in this print-out, and of course the NHS Estates logo was added as well.

The most extensive changes before printing could take place involved the poems written in the South Asian languages – Urdu, Bengali and Hindi. The first versions had only been scanned and – despite major efforts to touch up the scanned versions – their inferior print quality was all too obvious on examination. There was no excuse to accept this for a second time and for a print run so much more extensive than the first ones.

However, it proved surprisingly difficult to secure the original fonts, and to achieve final versions that were exact replicas of the originals. Various avenues and organisations were tried without success. After considerable delay, we have the Hindi poet Mohan Rana (based in Bath) to thank for helping us to the solutions. Now that we have the fonts, we can use them for any future poems we need to print in these languages.

The printing of the new collection was therefore delayed. It did not get under way until August 2002 and was completed in September.

Plans made with Alison Combes for Survivors Poetry to offer storage for the poems and volunteer help in packing them and sending them out to interested healthcare sites, failed to materialise. Alison's premises were simply too small and although the printer delivered 50 boxes to Survivor's Poetry, they eventually had to be returned to me. The idea would have been an excellent and creative solution had it proved workable. It was worth the attempt.

In the event storage has been found near my own office at home – the storage company Solutions. However, there is of course a monthly rental. Packing of the poems is done in my own small office, with volunteer help on occasion.

## **2. The Promoting**

It is often unclear how healthcare workers now learn about the project, since it features in a large number of ways and sites, worth briefly enumerating here.

It features on the web-site of the charity I run called Hyphen-21. The web-site carries the evaluation report, pictorial records of all but one of the ALG readings, and usually features the project in its quarterly bulletins. The web-site is visited on average 12 times a day and most of its visitors turn to the Poems for the Waiting room pages. Quite a few of the enquiries about the project that I receive by e-mail are from people who have visited the Hyphen-21 web-site.

Two poems from the Arts Council collection can still be found via the Poetry Society Home page [www.poetrysoc.com](http://www.poetrysoc.com) The original idea of rotating them, so that the full collection would eventually be displayed there, has not materialised due first to difficulties obtaining the logos and second to the loss of Poetry Society funding to

enable someone to do Jules Mann's old web-site job. A rotation remains a possibility, however.

The project is also listed on the Poetry Landmarks scheme (funded by the Arts Council) that now features on the Poetry Society web-site.

Another pair of poems from the Arts Council collection can still be found if one searches for *Poems for the Waiting Room* on guardianunlimited. However there are no sign-posts as such and very few people are likely now to go searching there.

The project also features on the National Network for Arts and Health website and in May 2003 the project appeared as a News Item on the New Audiences web-site.

All these sites and sources give contact details and refer to the Hyphen-21 web-site address.

And aside from all the above, it sometimes happens that someone will approach me who saw a newspaper or magazine article about the project months and even years ago, and has been meaning to contact ever since.

Thus, even as we explored and implemented new forms of promotion with regard to the reprint, old forms have continued to operate and to account for at least some of the enquiries and requests received.

However this latest venture contained a new element as far as promotion was concerned, since it represented a policy decision at the highest level of the NHS about the way the organisation addresses and presents itself to the people who turn to it. For, in a sense, *Poems for the Waiting Room* has been adopted by the NHS



and there is now some feeling of obligation on the part of its managers (and myself) that we find ways of promoting and distributing the poems throughout the country, so that poetry becomes a feature in NHS sites everywhere, with every patient, whatever his/her address, therefore having equal access to this new opportunity.

This is not quite the same thing as offering the idea to whomever is interested. There is now a different emphasis. *Poems for the Waiting Room* may now be on the To Do list of numberless harassed Health Service managers who may feel nothing for the idea at all, but know that some kind of adequate implementation is expected of them. Furthermore, in the present NHS climate of rapid change and target overload, the project will be competing with large numbers of other requirements on those To Do lists. It cannot expect to be near the top.

Even now, eighteen months on, the question is still not fully answered, whether this kind of project can flourish in a climate of directive and line management requirements ; nor are my own feelings entirely clear on the subject.

In a sense I know we have to find and keep searching anew for original approaches to promoting the project, so that it reaches out to as many staff in this vast organisation as possible, and in ways that appeal to their imaginations, not merely adds to their harassment. For the reality will not change that the project on site cannot possibly work unless implemented with enthusiasm and sufficient imagination. And so far in this latest phase, all my attempts and strategies to promote the scheme have been shaped by these considerations – to reach the right people in the most conducive way

And yet, I too find myself subtly influenced by – and actually agreeing with - some of the directive mentality. Too often a senior manager in organisations like the NHS is left with the sense that the chief enemy of good practice at ground level is the very system, the hierarchy, through and by means of which that good practice is supposed to happen. Often you find senior managers almost allying themselves with the “bottom” of the hierarchy - where the ground level workers and the service consumers both are – against the “middle,” seen by both top and bottom as a source of inertia, resistance to change, bureaucratic obstructiveness, etc.

Nigel Crisp the NHS Chief Executive passed my original letter to Jonathan Millman, Head of Estates, effectively his Deputy. The decision that NHS Estates should fund the re-print was made by Jonathan Millman. The will for *Poems for the Waiting Room* to be adopted and made available to patients across the nation is thus expressed at the highest possible level of the Health Service. I too, of course, want to maximise this opportunity for the poems to reach out and speak to great numbers of my fellow citizens, irrespective of where they live, sitting in the waiting room.

How to ensure, then, that the system that stands between Nigel Crisp/Jonathan Millman and my neighbours in waiting rooms all over the country, acts effectively to make the poems equally available in each area ? Is it acceptable that in some parts of the country the system fails to put the poems on display, due to local failings or circumstance or managerial differences of taste ? Surely not.

Therefore, promoting the poems in this phase has included hints and suggestions that *Poems for the Waiting Room* is not just an idea that’s on offer and which might appeal to some people. Though I have made clear that I do not believe that a directive as such should be issued, I am fully conscious of what I am doing, in the current managerial climate of the NHS, when I mention in my promotional letter that NHS Estates is funding this phase and quote Prince Charles. (see Appendix Two). I am applying some pressure. I am adding to managerial harassment.

Thus, I too have reached for the management tool in this phase of the project’s development. Indirectly and by inference, I have used the hierarchy. I am unsure with what benefits. I have certainly experienced a fair amount of the negative consequences of being placed in over-full in-trays and will briefly describe some of these in the next section (Distribution).

I shall now list the particular forms of promotion undertaken so far to publicise this phase of the project.

### **A/ Poetry Readings**

A reading took place on February 1<sup>st</sup> 2002 in the foyer of Mayday University Hospital. Andrew Motion, the Poet Laureate, Debjani Chatterjee, Rashida Islam and myself were the readers. Andrew Motion refused the fee I offered him. Abigail Cambell and Gary McKeone came along from the Arts Council.

The reading was part of a series of six funded by the Association of London Government, whose purpose was to promote the project in four South London Boroughs (Croydon, Bexley, Bromley and Merton, who also contributed financially). Pictures of the readings feature throughout this report. The opportunity was also taken to use the Mayday reading to promote the national re-print and accordingly it was featured in *The Guardian* and *The Times*. Debjani and Rashida, both effective in their local bases, managed to get the story into their local papers as well – in Sheffield and Doncaster respectively.

At the very least, this reading led to and secured the poem's imaginative display in Mayday hospital. It caused great excitement there among its senior managers and featured large in the hospital's next newsletter. The poems have been well displayed across this busy hospital ever since. And although I cannot say with certainty that occasional enquiries and requests I've had since from GP surgeries in the area are the direct result of the reading (for the initiative has been publicised in various ways locally), there is a realistic chance that it has stayed in minds, entered conversations and influenced local action.

### **B/ Organisational newsletters and web-sites**

The next promotion was internal to the NHS. Annette Clark works to Jonathan Millman in the central NHS Estates Department based in Leeds and had the task of facilitating my work on the NHS's contribution to the scheme. I wrote a piece about the project for the Estates quarterly newsletter which Annette produces and which goes to all Chief Executives. Andrew Motion provided both a quote and his photograph. Another piece (slightly inaccurately) describing the project was produced for the online NHS newsletter and can still be found there. It is brief enough to be quoted :

#### **“Poetry Please**

Health care services across the country are recognising the therapeutic value of poetry in a series of initiatives designed to entertain and provoke.

Specially commissioned poems are going on display in health care waiting rooms in the Mayday Healthcare NHS Trust in south London.



The Poems for the Waiting Room project has been jointly funded by a consortium, including the Arts Council and local councils, and is managed by charity Hyphen-21.

It has commissioned 50 poets to produce poems for display on posters. These works, plus additional pieces, will be distributed nationally after funding from NHS Estates.

Doncaster and South Humber Healthcare NHS Trust psychotherapy service is also taking part in the project with a special emphasis on material to assist in discussion at therapy sessions.

The 30 poems are selected from well-known writers such as William Blake, as well as lesser-known poets, and cover a wide variety of themes and emotions.

Acting team leader Carole Hirst said: "The initiative has developed rapidly since it was introduced, but perhaps the most encouraging outcome is that some patients, and on occasion their partners and children, are now writing their own poems."

This article led to at least one enquiry, from a senior manager of a Strategic Health Authority, interested in large numbers of the poetry packs.

### **C/ Distribution of Poem packs to NHS Chief Executives.**

As far as I know, this idea was suggested initially by Annette Clark of NHS Estates. But the same or a similar idea could have occurred separately in the Arts Council. It was from here that I was contacted in early November 2002 and told that funding was available to help distribute 1 pack of poems each to 500 NHS Chief Executives - as part of a wider mail-out promoting various Arts/Health initiatives. I understand that the book "The Gift" was included, plus a video.

Accordingly I put 500 packs together in jiffy bags and drove them in a small rented car to the distribution company in Basingstoke on November 19<sup>th</sup>. On my return trip to London, the car felt positively buoyant !

There was a definite flurry of interest and requests soon after the mail-out. They came from all over the country and varied from senior managers to first line managers to GP's, which means that where a few Chief Executives kept the issue in their own office, most who responded "cascaded" the information down the local hierarchy and out into the local primary care health centres. Those interested then contacted me.

I would make various points concerning the response to the Basingstoke mail-out that I received :

The "cascade" approach is standard in any large organisation and must be expected. The problem for the outsider is that one cannot know nor can one control what is the information that is cascaded. It may be simply a passing down of everything you sent yourself. Or it may be a summarised covering note, possibly even inaccurate.

Certainly, all the expressions of interest and requests for packs that I initially received that were clearly the result of the Basingstoke mail-out, needed considerable further correspondence to enable me to make clear what was available and to mention the need to pay postage. When the latter was mentioned, several enquirers failed to come back to me. I do not think it was the expense which put them off, for this is minimal. I think it is the complication and slight extra hassle that turns them away - people who never stop running and who never catch up with their To Do list.

Partly in consequence, and partly because busy people are often slow to reply (this includes me), a significant number of inter-actions took several months to pass from the stage of the original contact to a delivery of the desired number of poems.

For example, HS first expressed interest in early December 2002, following the Basingstoke mail-out and the local cascade that followed. From the north of England she wrote : "Part of my job is overseeing Art in the hospitals. It has been brought to my notice by our Communications Manager that you have available a set of 100 poems

entitled Words Worth Waiting for - Poems for the Waiting Room. I would be very to receive more details about this as we have several waiting areas in the hospital where it would be nice to have something for the patients to ponder over.”

It took three months and five further messages to establish what was available, what were the local opportunities and needs, and to prepare the ground. And in her fourth message she wrote : “I am personally very 'into' poetry, hence my interest in your project. One of my favourite authors is Edna St. Vincent Millay followed closely by Christina Rossetti but I doubt their poetry will be in your collection as they are both a little depressing at times.”

So despite the mail-outs, the cascades and the climate of directives, we still keep coming upon the enthusiast. I believe the project will continue to find them and to rely on them. HS decided to take delivery of three packs and was going to try them out in the Oncology Unit. First, though, she needed to talk to the Consultant there. She said she'd let me know how things went but has not. During the writing of this report I emailed her for an update but have received no reply.

I hope the point I am making here is clear. I am making it partly also to remind myself for when I get anxious - that this project needs time and a great deal of detailed care for it to succeed in each and every case, for poems to go up successfully in each sensitive site. You can't just chuck the packs about the corridors of a great and pressured organisation and expect them to arrive successfully and instantaneously on the walls of its waiting rooms.

The response that can be traced to the Chief Executive mail-out lasted until May 2003. It can briefly broken down as follows

Total number of requests.....	40
Total of packs sent out (excl the 500 sent originally to the Chief Executives)..	385
(Number of hospitals to receive packs.....	10
Number of Health Centres to receive packs .....	16
Other Centres who received packs.....	11)

The recipients under the heading “other” include an interested MP, two MIND Centres, a Community Centre, a University library, a community magazine, an old people's home, a specialist children's centre.

The large discrepancy between the total number of packs sent out and the much smaller combined total of identified hospitals, Health centres and recipients under the heading “Other,” is explained by the fact that the total includes the 300 packs delivered to Birmingham's Peter Spilsbury. He sent on 10 packs to each PCT and Provider Trust in his area. I am not in a position to know the destination of each pack.

(The distribution figures for the total period are brought together in Appendix 3)

#### **D/ Peter Spilsbury and NHS Modernisation**

Peter Spilsbury now works for the Birmingham and North Country Strategic Health Authority. The Strategic Health Authority is a relatively new NHS construction and came into existence soon after the Millenium, alongside the much smaller Primary Care Trusts (PCT's). The Strategic Health Authority is a co-ordinating body in the

hierarchy of NHS purchasing and monitoring and each one oversees the practice and strategies of a significant number of PCT's in its catchment area. Each therefore covers, if not a large geographical area (these vary), then certainly a large population. There are about 30 Strategic Health Authorities in the country.

Peter Spilsbury's job description includes acting as the lead officer for Modernisation in the Birmingham catchment area. Modernisation has been a buzz word in the NHS since New Labour came into power. The NHS needed to improve, needed to "modernise," across a whole range of fronts, in order to meet the needs of the modern-day population.

When I wrote to Peter Spilsbury in November 2002, I knew about Strategic Health Authorities and I'd heard the word "Modernisation" spoken in large numbers of offices, but I did not know that he worked in one of the former, nor that he had a job that included concentrating on the latter. I did not such jobs existed, in fact.

All I knew was that Peter was responsible for the idea of "The Gift." This book had included several PWR poems and had recently been distributed free of charge to thousands of NHS staff in the Birmingham area.

I wrote to Peter for his ideas on how best to distribute the Poems for the Waiting Room project around the NHS. The reason I singled him out was that I felt his response was likely to be sympathetic and creative. I am going to copy my letter here in full, as it contains all my ideas to date for how to promote the poems.

November 4<sup>th</sup> 2002

Dear Peter Spilsbury,

As a contributor to "The Gift" I would like to congratulate you for having had this extraordinary idea in the first place, and for your part in a very impressive end-result.

I am writing to tell you that I now have a large number of packs of poems to give away, each poem carefully selected for healthcare waiting rooms. The venture is funded by NHS Estates and by the Arts Council. The aim is to distribute them as widely as possible across the NHS.

The packs consist of a hundred poems each, printed in two colours at A4 size. Fifty of them were specially commissioned for this project by David Hart, each sharing the topic of waiting. The other fifty are similar to the Poems on the Underground range, though they include about ten poems especially for children. I suspect you've met David and have probably seen at least some of the poems.

The reason I'm writing to you in the first instance, is that I would like your thoughts on (and help with) how best to advertise the idea amongst Birmingham staff at all levels, so that the packs have the best possible chance of going to places where they will be displayed with flair and enthusiasm, so that people will have a chance really to see the things.



The approach I have favoured up to now is to send round a flyer, maybe by e-mail, to all hospital departments (and all community agencies the Trust might be in touch with, such as GP surgeries, day centres, etc.). I can supply the flyer, though it might help if it were supported by a letter of support from a senior manager.

Interested departments/units should then contact me direct and I would send a pack to each one. Alternatively a particular hospital might prefer to display the poems to a “corporate” format and take centralised responsibility for changing the poems over regularly (Mayday University Hospital, Croydon adopted this approach - I was suspicious at first but the results were actually very successful).

Depending on the site, the poems can go up in framed groups, or be enlarged to A3 and displayed in a single A3 frame ; as well or instead, they can all be displayed together in a ring-binder file that’s left on a table among the magazines.



I have completed an evaluation report for the King’s Fund on the project, which has recorded some remarkable findings as to what some sites or workers have done with the poems and what their impact has been. If you are interested, you can find the report on [www.charts.force9.co.uk](http://www.charts.force9.co.uk).

Three findings that I have especially noted - the poems seem to have been especially meaningful for elderly people and people who have mental health problems ; also - if the system is wise enough to encourage it - the poems speak to staff too.

And do they belong only in waiting rooms ? How about staff toilets ? The sitting rooms of old people’s homes ? The private sitting rooms of people supported by Assertive Outreach teams ?

I am hoping to get funding further to promote the idea by holding readings in relevant health sites. Interested ? And if you have any ideas for how I might get core funding, please let me know.

I shall finish this letter with a quote from “The Gift.” Maida is being treated for cancer.

*The radiotherapy waiting room is low and mauve with charmed foliage surviving the terrible heating. Fingers of sunlight stretch through the cracks in the blinds.*

*Maida has come here every day, at the same time, for twenty five days.*

*She’s read all the magazines. She’s familiar with the inner thoughts of Lady Diana ; her gold teeth, her underwear. She knows how to upholster an old settee, and how to grow ornamental plants on small patios. She is intimate with the sexual problems of rich and famous personalities.*

*She has wandered the wide room looking for the articles that she hasn't read, only to find the same lipsticked faces looking up at her, increasingly dog-eared and thumb-marked.*

*In the end she just sat, watching the faces of the living, who like her, came every day to wait...*

from *The Treatment* by Julia Darling.

I hope to hear from you

Best wishes  
Rogan Wolf

Peter's response was to suggest that I deliver 300 packs to him. He would then distribute ten packs each to the 30 Trusts in his area. He reasoned that although some packs might just disappear into cupboards, the risk was worth it. He suggested that the alternative – to advertise the scheme locally and invite those interested to contact me direct and individually, might prove “a bit of a bureaucratic nightmare.” I myself knew by now that this approach, tried in the Chief Executive mail-out, had not been particularly successful anyway. From my point of view, the main attraction of Peter's idea was that Peter's promotion of the scheme in his own locality would be based on a network of established working relationships and would therefore be strengthened by that familiarity and his credibility there.

The plan took several months to put into practice. The poems were delivered by van in May 2003.

Afterwards, I asked Peter whether he knew of others in the NHS who occupied roles like his. Then he told me that every Strategic Health Authority in the country has someone in his position whose task it is to forward the Modernisation agenda. These individuals come together regularly and have a co-ordinator. Peter said I could use his name.

This led to my idea of contacting each of these individuals with an email, describing the project and suggesting for each Strategic Health Authority the distribution strategy followed for Birmingham. I had to wait some weeks for the list of addresses, since this was being updated. The email (see Appendix Two ) went out in two waves in July and August.

The email to the NHS Modernisation “leads” has proved the most successful promotional venture to date and is still the main focus of the project. The response that can be directly attributed to it is still coming in. The next section will show, however, that there are still major gaps and problems.

## **Distribution**

This section will deal in the totals distributed since the new pack was printed in Autumn 2002. It will then look briefly at some of the features of the response to the latest mail-out and conclusions that can be drawn from the findings so far.

The total number of packs that have gone out since the re-print is **1,211**. This includes the 500 that went out to the Chief Executives last year.

The total is thus considerably less than half the number originally printed and I therefore cannot claim that the problem and task of promotion and distribution have been solved or anywhere near accomplished.

On the other hand, each pack represents potentially a display of meaningful poetry in a place where large numbers of people gather. Even if we exclude each one of the Chief Executive 500 (and we may not be justified in doing so), we can safely assume a major step has been taken in extending the audience for this project. And certainly a good deal of learning has taken place.

Some of the requests for the packs, especially the ones that have followed the latest promotion, come from people in a senior position in a PCT or other Healthcare Trust and are requests for the poems in bulk, at least ten packs at a time. It is unclear in these cases where the packs will end up, whether in a GP surgery or a hospital. It could be in either, or maybe somewhere else altogether.



These latter requests must represent lesser equivalents of Peter Spilsbury's strategy, with someone farther down the hierarchy than Peter, mostly at the level of PCT, taking responsibility for promoting and distributing the packs in his/her own patch.

However, in some localities, both Health Authorities and Primary Care Trusts have clearly cascaded the information all the way down, for, following both the Chief Executive mail-out last November and the Modernisation mail-out this July, requests have continued to come in from ground level - usually from GP practices. There have been 41 requests that came direct from this source. There have been a few other community contacts besides the Health Centre ones and I find these particularly attractive, since the contact person in each case has clearly been in the position of team leader and has clearly been an enthusiast — which leaves me confident that the pack I sent will be used creatively. One example runs a Health Visiting team in South East London ; another runs a community mental health team in Hailsham.

Requests that come from hospital addresses vary greatly and only in some cases is it clear whether the poems -are destined for that one building, and as part of an overall strategy, or whether they will be distributed to outlying healthcare agencies in the area, or for that matter, whether they're going to just one department within the hospital. The same variety featured in the earlier evaluation, as far as hospital bases were concerned.

Thus, I know that the 10 packs I sent to the Arts Manager of the Queen Elizabeth Hospital in Woolwich last year were part of a hospital wide venture whose focus was Mental Health Day.

I have recently delivered one pack of poems to the Royal Brompton Hospital in

Chelsea, at the request of the Arts Co-ordinator there. Presumably she is thinking of displaying the poems hospital-wide. I know she is still looking for frames to put them in.



The three packs I sent north to HS (mentioned above) were going to start work in the Oncology Department.

A single pack was sent to a Day Hospital in Whitchurch Hospital, Cardiff, at the specific request of a nurse who works there. I believe it is a psychiatric unit.

Two packs went to the Chelsea and Westminster Hospital, destined specifically for the Children and Young Families Psychotherapy Clinic.

As can be seen, the variety of requests is as ever enormous and I obtain only these occasional glimpses.

I shall briefly give some more figures specific to the recent Modernisation mail-out, before going on to discuss some of the implications and learning that accompany this latest approach to distributing the poems.

The most important figure to come out of the recent mail-out is that just **one** Strategic Health Authority of the thirty odd I contacted has followed the example of Peter Spilsbury and requested a large number of poem collections to be delivered to its offices. This is Lincolnshire. One hundred packs of poems are soon to be delivered there.

Three other Strategic Authorities are clearly taking a co-ordinating role : West Midlands ordered 20 packs by post ; South West London and Bedfordshire and Hertfordshire 10 each. But this is working on a far smaller scale. There is no comparison between the size of operation represented by a Strategic Health Authority and that represented by a PCT.

Despite my heavy hint in the email I sent out, all the remaining Strategic Leads appear to have simply cascaded the information around their areas. Most of the response I have received since the mail-out has come from PCT's ; most of the quantities I have been dealing in have been boxes of 10 packs each sent to those that have decided to go ahead. This involves me in paperwork (large numbers of invoices etc) I had hoped to avoid, but has proved inescapable in the event.

The packs that have gone out since the Modernisation mail out number **326** (I am including the forthcoming Lincolnshire delivery here, but not the Birmingham one !)

They have been distributed as follows :

Lincolnshire Strategic Health Authority	100
Southam and West Devon Primary Care Trust	30
The Princess Royal Hospital, West Sussex	10
Rotherham PCT	24

Mansfield Community Hospital	10
Notts Healthcare NHS Trust	10
West Midlands Strategic Health Authority	20
Central Cornwall PCT	10
North Cheshire Hospitals NHS Trust	10
E Sussex County Healthcare NHS Trust	10
Kingston PCT	10
Birkenhead and Wallesley PCT	10
SW London Strategic Health Authority	10
Sussex Downs and Weald PCT	10
Bedfordshire and Hertfordshire Strategic Health Authority	10
Bassetlaw PCT, Notts	10
Stepping Hill Hospital Stockport	6
Newton and Haydock Locality	8
N Hampshire Hospital Basingstoke	2
Mount Vernon Hospital, Barnsley	2
W London Mental Health Trust	1
Royal Brompton Hospital, Chelsea	1
W Middx Hospital NHS Trust	1
North Essex Mental health Partnership NHS Trust	1
Camborne and Redruth Community Hospital	1
KSS Confederation, Brighton	1

The remainder of the packs that have gone out during this phase totals 8. Their destinations have been : a Health Visiting Team and Community Mental Health Team, 2 “Relate” Offices, 4 Health Centres.

These figures represent a considerable amount of work my end and an unknown amount of work in the NHS bases concerned, much of it still to come. For it should not be forgotten that each decision to request a pack of poems is often the culmination of an extensive process of consultation, planning and thought in the site or organisation concerned. The evaluation report has shown that in some cases it can even involve, trigger or be the emblem of a complete culture change across a department.

And although I have frankly been frustrated at my failure to persuade the Strategic Health Authorities to replicate the “Spilsbury model” (so much easier for me and such fun to do !), and have been bemused by the inconsistencies between Health Authorities in their response to my mail-out and in their estimates of the numbers of packs needed (can it really be true that NHS patients in Birmingham and Lincoln are more *poetic* than elsewhere in the country ?), I simply don’t know how much each has been doing to spread this idea.

I do know, for instance, that, following my email, at least two have conducted their own autonomous promotions of the project in their newsletters. The Cheshire and Mersyside Strategic Health Authority is one of these and has this to say in the 11th edition of its Modernisation newsletter (undated, but obviously recent).

### **‘Words Worth Waiting For’ : Poems for the Waiting Room**

NHS Estates recently funded the Poems for the Waiting Room project, in partnership with the Arts Council of England, the Kings Fund, London Arts and Northern Arts and the Poetry Society. The aim is for NHS waiting rooms to offer a more personal welcome to their patients (and NHS workspaces a more inspiring setting for their



staff) through well presented and carefully chosen poems on display there, either on a table or on the wall.

The collection consists of 100 poems, each attractively set out on an A4 sheet and come free of charge. Half were especially commissioned by the poet David Hart, all on the topic of waiting. They include poems written in Gaelic, Hindi, Urdu and other languages – each with an English translation beside it. The second fifty consist of selected poems from all periods and traditions. Some were selected especially for children. The project is managed by Hyphen -21, a charity concerned with supporting community and social care. Its web-site address is [www.charts.force9.co.uk](http://www.charts.force9.co.uk).



For more details, contact Rogan Wolf at Bishop Creighton House, 378, Lillie Road, London SW6 7PH (0208 871 4020).”

This is careful work and represents exactly what I once thought was the best way to promote and distribute this project. I do not know how many other Authorities have promoted the idea in this or similar ways. Perhaps several.

Nevertheless, there have been major disadvantages in this latest strategy for promoting and distributing the poems, not merely the fact that it has failed to fulfil my hopes of a nation-wide tour by Combo van, nor that it has still failed to attract a demand for the poems that comes anywhere near the number of packs available or numbers of patients nationwide we hope the poems will reach.

I have mentioned the inconsistency of response. It cannot be the case that patients in one part of the country will value the poems more than in another. But it is often the case that in narrow and steep hierarchies, an idea can prosper or struggle depending on the receptivity and energy of a relatively small number of people at the top of each one. The top of each pyramid offers the lead ; but too easily it can also cause a blockage.

In going to the Modernisation leads, I reached out to people in the “Development Manager” role ; and certainly this increased the chances that the idea would be thought about and acted on by people across the country specially recruited and paid to think creatively and be intent on re-vitalising practice on the ground.

But still I am dealing with people under enormous pressure who are near the top of a system which itself is under enormous pressure. Although some of the responses have been positive and creative, many others have been from a hasty Personal Assistant delegated to ask about a project s/he knows nothing about, who has seen none of the information I have sent and has no real time to spare for it. In these (many) cases I have virtually had to repeat all the information that was sent in the first place. We are not dealing with the “enthusiast” here, but the harassed functionary rushing through

his/her "To Do" list. *Poems for the Waiting Room* will never feature near the top of that list.

And suddenly I was faced with a comment from one of the Strategic Health Authority managers which touched a nerve and gave me a shock. – “ *We haven't had very much interest and there is a feeling that to keep people waiting and then give them a poem to read about waiting is rubbing it in a bit!! - but perhaps we've got the wrong end of the stick! - Many thanks*”

I had not thought of that as a possible response among staff and had not met it before and have not since. But it was immensely revealing and, on consideration, absolutely understandable. Waiting Times is a topic on which the NHS is most sensitive and most open to attack – from managers, from newspapers, from politicians. The phrasing of the comment does not suggest defensiveness on the part of the speaker ; on the contrary it expresses sympathy for the patient. But I was struck with the possibility that for some staff this project might just conceivably be another way of criticising them for keeping people waiting. None of them is ever likely to voice this suspicion openly. But to promote the project carelessly, too bureaucratically or without addressing this possible response, invites an unspoken resistance that may be based on it.

Rather than go further along this line, I cannot do better than finish a discussion on methodology by quoting two sequences of email message.

The first sequence comes from a person called a Primary Care Development Manager. She works for a Primary Care Trust. The poems will therefore be going to the GP practices in her area.

The sequences of messages reveals some of the stresses and strains of a NHS manager. It also illustrates yet again that every delivery of poems involves a complex process and each of these processes can take a great deal of time. This one has taken two months.

7<sup>th</sup> Aug

*What a wonderful idea.*

*Please supply me with (initially) twenty packs of the poem for distribution to our practices and clinics.*

*Will it be possible to obtain more if demand is great, or are they available by email or on disk for printing off as required.*

*My address is : .....*

22nd August

*Yes please - Please let me have 10 sets initially. I will then circ details to my practices (30 in total) and let you know if I need more.*

*My address is : .....*

9<sup>th</sup> October

*Invoices - what invoices - there was no mention of this when you advertised the availability of these poems. Any cost should have been made clear up front. What is the cost per pack please. The 10 packs I requested have been received today (National Poetry Day) but I will have to return them if costing too great. You had given the impression that they was no charge involved.*

*I look forward to hearing from you very soon.*

10<sup>th</sup> October

*Thanks - no problem with paying the postage - I was expecting that, but your email of yesterday gave the impression that there was a charge for the poems rather than delivery. I am usually very careful not to commit to expenditure I cannot meet and was sure we had discussed that before I requested any. I'll have a cheque off to you.*



*The NHS rarely has money for the nice things and it is a real treat to have these poems to share with the practices/patients.*

*Sorry for the break in communications. I was on leave 5 - 21 September and have been at a conference for 3 days this week - trying to catch up and get ahead at the same time just does not work.*

*Best regards.....*

In the second sequence I am in email conversation with the Modernisation Lead Officer of a PCT in Lincolnshire. It turns out that local Strategic Health Authority has delegated to her the task of negotiating the delivery of the poems to the whole area. My own comments constitute my main questions and some tentative conclusions on progress so far. She in turn offers some extremely valuable insights into how the system works and what our next steps should perhaps be.

From R Wolf 3<sup>rd</sup> October

*I'd need a couple of weeks to get the packs packed. If you were to let me know the numbers you want, might we say late October ? Obviously I'd pin myself down to a date and a time once we've agreed more details.....*

*Whatever you decide on packaging, I'd love it if you wanted a van-load. Believe it or not I've never seen Lincoln Cathedral or visited Lincoln come to that. I know that the Cathedral is one of the most spectacular ones. My favourite up to now is Ely.*



*I can't understand why you might want hundreds and others just want 10. Are people more poetic in Lincoln ? The take-up across the country really has been so inconsistent and leaves me feeling I've failed to publicise it in the best way. Any thoughts ?*

*Best wishes*

From NHS Manager 16<sup>th</sup> October

*I'm interested in the uptake issue. To be honest I'm doing this on behalf of Lincs. and I've had a variable response from colleagues from other trusts in Lincolnshire but it just seems to me to be such an easy way of improving the environment that I'm going ahead and ordering on their behalf anyway. I think the problem is that there are so many major initiatives kicking off at the moment and this has kind of slipped in during the middle of CHOICE and all the rest and just not been very high on people's agenda. I don't know what else you could do although for Trent SHA I'll raise this with the SHA lead for PPI next week when I see her and see if we can do anything through the SHA PPI network to encourage take up.*

From R Wolf 16<sup>th</sup> October

*Thank you so much for your helpful thoughts and I think your decision is right to just go ahead. People need to see the things and then often, surely, it's oh yes, that's obviously a good idea.*

*One little thing though. Each site needs its own enthusiast. I do go on about this, I know. The enthusiast could be a receptionist, a doctor, or the hospital Chair. Someone who really likes the notion enough to push it and select the frames carefully and keep changing the poems over. The evaluation is full of good stories of what can grow from and around this idea - if it's supported right. If it's just delegated to someone who can't refuse and who thinks secretly the whole thing's silly, it won't go anywhere.*

*And if the Chair's the enthusiast, that's easy. Mayday in Croydon is an example of this and it does seem to have made things go with a swing there.*

*But how you marry up the going ahead, the let's just do it approach, with the need to find the enthusiasts, still eludes me a bit. In the early stages we kept getting publicity and then it was easy. Following the publicity, usually in the Guardian, people from all positions of the hierarchy and from many different occupations in the NHS - the enthusiasts - just approached me direct and I sent them the packs. Dealing now in larger numbers and pro-actively requiring the system to search out more enthusiasts, is harder.*

*One way that worked at the central Middlesex, was that the Arts Officer there sent round a flyer to all the hospital departments. Who wants a pack ? Lots of enthusiastic requests came back.*

*Another thought I've had is that I should try to get funding to do regular promotional readings round the country, using local poets and choosing a local suitable healthcare site in each case - just to keep jogging people's memories and minds as to the availability of this thing - and its potential.*

*But knowing as I do now that these poems really do (or can) reach out to people and make a difference, I feel I have no right to fail to solve this distribution riddle. In a*

*sense and to an extent, the promotion/distribution issue is still acting as a blockage rather than a conduit. How can we successfully get them out to the people they are for ? Once they are out there, they will prove their worth.*

*At the same time and undeniably, the poems keep going out. Here are 100 more packs going out, thanks to you. I am a social worker, incidently. I've worked closely with the healthcare system all my life. I know what the pressures are and how thickly and how fast the changes and directives keep coming.....*

From NHS Manager 19<sup>th</sup> October

*I think you're right. You need someone senior at either PCT or health community (e.g Lincolnshire) level to take the lead on this and get organisational commitment but at a practical level to then get best use out of these you need operational enthusiasts in the clinics and reception areas who will make sure that they are displayed to best advantage, changed around, etc.*

*On that one, we're developing good practice boards to improve our communication with people who use our services about the people providing the services , the services we provide and how we improve them based on patient and carer feedback.*

*“... It's something like that I'm trying to say... surely if poetry means anything, it should connect us in unexpected and risky ways.”*

*David Hart  
Poet*

*A nominated individual will then have responsibility for those in each site. I'm intending using those individuals also to support this initiative. Interestingly, I spoke to a colleague in our acute trust, from which I'd had no feedback up to now on this, and told her that I was ordering packs for them and she was absolutely delighted and is already planning collection and distribution around the hospital. Sometimes you just have to give people some help onto the ladder and then they overtake you!*

*I hate to disappoint you by the way but I'm based in Boston not Lincoln. You won't therefore have a chance to see Lincoln Cathedral. However, we do have the Stump which is well worth a visit. Can I just suggest you don't plan to come on a Wednesday as that's market day and Boston is jammed. Coach loads of people are brought in from the surrounding countryside and the traffic is really heavy - it takes about three times longer to get in than any other day.*

*I'm happy with the estimated cost. If you're okay coming over here then we'll go with the van option, if not let me know but we'll go ahead anyway.*

Before finishing this section I should like briefly to record some other feed-back that has come my way in the last few months as a result of distributing the poems.

This comes from an Assistant Chaplain :

*“Dear Mr Wolf,*

*I have a set of your "Poems for the Waiting Room" which I am enjoying very much. You have made some fantastic choices and I am looking forward to being able to make use of them.*

*I work as part of a chaplaincy team at the West Middlesex University Hospital and Ealing Hospital. These hospitals are in a culturally and religiously very diverse area: many Hindus, Muslims and Sikhs. We are wondering what further poems you have available in Indian and Arabic languages with English translations ?*

A similar concern is voiced by a Health Centre Practice Manager working in an area near to where the chaplain works :

*We would like to take you up on your offer of providing poems for our waiting room. We have a large contingent of asylum seekers from all parts of the world coming in to the surgery so English and other languages would be great.....*

Both these last messages confirm the relevance of the new collection presently being put together, which will greatly increase the range and number of poems written in “minority”languages.

Lastly in this section, I wish to mention the fact that last year a well-known London hospital specialising in serious illness and associated with excellence began displaying the poems on a trial basis in one of its units. This step has taken four years to achieve. I mention it to make the point that in particular cases the implementing of the *Poems for the Waiting Room* project is an ongoing process, running alongside the various new implementation strategies and initiatives.

One can only guess the reasons for the length of time it has taken for this particular hospital to adopt the idea : perhaps because the hospital is much in the public eye and its managers are therefore especially wary of attracting criticism ; or the seriousness of the illness it deals with creates in the staff a particular caution as far as new initiatives for the patient population are concerned, an acute awareness of the fragility of things ; one can even wonder whether the idea of poems that express feeling seems particularly dangerous in an environment all too familiar with extreme emotional situations, which staff perhaps have to keep in check in order to get through their working day...

If this is true, it is of course ironic that in a place where life-threatening illness is the day-to-day norm, poems are seen as somehow dangerous. Surely the danger lies in the illness...

Whatever the reasons, the example gives us another reminder that implementing *Poems for the Waiting Room* takes time and needs care.

## Conclusions and Recommendations

Since the printing of 3,000 packs of poems about a year ago, a significant number of packs have been distributed to healthcare sites around the country. Where previously, after four years' work, 500 packs were the maximum possible total that could have been displayed in health sites, the last year has seen the distribution of a further **1,211**.



Nevertheless this represents less than half the total printed last Autumn and the distribution is therefore far from accomplished.

There are many more than 3,000 health and social sites around the country that would be suitable for the collections and would benefit from them, and there is therefore no question that too many poems were printed.

The conclusion must rather be that this is a process for which time is needed and various approaches to distribution tried, perhaps on an almost permanent basis. For although *Poems for the Waiting Room* is very much part of a wider change process across the NHS, it still represents a cutting edge and wherever it is encountered by NHS staff, it requires a response which in many cases will still simply not be forthcoming. For some, the idea will seem suspect and, for others, peripheral. It is therefore not just a particular task to be carried out by busy employees, and never can or should be; rather, it is part of, will help forward, but also slightly depends on, a change of culture at all levels. At the same time, though, among all the meetings, targets and traffic lights, no NHS manager can put this project on top of his/her priority list, however personally excited s/he might be by it.

Furthermore, during the past year, the project has twice been extensively promoted across senior levels of the NHS – first among Chief Executives and second among the Modernisation Leads. Each approach has yielded positive though patchy results and it should also be noted that although the response to each tends to be largest in the first few weeks after the event, individual responses do then keep coming, often long afterwards, so that each promotional initiative can be seen as a long term investment, not just as a distinct short-term operation.

Nevertheless, there is a danger of overkill, and it may be that the tops of the hierarchical pyramids should be left alone for a while. They do represent, after all, the narrowest parts of the structure. It is likely that, when the Chief Executives were presented with the packs last Autumn, several of them will anyway have cascaded them to the Modernisation Leads as a matter of course; so that when the second promotion went out this Summer, some of those people will have met the idea already.

It is perhaps necessary, therefore, to begin to see the promoting of the idea and the distribution of the poems, not as a time-limited operation but as an ongoing process, approaching different parts and levels of the NHS and other organisations

as the opportunity arises. Thus, I only learned of the existence of a Modernisation Lead network and structure a short while ago. In the meantime another new NHS role and network has been coming into existence, called PALS - Patients Advice and Liaison Service. This role functions much lower in the hierarchy and its holders are more numerous than the Modernisation Leads. It is responsible for making the NHS more accessible to patients and “patient-friendly.” Already in fact, several Trusts and Authorities have responded to my promotion to Modernisation Leads, through their newly-instituted PALS worker.



In the meantime, as the Arts-Health movement continues to develop, so more and more Trusts and Authorities have employed Arts Development Officers. Obviously, large numbers of these have already heard of *Poems for the Waiting Room* by various means ; several have asked for the poem collections and been the project’s champions and initiators in their respective bases. But this is another NHS role which now has its own communication networks, and whose new practitioners are likely to respond to *Poems for the Waiting Room* with more personal awareness of its possible applications and more time for its careful implementation, than busy managers at the top.

As the NHS keeps evolving, so different opportunities for access keep emerging. And the conclusion seems inescapable that these different opportunities will need to be seen and taken on a continual basis for the general aim of gradually acclimatising the whole of the NHS to poetry to be realised.

Furthermore, there have been numerous examples of people contacting me who are managing the renovation or setting up of a new Health Centre or Hospital Department. In these cases, when presentation is already uppermost in people’s minds, and fresh ideas are actively being sought, it seems natural for the *Poems for the Waiting Room* to be taken on board. This is likely to continue to be the case, so long as an ongoing promotional programme keeps reminding staff that the project exists.

But what of those sites and Trusts in which the project has been operating for a while ? What if the original “enthusiast” has moved on ? What if the routine of rotating the poems has been forgotten or has dropped off the “To Do” list of the person delegated ? Surely, the project needs to be promoted across this vast national organisation on an ongoing basis, not just as a way of being introduced, but also as a way of being refreshed.

And the final thought that has brought me to the conclusion that the *Poems for the Waiting Room* project has a long term role, even if only to accomplish its implementation across the NHS, is that it still relies on individuals. It is a particular person’s enthusiasm and flair in each case and situation that makes the difference between a successful implementation and a mere gesture. Although it may be true that this person is more likely to be found in the role of an Arts Officer, a PALS worker or a Modernisation Lead, the role does not always guarantee the true personal interest and there are many in different roles who might wish to involve themselves.



We have seen, for instance, that only one Modernisation Lead has so far followed Peter Spilsbury's example. And in the meantime, the story of the project as a whole has kept throwing up individuals in all sorts and variety of roles who have given their own creative excitement to initiating *Poems for the Waiting Room* at their site – the Trust Chair, the Prison Governor, the Health Visitor Team leader, the support worker of a mental health night shelter....

It will therefore be necessary to continue to highlight the project by all means possible - in order to maximise its chances of reaching and reminding those particular individuals, whatever their roles.

Mail-outs are one means. Publicity is another. And a third is readings in healthcare sites, an idea piloted last year in South London (see pictures throughout this report). The success of the South London readings do suggest that a rolling programme of readings in healthcare sites in different regions of the country, using local poets, would be a useful way of bringing local publicity to the project and spurring and reminding local health personnel of its potential.

A previous application to the Arts Council's Touring Fund for this purpose was unsuccessful, largely because the application had to include core funding. If core funding can be found from another source, it would seem reasonable to explore the readings possibility again as a useful and creative way of promoting the project, if possible as an ongoing operation.

So far in this section I have discussed some of the implications of seeking to distribute the re-printed poems across the NHS. And the main conclusion I have drawn is that it requires not just more time for completion, but an ongoing active presence to ensure the poems are properly, creatively and continuously displayed.

But also the project continues to generate its own development in ways that suggest and would seem to justify long-term funding. Thus, on the evidence of the present distribution, the important *new* collection due out in the Spring, (if it secures full funding) will be only partially distributed by the time the funding deadline is reached.

As mentioned in a previous section of this report, the new collection will combine 25 poems from ethnic minority languages and a further 13, one each from the countries presently joining the EU. This venture is being part-funded by the Foreign Office, and follows a wider proposal I put to Denis Macshane, the Minister for Europe, earlier this year. The proposal is for *Poems for the Waiting Room* to go international, with international funding, so that the poetry of all nations can be translated into the languages of all other nations and displayed in their waiting rooms.



The purpose here is slightly different from the original purpose of this project, which was largely to make the waiting room a more human, even a more inspiring place for those having to sit (or work) there.

This purpose will not change, but the purpose of the latest step would be, in addition, to help peoples from widely different and often divided cultures to listen to each other at an inner level, through words more direct and trustworthy than those spoken by the extremists and chauvinists on all sides.

I believe the case for this further development is strong and the need for it pressing. I am hoping the Foreign Office project will act as the first step towards winning support for it ; and judging by some of the responses I have recently encountered from the European Cultural Attache's I have approached as I begin to search for appropriate poems for the new scheme, it will have no difficulty in winning support when the time comes.

It thus seems clear to me that the project now justifies and requires long-term core funding on a range of counts. This will allow me to give the time that's needed to fulfil the task of bringing poetry to NHS and other waiting rooms in this country, both the present collection and the new, multi-cultural one now in preparation, and to ensure that once on display, the poems keep coming and stay lively.

It will also allow me the time to act opportunistically to pick up and develop some of the other ideas that have occurred along the way (see page 5 of this report), if there is an opening for them, and if the need comes clear. And finally, core funding will provide a base and take-off point for a larger international version of this project if next year that objective can be achieved.

This last will require a much larger operation and more resources. The appropriate funding partners will need to be sought out. They will presumably all have an international remit. The international aspect of the project would run alongside the national version.

If it is realistic to talk in terms of the project continuing and also enlarging, it becomes necessary to gauge accurately the changing needs of the core operation as it develops from one that is largely serviced by one individual working one day a week, to one that is serviced either full-time or by a team.

Already the single worker for the single day is clearly insufficient. Resources for a second day and also for part-time admin support would seem an immediate necessity, even before any expansion were to start.

For this project to keep relying on short term-funding seems no longer appropriate or tenable. Whether or not the Arts Council is able now to play a part in longer-term core funding can perhaps be discussed. In the meantime, sponsorship remains an option to be explored. I shall finish this report with the news that Virgin Railways have recently expressed an interest in Poems for Virgin Waiting Rooms (First Class) and I shall be keen to help if possible.

“we have the chance here to open people's lives to each other.”

*David Hart*

## Budget – How the Arts Council funds were spent

### Total Income

Arts Council £10,000 + £5,000	£15,000
(NHS Estates	£10,000)

(Printing costs for the production of 3,000 packs of 100 poems were **£16,227.500** inclusive of non-reclaimable VAT. NHS Estates paid £10,000 towards this total)

### Arts Council Expenditure

Remaining Printing Costs	6,227.50
Running costs	
Fee to worker	
One day a week @ £200 a day, 37 weeks Oct02 – May03	7,400
Office Rental for 12 months @ £50.00 a month	600
Poem storage for 8 months @ £85.50 rental a month	684.
Stationary, envelopes, stamps etc	88.50
<hr/>	
<b>Total</b>	<b>15,000.00</b>

I certify that this budget is a true record of expenditure

Signed

Rogan Wolf

date



# Appendices

## Appendix One

Poetry Society Essay – Where *Poems for the Waiting Room* fits in

## Appendix Two

Promotional message sent to Modernisation Leads

## Appendix Three

Totals and breakdown of packs sent out



## Appendix One



### **Background Paper**

This project takes place against a background in which poetry as an art form in Britain appears to have regained a popularity and acceptance it has lacked since Edwardian times.

Obviously this cannot be said without qualification. Publishers continue to find poetry books hard to sell. The Oxford University Press caused a stir not so long ago by closing down its poetry list.

And yet some poetry sells enormously. Ted Hughes's poetry is neither easy nor comfortable. But his last publications before he died were bestsellers.

Other random indicators for poetry's renewed place in people's lives are : the evident popularity of the BBC programme "Poetry Please" ; the success and influence of "Poems on the Underground," now spread to bus services and even to telephone booths, and being developed in cities across the world ; that astonishing issue of 'The Guardian' in the middle of the Gulf War, when a photograph of a lorry driver burnt to death in the desert appeared in the news pages, with a long new poem by Tony Harrison underneath ; the research industry beginning to gather round poetry in more than one university, evaluating its "therapeutic" benefits, and from time to time attracting a flood of correspondence from social workers, counsellors and similar care workers, many of them already using poetry extensively in their work, unsung and on their own account ; and - more subjectively - the impression one has that an interest in reading and writing poetry no longer requires one to take cover in some "arty" coterie or secret isolated self - not just the wide range of organisations now taking on Poets in Residence, but everywhere, there seems a new openness to poetry, perhaps even a hunger for what it can offer. Only a few years ago, the very subject of poetry caused embarrassment almost everywhere outside the class-room. Not now. No longer does poetry need be mumbled. For some reason it has re-joined the language of the main-street.

It seems reasonable to conclude, then, that even though the public appears largely unwilling to buy it in book form, in other media poetry has begun to live and flourish again. Perhaps it is looking for a new home, a new form of delivery.

The reasons for this resurgence of poetry as an art of the mainstream can only be guessed at.

I should like to present some of my own ideas here, since I think they are relevant to the Waiting Room project. Inevitably the ideas overlap, but I shall try to set them out as distinct items.

First, poetry is a way of making sense of our surroundings, our emotions and how we live. Not from the detached point of view of the laboratory technician. But from the perspective of the ordinary person in the human, feeling middle of it all, struggling t

through. Our ability to comprehend and find sufficiently meaningful our lives and environment is essential for health and well-being. But this has surely never been

harder to achieve. For human beings everywhere the familiar is dissolving around us at faster and faster rate, and traditional frameworks and explanations no longer satisfy the vast majority. So, at some level, all of us are left detached and groping. And perhaps as a symptom of that lostness, people have turned again to poetry.

But this puts poetry in an impossible position. It cannot offer explanations as such. It cannot be a philosophy or religion. Nor, in my opinion, can it “heal” in the way a treatment heals a particular condition. But what it can do is offer words from an ordinary human place that give shape and meaning to a common human experience. In this sense it can make sense of things, serving both to validate and to bridge, both to affirm and articulate a private emotional human experience and to create a link between people who can identify with that experience. Thus, not a cure as such, but an antidote. Not a prescription, but a tapping into an essential human process, holding us together in the human community.

Secondly, at the end of the second millennium, the average individual’s experience of self is radically different from that of any previous time. In our age as never before, we have to be continuously conscious of ourselves as members of the limitless multitude, the whole of fragile Earth’s population, the vast TV audience, the rush-hour hordes, the “Market,” the Electorate. Even while the adverts cajole us to “get away”, treat ourselves, celebrate and pamper our particularity and uniqueness, we live much of our lives, and are addressed on all sides, as objects *en masse*, recipients of one manipulative “spin” after another, customers, passengers, blank figures in the crowd. The human race has never loomed larger or more potent ; at the same time and even despite the Internet, the human individual has perhaps never felt smaller or more meaningless.

Again, this is surely relevant to poetry and its resurgence. For, of all the arts, poetry is perhaps the most purely individual, and in finding and marshalling public words and resonant meaning for inner and private experience, it reminds us of, and can sometimes perhaps restore us to, the largeness and centrality of the individual human self. Furthermore, if the poem’s any good, it talks direct and open-hearted, whole person to whole person, I to Thou. It’s not a slick sales-patter, some overhanging cloud you have to peer behind or defend yourself against. It talks a true language. It is naked and searching for you.

Which leads to the third and final suggestion. For the last few years, politicians and philosophers have been talking much about Community, the need for mutual belonging, for the feeling and experience that there is a circle you belong to wider than your own. It can perhaps be said that the present Labour Government owes some of the strength of its position in its first years to the widespread yearning for a greater sense of social cohesiveness, in contrast to the furious materialism and anarchic self-interest of the previous two decades.

In some strange way I believe that here too poetry has found a role. For not only does a good poem add to a sense of individual significance, it adds to a sense of connection between people, and not just between writer and reader but between everyone ; in the very act of getting through and speaking to people, it affirms our commonality at the deepest emotional level. In this sense poetry renews community every time it is recited, breaking down our separateness and desolation. So here too the present

renewed interest in poetry perhaps reflects a wider yearning, in this case for connectedness.

Other suggestions and explanations can be made and have been. What is common to the three offered here is that, assuming we are right that poetry is experiencing a renewed importance in our cultural and social life, it is doing so as a symptom of human neediness in times of enormous change and strain. It is tempting to think of poetry as some sort of cure. But this I think would be presumptuous. While I personally believe poetry actually can make things happen (*pace* WH Auden), at least in the sphere of the inner person, and certainly I think it can act helpfully and healingly, I hesitate to lay claims for poetry it cannot meet. Poetry can make waiting rooms more human. But it won't turn them into treatment rooms or rescue us from the predicaments of our time.

I would like to pass on and offer a few brief reflections on the waiting room.

It is a truism that the pace of modern life is frantic. The waiting room is one place in the world where all of us at some point are going to have to pause for a while, like it or not. Whatever use we find for our normal franticness, it will not help us here.

Another feature of the waiting room is that for many of us it is a place which reinforces our sense of essential powerlessness. It is the antechamber of a system we have resorted to, in whose hands we will be helpless, but whose powers we need. Our normal routines and defences have proved insufficient. We are here to some degree as supplicants.

Furthermore, it is an impersonal place. Not just a room full of strangers, it is a room representing an organisation and a discipline whose approach to the individual is likely to take little account of him/her as a whole person, with a familiar name and a unique history. The average health waiting room leads to a surgery where you are likely to be addressed and treated in terms of immediate presenting symptoms, of groupings, of categories.

So the waiting room is a profoundly democratic place. Like aging and death, it levels us. It is a place of tension and anxiety but also of human potential, in which people have a chance to reflect and be enriched. And it's a place that could do with the human touch.

I would now like to make a point or two about the Health services I work with and where this project has been piloted and where it mostly belongs. (On the other hand, what about railway and airport waiting rooms ? What about sitting rooms in old people's homes ? What about private sitting rooms ?). In my experience health services of all kinds are profoundly under stress, as a result not just of the demands on them - the quantity of those demands and often the intractable and scarcely bearable quality of those demands ; not just the inadequate resources, low pay, low morale, the "culture of blame" increasingly referred to by cautious politicians ; not just the unsure ethic of care which even now has not recovered from Thatcherism and remains shaky and uncertain ground from which to work. All of these things and maybe more combine to make centres of social and health care often rather difficult to approach and difficult to work with on a new idea. This is not in any way an accusatory statement, not is it an attempt to create an alibi to explain the delays there have unquestionably been in this project. It is simply to record the fact that workers of all kinds dealing on a day to day basis with much distress, inundated at the same time with continuous changes of policy in a climate of top-down management directives, waiting for disaster and to be

pounced on by disaster-hungry reporters, tend increasingly to look out on the world outside their walls with dread and suspicion. Defences are up and responses are slow. A project to do with putting poetry up and about may well come as a delightful relief

and opportunity for generous action and a human touch, but it is unlikely to be put on the top of an overcrowded action priority list. And, just possibly, in touching on emotions that people - to get by - cannot allow themselves to feel, it may actually be unwelcome.

I would conclude this essay with a brief personal statement. I believe my enthusiasm for the Waiting Room project is two-fold - that it truly democratises poetry, bringing it to a place where at some point every man, woman and child has to pause ; and that it can help to humanise an impersonal space in which people can feel particularly lost and at sea.

My chief concern for the project is that there's a danger we shall expect too much of it, that the yearning its initial success surely represents is for something greater than poetry can possibly satisfy. It is essential that we continue to choose the poems with great care for their accessibility and applicability. But even if we do, and manage to resist the temptation to put poetry up on every blank public wall, or use it to fill every possible moment of communal quiet, it is possible that the spiritual yearning from which poetry is presently benefiting, will soon move on. There is an opportunity here to make warm and honest human language count, perhaps as never before. But it is an opportunity not to be grabbed. We must grasp it, yes - but carefully, feelingly, sparingly.

*Rogan Wolf*  
*March 1999*

## Appendix Two.

### E-mail to Modernisation Lead Officers of the NHS Strategic Health Authorities

“Let us try and make this  
new generation of health  
care centres truly fit for the  
healing of both body and  
soul”

*The Prince of Wales, speaking in his  
role as Design Champion for the NHS.*

I have been given your contact details by the Connections and Enquiry Line Manager of the Innovation & Knowledge Group, NHS Modernisation Agency. I am sending this to Modernisation leads in all the Strategic Health Authorities. In some cases it is coming to more than one person in a given SHA, due simply to my ignorance of the different remits. Please excuse any duplication.

NHS Estates recently funded the *Poems for the Waiting Room* project, in partnership with the Arts Council of England. The aim is for NHS waiting rooms to offer a more personal approach to their patients (and NHS workspaces a more inspiring setting for their staff ?) through the display of well presented poems there, either on a table or on the wall. The poems are free, but I have to charge for delivery.

They come in packs of 100 A4 posters. Their quality is high and they are carefully chosen to reach and be accessible to the ordinary person sitting in the waiting room. I attach more details here. The project has been operating for a while and it's possible that some sites in your area - both hospital and health centre - already display poems from the collection. But now the packs have been printed in much larger numbers and we wish to distribute them far and wide. A full evaluation report can be read on [www.charts.force9.co.uk](http://www.charts.force9.co.uk) (see Current Projects).

Recently I delivered 300 packs by van to Peter Spilsbury, Director of Health Policy & Strategy at the Birmingham and Black Country Strategic Health Authority. Peter has now advertised and distributed them around the Trusts he works with. This seemed an economical and effective way of getting the poems into circulation.

I understand that Peter recently presented "The Gift" at a meeting convened by Catherine Hannaway, which perhaps you attended. Several of the *Poems for the Waiting Room* collection were selected for inclusion in that book.

I wonder if you too would be interested in a delivery of these poems.



Mayday University Hospital, Croydon. "Midsummer, Tobago" by Derek Walcott, expanded to A3

“*Poems for the  
Waiting Room*  
is an inspired  
scheme .....  
I've been  
delighted to be  
a part of it.”

*Andrew Motion,  
Poet Laureate*

### Appendix Three

#### Number of packs of 100 poems distributed 2002/2003

Total Number of packs distributed to NHS Chief Executives 500

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##### Response to Chief Exec distribution :

Total number of requests for poems.....	40
Total of packs sent .....	385
(Number of hospitals.....	10
Number of Health Centres.....	16
Other Centres.....	11)
Sub total	385

##### Response to Modernisation Lead Mail-out

Lincolnshire Strategic Health Authority	100
Southam and West Devon Primary Care Trust	30
The Princess Royal Hospital, West Sussex	10
Rotherham PCT	24
Mansfield Community Hospital	10
Notts Healthcare NHS Trust	10
West Midlands Strategic Health Authority	20
Central Cornwall PCT	10
North Cheshire Hospitals NHS Trust	10
E Sussex County Healthcare NHS Trust	10
Kingston PCT	10
Birkenhead and Wallesley PCT	10
SW London Strategic Health Authority	10
Sussex Downs and Weald PCT	10
Bedfordshire and Hertfordshire Strategic Health Authority	10
Bassetlaw PCT, Notts	10
Stepping Hill Hospital Stockport	6
Newton and Haydock Locality	8
N Hampshire Hospital Basingstoke	2
Mount Vernon Hospital, Barnsley	2
W London Mental Health Trust	1
Royal Brompton Hospital, Chelsea	1
W Middx Hospital NHS Trust	1
North Essex Mental health Partnership NHS Trust	1
Camborne and Redruth Community Hospital	1
KSS Confederation, Brighton	1
Other Centres.....	8

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Sub total 326

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**Total packs distributed 1,211**