

Alasdair Liddell

Former NHS manager who never lost sight of the bigger picture of health gain for all

Alasdair Donald MacDuff Liddell, NHS manager and healthcare consultant (b 1949; q 1970 University of Oxford), died 31 December 2012 of an aneurysm.

Alasdair Liddell, CBE, who died suddenly from a cerebral aneurysm at age 63, was nobody's typical civil servant. But then he was not remotely a typical NHS manager either.

Entering the NHS in the 1970s, by way of Fettes College, Edinburgh, and Balliol College, Oxford, graduating with a degree in jurisprudence in 1970, he rose to the rank of general manager of the East Anglian Regional Health Authority before becoming director of planning at the NHS Executive from 1994 to 2000.

At the executive he shaped the transition from 18 years of Conservative government to a new Labour administration. He ensured that the NHS survived the so called millennium bug, and he developed NHS Direct. The first information and IT strategy, Information for Health, was also his creation.¹ This strategy advocated a bottom-up approach to secure the active involvement of clinicians, patients, and the wider public in the use of information to improve care. The strategy was an opportunity squandered by his successors that would have saved the NHS much money and grief.

Alasdair stretched the boundaries, driven by a view that progress in the NHS should be measured by three main results: equity, efficiency, and responsiveness. He knew that improving the health of the population as a whole, providing patients with cost effective and quality care, and meeting the needs and wishes of individuals are huge challenges in their own right. He also understood that a great deal of NHS decision making—all the way from the general practice surgery to the corridors of power—is about finding trade offs between these competing aims. He favoured open debate and assertive action on these issues ahead of the obsessions of successive governments with organisational upheaval.

Alasdair had an intense interest in promoting health and preventing illness and cofounded the Association for Public Health in 1992, building new partnerships between public health physicians and a wide range of colleagues. His personal example was crucial to this work. The Association for Public Health merged with the Public Health Alliance in 1999 to form the UK Public Health Association



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and, like so much of his work, its influence lives on.

All of this was the basis for the 1996 white paper *A Service with Ambitions*, on which he worked closely with Stephen Dorrell, then secretary of state for health.² His approach was not only elegant but politically astute: it committed the Conservatives to the principle of equal access for equal need, not the ability to pay, and provided Labour with four practical themes—primary care, quality, information management, and workforce development—that they could work with immediately after the 1997 general election. Many of these themes infused the 50th anniversary celebrations of the NHS in 1998—which Alasdair masterminded—and were picked up again in the Wanless report of 2002,³ which advocated a more coherent approach to NHS decisions.

Alasdair's earlier career in London in the 1970s and 1980s followed a more orthodox pattern, but even then he was ahead of the game. He understood how the big teaching centres tick.

In the face of rapid advances in biomedical science, he worried about the gaps in the translation of health research to clinical practice, and about the barriers to innovation, issues finally addressed by David Cooksey

in the 2006 review of UK health research funding.⁴ In the mid-1980s these instincts helped to shape the merger of University College Hospital and Middlesex Hospital and their integration with University College London. As the regional general manager in East Anglia, Alasdair supported Keith Peters in building the remarkable scientific and research strengths at Addenbrooke's without neglecting important advances in Norwich and other parts of the region.

Drawing on his own personal experience, he bemoaned the fact that 98% of patients receiving anticoagulants are still being monitored routinely in hospitals and clinics despite the availability of perfectly good devices that let patients do the job themselves.

His conviction that the NHS was lagging behind on use of a wide range of technologies that could improve the patient's experience led to his appointment in more recent years as chairman of the expert panel for the Department of Health's Innovation Challenge Prizes and his contribution to the innovation health and wealth strategy.⁵

Alasdair left the NHS Executive in 2000 after a hugely productive six years, developing an influential portfolio as a consultant, non-executive director, and policy expert. At the time of his death he was working with Ara Darzi and his great friend Greg Parston on a simulation to test the greater integration of care, education, and research across the Imperial College network in northwest London.

He first used these simulation techniques in 1990 in East Anglia, working with the Office for Public Management to test the potential impact of the introduction of an internal market into the NHS by the then Conservative government. Ministers were none too keen on this idea, dubbed "the rubber windmill."⁶ It tested the reforms to destruction. But it led to significant modifications in the way they were introduced.

Born in Pitlochry, Perthshire, Alasdair survived life saving heart surgery in Leeds at the age of 6. He was awarded the CBE in 1997 for services to the NHS.

He leaves his wife, Jenny Abramsky, a son, and a daughter.

Alan Langlands chief executive, Higher Education Funding Council for England a.langlands@hefce.ac.uk

References are in the version on bmj.com.

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Ian George Logan Craig

Former general practitioner Corringham and Stanford-le-Hope, Essex (b 1919; q Aberdeen 1942), d 20 November 2012.

Ian George Logan Craig developed osteomyelitis while studying medicine. He survived without long term disability but bore the scars of the sequestra to the end of his life. In 1944 he joined the Royal Army Medical Corps and helped treat returning troops after the D-day landings. After postings to India and Malaya he left the army with the rank of acting major and continued training as an orthopaedic surgeon in England. He later settled in general practice in Essex after marrying Kathleen Bradbury in 1951. Kathleen died in 2001, and Ian moved to be near his son and daughter in law in Coggeshall. Increasing physical frailty, impaired cognition, and a diagnosis of bowel cancer necessitated his admission to a nursing home in the summer of 2012. He leaves a son and two grandchildren.

Alison Craig

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Albert Patrick Dignan



Former director of army surgery and consulting surgeon to the army (b 1920; q Trinity College, Dublin; CB, MBE, QHS, MD, FRCSI, FRCS), died from Alzheimer's disease on 11 October 2012.

Albert Patrick Dignan accepted a civilian surgical attachment to a military hospital in Germany and after 18 months joined the army. He worked in Germany, Cyprus, and Singapore before returning to England. Posted to the Queen Alexandra Military Hospital at Millbank he was appointed director of army surgery and consulting surgeon to the army, and honorary surgeon to the queen, in 1973. He was also an honorary consultant to the Westminster Hospital oncology and radiotherapy unit and to the Royal

Hospital, Chelsea. He retired from the army in 1978 but returned to military life as president of army medical boards in Woolwich before retiring in 1990. Predeceased by his wife, Eileen, in 2001, he leaves two sons and a daughter.

Fergus Dignan

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William Burbridge-James



Former community physician (b 1914, q Madras 1934, London 1947; MRCS), d 18 May 2012.

Born in Allahabad, India, William Burbridge-James ("Bill") qualified from Madras Medical College and worked as a pathologist in the Indian Army Medical Corps on the North West Frontier and later in the Burma campaign. Having sat his finals in London after the war, he spent 18 years in the Middle East with the Iraq Petroleum Company; in Palestine, Syria, and Lebanon; before Kirkuk in Iraq, where he worked as a general physician in the company hospital. He returned to the UK in 1966 and worked as a medical officer of health in Merton until the age of 70. He was devoted to his wife, Jeanne, who predeceased him in 1994. He leaves two children, four grandchildren, and two great grandchildren.

William Burbridge-James

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Roger Alexander Johnson

General practitioner Manchester (b 1944; q London 1966), died from pulmonary fibrosis and heart failure on 20 November 2012.

After working abroad Roger Alexander Johnson joined a practice in east Manchester, which he developed into a training practice. Committed to providing excellent access and healthcare to the underprivileged population of east Manchester, he helped establish Five Oaks Family Practice, a new purpose built medical centre. In 1990 he set up

and chaired the local audit advisory group. Appointed medical director of Manchester health authority in 1993, he was involved in restructuring several citywide clinical services, until his early retirement because of ill health in 2002. He worked tirelessly to strengthen relationships between GPs and hospital consultants. He leaves his wife, Wendy; three daughters; and six grandchildren.

Vijay Nathoo

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Melissa Jane McDermott



Clinical fellow in dermatology Norwich (b 1975; q Glasgow 1998), died from late pulmonary complications after lung transplantation for cystic fibrosis on 18 October 2012

Melissa Jane McDermott took a placement in public health before entering specialist training in the East of England Deanery in Norfolk. Recurrent ill health and a deterioration in pulmonary function led to early retirement from public health, and she had a lung transplant in 2007. She gained a post as a clinical fellow in dermatology in Norwich in 2011 and worked there until September 2012. Her main outside interests were bird watching and languages; she was fluent in French and took any overseas travel as an opportunity to practise a new tongue. She leaves her parents and three half sisters.

Maureen Still

Jonathan Worters

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Caro Carlyle Minasian

Consultant paediatrician London (b 1967; q University College London Hospital 1995; MD, MRCPCH, BSc), d 8 September 2012.

As a medical student, Caro Carlyle Minasian won the Lloyd Bland prize for extra-curricular activities. He trained in paediatrics in London, specialising in respiratory paediatrics. He completed



his MD at Great Ormond Street Hospital and the Royal Brompton. He returned to University College London Hospital as a paediatric consultant, paediatric lead for accident and emergency medicine, and divisional clinical director. Caro had a great rapport with children and was a natural born teacher. He served as Royal College of Paediatrics and Child Health tutor for UCLH. He leaves his wife, Sheena, and their three children.

Elizabeth Davison

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David Watson

Occupational physician Manchester (b 1961; q Leeds 1986; MRCP, AFOM), d 14 March 2012.



David ("Geordie Dave") Watson won a university sponsorship from the Royal Air Force in 1983 and worked in the UK and overseas as a medical officer in the RAF for five years after graduating. While serving he developed an interest in the occupational aspects of his work (including aviation medicine). After leaving the RAF, despite recurring medical problems, he continued his career initially in the pharmaceutical sector and from 2002 in occupational medicine in the private sector. Dave was proud of his northeastern roots. He enjoyed the outdoors and had gained the Duke of Edinburgh Gold Award. He enjoyed riding his motorbikes and customising his cars. He leaves his widow, Ruth.

S Singh

M Weldon

A Dixon

N Germann

M Stiles

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