

Neglect in NHS Healthcare?

We have turned families into factories

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The dissolution of family-like configurations in healthcare staffing has impoverished the health and welfare of staff and patients alike.

In December the Daily Telegraph published a letter by eight senior surgeons, which was disturbing in its wider importance (*Surgical teamwork*, 14/12/13). They wrote of how the quality and competence of NHS surgical care has been stymied by successive moves to fragmentation and devolution. Equally significant, they refer to the resulting widespread practitioners' work frustration and dissatisfaction.

Their arguments are pertinent to all areas of NHS healthcare where problems are not simply and speedily resolved: for it is here that personal continuity and investment greatly help accuracy and sensitivity of response. My own areas of practice – as a long-serving GP and Psychiatrist – have witnessed a similar degradation of personally connected and responsible culture.

In their letter the surgeons hark back to now extinct clinical 'firms' which better enacted now-imperilled values: of a personal healthcare ethos. The consultant-led firm, then had its own designated staff, clinic and ward, and was responsible (with rare exceptions) for the total arc of care from initial diagnosis and assessment to surgery, recovery and follow-up. Within this system patients felt more identified, understood and cared for; professional staff shared this, too, in deeper, subtle work satisfactions.

The good surgical firm was like a well functioning family, where the consultant had both directing and nurturing parental functions. This had parallels elsewhere in the NHS: for example, with Medical and Psychiatric firms and the erstwhile small practice family doctor. In all of these, personal investment, responsibility and connection were anchoring professional principles.

In the last two decades – apparently in the interests of mass managed efficiency – we have first not recognised the merits of such 'familial' systems and then pushed them aside in favour of more industrial and commercial *modus operandae*. We have replaced the spirit of the *family* almost entirely with that of the procedure of the *factory*.

Most veteran doctors of my generation take a similar view to the eight senior surgeons. We see that most of the layers of NHS reorganisation have been expensive follies, both humanly and economically. This is true especially where competition, commissioning and commodification are used to subcontract and devolve. This almost always fragments and depersonalises care.

We have little influence on demographic changes and, maybe, European Working Time directives. But there are other destructive factors we can abolish or substantially revise. Among these are primarily the NHS Internal Market, and then such subordinate devices as autarkic Trusts, Commissioning, payment by results and excessively numerous and boundaried sub-specialties.

Most of healthcare – even surgery – is more of a human interaction than a manufactured commodity. Industry and commerce can only provide very restricted guidance in our complex care of others: Welfare. Our heedlessness of this principle lies behind the broad span of our healthcare malaise: from disgruntled senior surgeons to our Mid Staffs nemesis.

It is the family ethos of Welfare that must command the systems – efficiency of the factory. Not the other way round.

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