

NHS Savings?

Abolish the Internal Market

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The Internal Market is a failing experiment aiming to submit complex Welfare to monetarism and commercialised industrialisation. Our earlier federal system addressed human and economic needs with much greater directness and honesty.

Recently, Sir David Nicholson, NHS Chief Executive, raised alarmed questions about how the NHS can possibly be paid for in the near future.

Throughout a working lifetime as a GP I have carefully watched many changes. I now have a pragmatic but retro-radical suggestion: we should abolish the entire Internal Market and thus such subordinate institutions and devices as the purchaser-provider split, autarkic and competing Trusts, payment by results and Commissioning. All of this may be well intended but is a failing experiment to apply commerce and Monetarism to complex welfare.

The human and economic costs of this defederalised system are very high. As fragmentation and boundaries increase, so do procedural, bureaucratic and financial complexity and delay. Competition, or its threat, decreases professional synergy and replaces it with expensively expedient tactics and presentations: glossy brochures, specious statistics, mistrustful feints, 'gaming' the systems and being guided more by technical legality than humanistic ethos. I have hundreds of examples documenting these,¹ but rarely (if ever) discern clear benefits of defederalisation.

Here are two commonplace and recent examples. First: my locality GPs have cumulatively invested hundreds of hours tendering competitive plans for an Out of Hours Centre: this was a politically prescribed project of no real value: it evaporated without sense or trace. Second: at a mental-health centre I attended a dreary, droning, dead-eyed meeting where eight fractiously obedient practitioners discussed for half an hour a patient who none of them had ever met; in particular whether, or not, the referral was procedurally correct. Until recent times this would have been dealt with by a friendly five-minute phone call by an experienced practitioner with good sense and courtesy. Time and energy were then saved; helpful relationships fostered.

Such losses and follies may seem comically grotesque to an outsider: as an insider I know the enormity of the consequences: the costs to people as well as budgets – such is the maturing culture of corporatized and marketised Welfare.

The old, federal, 'Socialist' NHS did not have these problems. Yes, it had others but I think they were more honest and more soluble.

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Reference and note

Alongside my documentation I have also essayed and published many analyses. These are accessible via my Home Page (www.marcolearningsystems.com/pages/david-zigmond/david-zigmond.htm). The following reference is a good starting point.

(1) *Fallacies in Blunderland. Overschematic overmanagement: perverse healthcare* (2012)

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