

Dear Matt Hancock

NHS People Plan: cutting bureaucracy, increasing cyberconsultations

A fortnight ago (just before a holiday) I read in the *Health Service Journal* about your recent statements regarding the above.

I am a veteran frontline NHS doctor: I qualified in 1969 and was a Principal GP for forty years. I have been writing about the above issues for many years and wish to respond to you now.

I can only try to imagine the current Covid-related pressures and demands on your time. I hope that, nevertheless, your assistants may draw your attention to my key points. For necessary brevity this letter provides only a summary of my arguments. Details and elaboration is found extensively on my *Home Page Archive* (<http://www.marco-learning.com/pages/david-zigmond/david-zigmond.html>). I attach two recent, shorter articles relevant to your two themes.

1. Cutting excessive bureaucracy

I certainly agree, with relief, with your analysis and declared intent: institutional bureaucracy has overgrown far beyond the meaninglessly cumbersome, inefficient and obstructive. It has become *destructive*: rigid and draconian regulation has destroyed trust, fraternalism, intelligence and vocational spirit. The only experienced practitioners who now (apparently) support and defend the system of recent years are those paid to manage it.

But we should be mindful of recent history. It was only eight years ago that Andrew Lansley's *Health and Social Care Act* promised us a quicker, more direct, more responsive, more satisfied, better value healthcare... The result? We are learning (painfully, again) that radical, yet flawed reforms, like declarations of war, so rarely produce the designed results.

2. Increasing cyberconsultations

You are reported as saying:

All consultations should be tele-consultations unless there is compelling reason not to ... patients and clinicians alike want to use technology.

Here I have substantial caveats and some disagreements.

What you are saying has some truth, but it is partial and very conditional: it is most true for those who have a circumscribed, easily defined condition that can be swiftly, efficiently and uncontentiously dealt with – a process I call Sort, Fix or Send (SFS).

So, I agree that sometimes remote consultations can be ‘good-enough’ for those kinds of SFS-compatible conditions. I accept, too, some of the savings in time, travel, staffing and premises that may result.

But most healthcare is *not* of this SFS type. Consider these: problems of adjustment, growth and life-stress (psychosomatics); all chronic illness; mental health; ageing and degenerative conditions; palliative and terminal care. Unless radically edited this accounts for most of traditional general practice where we knew that although SFS may sometimes expedite, most often what is needed is, rather, Pastoral Healthcare (PHC): personal continuity of care that is bespoke for the individual’s need for comfort, guidance, understanding and (even, best) healing. All experienced practitioners and patients I speak to stress how therapeutically powerful this may be, and how important is the evolving relationship in all this. And, therefore, how important it is to see the familiar person in real, shared space.

Clearly our Covid-crisis has massively increased our SFS capacity while necessarily – for now – making our Pastoral Healthcare almost extinct. But we must not deceive ourselves: just because we *can* so reduce our healthcare as an emergency does not then mean we *should*, longer term, as a policy.

Previous, ‘progressive’, reforms to depersonalise our healthcare have brought much destabilising inefficiency and unhappiness for most involved. Almost all experienced NHS managers and practitioners who have witnessed the longer term of the corporatised marketisation and industrial emulation of our healthcare know this all too well. I now fear that a zealous charge into cybernated consultations will be similarly extravagant, unviable and destructive.

We must beware of turning a slick expedience into an ideology.

Of course, I shall be happy to hear from you.

Thank you for your attention.

Attachments

Sort, Fix or send: what more can we expect from our medical practitioners (Letter 111)

Human contact: do we need it in medical practice: (Article 128)