
"Doctors need to be agents of change but must start listening to how others experience the NHS. The NHS does need more resources, but could do a lot better with the resources it has."

Defensiveness

Doctors know the streets of the NHS and all the rat runs. They know how to jump the queue or just 'phone a friend' to gain preferential treatment. And our organisations, like the GMC and the BMA, even affirm this two-tier system by offering staff private health care. Doctors might use the NHS, but certainly not like normal NHS patients. Doctors live in a healthcare bubble and are blind to the many day-to-day problems of the NHS faced by patients. And we have limited personal vested interest in change.

But I suggest phoning a non-medical friend for feedback on the NHS and keep your head down for the response. The NHS failings chatter out like a heavy machine gun: the fact they wait 3 months to get a scan result; the fact that consultants and GPs won't take messages to phone patients back; the fact that the GP practices have an 'on-the-day' appointment system but the phones are constantly engaged; blood results are only available in narrow time windows; prescriptions take 72 hours to process; and patients have to make a return appointment for bloods. Hospitals constantly cancel appointments, or appointments are sent out after the appointment date, and why does it take months to be seen for an outpatient-based specialist like dermatology? Why does it take months to see an NHS physiotherapist? What are they actually doing most of the time? But if you've got cash, they see you tomorrow privately, no problem! On and on, a rolling barrage of issues — 'I pay my taxes ...' I never get defensive of the NHS and helpfully defuse the situation by simply saying, 'You are right!'

For there are so many restrictive practices in the NHS, thoughtless 'rules' that impact on ordinary patients, and there is a pervasive 'can't do culture'. Doctors blame the system, blame the management, and blame a lack of resources. But, in truth, we are personally and directly responsible for many of these failings.

The NHS might be efficient as a per capita GDP spend, but it is woefully inefficient in so many other ways. This isn't a party political issue but organisational.

The bureaucracy is too distant; the NHS needs better management. The academics and medical politicians have the ear of politicians but they often have limited operational real-life experience. Every initiative or guideline is over-done, over-complicated, with foreseeable unforeseen negative consequences.

Here are some simple suggestions that will work: no research 'evidence' or expensive pilots needed. Operating an 'on-the-day' appointment system? Have six people answer the phone in the morning, not just two. Physiotherapy: don't offer six treatments, offer single assessment appointments. Make dermatologists do 20-minute appointments and see 20 new patients a day, 5 days a week. Call patients with their scan results and text all patients with their blood results, even if normal. Make managers work in wards and in GP surgeries. Short on doctors? Train more. Scrap 'Doctor' as it is a job description not a title, for pernicious deference is strangling innovation in the NHS. Prescribe less, investigate less, and refer less. Rationalise and simplify.

Doctors need to be agents of change but must start listening to how others experience the NHS. The NHS does need more resources, but could do a lot better with the resources it has. The NHS is great but it should and could be so much better. Aggressive defensiveness of the NHS is bad for the NHS and is bad medicine.

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