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## The NHS at 70

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The NHS was pulled kicking and screaming from the social and physical horrors of World War Two when the country was vested with creating a healthcare project ‘fit for heroes’. I, like many others, have travelled and worked in other health systems. My reflection after 30 years of work is that the NHS is the greatest achievement in universal coverage: no one is denied care. But its greatest failing is its poor access.

And let’s not pretend that health care in the UK is truly equitable, because it isn’t. We have a parallel private system where those with influence and wealth simply sidestep the NHS. This is serviced by the same consultants who work in the NHS. It was a fundamental mistake 70 years ago to allow consultants to work in both the NHS and private sectors because of the self-evident financial conflicts of interests. Private medicine needs the NHS to fail.

It isn’t that I think socialised health care is the best healthcare system, I *know* that it is.

But the NHS remains heavily unionised, reminiscent of British Leyland, with restrictive working practices ingrained in our system, the ‘That’s not my job, mate’ attitude. Poor and weak management has allowed the professions to dictate what is in *their* best interests but not necessarily what is best for patients. And the medical profession has wantonly strangled medical student numbers to protect income and status (basic supply economics), creating the current workforce crisis.

And what of general practice 70 years on? It’s an incredible system, local, inexpensive, accessible, and professional. Best of all, it has protected the UK from the excesses of overtreatment and overmedication that defines health care internationally. For all the failings of the RCGP it has a strong voice in countering the excesses of medical consumerism and promoting common-sense generalism. But it does persist in having a 1948-style privately owned corner-shop approach that is no longer sustainable. Standards are inconsistent, access is widely variable, and a sense of service often non-existent. It is failing.

Small practices are doomed and continuity is dead. We must accept today’s reality.

So looking forward — growing bigger for scale is important; embrace new working ways before the work throttles you. Move general practice to a salaried service because otherwise it’s near impossible to put more money in it, for fear it will simply be taken as partnership profit. Also, doctors do *not* have a monopoly on knowledge or competence, nor the ability to care. Time to open up primary care to nurses and paramedic practitioners! They are the future. Employ pharmacists not to reduce costs but to address quality and halt the iatrogenic calamity of polypharmacy.

Kick Pharma out of everything and everywhere in the NHS. Halt the corporatisation of primary care and general practice, and instead encourage the formation of trusts and not-for-profit models. Challenge poor attitudes and break restrictive working practices in the NHS. And, finally, put access and non-intervention at the heart of everything.

I am proud of the NHS but we need renewal and reform. So, at 70, it is time to finish the job and complete the nationalisation of the NHS.

**Des Spence,**  
GP, Maryhill Health Centre, Glasgow.

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