

ONCE MORE UNTO THE BREACH

Waiting list initiatives were a temporary measure. They were a short-term 6-month or perhaps year-long strategy, after which we would all be back on target. They were expensive. A list of hip replacements on a Saturday netted the surgeon and anaesthetist a few hundred pounds, plus suitable sweeteners for the theatre staff. Replace the past tense with the present. Some years down the line, they are still happening. There can be three or four weekend operating lists, and they've now crept into the working week as well, as managers frantically try to clear patients about to 'breach'. This word is the most important in the NHS. Operating lists give the name, number and operation. They sometimes give important medical information, such as 'Diabetic: first on list', or 'Latex allergy'. Now they also feature the breach date. The closer is the operating date to the breach date, the more likely that a manager will appear in the theatre suite, sweating slightly as they anxiously check the progress of the list.

It would be interesting to know how much we have spent in the last few years on waiting list initiatives, and then to calculate how many new staff could have been appointed to do the cases in normal time and at normal rates of pay. And then do the same thing for the whole country. The only time I have ever done one was when my usual surgeon was away, and I was asked to work with another surgeon from another specialty. A month or two later, an extra £500 appeared on my pay slip — for an afternoon's work when I would have been working anyway. For the surgeon it was an extra list, but not for me. I wasn't asked if I wanted the money, nor was I expecting it. I assuaged my conscience by buying some books for the ICU, and pocketed the rest.

When politicians first started to tackle waiting lists, they made much of surgeons — especially orthopaedic surgeons — doing their NHS work slowly and inefficiently so it would encourage patients to see them privately. Now, if they do their normal work slowly, they don't even have to go to the private sector; the NHS will pay them a bonus for doing it some other time. It's not just surgeons; specialties with little private practice are benefiting from doing extra evening clinics. A more effective perverse incentive is difficult to think of.

The play itself is a complete delight, enormously entertaining, of direct contemporary relevance and deserving of a much wider audience. We should be very grateful to Dee Cook and also to Brian Hurwitz, D'Oyly Carte Professor of Medicine and the Arts at King's College London and to the Guy's and St Thomas' Charity for making this illuminating and rib-tickling slice of late 17th century life available to us.

Roger Jones

REFERENCES

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1 March

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