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 takes 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.