SHOCK THERAPY – DISASTER REMODELLING IN THE NHS

The NHS is facing its own repeat of the winter of discontent. Nurses and ambulance staff have taken strike action demanding pay restoration, and it seems likely that junior doctors will follow with a 72-hour walk-out in March. Demand is outstripping capacity, with a decade of chronic health and social care underfunding, an ageing population, and a squeezed workforce driving the NHS to crisis point. Pressures on the NHS are ‘intolerable and unsustainable’ according to Phil Banfield, chair of the British Medical Association Council.1

Crisis points are often an impetus for change, and the current state of the NHS has led to calls for major reforms. Commentators complain that the NHS is no longer affordable, that it’s inefficient and top heavy, that GPs don’t work hard enough, and that privatisation is creeping in anyway. Disaster capitalism thrives on a good crisis, and in her book The Shock Doctrine, Naomi Klein looks at how governments use national crises to push through ‘shock therapy’ and radical pro-corporate measures. Proponents of the shock doctrine suggest that ‘only a crisis – actual or perceived – produces real change … when crisis strikes, it is crucial to act swiftly to impose irreversible change before society slips back into the “tyranny of the status quo”’.2

The steps for implementing shock therapies are clear: wait for a crisis, declare a moment of ‘extraordinary politics’, then push through a corporate wish list. Wes Streeting, the shadow secretary of state for health and social care, has his own ideas for shock therapy, suggesting major reforms to general practice, promising to ‘tear up the GP contract’ and phase out the GP partnership model if Labour comes to power. Senior Scottish NHS chiefs have discussed the possibility of a two-tier system where people who can afford to go private do, threatening the basis of our universal health system, free at the point of access. The best way to introduce privatisation is through chaos. Populations in times of crisis give up things they would otherwise fiercely protect, and it is in these malleable moments that things are remade, often not for the better. We need to be wary of what people will push through under the cover of crisis, and ensure that we protect the fundamentals of the NHS and general practice, and avoid the kind of shock therapy that aims to dismantle the health system as we know it.

We can use evidence and experience to advocate for our own therapies for general practice. Research in the BJGP has shown the importance and impact of increasing continuity of care and relationship-based care, investing in workforce recruitment and retention, and tackling the wider social determinants of health. General practice doesn’t need shock therapy, but intelligent reform needs a longer-term vision for a clear and workable plan to support patients, doctors, and our communities.

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REFERENCES


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