

As NHS services are privatised, no one thought to write listening to patients into the contract

The emphasis upon box-ticking, bean-counting, target-meeting doesn't leave any time for those important, but unmeasurable aspects of doctoring



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We used to encourage patients to see the same doctor every time. The relationship was seen as essential to healthcare. Photograph: PHOVOIR / Alamy / Alamy

Last week's inquest into the death of a seven-week-old Axel Peanberg King highlighted the role of the private sector in the NHS. Axel's mother had talked to a private Harmoni doctor on the phone just hours before he died. She had been offered a non-urgent appointment for him to see a doctor. By the time she arrived for the appointment, it was too late to save his life.

Two years ago the contract for GP out-of-hours services in north London was given to the private company Harmoni, and I was appointed as their lead doctor. I had been an NHS GP for many years and it was my first experience of working for the private sector. After six weeks I resigned, and I wrote to Harmoni explaining that I felt the service they

were running was unsafe and potentially dangerous. I warned Harmoni's directors that it was only a matter of time before a "serious clinical incident" might occur. It seemed to me that Harmoni was much more interested in ticking the boxes on their spreadsheets than in looking after patients.

At last week's inquest, coroner Dr Shirley Radcliffe criticised box-ticking. "We live in an age," she said, "where there is an assumption that if it isn't written down it isn't done, so we can have a situation where doctors do very little in their consultation but have perfect records."

In today's box-ticking, bean-counting, target-meeting NHS, doctors and nurses are forced to concentrate on things that can be measured and quantified. In the process, we are forgetting many of the things that really matter – the things that are difficult to count and measure.

From 1 April, when all NHS services will be up for grabs by the private sector, it's going to get much worse. For all its failings, some of which were highlighted by the recent Francis report into deaths at Mid Staffordshire hospital, the NHS has always had the care of patients as its core activity. GPs and hospitals were all singing from the same NHS hymnsheet.

In the new privatised NHS, many of the players will be singing from hymn sheets written in corporate boardrooms. Every single activity will need to be specified in a commercial contract. If some vital aspect of a service is left out it will not get done, or it will appear as an "extra" when the bill comes in.

It has been hard enough trying to get local NHS organisations to work together. I'm extremely pessimistic that GP-led clinical commissioning groups will be able to draw up contracts that will force a gaggle of private companies to provide anything other than a fragmented service, with plenty of gaps that fall between contracts. Patients will slip through these gaps.

The lawyers are going to have a field day, with lots of expensive and time-consuming litigation over contracts and tenders. It will cost the NHS millions and the losers will be the patients.

Not too many years ago, at the large inner-city general practice where I worked, we encouraged patients to try to see the same doctor each time they made an appointment. The idea was that you formed a relationship with one doctor, who got to know you and your family. This relationship was considered to be an essential part of primary health care. Patients and doctors alike believed that seeing your own doctor led to better care. There was a feel-good factor in the consultation room. Many GPs and patients now think of continuity of care as a laughable relic of the past. It's hard enough to get an appointment with any GP. The idea that you can get to see your own GP is hardly worth

thinking about.

When a new GP contract was introduced about 10 years ago, no value was placed on important, but unmeasurable aspects of doctoring. Doctors were paid for regularly measuring blood pressure, monitoring mental healthcare, doing blood tests for patients with thyroid problems and other box-ticking activities. But there was nothing for listening to patients, or simply being nice to them. It was the beginning of the end of comprehensive primary care.

Of course, some of the box-ticking things are important. If you don't control high blood pressure, people have strokes. If you don't have a care plan for patients with serious mental illnesses, they end up living on the streets or spending the night in police cells.

A further blow to comprehensive primary care came when GPs were allowed to give up 24-hour responsibility for their patients. They jumped at the chance. The burden of being on-call 24/7 was becoming impossible. GP co-operatives, staffed by local NHS GPs, stepped into the gap, but these have been steadily squeezed out by large corporate enterprises such as Harmoni.

It looks like the stable door of 24-hour responsibility has now closed. When a group of Hackney GPs recently tried to take back responsibility for out of hours care, they were told that the service had to stay with Harmoni, the company which had tendered for the service and won the contract. The motto of Harmoni is "we treat patients as family". It's a wonderful idea, but unfortunately no one thought to write it into the contract.

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