DEAR SIRS

I attended the same seminar on private practice as Sydney Brandon (*Bulletin* January 1987 **11**, 23–24). At least I think it was the same meeting, since my recollections differ somewhat from his. However, I counted 17 questions in his brief report and I welcome the beginnings of a debate on the place of private practice psychiatry.

Professor Brandon does not spell out directly his stance towards private practice, though he does exhibit a strange turn of phrase. The flippant and hyperbolic tone of his remarks is very different from that of the meeting itself, but then perhaps I have a lot to learn about subversion. There is nothing like poisoning the well and then declaring oneself the founder member of Greenpeace.

It seems that at least three dozen of us will have already spent a good deal of time considering the issues he raises, since I am one of the 35 psychiatrists referred to who have opted for full-time private practice in the last few years. I have worked as a consultant within two very different private hospitals as well as at least a year each as NHS consultant, a university department research psychiatrist and a year out of medicine altogether in the commercial management of another service industry. Although I took a long time to realise it, I suppose it was inevitable that I would end up outside the usual orbit since there is really no room these days for my special interests within the NHS, in spite of Sydney Brandon's 'effective filter systems' whatever they might be. If my particular hobby horse had been some specialist treatment modality or diagnostic category, research or medical politics, I doubt whether the problem would have arisen. However, to my prolonged discomfort my fetish is the provision of services to patients and I have found little room for such outrageous deviation within the bosom of the NHS. I have watched colleagues, some whose intellect and learning I greatly respect, struggle on against the tide, but I am no nearer to knowing how they obtain job satisfaction in a system where their creativity in developing their services is visibly sapped by the strain of endless territorial infighting and where many of those with most to offer in every discipline spend less and less time actually working with patients. There isn't even a decent journal—when did you last see a paper entitled '10 Criteria for a Good Day Hospital' or 'How We Make The Best Use of a 30 Bed Admission Unit'?

Though I hate to spoil a good story, some of the concerns raised are demonstrably unfounded. There are already active training and educational opportunities within the private sector for psychiatrists, nurses, OTs and others. Where such developments are slow, the inertia does not come from the private hospitals, but usually from the bodies responsible for regulating training. Our 'effective filter systems' could not be more simple or more effective—if we do not provide an excellent service to psychiatrists and patients alike, neither group will use our facilities.

Unlike the NHS our success and survival depend directly on the quality of our service, and this concentrates the mind wonderfully. Our growth depends on results and reputation, a much better monitoring system than the Health Advisory Service. Rather than looking for 'harm' and 'detriment' it is more instructive to contemplate the increasing trend towards private units contracting facilities and services to the NHS, an unlikely development if the benefits of such agreements were not mutual. Another dozen questions remain unanswered, but I will restrict myself to the two assertions which saddened me most, for I fear they may become the epitaph for the NHS.

Firstly, Professor Brandon cannot suppress his incredulous irony at the existence of helpful managers, good communications and productive and well-integrated clinical teams. I can assure him from personal experience that all these things, and more, are entirely possible but they no more arise by chance than does an elegant research study. If all concerned regard the clinical service as the highest priority, are well motivated, can be encouraged to communicate with colleagues and can sort out problems as they arise without recourse to committees or memos except *in extremis*, it makes for a good start. Apathy, cynicism and obstructionism arise from unfulfilment or learned helplessness and are incompatible with job satisfaction. Unfortunately almost all health care professionals have had no option but to be lifelong civil servants working for a poorly managed monopoly with more closed shops than SOGAT could ever dream of, and this provides no training and experience in how to run a good service, although no doubt it develops finely tuned subversion skills.

Were this not so, Luddite attitudes would not prevail and Professor Brandon could not glibly remark in passing 'the investment in staff time and hotel services of the private sector could never be replicated in the NHS'. Why ever not—especially whilst producing the necessary revenue to fuel further development and to satisfy shareholders or Boards of Governors.

If senior members of the profession are so steeped in defeatism that they cannot even consider the possibility of the NHS re-inventing the wheel, then the patients are doomed to be pedestrians forever.

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DEAR SIRS

Let me acknowledge that I am not a founder member of Greenpeace nor a poisoner of wells. I have no personal objection to private practice but I do have strong views on the provision of health care.

The British National Health Service provides a comprehensive, freely available service to all in need. Its primary care system, in which every member of the community is, in health terms, the responsibility of a designated general practitioner, is the bedrock of the service.

No-one, no matter how impoverished, objectionable or complaining is denied service. Improved vocational training and the quality of new recruits brings the potential for a

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renaissance in general practice with increasing independence of the primary care team and increased availability of skills and technology to improve the service.

The hospital or specialist service is a secondary referral system with the majority of patients referred from general practitioners. Without good primary care and selection of hospital referrals the specialist services would be overwhelmed.

A major strength of the system is that the majority of doctors which it employs are committed to providing high standards of medical care such that few patients would wish to seek care elsewhere.

There is abuse of the service by patients, doctors, nurses, administrators, other professionals and above all politicians but despite that the service remains one of the best and the most equitable in the world.

The vast majority of doctors and other health professionals in this country receive their training within the National Health Service and the contribution of the private sector is insignificant.

Idealised views of a health rather than sickness service which would, after an initial capital outlay, decline in cost as the health of the populace improved have long since been buried. Self abuse by alcohol, cigarettes, inappropriate diet and indolence hardly need the pollution, industrial hazards, stress, the increased longevity of the population or the increased survival of the severely handicapped to ensure an increasing demand for medical care. New technology such as hip replacement, coronary by-pass surgery and renal transplantation increase both the possibilities of survival and the demands for NHS resources.

The progressive and steep incline in the costs of the NHS have been an appropriate cause for concern by successive governments. There is no doubt that with little effort the entire GNP could be spent on the NHS, now the largest employer in Western Europe.

Attempts to control these escalating costs have resulted in a succession of imposed bureaucratic attempts at solution which have served only to increase demoralisation and have been complicated by pseudo democratisation which has increased the clamour but failed to clarify objectives.

There is no doubt that the NHS has become unwieldy and perhaps even unmanageable. Despite this the quality of care in the NHS remains high. We need a major reappraisal of local and national objectives for the service but not another reorganisation imposed from the centre.

In the past private practice has not been a significant factor in national health service planning. A failure, largely because of doctrinaire political views, to achieve a symbiosis between state provision and private care has resulted in some abuse, modest loss of revenue to the NHS and provided a stimulus to the provision of more independent private facilities.

The demand for private practice stems largely from a desire for increased consumer choice in the selection of consultant and the timing of appointments and elective procedures. This includes the avoidance of long waiting lists. All of these things could be managed within present NHS resources were more creative solutions to local problems allowed or encouraged.

In addition the private patient wishes to buy time, to have the consultant unhurried in consultation, not delegating to other staff explanation and reassurance and offering time for some social exchange. The other important purchase is of improved hotel facilities where conditions of privacy and comfort, telephones, TV and personal services are equivalent to a three star hotel.

Despite Dr McKeown's allegations of glibness, defeatism and Luddite attitudes, I remain convinced that neither the additional consultant time nor the hotel facilities could be provided within current or identifiable resources for all patients in the NHS. We do not have enough consultants in the NHS and we are hard put to maintain the fabric of existing hospitals let alone improving them.

I do believe we could provide such services for the limited number of people who could afford them and thereby create some profit for the NHS.

If the NHS does not, the Nuffield and various other largely non-profit organisations will seek to meet local needs. This has happened with little damage to the NHS in the past.

The problems occur when the with-profit medical care organisations set up an aggressive marketing policy and a national network, with the intention of influencing large organisations including the government to increase the percentage of the population who are insured for health care.[1] That situation could turn the North–South divide into an unbridgeable chasm with the haves and the have-nots experiencing a totally different quality of medical care.

The private sector is concerned with the provision of services to patients (Dr McKeown's fetish) but only to those patients who can pay. The NHS and most of those who work in it are committed to the provision of services to all patients who need it.

By all means encourage symbiosis but I want nothing which will detract from our intention to provide good, and eventually better, clinical services to our whole population. Nor do I wish to stifle debate on the future provision of health care providing that we retain the best interests of our patients as the central concern.

I do believe that the NHS provides a good basic service and, though I acknowledge that the service is ailing, the condition is not terminal and if we continue to care it can again become the best in the world.

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