

Dear Editor

Our burgeoning NHS problems are more organisational than financial

Your headline *Our hospitals are on the brink of collapse: NHS chiefs* (11.9.16) introduces another cluster of stories and quotes demonstrating yet again how our NHS services are failing and unravelling due to insufficient funding.

The perennial analysis and explanation is that our population's increasing numbers, longevity and expectations are simply not being met by commensurate funding.

While this may be an essential part of our healthcare's decompensation it is not the only one, and may not be the most important. I have worked for nearly forty years as a Principal GP and have seen how successive reforms have mostly led to clinicians being stymied from doing what they are good at. Instead their time and energy are abducted to serve increasingly dense and complex bureaucracies – our seemingly unstoppable managerialism. My own activity – General Practice – used to run, mostly well, with collegial good judgement, sense and trust. But this more wholesome culture has been replaced by an intolerably crowded carousel of compulsory inspections, audits, appraisals, meetings, propagating and prolix official documents. All of these replace positive vocation with weary and unsustainable mistrust.

These changes may be driven by our consumer and litigation culture. They have certainly been amplified by the last two decades of NHS marketisation and commodification: purchaser-provider splits; autarkic and often competing NHS Trusts; competitive commissioning; performance related pay ... all of these add enormously to division, complexity, perverse incentives, stress and burden.

Our previous federal system was imperfect, but much clearer, more honest and efficient. We are losing much, both humanly and economically.

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