National Health Service or National Health Business? an historical perspective

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In 54 years in the frontline at tertiary, secondary and primary levels I have experienced the best and the worst of the NHS.[1] It is crucial to understand that the current much publicised problems and challenges facing the NHS are not new, but can be traced to the early 1990s. The National Health Service and Community Care Act (1990) ushered in a profound change in NHS structure and culture, marking the point when best service practice was subordinated to best business practice. In a nutshell, the NHS became the National Health Business (NHB). This led to the fragmentation of healthcare, the rapid expansion of an enormous bureaucracy and constant strains between frontline staff and management at all levels.

The NHS – before and after 1990

In the early and mid-1990s ward closures, bed shortages, bottlenecks, cancelled operations, and lengthening waiting lists were as common as they are now. Who can ever forget the patient with a head injury who, in 1995, was helicoptered from Kent to Leeds, where he died soon after arrival, because there was not a single available intensive care bed in the whole of London and the south of England.

This well-publicised example – which led to reports and debates in parliament – was the tip of an iceberg. The iceberg melted slightly with increased NHS funding after the 1997 general election, but is as big as ever in the present financial climate. Not that funding is the only important issue.

In 1995 Sir Leslie Turnberg, then president of the RCP, wrote:

> 'There is widespread concern amongst physicians that increasing pressure to take on ever more work is impeding their ability to practise the high standards of medicine to which they aspire. Uncertainty, frustration and even despondency are beginning to threaten the sense of commitment to the NHS of many physicians in adult and paediatric practice. I constantly bring to the attention of the Department of Health and the NHS Executive the damage that is causing to the quality and standard of care we provide.'[2]

Why were the quality and standards of care falling in the 1990s? Were there not problems in the NHS before 1990? Yes, but nothing of the order or scale that followed the 1990 Act, and existing services were rarely compromised. In particular there were problems in mental health and community care because the closure of mental hospitals overwhelmed community care.[3] There is also no doubt that financial inefficiency was an issue throughout the NHS, but it could and should have been addressed more sensibly than in the 1990 Act.

The *Griffiths Report* of 1988, which led to the 1990 Act, was set up to address the failings in community care. Griffiths made many sensible recommendations to improve and coordinate community care, including a minister clearly responsible for community care. Instead, some care responsibilities were vaguely and variably added to the briefs of junior health ministers, a situation that persisted until the 2018 restructuring of the secretary of state's role.

The government ignored most of Griffiths' recommendations but seized upon his suggestion for greater financial efficiency in community care, including the separation of purchasers from providers, and applied it to the whole of the NHS. At the same time the Act unwisely further separated services in mental health and community care from physical health, adding to the relative neglect of psychological and social medicine.[4]

Despite the great efforts and achievements of frontline staff, the NHS/NHB has never adequately recovered from the profound changes implemented in the 1990 Act.

Indeed, further reorganisations, including the retrograde 2012 reforms, have further fragmented the service. Coordination, collaboration, communication and continuity of care are fundamental to the highest standards of medical practice and care, but all have been undermined and compromised since then.[5] Notwithstanding many centres of excellence, especially in acute physical care, scandals such as Mid-Staffs are only an extreme example of a more widespread decline in standards that have focused continuing attention on patient safety and staff morale.[6] The difficulties in maintaining high standards of care in the present dysfunctional NHS/NHB have been described yet again and most recently by Clarke[7] at junior hospital level and by Slater[8] at consultant level.

In the business world time is money. In the NHS/NHB time, which is a greatly valued commodity by patients, also costs money. With increasing knowledge, education, expectations and demands, the resource which is in shortest supply is indeed time. This has given rise to the understandable impression that so much hasty diagnosis and treatment is lacking in compassion and empathy, with widespread calls for a more 'holistic', 'personalised' or 'patient-centred' approach in the NHS.[9]

My understanding is that these values have long been central to the practice of medicine – and certainly I was so taught in medical school in the 1950s and witnessed widely prior to 1990 – but less so since then. These calls may be viewed as an indirect measure of a fall in standards. It seems that in the increasingly time- and cash-strapped NHS much has been squeezed or lost in the art of medicine, leading to so much concern about clinical standards now and over the last 25 years.