NHS morale needs more than money

David Zigmond

Heated debate about how and how much to fund and resource our NHS continues, rightly, to rage. Yet in this contentious heat are we often blind-sided to another aspect of our problems?

NHS morale needs more than money

The election at the end of last year provided, at least, one area of consensus: all parties agreed that considerably more money was needed for our beleaguered and overstretched health services. The electorate was subjected to a kind of beauty contest with the competitors vying for the biggest endowment. Who would finance most? Who would procure most?

All debate seemed to assume an unquestioned premise: that our current major NHS difficulties can be mostly reversed and remedied merely by increasing finances, material resources and staff numbers. So this is now a common assumption, but is it correct?

There has long been evidence, now growing, that while the marshalling of management and resources is certainly necessary, it is rarely sufficient. Yet it seems that, while many of us have been clamourously, and rightly, arguing for more direct finances and influences – crucially free of the sully and fragmentation of commercial interest – we have all too often lost sight of other things equally important.

So what is slipping beyond our communal attention, grasp and influence? Another view indicates that in our battles over money, measurements and management we have (often unconsciously) selectively neglected that which cannot be directly bought, measured and managed. This neglect, and sometimes designed destruction, has led to losses now very evident and common, but nevertheless bewildering and discombobulating. How and why are so many of our NHS doctors and nurses so unhappy and demoralised in their work? Is it not because, in our determined pursuit

of systems-efficiency, standardisation and cybernation, we have eschewed the vagary and heart of the human? Neglected our better human sense and sensibility?

What does this mean? Rather than here argue with more abstractions let us consider the voice of this thirty-six-year-old female GP, Dr S:

> *'I've just had my second child and I just didn't want to go back to work … I never thought I'd say that because I was inspired by how my now-retired Dad had loved his long career as a GP, and it's what I always wanted to be … I wanted to follow him.*
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> *'But the work has changed utterly, from being a local, friendly people-place to being like a giant call centre or distribution warehouse, or something…*
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> *'What do I mean? Well, our small practice was pretty much forced to close and to then amalgamate with several others into a much larger building where almost nobody knows anybody … No, really … the place is enormous, very busy and full of so many different kinds of health-workers – not just GPs – and office staff. And most of the doctors are now very part-time and seemingly short-term … and even if they're not I don't have time to talk to them like I used to…*
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> *'You see, we now routinely see more than twenty people in a session, and that's before possible emergencies and computer tasks* and *they want me to vacate the room within three hours, to prepare it for the next clinic.*
>
> *'Most of the patients now I've never seen before and usually won't see again. So you've heard the directives? Yes, that's right: '*One patient: one complaint; ten

minutes.' *So this vast centre is crammed full of driven, anxious, frustrated people who know one another less and less, whether they are patients, colleagues or other staff. What a strange mixture of bustle, crowding and loneliness!*

'And that's not all. I haven't mentioned all the controlling compliance regulations and meetings that license us for the privilege of working in this way! … all the Logs we must keep, Professional Development Plans, Appraisals, Inspections, Audits, Contractual tenders, CCG meetings and documents … have you had enough?!

'My father finds it difficult to understand or believe what his old profession has become. "Why isn't there a revolution?", he asks.'

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Here is an answer to this question. It is because many of our doctors are now suffering from the *Zimbabwe Syndrome*, a pattern articulated by a recently-exiled Harare citizen a dozen years ago. He was asked then why the population there remained so stable in its stoic submission when ruled with such oppressive privation, corruption, and heedless incompetence.

He replied:

'*Look, we're very weary and live with chronic fear and powerlessness. We just want to keep our heads down, survive and keep out of trouble. If we've got a paid job of*

work, food and shelter for ourselves and our family, then we're grateful! We don't want to risk any of that. We've seen what can happen to those that do…'

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It is an extraordinary turn of history that brings the consequences of reforming a First World's Welfare services to in any way resemble the civic problems of a (now) Third World dictatorship.

The fact we are doing this under the guise of caring better for others can only add to the poignant yet dangerous bathos. And yet, remarkably, the perverse course of this evolution excites almost no interest or debate compared with the devotion secured for sheer money and resources.

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Is help at hand with the next tranche of reforms? For example, will General Practice now be helped by the vaunted federations of Accountable Care Organisations (ACOs), Sustainable and Transformation Partnerships (STPs), Primary Care Networks (PCNs) or Direct Enhanced Services (DESs)?

Dr S was asked about this. She replied:

'Oh no! I don't think these kinds of things will help at all to restore General Practice to be the kind of work I find really satisfying and enjoyable … how will any of this

provide patients with the kind of accessible and personal service so many of them want … and need? It'll be quite the reverse!

'Why? Well, everything will become even bigger, more bureaucratic, more procedural, more impersonal, more remote … the idea of really getting to know people, their families, their stories, their neighbourhoods will become a kind of nostalgic irrelevance … so my love of personal doctoring in General Practice will become extinct, a historical curiosity.

'If I and the NHS are still here in five years – and together – I'll be working in something more like an airport. Will I want to do that job? I doubt it …'

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Money may buy short-term Locums, but money can't buy you vocational love. Culture needs more than just cash. Much of this DFNHS Newsletter portrays further what some of these needs are.

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Interested? Many articles exploring similar themes are available on David Zigmond's Home Page (http://www.marco-learningsystems.com/pages/david-zigmond/david-zigmond.html).