**The Perils of Industrialised Healthcare: a personal vignette, a panoramic view**

I attach a flyer for a recent publication from the Centre for Welfare Reform – *The Perils of Industrialised Healthcare*. Obviously I would like you to read it, and here I would like to tell you why. I think that this is best achieved by describing its roots – how it came to be written – and then its shoots – where this analysis reaches out to.

So, first, a smaller story and then its much larger ramifications: this is what this letter outlines. I have done my best to condense their complexity to about 1200 words. I hope you will persist.

**1. Personal history: roots**

A seminal event occurred in 2016: after forty years as a principal GP my small practice was unexpectedly closed with not only dramatic suddenness, but with also exceptional anomalies and discrepancies. Three years later these events are worth returning to and dwelling on.

Why? Well we can now clearly see how these small-scale events were both symptomatic and predictive of much greater difficulties to come – the paradoxical and dispirited unravelling of our Welfare services because and despite their ever-increasing micromanagement.

What happened then? And how do we understand the emerging larger story?

*

The small story is essentially as follows. In 2016, after a discordant inspection by the Care Quality Commission (CQC) this small practice was immediately deemed so

hazardous to the public that weighty new legal devices were swiftly unleashed to close it with immediate effect, dextrously removing the opportunity for legal representation.

Yet other, parallel real-life evidence, readily showed a very different picture that had been stable over many years. For example, the practice was enduringly and remarkably popular with staff and patients, and was equally exceptional in its lack of publicly accountable problems. The documented evidence for all this was, again, clear and wide-ranging: long-term staff tenure; far above average scores in independently conducted patient questionnaires; and a complete absence of the kind of complaints needing formal inquiry, Coroners' inquests, or litigation against the practice.

So here was an extraordinary discrepancy – actual history showed an exceptionally well-functioning and popular professional group; formal inspection alleged a killer-practice that needed immediate legal elimination.

These very different accounts are both on public record. I swiftly wrote my account, in the week following my decommissioning, while the events and dialogue were fresh and sharp in my mind. It is called *Death by Documentation: the penalty for corporate non-complicance*.[1]

The CQC report was published three months later.

*

A short personal-historical note is helpful here.

For some years I had been warning and writing about ominous signs: that the serial reforms to our NHS were, in fact, making it ever-more demoralised and so, paradoxically, inefficient. My peers mostly agreed, though more privately and quietly. We all lamented the loss of our professional *raison d'être*, then our *esprit de corps*. I predicted that such burgeoning regulation, inspection and managerialism would become increasingly inimical, then intolerable, then unworkable. I publicly objected, forewarned and then courteously and very selectively declined to comply. At a previous CQC inspection (in 2014) this position had been fully discussed, warmly supported and accepted.

But the inspectorate and times then changed.

*

In 2016 it quickly became clear that such recusance was now equated with breach of contract, thus legally rendering my employment doomed. What I thought to be larger and more essential considerations would now have zero currency in any formal or legal challenge to the CQC or NHS England. As I passed my seventieth year, with my practice now irrevocably derailed, I realised the futility of such legal or procedural challenge.

I decided on a more philosophically-spirited approach – to engage with the deeper, wider problems. Rather than an adversarial fight-to-the-death with authorities I would, instead, research what has gone so wrong with our NHS culture as to precipitate this troubling and anomalous tale … and the many similar (if less dramatic) imbroglios being reported from across our Welfare services.

**2. Panoramic analysis: shoots**

The three years since my decommissioning have provided me with much time and material to fashion some answers to my questions about the larger picture. The material – the 'qualitative research' – has been very wide-ranging in its sources. I started with my familiar group: NHS healthcarers (all sorts), their support staff and patients. The contact was via many types and lengths of conversation, more structured 'interviews', and often unsolicited correspondence. It became clear, too, that many other types of people were eager for this dialogue and I was soon the recipient of hundreds of their initiatives.

The notable exceptions to any such invitations were those currently holding managing or executive posts: they have been, almost always, defensively avoidant and opaque, albeit procedurally 'correct'. The notable exceptions were those that had recently retired from such posts: they usually talk in quite a different and candid way, and with great relief. This anomalous pattern was surely instructive: it further clarified and anchored my notion that we have inadvertently spawned and aggregated a damaging and toxic culture in which – by definition – our better natures struggle to thrive or even survive.

Over these three years other Welfare workers contacted me, describing very similar problems to those in the NHS. From primary school teachers to post-doctoral university academics, from residential care workers to prison officers, from social workers to probation officers … all described experiences of oppressive and alienating demoralisation, deskilling mistrust and the loss of nourishing colleagueiality. All attributed these to new and intensifying forms of proceduralism and managerialism, themselves fuelled and directed by waves of compliance requirements, regulated standardisations, IT-based surveillance and inspections ... and the system's reduction of all to staples of data, codes and metrics.

Clearly it is not just the NHS that is losing its human heart, sense and communities.

*

Last year I had one of my longer conversations with the long-serving (now retired) CEO of The King's Fund: Professor Chris Ham. He was interested and sympathetic to my concerns and analysis and gave me a copy of what might be his own valedictory summary of the NHS's afflictions: *Reforming the NHS for Within. Beyond hierarchy, inspection and markets*.[2] This King's Fund monograph has the sterling hallmarks of that organisation: solid statistical collations, sharp yet impartial analysis and clear writing.

Yet, for all this, I thought it lacked important social and psychological perspectives. Why have we adopted such follies? Why do we find them so difficult to relinquish? And what – beyond the economic and the institutional – is their effect on so many individuals?

In attempting to answer these questions I came to discuss them with members of the Centre for Welfare Reform, who then asked me to write a discussion paper. Hence, and herewith, *The Perils of Industrialised Healthcare*.

I hope you will find this merits your time, headspace and interest. **The full article is free as a download; it may also be purchased from Amazon in paper copy**.

David Zigmond

**References**

1. Zigmond, D (2016) 'Death by Documentation: The penalty for corporate non-compliance'. *Journal of Holistic Healthcare*, vol 13, issue 3, winter.
   Also available on author's Home Page (http://www.marco-learningsystems.com/pages/david-zigmond/david-zigmond.html), Article 74
2. Ham, C (2014) *Reforming the NHS from within. Beyond hierarchy, inspection and markets*. The King's Fund (www.kingsfund.org.uk/publications/reforming-nhs-within)

**Attachment**

Flyer: *The Perils of Industrialised Healthcare*