

We cannot get our best integrated healthcare via competitive corporatism

On Radio 4's *Today* programme (3.7.18) we had the now-familiar slot of a senior official talking about how our public money might be best spent on our increasingly complex health needs. This one was from the Care Quality Commission and he rightly identified poor *integrated care* between health and social services: these need more staff, training, inspections, redesigned IT systems ... and, of course, funding. These truths may be necessary, but they are far from sufficient.

For our last two decades of reform are often the greater problems of our healthcare's dis-integration, and thus must be dismantled to secure any sustainable progress.

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In my decades as a frontline NHS doctor I saw clearly how successive reforms depersonalised our services so that fewer and fewer people knew one another, procedures replaced people, systems displaced judgement and the career eclipsed vocation. Consequently welfare professionals have far less personal knowledge and understanding of both their colleagues and charges.

So, many things have perished because we have severely discounted this truth: if we make personal relationships with people we are better equipped and motivated both to care and to look out for them – these are the natural basic elements of integrated care. Yet our systems of healthcare – commodification, competitive markets and giantism (eg ever-larger GP surgeries and hospitals) – have largely deracinated the possibilities of the natural growth of these elements.

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In the 1980s I usually had much knowledge of patients and their families and could dialogue easily with an experienced social worker who would see problems through, with me, with intelligent fraternal rapport. Our systems have made this impossible now: a GP is most unlikely to have such knowledge of their patients, or to have access to such high-grade colleagueial rapport. No amount of regulated management can fill those gaps.

We need urgently to understand what used to work much better, and why.