NHS Healthchecks: more automation and less intelligence

– letter to the *Times*

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The front-page story *NHS checks on over-40s condemned as 'useless'* (20 August) and subsequent letter (*Healthcheck checks*) can lead us to additional valuable insights into virtuously squandered resources and depleted staff morale in the NHS.

In the last two decades of my work as a GP my original role as a skilled, holistic, personal and family physician has been steadily displaced by imperatives to perform government-dictated generic and measurable procedures: a tick-box world for healthdroids. Goals and targets are now firmly welded to contractual payments to ensure conformity. Such obedience costs not just money and skilled time, but also the doctor's intelligent and imaginative discretion and – eventually – the experience and ability to make humane and sophisticated judgements.

The current overtreatment of 'high' blood pressure is a common example of such perverse consequences. GPs are now paid according to how many high blood pressures they can lower: *ergo* they are driven to treat a measurement, not the patient. This has created serious secondary problems, particularly among the frail-elderly whose prescriptively over-lowered (for them) blood pressure then often leads to dizziness, falls, collapse and serious injuries – always distressing, sometimes fatal.

What is getting lost in such mass-produced and formulaic testings and treatments are the erstwhile aspects of care that are intelligently discerning, personal and bespoke. This is not just injurious to patients and budgets – practitioners, too, become diminished, deskilled and demoralised. This happens because our sense of meaningful contact and satisfaction grows from the autonomous exercise of such skills: they comprise the now ailing heart and art of medical practice. Importantly, these are closely akin to compassion. The process of these losses may be insidious, but the consequences are more stark. We are already finding that the more we reduce vocational healthcarers to act as centrally-programmed healthdroids, the more horror healthcare headlines we have coming to us.

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