

January 6, 2009

Demise of the NHS - Leaked Memo

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DIRECTIVE

Demise of the NHS

Codename

DUMBO48

Timescale

5-10 years (may be quicker depending on compliance)

Responsible Minister

BB

Key Stakeholders

Healthcare Consumers

Medical Profession

Tame Press

Rationale

Too many workers esp. in middle management

Pension timebomb

Funding on all levels

Unsustainable growth

KEY STAGES

1. Devolve Power Yet Allow To Retain Responsibility

Nurse Practitioners, Paramedics, Community Matrons, in fact Noctors^[1] everywhere.

“The pharmacist/extended care practitioner will see you now...”

ISTCs, WICs.

New GP Contract – no 24 hour responsibility yet still promote GPs’ continuing OOH responsibility, use stock phrases: “GP OOH”, “since GPs gave up their on-call”, “GP surgeries again closed to patients for four days over Easter/Christmas/delete as applicable”.

“Don’t worry, we’ll pay for your IT”.

Remove the doctor from the job application – MTAS.

Remove the doctor from the clinical referral - Choose and Book.

Remove the doctor from the consultation - NHS Direct, Practitioners of every flavour (except the medical kind), rigorous following of NICE guidance.

[1] term courtesy of some inconsequential social doctors site.

2. Distract The Profession

Instigate 'market' forces in a closed market- genius!

Revalidation, relicensing, reaccreditation and other hoop jumping.

Note to CMO: 360' feedback (MSF) will literally have them chasing their tails.

Always use the Shipman Shipman Shipman excuse wherever possible.

Practice Based Commissioning (otherwise known as 'Let's Keep Them Busy Running Around In Circles').

Promise gongs to those in Ivory Towers.

Push customer care above clinical care – some ideas – mystery shoppers, satisfaction surveys, experience surveys, anonymous ratings websites, access, access, ACCESS.

Targets of every sort – QOF, 18 week waits, 4 hour A+E, Health Care Standards.

Perverse and miniscule financial incentives for unproven work.

Need to keep practicing those poker skills honed during extended hours issue.

Rebadge regularly – logos, letterheads, signage.

Rename initiatives regularly: use acronyms with same names as existing medical abbreviations where possible, adds to the confusion, eg, PBC.

All ideas however outlandish will always be considered then pushed through, eg, hospital deep cleaning (as opposed to regular ongoing cleaning), 6.00am GP appointments for working people.

Make 'em fight for every penny – eg, NW to try illegal cap on pensions, QOF visits.

3. Distract The Public

Offer 'choice' – NHS Choices, Choice and Booking, Patient Choice.

'Empower' the consumer of healthcare - choose your hospital, car parking, food, hotel style ratings,

'Patient-led NHS', Michelin stars for GPs, NHS Constitution

Promote customer relations, keep busy with surveys and questionnaires.

Offer everything – we can cure the lot, obesity, smoking, freedom from aging and death, we can screen you for everything and anything.

Use catchy slogans – Change4Life, 5 a day, Your Health – Your Choices.

Use catchy analogies – Banks and supermarkets for surgery hours, Holiday trips for GP consultations.

Use catchy celebrities – Strictly Come Dancing and condoms.

Use catchy quangos – NICE, Modernisation Agency, HealthSpace

Raise expectations through widely publicised initiatives – profession to work out finer details (co-operation of Royal Colleges essential here)

Forget actual care – no longer necessary – nurse and medical training to be altered to suit – speak to leaders – promise gongs as above.

Push NHS Connecting for Health – "your life will be saved if you get run over 200 miles away from home because we will have your allergies on record".

Rebadge regularly – logos, letterheads, signage.

Change PCT job titles regularly. Remember each title must have at least five words.

Phoney war – commendation to TB for pushing this one through.

4. Develop Necessary Infrastructure

Oversubscribe medical school admissions. Result: large compliant mortgage-holding salaried[2] workforce who will do almost anything for a job.

Huge accessible to all[3] medical database = NHS Spine – remember continuity of record, not continuity of care is the principle here.

Polyclinics a must – need to speak to AD.

“It’s NICE to ration healthcare”[4]

‘Guidance’ to become law and enforceable through sanctions.

[2] Details to be finalised dependent on funding.

[3] Note to self – must align with corporates following the success with PFI (CBI – done, DHL – done, Virgin – to be announced, Coca Cola – in progress, Boots – well done PH), insurance and private enterprise to pay £££ for NHS data.

[4] Need to continue to confine NICE’s remit to review costs of direct patient interventions rather than areas essential to this directive. Must remember to send important note to NICE Review Body: do not review PFI, NHSD, NHS24, WICs, NHS Connecting for Health under any circumstance.

Principle 1 – Work towards the answer regardless of cost[5] (– forget bankrupt PCTs, closed surgeries, bankrupt hospitals NB: but keep those in marginals!). Then ask the question. Publicise the solution widely with press releases and conferences.

Principle 2 – Break trust in society, professionals, institutions, schooling, family etc.

Principle 3 – Push process above all – must be seen to be doing something.

[5] as long as doesn’t involve direct patient care costs – see note [4] for examples.

5. Constructive Dismissal

Make it very very difficult for doctors to continue to work in the NHS.

We can afford to lose a percentage to MMC, MTAS here.

Continue Stage 2 for as long as necessary whilst carrying out Stage 4. Intermittently perform Stage 3 to keep populace happy.

Attack professionalism at every level – “you will follow this ‘guideline’ or you will face sanctions”, “you will not refer more than this level or you will face sanctions”, ask to justify all decisions, clinical or otherwise, in writing in triplicate.

Promote tick box medicine – this will help inexperienced doctor staff when they use the fully fledged NHS database.

Primary Care = key to NHS so need to denigrate GPs at every possible opportunity as cannot have primary care stop this directive. NB: consistent 92-96% trust ratings for GPs will be hard to beat but we must keep banging on about how bad they are and people will start to believe – some ideas - £250K, 9-5, OOH, confidentiality, £250K, 9-5, OOH, £250K, £250K.

When doctors finally jump ship and NHS fails[6], go to next stage (very important).

[6] We envisage a two tier private and salaried state funded service. Details yet to be decided. Catchy name for state funded part to be finalised.

6. Blame Game

Lazy greedy GPs.[7]

Lazy greedy consultants. [7]

Lazy greedy GPs. [7]

Lazy greedy doctors. [7]

Lazy greedy GPs. [7]

[7] Media (esp. BBC) and Kings Fund to release prepared articles on demand – please check with cabinet regarding timings.

7. Directorships

Important reminder – all ministers are advised to have a mind to these at all times whilst in office.

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Useful Advice, Catchy Slogans and Helpful Bargaining Phrases for Region
Don't worry, no chief exec needs to lose their job over extended hours.
Sticks always seem to work better than carrots with the medical profession.

“The ISTCs and Scratchy Show”

“PFI Friday, and Monday, and Tuesday...”

“Central Control, Local Blame”

“You're the only practice in the area that...”

“Convenience over Quality”

“Style (or soundbite) over Substance”

“Process over Outcome”

“Targets over Goals”

“Micromanagement over Trust”

“Commercialism over Professionalism”

“Measure Everything but Value Nothing”[8]

[8] especially people

Glossary

This was written at the time of Tony Blair's leadership

AD – Ara Darzi

BB – Ben Bradshaw

ISTC - Independent sector treatment centre

JP – John Prescott

MMC – Modernising Medical Careers

MSF – Multisource feedback

MTAS – Medical Training Application Service

NHSD – NHS Direct

NICE – National Institute for Health and Care Excellence

Noctor – a clinician who is not a doctor but acts like one

NW – Norman Warner

OOH – out of hours

PBC – Practice Based Commissioning

PFI – Private Finance Initiative

PH – Patricia Hewitt

QOF – Quality and Outcomes Framework (new GP contract)

TB – Tony Blair

WIC – Walk in centre