

How does anyone manage to navigate the maze of our second-rate NHS?

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Next month the National Health Service turns 70. The institution is greatly loved, and not for nothing. The fear of ill-health runs deep in most of us and is ineradicable; but the fear of not being able to afford treatment, which must haunt most of the world's population, has been abolished in Britain — and for that inestimable benefit we have the NHS to thank.

It is, of course, possible to overrate the quality of this country's health care. Many do. All things considered, and in a world of first-, second-, third-, fourth- and fifth-rate medical provision, I'd say we British get a second-rate health service for the price of a third-rate one. However, funds are not unlimited, and second-rate isn't bad. The consensus is that our health service is patchy on preventative care and early diagnosis, but when it comes to the treatment of serious illness or injury (which is what people fear most), performs pretty well.

I've reached an age when visiting friends in hospital has become a fairly regular occurrence, so I'm getting to know the insides of the handful of hospitals in my English region pretty well. My experiences as a visitor, and friends' experiences as patients, all chime: they echo what so many people report about NHS hospitals everywhere.

There's no reason to think our local hospitals in the Midlands are particular offenders: they're impressive, their facilities are second to none

and they're making conspicuous efforts to be bright and welcoming places. But the complaints you hear, and the problems I've repeatedly experienced, are so very similar, so consistent and so widely reported, that we shouldn't dismiss as 'anecdotal' what almost everyone reports.

'I just got completely lost, and was wandering around with nobody to ask.'

'Nobody tells you what's going on.'

'The left hand doesn't seem to know what the right hand is doing. You rarely see the same person twice, and the next person doesn't seem to know what the last person did, and you have to start all over again.'

'The different bits of the hospital don't know what the other bits are doing and you can't find anyone who knows all the aspects of your case.'

'There's no desk where a receptionist could make enquiries and coordinate. Nobody seems to know anything about you.'

'They tell you to wait "over here" or "over there" or "in that corridor", but they don't say for what or for how long or who's going to see you, and scores of other people are waiting, and it's a bit like a play by Samuel Beckett, and everyone's hoping they're in the right queue and someone will call their name.'

'You can't get through to anyone on the phone, and my GP's receptionist told me they can't either, and what happens in the hospital isn't anything to do with them.'

'They said someone from the hospital would phone me after a week, but nobody did, and I wondered whether I should bother them, but when I did I couldn't get through to anyone who could tell me anything.'

An example. A friend had suffered a fracture, had an operation, did not see a consultant or doctor when she came round from the anaesthetic, was discharged by a nice nurse and given appointments to return in a week for a check with the doctor and a physiotherapist.

She had work in London so took an expensive early rush-hour train back to be there on time. But when she arrived they told her the regular doctors were on holiday and just one locum was on duty so there would be a delay of maybe a couple of hours.

She asked politely why nobody had been able to text her, pointed out she had an appointment with the physio for after she'd seen the doctor, and asked if anyone had told the physio. Nobody had. Nobody even knew she had a physio appointment. Or which physio.

She began to feel she'd slipped through the cracks between different departments, and ceased to exist. Staff were polite but nowhere could she locate a single human intelligence able to access her records and make a cross-departmental plan. She's an educated middle-class woman, so by persistence got things sorted; but she wonders how more helpless people manage.

It's often said that the advantage of a monolith like our NHS is that there can be a single portal through which the citizen can access all he or she needs; and it's true that all the constituent parts of a modern health service are gathered impressively on a single site called a general hospital. But the experience of visiting for treatment, or to see a sick friend, is of stepping into a *Through the Looking-Glass* world in which all the answers to your questions are confusing, everybody seems to be moving purposefully around, but nobody can help you or explain who could. At the Northern General Hospital in Sheffield, I recently became lost for an hour. The

place resembles a small town but with no street numbers, and woe betide anyone who isn't quite sure where they're going.

At another hospital, when hoping to visit a friend recently, I found that the general reception is unstaffed at weekends: there was just a big counter with nobody behind it and the lights switched off, as nurses and trolleys and people in lab coats whizzed around. You end up stopping hospital porters in the corridor and asking, for instance, which ward an old lady who has suffered a stroke is likely to be in. A railway station has a stationmaster's office. A department store has a floor-manager. Shouldn't a large hospital have a customer services manager? Patient-hospital advisory committees exist, I'm told, but they're mostly talking-shops.

The great boast of our National Health Service has always been that it is 'free at the point of use'. Excellent. All we need now at your average English hospital is to be able to *find* the point of use.

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