

## MAGGIE'S CHOICE

Recently Margaret Thatcher was admitted to the Cromwell Hospital in London suffering with a flu-like illness.

(1) Why did she choose such a prestigious private hospital instead of her local NHS District General Hospital?

This is a question which raises other questions but it is unlikely that we will receive any truly honest answers. However, there is no reason why we should not surmise.

1. Because she could afford it. (She receives a fantastically generous pension paid for by us (the taxpayers).

(2) What are the benefits that she will enjoy in this private hospital?

2. Five star hotel accommodation.
3. Complete privacy.
4. A daily visit from her attending physician/surgeon.
5. No delay or waiting for other specialists to see her.
6. No delay or waiting for investigations to be performed.
7. No premature discharge before it is completely safe for her to return to her place of residence.
8. No interim discharge if there is a delay in arranging nursing home accommodation.

(9) What were the advantages for the NHS by her not using NHS facilities?

9. A valuable NHS bed could be used for someone else waiting for admission.
10. Freedom from being overrun by reporters prying into what we are doing instead of allowing us to get on with our NHS work.

N.B. Remember

- a. None of these arrangements guarantee her dignity. Dignity is the synthesis of interpersonal relations with staff and those around her.
- b. With her hidden away in her private room, if her clinical condition suddenly deteriorated would that be immediately picked up by the staff?
- c. Every day she spends in hospital puts profits into the pockets of those looking after her.

So, what is it about the alternative NHS inpatient accommodation and clinical management that would be lacking?

1. Everyone is entitled to free inpatient accommodation.
2. Inpatient accommodation is what we have inherited as a result of the interference of successive governments. Some localities are well provided for. Others are denied the capital to make necessary improvements and are denied the flexibility to involve the local population in deciding what is needed and how to raise the capital without bankrupting the day to day management of healthcare.
3. The level of privacy is decided by the availability of single room accommodation. The beneficiaries of this facility are dictated by clinical considerations and not by who you are.
4. A daily visit from your attending physician/surgeon is rarely if ever possible because NHS Consultants have not made this a priority.
5. Referral to other specialists takes time and depends on their willingness to be readily available.
6. Urgent investigations often fall foul of insufficient staff to man the facilities outside of the 8 hour "working day".
7. Because payment for hospital stay is not proportionately related to length of stay, inpatients become wasting assets after a certain time threshold.
8. NHS nursing home accommodation is under-resourced. You either wait for the appropriate accommodation to be found or you are dumped in the wrong environment.

How easy would it be to correct these inadequate provisions for NHS inpatients?

2&3 These require changes in legislation.

4&5 These require the medical profession to change their work ethic and personal time management.

6 There must be enough staff to man a robust out of hours service.

7&8 Social Services need local government support and enablement to raise the level of local taxation to meet the need.

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