Now do it our way

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Some years ago, my hospital and the neighbouring one became a single Trust. It was clear from the outset that we could not provide proper health care to our population until the Trust became a single hospital. Commissions were set up and outline business cases were prepared. Outside consultants—not of the medical sort—were employed. Committees were formed, people met, and options were suggested. Reams of documents appeared, some on watermarked paper expensively bound. There were public consultation exercises, and the public service unions had their say. The plurals are important here, because the rigmarole was gone through at least three times.

Each time, the process came to a halt. Whatever other factors were important, there was political foot-dragging by whichever set of politicians was going to lose 'their' hospital. But the medical staff carried on with their plans, hoping that eventually the ineluctable logic of the situation would get through even the thickest political skull.

The considered options at the latest exercise were the same as considered by each of the previous commissions: status quo (rejected on every occasion), on our site, on their site, new site. The European Working Time Directive was the final evidence we needed to persuade local politicians that a new build was the only sensible answer to our continuing health care problems. Individually and collectively the politicians were canvassed, and at last the argument seemed won. They agreed, some of them reluctantly, but none the less they agreed. There was little to choose between our site and their site, but our site won by a bit more than a nose. The medical staff came out in favour.

We were going to get our new hospital—not until 2012 at the soonest, but it was on its way. At last, we could plan properly. I sat on committees where we talked about how many operating theatres there would be, how many anaesthetists it would need, how the day case unit would relate to the main theatre suite. The medical director went to the USA to look at the layout of large hospitals and consider which would work best for us. A meeting was planned for the architects to talk to the senior medical staff at the medical advisory committee about details of where we would be working, and whose office or clinic would be next door. The meeting was planned for August. Complaints flooded in about the holiday season: the meeting was postponed.

In the meantime, the local media used the news silly season to get up a petition with thousands of signatures objecting to the downgrading of their site. The local MP, despite earlier apparent agreement, supported them. (Not that the media cared: all they wanted was a story. The signatures would have been for our hospital if the conclusion had been otherwise.) Someone somewhere complained that the consultation process had been flawed. A letter went to Secretary of State, Patricia Hewitt, asking for a review. Lunchtime in the postgraduate dining room, briefly euphoric, turned gloomy once more. Surely not again, we sighed. Anyone wanting to raise a wry smile in our Trust has only to say, 'By the way, I hear they are going to centralize the head and neck and ENT services'. Compared with that, the planning of the reconfiguration of the acute hospitals is in its infancy.

On the day of the rearranged committee meeting a month later, there was a good attendance, better than at many recent meetings.

The game had changed. We were told that the government had decided there would be an independent sector treatment centre on our patch. It would take all the easy cold surgery. It is not an option; we cannot say that we do not like it. It is a fact. All the time taken from our patients to sit on committees for our future was wasted. All those documents produced, read, corrected, published; all those travel expenses. The day case facility I gave my tuppence to may not be built. Specialties are going to have to rethink how and whom they are going to employ where; knowing that on a whim the number of operations, perhaps even the number of hospitals, can change. The idea of independent centres is not new. I have a fundamental objection to them. As with much policy, they are ideology not evidence based; and the implications for teaching and training are uncertain. I would rather the National Health Service remain whole, but that is not the point. When we first set out on our latest—and I still hope it is the last—restructuring exercise we could have been told that it must include an independent centre, and what specialties it would cover. Now we have to just knuckle down, recalculate and readjust, but what a dispiriting business it is.

We sit, and we discuss, and we really do believe that we do so in our patients' best interests. Why shouldn't we? We are all likely to be patients one day, if we haven't been already. But we discuss things over which we have no control and about which it is apparent that our opinions are unwanted.

Is it any wonder that so few medical staff attend meetings any more?