Lord Darzi interview – Editorial

The Darzi interview: an opportunity for debate

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Lord Darzi, the self-assured surgeon cum health minister, is very much the man of the moment. The transcript of his interview by our Editor in Chief has been published allowing you to form your own conclusions and participate in the online debate. We also invited senior academic and practitioner colleagues to comment. The authors particularly picked up on quotes from Lord Darzi about holistic care, fragmentation of care, complexity and integration of the healthcare system, polyclinics and multidisciplinary working.

‘Healthcare I would describe as a complex adaptive system’

‘And we need to find local solutions. Solutions to vertical and horizontal integration depend on the local circumstances.’

‘Besides the quality of what primary care colleagues deliver – which is excellent. Besides the quality of my secondary care colleagues – which is excellent ... and social care. It’s the bits in between where there are the little holes that patients fall into.’

Let me put on record: Polyclinics are not buildings. Polyclinics are my way of describing integrated service provision. That is what polyclinics are.

‘I am a great believer in bottom-up ... we all need to need to reach that maturity, to be fair. Not just the Department of Health (that has been criticised) for being top-down. Actually all the national organisations need to think about bottom-up ... We really need to talk to our constituents who need to decide the care’

‘Primary care is what we see in primary care. The strengths of primary care is the multi-disciplinary approach to care. Nurses make a significant contribution either to the provision of care or the commissioning of care.’

‘I’ve been very grateful to the leadership that the RCGP has exercised over the last eight months. I very much hope that we will keep that momentum going ...’

Our respondents expressed a remarkable, and unexpected, consensus that there is much to be commended in Darzi’s vision for health care. However, each also identified significant obstacles to moving towards it. John Hunter, from the charity Harrow Crossroads, acknowledges the strides general practice has made towards integrated care. However he advocates moving to a federated model that can offer more diagnostics and expertise, but where practice staff are central in planning and implementing services. He also sees this model as one where research may flourish. Colvin provides a view from general practice and while she applauds the bottom up approaches suggested, she raises concerns about how this fits with the Department of Health’s current relationship with PCTs, and the significant financial drivers. Edwards provides a community nursing perspective, where there are real concerns about integrated care, splintering of services and the commissioning of services. Pharmacy networks may be one part of improving the integration of care, as described by Rosenbloom *et al* ‘Too often primary care has been seen as the exclusive prerogative of health’, but as Bamford points out, social care issues are met everyday within primary care consultations. He provides thoughtful suggestions for implementing the Darzi vision, as well as challenging this journal to recognise social care as an integral part of primary care.

Vlassov, describes a version of a Russian polyclinic that we definitely would not want to copy, but Berridge looks at the history of multi-speciality clinics concluding that enlightened people have always attempted to use

buildings to help different practitioners to work well together (Berridge's editorial, which was commissioned by the *London Journal of Primary Care*, so impressed a reviewer that the *BMJ* have published it simultaneously with our journal). Barr warns that multidisciplinary working will not happen without multidisciplinary learning that can 'assemble cross-professional support on which successful implementation of future policies depend'. Easmon, perceptive as always, cuts through short-term concerns to call for cool heads and multidisciplinary leadership – be sure to read his last paragraph in which he describes some of the mountains we have to climb.

Stange describes how horizontal integration is quite different from vertical integration of disease care pathways, and failure to understand the implications of this 'risks dis-integrating care of whole people'. Furthermore, contrary to the claims of some, horizontal integration has not been adequately understood by USA health maintenance organisations. Stange ends with an exhortation:

'As a family physician (GP in USA) practicing in the world's most expensive, lowest value, and perhaps most fragmented health care system, I encourage you to listen to the call to build on the great strength of a system that creates space to work toward the common good.'

Carrier and Kendall provide a policy perspective, placing the review in the context of previous London reviews. They scrutinize the multi-disciplinary, holistic and integrated approaches advocated, highlighting that these

'should not be an excuse to deny the necessary division of labour that has grown up as a consequence of the fine

distinctions developed through science and research for the benefit of patients'.

Finally Ewan Ferlie, one of the world's finest researchers into health care organisations and systems, gives a rich overview of the contemporary context. Ferlie doesn't say it, but perhaps we can – 'Do we in the NHS really understand organisations and systems?'

Lord Darzi made rather an impact at the interview with his ability to communicate his message in terms that primary care may engage with. Less clear is how the Department of Health will take forward the recommendations and how this sits with their market reforms. Many will recognise that the holistic 'vision' is what some will call 'common sense'. However we share the views of our respondents that translating this 'vision' into reality is beset with obstacles.

We would like this journal to be a critical friend, publishing examples of ways in which the obstacles are overcome. We need you to send us your stories, including images of success and failure, with supporting data. We would like a flood of such papers to publish in the (Autumn 2008) Alma Ata edition of *London Journal of Primary Care*.

We would encourage you to get writing, and look forward to receiving your contributions.

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