

Outside the Box



When a skiing holiday loomed, Adele Blakebrough's normally chirpy mood went downhill fast – until an object lesson in medical provision came to her aid

I'll admit that physically I'm a bit of a wuss. Put me in front of an audience of 500 or force me to sit an exam and I have nerves of steel, but throw me in the sporting arena and I become a pitiful sight. So you can imagine the relish with which I faced a family skiing holiday at Christmas. Most people would think 'what a treat' but I was preoccupied with how I could avoid being nagged onto the slippery stuff by my over-enthusiastic husband and children.

Before we left for our ordeal a small spot had appeared on my hand, which rapidly developed into a raging abscess. No amount of soaking in hot salty water would calm it down so, in the end, I was forced to go and see a doctor in our Alpine village. It turned out that he was British, originally from Sheffield, and had settled in France. He quickly assured me that the swift operation I needed there and then would be covered by my holiday insurance. He was quite pleased to be treating something other than a skiing injury and diligently set about lancing the wound – with no anaesthetic!

To be fair, the op was over in seconds, to be followed by a treatment plan – antibiotics for eight days and no skiing for a week. I could have kissed him. The total cost of the consultation, medicine and treatment: 110 euros. The holiday was a big success, with me sitting in cafés reading novels and waving at the children and husband, with my bandaged hand, as they threw themselves down mountains.

My encounter with the French medical system, however brief, got me thinking about the different ways of delivering health and the broadening array of providers. In France, as in the UK, they take healthcare seriously – in fact per head of population France spends considerably more on it than we do. Their system is founded on everyone having to take out private insurance, leaving the safety net for only the poorest.

As the NHS faces burgeoning pressures, the debate in Britain is focused on how not only the private sector but also social enterprises can deliver health services more effectively.

There is no shortage of high-quality, cost-effective social sector providers already delivering hospice care, drug treatment and mental health services – to name but a few. The difficulty is penetrating the contract and procurement culture.

Recently I've been supporting a high-quality social enterprise/charity called The City of London Migraine Clinic (tel 020 7251 3322, www.colmc.org.uk). It offers a fantastic service to hospitals, GPs and patients in providing treatment by renowned neurologists. Its waiting lists are shorter, it is cheaper and patient satisfaction is high. So what's the problem? Why aren't they thriving in the new open NHS?

I took the CEO, Paul Jansen, to see a large, well-established GP practice to help him shed some light on the difficulties. One problem is that, on average, a GP has just ten minutes or less with a patient. As soon as they know what the problem is and that they need to refer a patient somewhere, they mostly use a computer system called 'Choose and Book'. It lists, very efficiently, the names of centres in or around a certain location that deal with migraine. But at the moment the information on this system is exclusively for hospital clinics. Getting listed on 'Choose and Book' is very difficult unless you are a hospital. Paul is a determined fellow but his forays into the world of purchasers have not been encouraging. It seems that for NHS purchasers, it's all too much like hard work for such a tiny area of medicine.

Yet the 25,000 patients who have found their way to the Migraine Clinic in Charterhouse Square have been more than satisfied by their treatment. If we are going to make progress in the inclusion of social enterprise in the NHS, we need to bring a number of these services together so they are large enough to attract the attention of purchasers rather than struggling on their own. Easier said than done. At the top of the NHS and the political arena the will is there, but getting it adopted in practice is the real challenge. Does the NHS have the will to confront these issues? It would be interesting to know, for example, how many social enterprises the Department of Health itself contracts with?

It takes effort and will to change habits of a lifetime and, like my skiing story, there are lots of ways of wriggling out of facing things we don't like. I hope the NHS will be braver than I was with my skiing.

Having seen the fun that everyone else had on the slopes maybe next time I'll give it more of a go.

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