DEAR SIRS

I attended the same seminar on private practice as Sydney Brandon (*Bulletin* January 1987 **11**, 23–24). At least I think it was the same meeting, since my recollections differ somewhat from his. However, I counted 17 questions in his brief report and I welcome the beginnings of a debate on the place of private practice psychiatry.

Professor Brandon does not spell out directly his stance towards private practice, though he does exhibit a strange turn of phrase. The flippant and hyperbolic tone of his remarks is very different from that of the meeting itself, but then perhaps I have a lot to learn about subversion. There is nothing like poisoning the well and then declaring oneself the founder member of Greenpeace.

It seems that at least three dozen of us will have already spent a good deal of time considering the issues he raises, since I am one of the 35 psychiatrists referred to who have opted for full-time private practice in the last few years. I have worked as a consultant within two very different private hospitals as well as at least a year each as NHS consultant, a university department research psychiatrist and a year out of medicine altogether in the commercial management of another service industry. Although I took a long time to realise it, I suppose it was inevitable that I would end up outside the usual orbit since there is really no room these days for my special interests within the NHS, in spite of Sydney Brandon's 'effective filter systems' whatever they might be. If my particular hobby horse had been some specialist treatment modality or diagnostic category, research or medical politics, I doubt whether the problem would have arisen. However, to my prolonged discomfort my fetish is the provision of services to patients and I have found little room for such outrageous deviation within the bosom of the NHS. I have watched colleagues, some whose intellect and learning I greatly respect, struggle on against the tide, but I am no nearer to knowing how they obtain job satisfaction in a system where their creativity in developing their services is visibly sapped by the strain of endless territorial infighting and where many of those with most to offer in every discipline spend less and less time actually working with patients. There isn't even a decent journal—when did you last see a paper entitled '10 Criteria for a Good Day Hospital' or 'How We Make The Best Use of a 30 Bed Admission Unit'?

Though I hate to spoil a good story, some of the concerns raised are demonstrably unfounded. There are already active training and educational opportunities within the private sector for psychiatrists, nurses, OTs and others. Where such developments are slow, the inertia does not come from the private hospitals, but usually from the bodies responsible for regulating training. Our 'effective filter systems' could not be more simple or more effective—if we do not provide an excellent service to psychiatrists and patients alike, neither group will use our facilities.

Unlike the NHS our success and survival depend directly on the quality of our service, and this concentrates the mind wonderfully. Our growth depends on results and reputation, a much better monitoring system than the Health Advisory Service. Rather than looking for 'harm' and 'detriment' it is more instructive to contemplate the increasing trend towards private units contracting facilities and services to the NHS, an unlikely development if the benefits of such agreements were not mutual. Another dozen questions remain unanswered, but I will restrict myself to the two assertions which saddened me most, for I fear they may become the epitaph for the NHS.

Firstly, Professor Brandon cannot suppress his incredulous irony at the existence of helpful managers, good communications and productive and well-integrated clinical teams. I can assure him from personal experience that all these things, and more, are entirely possible but they no more arise by chance than does an elegant research study. If all concerned regard the clinical service as the highest priority, are well motivated, can be encouraged to communicate with colleagues and can sort out problems as they arise without recourse to committees or memos except *in extremis*, it makes for a good start. Apathy, cynicism and obstructionism arise from unfulfilment or learned helplessness and are incompatible with job satisfaction. Unfortunately almost all health care professionals have had no option but to be lifelong civil servants working for a poorly managed monopoly with more closed shops than SOGAT could ever dream of, and this provides no training and experience in how to run a good service, although no doubt it develops finely tuned subversion skills.

Were this not so, Luddite attitudes would not prevail and Professor Brandon could not glibly remark in passing 'the investment in staff time and hotel services of the private sector could never be replicated in the NHS'. Why ever not—especially whilst producing the necessary revenue to fuel further development and to satisfy shareholders or Boards of Governors.

If senior members of the profession are so steeped in defeatism that they cannot even consider the possibility of the NHS re-inventing the wheel, then the patients are doomed to be pedestrians forever.

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DEAR SIRS

Let me acknowledge that I am not a founder member of Greenpeace nor a poisoner of wells. I have no personal objection to private practice but I do have strong views on the provision of health care.

The British National Health Service provides a comprehensive, freely available service to all in need. Its primary care system, in which every member of the community is, in health terms, the responsibility of a designated general practitioner, is the bedrock of the service.

No-one, no matter how impoverished, objectionable or complaining is denied service. Improved vocational training and the quality of new recruits brings the potential for a