Sports Clinics and Hospital Trusts

As *force majeure* dictates persisting politically driven disruption of our National Health Service, let’s look at its sports medicine.

Family doctors had, until 1991, complete freedom to refer patients to any NHS consultant’s clinic. Consultants wanting to develop sports medicine were free to accept any referrals. Specialities developed with the growth of the specialist’s personal experience, expertise and reputation. He started as ‘a non-conformist indulging an interest outside the main stream’.

Mrs Thatcher brought the bizarre spectacle of hospital managers choosing to make patients suffer by actually exhorting consultants to do less work. As our humanely pragmatic patient-orientated service had overlooked efficient accountancy for 40 years, attracting patients across the county line became a heinous offence. Instead of allowing the resource initiative schemes to sort this out, the new Gauleiters recruited a huge brigade of bureaucrats, youthful, under-experienced and lacking, for the most part, even competent software for their expensive hardware. Predictably, the current obsession with ‘making the money follow the patient’ has constipated the system with paper blockages.

Deluded that freedom of referral was sacrosanct, we find within weeks of April Fool’s day that the patient’s fate can be determined by myriad clerks throughout the land, checking that the GP is entitled to incur the cost. If not, clerks may block referral to the distant clinic and seek to redirect it, perhaps to the local facility from which patient and GP alike sought to escape in their search for greater expertise.

Meanwhile, the ivory-towered consultant, mind warped by decades of experience, is made redundant because the loss of ‘non-catchment area’ referrals depletes the clinic numbers. Patients go untreated. The savings bring the young manager a ‘performance-related’ salary bonus. The new young, hence cheaper, consultant would like to develop his sports medicine expertise but can’t because he’s not allowed to see the distant referrals whose oddities would have become the basis of his eventual reputation.

Logic would ensure the steady development of sports medical services. Government policy embraces ‘Sport For All’, with its consequences of ‘Sports Injury For All’, needing ‘Sports Medicine For All’. The Gadarene rush of the new cash-driven ‘independent’ hospital trusts has created its own imperatives of money more than medicine. Unprofitable lines are liable to be axed, or ‘deprioritized’ in the hideous crap-speak of the new ‘consumer-oriented’ service.

Another sinister logic pervades the new parochialism (‘all I’m interested in is providing for the needs of my catchment area’). Managers say ‘there’s a lot of money in sport’. Tap the same rich vein of sponsorship and abrogate the NHS’s responsibility for a group of patients who are, after all, only ‘suffering from self-inflicted injuries’. Managers influence clinical medicine with personal non-clinical prejudices. The patient is not canvassed for his view on the closure of his service. ‘The NHS is safe in our hands’ — except if you are young, active and should be insured!

The nature and incidence of sports injuries is documented. We don’t need an Einstein to say what might be contained in the broader sweep of exercise-related health and medicine (conveniently, ‘sports medicine’). The immediate danger in Britain today is that irreparable damage is about to be done to the fragile plant of public sector sports medicine because there is no clear lobby for the active person on all the hospital trusts currently torn between building and breaking services. The pressures are so great, even for life-saving units, that few trusts are likely to develop sports medicine clinics.

How, then, can we ensure a voice for sport in the new world of hospital trusts?

We need a coherent lobbyist for the cause of NHS sports medicine. We must save the few clinics we have and press cogently for development of necessary services. We must organize a clear statistical base for well-targeted lobbying wherever we see opportunity or need. A central organization would avoid having to rediscover the wheel in each district. We could see this as a function of the new national institute.

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