‘Warm, witty and wonderfully observed. A must-read for anyone who’s ever tried to change things for the better.’

AMSPAR

The accidental Practice Manager

A Minor System Anomaly

One practice. Many voices. A stronger future.

W D STEVENS

Foreword

Hawthorn Vale Medical Practice had been serving the village, and several neighbouring villages that insisted they were entirely separate despite sharing the same post office, for longer than anyone could remember with confidence.

Originally established by Dr Bellingham in 1954, the surgery had begun life in the front room of a stone cottage beside the church. At the time, patients entered through the same door as everyone else, appointments were written in pencil, and "triage" mostly involved Dr Bellingham deciding who looked worst from across the room.

Over the decades, the practice expanded in stages.

Not planned stages.

Stages that simply… happened.

A corridor appeared in the seventies. A brick extension arrived during the eighties after what local legend described as "an unfortunate incident involving damp." A prefabricated consultation room was added in the nineties and had somehow become permanent through a combination of planning delays and national resignation.

By the time the building officially became *Hawthorn Vale Medical Practice*, it resembled less a coherent medical facility and more a collection of architectural decisions reluctantly cooperating with one another.

Some parts of the surgery were permanently too warm.

Others appeared to have their own weather systems.

One consulting room could only be reached through another consulting room, which had caused confusion for years but was now accepted as part of the building's personality.

Outside, the signage reflected several generations of NHS optimism.

The newer sign near the entrance read:

Hawthorn Vale Medical Practice

Professional. Modern. Respectable.

Unfortunately, three older signs remained attached to the building with astonishing determination.

One still referred to the surgery as:

Drs Bellingham & Morris

despite both men having retired before some patients currently on the repeat prescription list had been born.

Another advertised "Wednesday Evening Clinics" that no longer existed.

A third pointed confidently toward a dispensary removed sometime during the coalition government.

Nobody removed the signs because:

- nobody technically owned the ladder tall enough
- the brackets had rusted into the wall
- and several patients found the old signs "comforting"

Which, at **Hawthorn Vale**, was generally considered sufficient justification for almost anything.

Inside, the surgery operated according to systems that had evolved naturally over time rather than through deliberate design.

Appointments ran on a combination of scheduling software, experience, compromise, and Sarah Collins quietly preventing collapse.

Patients arrived early for appointments they would later complain had started late.

Doctors attempted to remain on time despite healthcare, weather, and humanity making this structurally impossible.

The reception desk functioned simultaneously as:

- an information point
- a complaints department
- informal counselling services
- and occasionally border control

The phones rang constantly.

The printer jammed strategically.

And somewhere, always, somebody was saying:
"I'm sure the other doctor did it for me last time."

By all measurable standards, the surgery should probably have stopped functioning years earlier.

And yet it continued.

Not efficiently.

Not elegantly.

But reliably.

Like the village itself, Hawthorn Vale Medical Practice survived through routine, stubbornness, tea, and the collective understanding that if everyone remained calm for another ten minutes, things would probably sort themselves out.

Usually.

Then Martin Wainwright arrived.

Prologue

‘improvement’

Martin Wainwright arrived early on a Tuesday in late October, which was the first warning sign.

At Hawthorn Vale Medical Practice, early arrivals were usually associated with emergencies, bad weather, or the occasional rabbit that had somehow found its way into the waiting room. Martin, however, had arrived early because he had read an article the previous evening entitled *Seven Habits of High-Performing Organisations* and decided that punctuality was the foundation of institutional transformation.

He stood for a moment in the car park, adjusting his tie in the reflection of the driver’s side window.

The building in front of him was not, objectively speaking, impressive.

Originally a stone cottage, it had been extended several times over the decades by people with wildly different ideas about architecture and, apparently, structural integrity. One section leaned with quiet confidence into another. The newer brick annex looked faintly apologetic. The overall effect was less “modern medical facility” and more “building surprised to discover it was still operational.”

Above the entrance hung a slightly crooked sign:

Hawthorn Vale Medical Practice

A pigeon watched him from the roof with mild contempt.

Martin nodded once, as though acknowledging a professional equal.

Inside, the waiting room was already alive.

Mrs Hargreaves stood at reception explaining, in extensive detail, that she had "never had to wait this long even when Harold was alive and deliberately walking slowly out of spite."

Two elderly men nearby were engaged in a loud debate about whether it was too early in the day to discuss knees.

A toddler was attempting to dismantle a magazine rack with the focused concentration of a structural engineer conducting stress tests.

Behind the reception desk sat Sarah Collins.

She looked up as Martin entered, her expression shifting only slightly—enough to indicate recognition, but not enough to suggest surprise.

Sarah had worked at Hawthorn Vale since she was eighteen. She had left only once, briefly, for maternity leave, during which time the practice had survived through what she later described simply as "hope and emergency paperwork."

"Morning, Martin," she said.

"Good morning, Sarah," he replied, in the tone of a man greeting a respected colleague rather than someone who had repeatedly prevented him from implementing catastrophic ideas.

Sarah noticed the laminated folder tucked beneath his arm.

That was new.

Martin placed it carefully on the counter, with the solemnity of a man introducing a pet that might bite.

"I've made some improvements," he announced.

Sarah blinked once.

"It's eight-thirteen."

"Exactly," Martin said brightly. "Prime opportunity for operational recalibration."

From the corner of reception, Dr Patel looked up from a clipboard.

"Is that good recalibration," he asked cautiously, "or bad recalibration?"

"Good," said Martin. "Always good."

Sarah opened the folder.

Inside was a colour-coded chart entitled:

Hawthorn Vale Medical Practice – Optimised Patient Flow Strategy (Version 1.0)

Below it sat several neatly aligned columns:

- Arrival Time
- Urgency Score (Estimated)
- Emotional Volatility Index
- Recommended Appointment Window
- Staff Allocation Efficiency Rating

Sarah read the page slowly.

Then she read it again, slightly slower.

"Martin," she said carefully, "what is an Emotional Volatility Index?"

"It's a predictive engagement metric," he explained. "Adapted from retail banking models. It anticipates customer distress."

"These are patients."

"Exactly," Martin replied, nodding. "High-value, emotionally responsive clients."

A brief silence followed.

Mrs Hargreaves leaned slightly closer to the desk.

"I heard the word 'clients'," she said suspiciously. "We're not becoming one of those private places, are we?"

"No," Sarah said immediately.

"Yes," Martin said at precisely the same moment.

Sarah closed her eyes for the briefest possible second.

"Martin," she said quietly, "you've scheduled all the diabetic reviews for Thursday."

"Yes," he replied. "Market day. Increased village footfall. Highly efficient."

"The market is in the square."

"Yes."

“So is the road.”

“Yes.”

“And the road is currently closed for resurfacing.”

Martin paused.

“Temporarily inefficient,” he corrected.

Sarah turned another page.

“You’ve also grouped all childhood immunisations into a single thirty-minute block.”

“Yes. Batch processing improves throughput.”

“That is not how children work.”

“They’re surprisingly predictable in aggregate.”

At that exact moment, the toddler pulled a plant from its pot and stared at the exposed roots with scientific fascination.

Sarah gently closed the folder.

“Right,” she said. “I’m going to fix this before lunch.”

Martin looked mildly wounded.

“Fix,” he asked, “or refine?”

“Fix.”

“Right,” he said. “Collaborative refinement. Excellent.”

Sarah didn’t answer.

She simply stood, walked behind the desk, and began typing with the calm intensity of someone quietly defusing an administrative bomb before it became a village anecdote.

Martin watched her for a moment.

He still wasn’t entirely sure how she did it.

In banking, problems arrived formally. They appeared in scheduled meetings accompanied by agendas, spreadsheets, and occasionally pre-warning emails marked *IMPORTANT*.

At Hawthorn Vale, problems simply materialised.

A missing prescription. A broken printer. A patient insisting they had definitely booked an appointment "with the nice doctor who listens."

And somehow Sarah intercepted every crisis mid-air, like a goalkeeper who never missed and never celebrated.

A consulting-room door opened further down the corridor.

Dr Patel leaned out.

"Martin," he called, "did you change the appointment system again?"

"I enhanced it," Martin replied proudly.

Dr Patel looked at Sarah.

Sarah shook her head once.

"I'll deal with it," she said.

Dr Patel disappeared back into his room wearing the expression of a man who had just learned lunch might now be theoretical.

At 9:07 a.m., the practice computer system froze.

At 9:09, it began displaying appointments in reverse order.

At 9:11, it assigned Mrs Hargreaves to three different doctors simultaneously.

At 9:12, Sarah logged into the backend system.

At 9:14, everything returned to normal.

At 9:15, Martin reappeared at reception.

"I've identified a minor system anomaly," he announced. "But I've already resolved it."

Sarah didn't look up.

"Good," she said.

"It was the new prioritisation algorithm," Martin added. "Slightly aggressive."

"Yes," Sarah replied.

"But fundamentally sound."

"Mm."

He smiled, satisfied, and straightened his tie.

Across the room, Mrs Hargreaves leaned conspiratorially over the counter.

“Sarah,” she whispered, “why is everything suddenly back to normal?”

Sarah printed a fresh appointment list and handed it over.

“Because,” she said gently, “it just is.”

Mrs Hargreaves studied the page.

“Good,” she said. “I thought it was him again.”

She nodded cautiously in Martin’s direction with the wary respect generally reserved for weather systems.

Martin, meanwhile, was already making notes.

“Very promising start,” he said. “We’ve achieved rapid iterative learning.”

Sarah finally looked up.

“Martin,” she said, “if you try to iterate anything else today, I’m hiding the laminator.”

He considered this seriously.

Then smiled.

“Understood,” he said. “No further optimisation until after lunch.”

Sarah returned to her screen.

Outside, the pigeon remained on the roof, watching the practice with the patience of something that had seen many managers come and go.

And inside Hawthorn Vale Medical Practice, the day continued as it always did—quietly, stubbornly, and only partially under control.

Chapter One

"New Year, New System"

The first working Tuesday of January arrived at Hawthorn Vale Medical Practice with the kind of damp resignation that suggested even the weather had quietly given up.

The car park was a slick combination of grey ice and half-hearted optimism. Someone had attempted to grit it over Christmas, but the salt had long since dissolved into the tarmac like a forgotten apology.

The practice itself looked exactly as it always did: faintly tired, slightly uneven, and stubbornly operational.

Officially, the surgery had been renamed *Hawthorn Vale Medical Practice* three years earlier as part of what Martin later described as "a broader modernisation initiative."

In reality, however, most of the exterior signage still referred to it as *Hawthorn Village Surgery* in fading gold lettering that appeared to date from a period when cigarettes were prescribed for nerves.

One of the old signs still listed opening hours for alternate Thursdays.

No one knew what happened on alternate Thursdays.

Another pointed confidently toward a dispensary that had ceased to exist sometime during the coalition government.

Sarah Collins had once suggested replacing them.

The partners had held a brief discussion before concluding that the signs were "historically reassuring."

And so they remained.

Slightly crooked. Slightly inaccurate. Entirely permanent.

Inside, the building smelled faintly of disinfectant, cold radiators, and the lingering memory of mince pies nobody had officially admitted eating.

Sarah Collins was already at reception.

She had arrived at 7:40 a.m.

Not because she was required to, but because returning after the Christmas break always meant two things:

Firstly, the computer system would not have survived the holidays.

Secondly, Martin Wainwright would have read something online.

She was sorting through a stack of post when the front door opened.

Martin entered carrying the energy of a man who had spent two weeks reading articles about "strategic transformation frameworks" and had emerged convinced that January was not a month but an opportunity.

He paused just inside the doorway, allowing a moment for impact.

"Happy New Year," he announced.

Sarah looked up.

"Morning, Martin."

He removed his coat with unnecessary precision.

"I trust everyone is feeling refreshed and ready for optimisation."

From the waiting area, Dr Patel slowly lowered his phone.

"We were mostly feeling tired," he said, "until that sentence."

Martin ignored him.

He placed a leather-bound folder onto the reception desk.

It was new.

It was important.

It had tabs.

Sarah stared at it briefly.

"You've been busy."

"I've been reflective," Martin replied. "The New Year presents a natural reset point for organisational recalibration."

Sarah opened the folder.

Inside was a document entitled:

Hawthorn Vale Medical Practice – Strategic Efficiency Enhancement Plan

Below it, in smaller print:

Phase One: Immediate Operational Rationalisation (January Implementation)

Sarah turned a page.

Then another.

Then stopped.

"Martin," she said carefully, "why does this include a 'Patient Arrival Scoring System'?"

He brightened immediately.

"Ah, yes. It's based on predicted complexity and emotional demand."

"You've ranked patients."

"In terms of resource allocation priority, yes."

"You've classified Mrs Hargreaves as 'High Volatility'."

"She disputes administrative authority frequently."

"She complains about weather forecasts."

"Exactly," Martin said, pleased. "Cross-domain unpredictability indicator."

Sarah slowly closed the folder.

At that exact moment, Mrs Hargreaves appeared outside the reception window peering in with the suspicious intensity of someone investigating planning permission.

“I heard my name,” she said.

“No you didn’t,” Sarah replied instantly.

Martin leaned slightly forward.

“Good morning.”

Mrs Hargreaves narrowed her eyes.

“Are we being prioritised again?”

“No,” Sarah said firmly. “Absolutely not.”

“Because last time I was labelled ‘medium urgency’ and had to wait thirty-seven minutes.”

“That was due to clinical demand.”

“And him?” Mrs Hargreaves asked, pointing directly at Martin through the glass.

Martin smiled politely and gave a small wave like a man greeting local voters during a difficult campaign.

Sarah shifted slightly in front of the desk.

“No one is being ranked.”

“Good,” Mrs Hargreaves replied. “Because if I discover I’m below the pigeons again, I’m transferring to the surgery in Little Buckford.”

She walked away.

There was a pause.

Martin looked thoughtful.

“I didn’t include pigeons in the model,” he admitted.

“That’s not the issue.”

Dr Patel passed reception carrying coffee.

“Has he done it again?” he asked quietly.

“Yes.”

“New Year enthusiasm?”

“Yes.”

Dr Patel sighed.

“Always the most dangerous kind.”

He disappeared down the corridor.

Martin continued undeterred.

“I’ve also introduced a streamlined appointment triage protocol,” he said. “Based on banking queue optimisation systems.”

Sarah didn’t look up.

“We don’t have queues.”

“Of course you do,” Martin replied. “They’re simply emotional rather than physical.”

From the waiting room came a loud cough that sounded deeply unconvinced.

Sarah opened the practice system.

For a moment she said nothing.

Then:

“You’ve moved all the chronic disease reviews into the first three days of January.”

“Yes,” Martin said proudly. “Front-loading improves annual throughput efficiency.”

“That’s not how chronic illness works.”

“It is statistically.”

“Martin,” Sarah said patiently, “people are not quarterly reports.”

He hesitated for almost a full second.

“Not individually,” he conceded.

Sarah stared at him.

Then quietly logged into the backend system.

Outside, another car door slammed.

The waiting room filled another seat.

The day had officially begun.

At 9:03 a.m., the appointment system attempted to place six patients into the same ten-minute slot.

At 9:04, Sarah stopped it.

At 9:06, Martin described this as “a positive stress test of system resilience.”

At 9:07, Sarah quietly removed his scheduling permissions.

At 9:08, Martin remained unaware.

At 9:12, Dr Patel emerged from his consulting room holding a printed appointment sheet.

"I assume this is fake," he said.

Sarah glanced at it.

"Yes."

"Good."

He looked again.

"Why am I seeing all respiratory patients alphabetically?"

Martin straightened slightly.

"It improves workflow consistency."

Dr Patel considered this.

Then folded the paper carefully.

"I'm going for coffee," he said.

Martin looked pleased.

"I think we're making excellent progress."

Sarah continued typing.

"It's Tuesday."

"And?"

"And you haven't broken anything irreversible yet."

Martin considered this thoughtfully.

"That's extremely encouraging."

Sarah finally looked up.

"Go and make tea."

He paused.

Then nodded solemnly, as though this too formed part of a larger strategic framework.

“Of course,” he said. “Team cohesion remains essential.”

He headed toward the staff room already mentally assessing the operational efficiency of the kettle.

Sarah watched him disappear.

Then she opened another system tab and began quietly restoring the appointment structure to something broadly recognisable as humane.

Outside, the village slowly woke beneath low January clouds.

And inside Hawthorn Vale Medical Practice, the new year had already begun behaving exactly as Sarah expected.

Badly.

Chapter Two

"The Queue That Wasn't"

By Wednesday morning, Hawthorn Vale Medical Practice had settled into the uneasy rhythm that usually followed any period of reflection involving Martin Wainwright.

Sarah Collins arrived at 7:38 a.m., two minutes earlier than the previous day, which in her experience was roughly the minimum safety margin between "normal operations" and "avoidable administrative event."

She was correct.

The heating had failed in two consulting rooms.

The prescription printer was making a noise that suggested it had developed opinions.

And somebody had left a handwritten note on reception that simply read:

DO NOT LET HIM NEAR THE SYSTEM AGAIN

Sarah didn't ask who wrote it.

The handwriting was Dr Patel's.

Martin arrived at 8:05 looking refreshed, determined, and slightly too pleased with himself for a Wednesday.

“I’ve been thinking,” he announced as he entered.

Sarah didn’t look up.

“That’s never a reassuring opening sentence.”

“I prefer to think of it as proactive iteration.”

Dr Patel, passing through reception carrying coffee and the expression of a man already regretting the day, paused briefly.

“Is this about yesterday?” he asked.

“No,” Martin said brightly. “This is about flow management.”

Sarah finally looked up.

“Which flow?”

“All of it.”

There was a pause.

Even the printer seemed uncertain.

Martin placed a folded sheet of paper on the reception desk.

Not laminated this time.

An unusual level of restraint that Sarah noticed immediately.

“I’ve identified a bottleneck,” he announced.

Dr Patel leaned slightly closer.

“We’re a GP surgery,” he said. “We are fundamentally a collection of bottlenecks.”

“Exactly,” Martin replied, pleased. “Which is why we need visible queue accountability.”

Sarah unfolded the paper.

It was a diagram.

At the top, in bold capital letters, it read:

VISIBLE PATIENT FLOW SYSTEM (VPFS)

Below that sat a flowchart involving arrows, colour-coded pathways, and several shaded boxes labelled *LOW COMPLEXITY*, *MODERATE COMPLEXITY*, and *HIGH ENGAGEMENT RISK*.

Sarah stared at it for several seconds.

Then:

"You've drawn a queue."

"Yes," Martin said. "But visible."

"We already have visibility. They sit in chairs."

"You have unmanaged demand clustering."

"That's called Tuesday."

Martin continued regardless.

"I propose numbered arrival tokens," he said. "Like in banking."

Dr Patel made a quiet noise somewhere between laughter and concern.

"We are not a bank," Sarah said.

"I used to manage a bank."

"That was not your strongest professional chapter."

Martin smiled politely as though she had complimented him.

"In my experience," he continued, "people respond positively to structure."

A consulting-room door opened.

Mrs Ahmed from reception leaned into the corridor.

"We already have structure," she said. "It's called 'whoever complains most confidently gets seen first.'"

"That is objectively inefficient."

"It is consistently effective," she replied, before disappearing again.

Sarah rubbed the bridge of her nose.

"Let me guess," she said. "You want to issue numbers to patients as they arrive."

"Yes."

"And then call them in sequence."

"Yes."

“And you believe this will reduce complaints.”

“Yes.”

Sarah nodded slowly.

Then stood.

“Give me the paper.”

Martin handed it over immediately, mistaking compliance for support.

Sarah disappeared briefly into the staff room.

The practice paused in anticipation.

Two minutes later, she returned carrying an ancient roll of numbered paper tickets from an old dispensary drawer nobody had opened since at least a decade before.

She placed them carefully on the counter.

“There,” she said.

Martin brightened immediately.

“Excellent. Implementation can begin—”

“You can have your queue,” Sarah interrupted.

He paused.

“But I am not introducing ‘patient flow lanes.’ You are not assigning emotional complexity ratings. And if I hear the phrase ‘banking model’ again before lunch, I am unplugging your computer personally.”

Martin considered this.

Then nodded.

“Collaborative compromise,” he said warmly. “Very healthy organisational culture.”

Sarah handed him the ticket roll.

“Good,” she said. “Now go and deal with the fact that your appointment system has somehow double-booked Dr Patel fourteen times between ten o’clock and ten-ten.”

Martin blinked.

“Ah,” he said carefully. “Possible calibration issue.”

“It’s a consequences issue.”

Martin walked away quickly, suddenly fascinated by a spreadsheet he had not yet opened.

By 9:15 a.m., Hawthorn Vale Medical Practice had acquired a queue.

It was not an orderly queue.

It was more of a loose community understanding involving chairs, passive aggression, and occasional constitutional disputes about whose turn it actually was.

Mrs Hargreaves sat holding ticket number three like evidence in a tribunal hearing.

"I was here before the postman," she announced.

The postman, who had delivered three parcels and a threateningly large envelope marked **URGENT NHS CORRESPONDENCE**, wisely chose not to engage.

Dr Patel stepped into reception.

"I'm not calling numbers," he said.

"You are calling numbers," Sarah replied. "You're just refusing to acknowledge that's what you're doing."

Behind the desk, Martin observed the room with growing satisfaction.

"It's working," he said proudly.

Sarah didn't look up.

"It is occurring," she corrected.

"That's effectively the same thing."

"No," Sarah said. "It really isn't."

At 9:27 a.m., the ticket machine produced duplicate numbers.

At 9:28, two patients holding number six became involved in a constitutional disagreement.

At 9:30, Sarah quietly reissued half the queue.

At 9:31, Martin described this as "a valuable stress test of demand variability."

At 9:32, Dr Patel closed his consulting-room door slightly harder than strictly necessary.

By mid-morning, the village had fully embraced the concept of queueing.

Unfortunately, this had not improved anything.

It had merely made the complaints more organised.

A farmer insisted his cow-related shoulder injury should qualify for "rural priority access."

A woman argued that she had already been "emotionally waiting since Monday."

Somebody attempted to negotiate earlier triage using homemade jam.

Mrs Hargreaves began informally ranking other patients according to "visible levels of suffering."

Sarah handled all of it with the calm efficiency of someone who had stopped expecting silence several years earlier.

Martin, meanwhile, had evolved.

He now stood at reception holding another sheet of paper.

"I've been reviewing demand efficiency again," he announced.

Sarah didn't look up.

"You already reviewed it twice this morning."

"Yes," Martin said. "But now I'm thinking longitudinally."

"That sounds expensive."

"It's free thinking."

"That's somehow worse."

Martin placed the paper on the desk.

"This," he said proudly, "is a daily cycle optimisation model."

Dr Patel reappeared almost instantly.

"That sentence alone has increased my blood pressure."

Martin pointed at the diagram.

"We smooth patient demand by encouraging strategic attendance patterns during quieter periods."

Dr Patel stared at him.

"Are you suggesting we ask people to schedule their illnesses more responsibly?"

"Not exactly," Martin said. "More that we incentivise off-peak sickness behaviour."

Sarah finally looked up.

Then at the paper.

Then back at Martin.

"You want to change when people become ill."

"It's guidance-based."

"No."

Martin blinked.

"No?"

"No."

From the waiting room, Mrs Ahmed shouted:

"WHO HAS NUMBER SEVEN? I'VE HAD NUMBER SEVEN TWICE NOW AND I DON'T TRUST THE SYSTEM."

Sarah didn't even turn around.

"Because," she replied calmly, "we are not doing this again."

Martin looked mildly wounded.

"I think there's some resistance to innovation."

Sarah leaned forward slightly.

"I think," she said evenly, "you are trying to run a rural medical practice like a spreadsheet designed by a man who has only met human beings in meetings."

That landed.

Not dramatically.

But with precision.

Martin adjusted his tie.

"I have met humans," he said.

Sarah waited.

"In banking."

Dr Patel coughed into his coffee.

Sarah straightened.

"Right," she said. "Here is what's going to happen."

The room quieted slightly.

Even Mrs Hargreaves paused mid-complaint.

“You are going to stop introducing systems for the rest of today.”

Martin opened his mouth.

Sarah raised one finger.

“You are going to sit in your office.”

Another pause.

“And you are going to answer emails.”

Martin hesitated.

“That feels like underutilisation.”

“It feels like survival,” Sarah replied.

He considered this carefully.

Then nodded.

“Very well,” he said. “Temporary pause in optimisation activity.”

Sarah watched him disappear down the corridor.

Then she turned back to the queue.

Mrs Hargreaves leaned forward.

“Is he always like that?” she asked quietly.

Sarah picked up a stack of duplicate tickets.

“Yes.”

“And you let him?”

“No,” Sarah said. “I redirect him.”

Mrs Hargreaves considered this.

“That doesn’t sound effective.”

“It is eventually.”

Outside, the rain started again, steady and familiar, as though it had checked the rota and accepted its responsibilities.

Inside Hawthorn Vale Medical Practice, the queue slowly shortened.

Not because it had been optimised.

But because Sarah Collins had quietly decided it would.

And somewhere down the corridor, Martin Wainwright opened an email entitled *Clinical Governance Concerns*, frowned thoughtfully, and began typing a reply that would later require immediate intervention.

Chapter Three: "Clinical Governance (and Other Dangerous Ideas)"

By Thursday morning, Hawthorn Vale Medical Practice had developed what Sarah Collins privately classified as *queue fatigue*.

This was not an officially recognised medical condition, although several patients would almost certainly have requested antibiotics for it if given the opportunity.

In operational terms, however, it meant:

- patients had become suspicious of seating arrangements
- staff were reacting to paperwork with visible dread
- and Dr Patel had begun sighing *before* opening emails, which represented a significant emotional decline even by his standards

Martin Wainwright arrived at 8:02 a.m. looking unusually focused.

He carried no folder.

Sarah noticed this immediately.

Folders were manageable.
Folders contained plans.

No folder meant the ideas had become internal.

“Morning,” Martin said brightly.

Sarah continued typing.

“You’ve got that tone again.”

“What tone?”

“The one where something is about to become measurable.”

Martin smiled.

“I’ve been reviewing governance standards.”

Sarah closed her eyes briefly.

Dr Patel, passing reception with a patient file and the posture of a man already losing an argument with the day, stopped mid-step.

“No,” he said.

“I haven’t said anything yet,” Martin replied.

“You don’t need to,” Dr Patel said. “The atmosphere changed.”

Martin ignored this completely.

He placed a single sheet of paper onto reception.

No laminating.
No colour coding.
No arrows.

This somehow made it worse.

Sarah looked down.

The title read:

Clinical Governance Optimisation Audit – Immediate Action Required

Sarah read the first line.

Then stopped.

Then read it again with the slow disbelief of someone checking whether they had accidentally opened satire.

“Martin,” she said carefully, “why does this document recommend ‘standardising clinical intuition’?”

“Consistency improvement,” he explained. “It reduces decision variability.”

“That,” Dr Patel said flatly, “is medicine.”

Martin continued confidently.

“It also recommends converting informal judgement into measurable governance metrics.”

A long silence followed.

From the waiting room, somebody coughed in a way that suggested they did not wish to be professionally associated with any of this.

Sarah folded her arms.

“Martin,” she said, “what exactly are you trying to achieve this week?”

He straightened slightly.

“Improved consistency, reduced ambiguity, and measurable service outcomes.”

Sarah nodded once.

“Right.”

She disappeared behind reception.

Opened a drawer.

Removed a battered ring binder.

And placed it on the counter with the quiet authority of someone introducing physical evidence.

“This,” she said, “is clinical governance.”

Martin stared at it.

The binder was old.

The spine had partially detached sometime during the previous decade.

One corner appeared to have been repaired using surgical tape.

“It’s… a folder,” Martin said cautiously.

“Yes.”

“And this works?”

“Mostly,” Sarah replied. “As long as nobody tries to improve it.”

Dr Patel laughed despite himself.

Martin looked faintly disappointed.

“I expected something more structured.”

Sarah opened the binder.

Inside were:

- handwritten notes
- printed NHS guidance

- sticky-note amendments
- several pages marked *IGNORE PREVIOUS VERSION*
- and one unexplained biscuit stain that appeared throughout three separate years of documentation

“This,” Sarah said, tapping the binder, “is how governance actually works.”

Martin studied it carefully.

“You don’t digitise any of this?”

“We did once,” Dr Patel said.

Martin looked interested.

“What happened?”

Sarah and Dr Patel answered simultaneously.

“It broke everything.”

From somewhere in the corridor, the prescription printer emitted a noise suspiciously similar to laughter.

Martin finally sat back in his chair.

“I see,” he said slowly.

Sarah didn’t move.

Neither did Dr Patel.

Then Martin added:

“I think we may need a hybrid model.”

“No,” Sarah replied instantly.

Martin blinked.

“That was unusually fast.”

“You’ve exhausted your innovation allowance for the week.”

“Possibly the quarter,” Dr Patel added.

Martin sighed with the quiet disappointment of a man whose spreadsheets remained tragically underappreciated.

“Very well,” he said. “We will temporarily pause dashboard implementation.”

Sarah didn’t trust the word *temporarily*, but accepted it as the nearest available form of peace.

She turned toward the door.

“And Martin?”

“Yes?”

“If you send one more email containing the word ‘optimisation’ today, I am confiscating your laptop charger.”

He nodded thoughtfully.

“Understood.”

Sarah left.

Dr Patel followed.

Martin sat alone for a moment.

Then slowly opened a fresh document.

Typed:

Exploring Non-Intrusive Optimisation Pathways

He smiled faintly to himself.

Outside reception, Mrs Hargreaves leaned conspiratorially toward Sarah.

“Is he causing trouble again?”

Sarah glanced down the corridor.

“Yes.”

Mrs Hargreaves nodded.

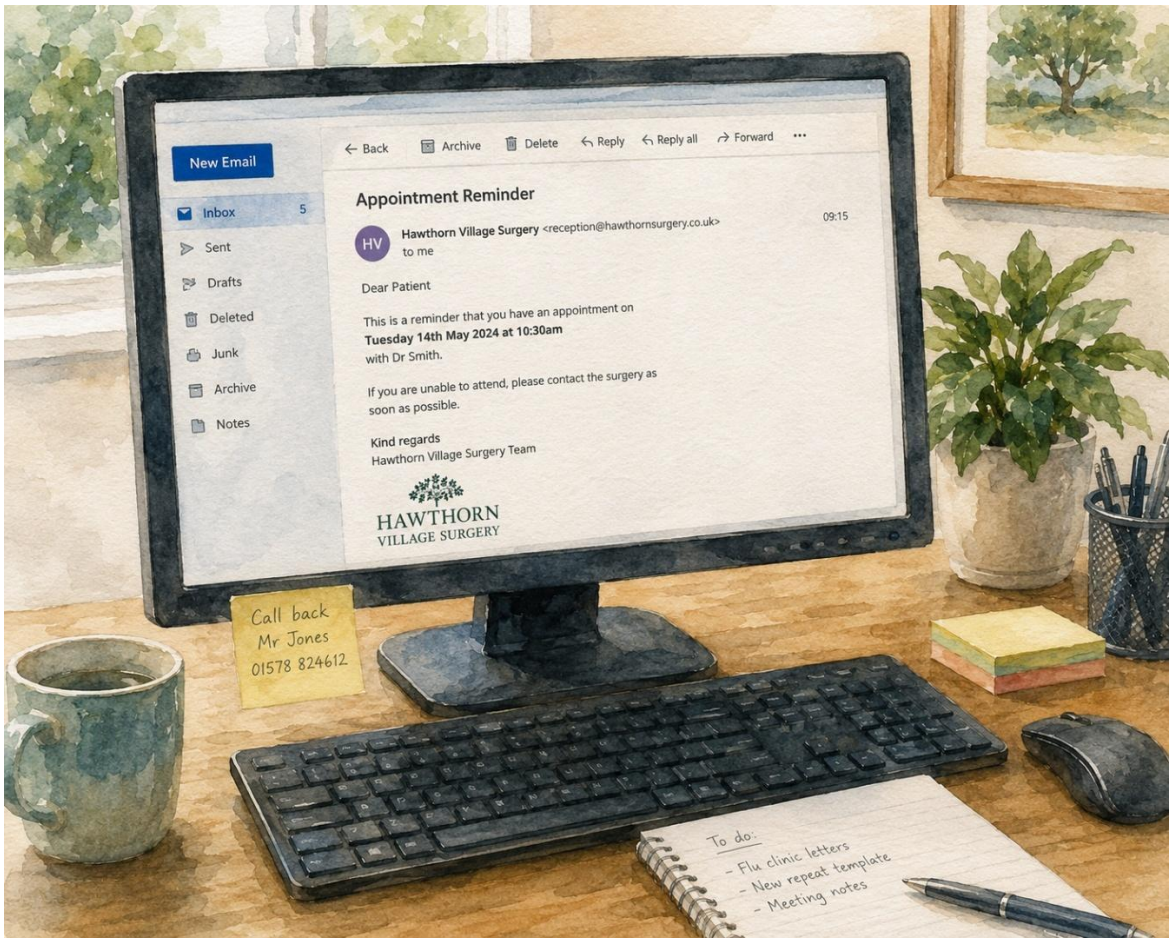
“I preferred the queue.”

Sarah considered this.

“So did I,” she admitted.

And somewhere inside Hawthorn Vale Medical Practice, another deeply unnecessary idea quietly began loading into Martin Wainwright’s inbox.

Chapter Four: “The Email That Started It”



Friday began, as most Fridays did at Hawthorn Vale Medical Practice, with the quiet sense that the week was technically finished but nobody had told the systems yet.

Sarah Collins arrived at 7:41am to find:

- the prescription printer making its familiar existential groan
- a handwritten note on reception that said *“HE HAS ACCESS AGAIN”*
- and Dr Patel already standing by the coffee machine like a man negotiating terms with fate

He didn’t look up.

“You’re late,” he said.

“I’m two minutes early,” Sarah replied.

“That’s what I said,” he muttered.

Martin arrived at 8:06am.

He looked rested.

Worryingly rested.

Sarah noticed immediately that he was carrying nothing—no folder, no printouts, no laminated artefacts of disruption.

This meant one of two things:
Either he had listened…

Or he had escalated quietly.

“Morning,” he said cheerfully.

Sarah narrowed her eyes.

“What did you do?”

“Nothing yet,” Martin replied.

Dr Patel looked up slowly.

“That’s worse,” he said.

Martin smiled as if this was unfair.

“I’ve simply been refining an idea,” he said.

Sarah folded her arms.

“There it is.”

Martin continued, undeterred.

“I realised yesterday that direct system intervention creates resistance,” he said. “So I’ve moved towards passive data capture instead.”

Dr Patel blinked.

“I’m sorry, what?”

Martin gestured vaguely.

“Non-intrusive observation of workflow patterns.”

Sarah stared at him.

“Martin,” she said slowly, “that sounds like surveillance with better branding.”

“It’s insight generation,” he corrected.

Then he added, too casually:

“I’ve enabled automatic email tagging across the practice inbox.”

There was a pause.

A very specific kind of pause that only exists in workplaces where everyone understands exactly how bad that sentence might be.

Sarah spoke first.

“You’ve done what?”

“It categorises communication by urgency, sentiment, and operational impact,” Martin said proudly. “It helps prioritise responses.”

Dr Patel put his coffee down.

“Tell me,” he said carefully, “did you define ‘sentiment’?”

“Yes.”

Sarah closed her eyes.

“And what did you base it on?” she asked.

“Banking correspondence models.”

Silence.

From the waiting room, a phone rang.

Nobody moved to answer it.

Sarah walked to the reception computer.

Opened the inbox.

Clicked refresh.

Immediately, a cascade of coloured labels appeared beside emails:

- **CRITICAL: EMOTIONAL RISK**
- **HIGH: SERVICE DISRUPTION POTENTIAL**
- **MEDIUM: ADMINISTRATIVE IRRITATION**
- **LOW: PASSIVE RESENTMENT**
- **UNCATEGORISED: POSSIBLE PANIC**

Sarah stared.

Then clicked one.

Subject: Appointment timing query

Body:
“Hi, I just wanted to check if my blood test is still at 10:40 or if it’s changed again thanks.”

Label: **HIGH: SERVICE DISRUPTION POTENTIAL**

Sarah turned slowly.

“Martin.”

He looked pleased.

“It’s quite responsive, isn’t it?”

Dr Patel stepped closer.

“Why is a routine blood test query high risk?”

Martin frowned slightly.

“Well, uncertainty in scheduling can escalate patient anxiety.”

“That,” Sarah said, very evenly, “is called asking a question.”

Martin considered this.

Then said:

“Yes, but emotionally.”

Dr Patel rubbed his face.

“I’m going to say something,” he said, “and I want you to listen carefully.”

Martin nodded.

“No,” Dr Patel said.

Martin blinked.

“No?”

“No,” Dr Patel repeated. “We are not running clinical communications through a sentiment algorithm.”

“It improves prioritisation,” Martin insisted.

“It misclassifies basic human communication as risk,” Sarah said.

“That’s a calibration issue,” Martin replied quickly.

Sarah leaned on the desk.

“That’s not a calibration issue,” she said. “That’s a misunderstanding of human beings.”

Martin opened his mouth.

Closed it.

Then tried again.

“I think you’re both being slightly resistant to—”

Sarah interrupted him.

“Martin,” she said, “do you know what happens when a patient emails asking about a prescription and your system flags it as ‘passive resentment’?”

He hesitated.

“No?”

“They get called by reception and asked if they’re angry,” she said.

A pause.

From the corridor, Mrs Ahmed’s voice rang out:

“WHY IS THE COMPUTER ASKING IF I’M ANGRY?!”

Sarah didn’t even look up.

“Because,” she said, “you are.”

Mrs Ahmed shouted something unintelligible in response.

Dr Patel exhaled slowly.

“This has to go,” he said.

Martin looked mildly offended.

“It’s already integrated.”

Sarah straightened.

“Not for long,” she said.

By 9:30am, Hawthorn Vale Medical Practice had entered what Sarah privately called *“algorithmic chaos.”*

Emails were being:

- mis-prioritised
- over-prioritised
- and in one case, flagged as “LOW RISK: POSSIBLE EXISTENTIAL QUESTION” because a patient had written “thank you”

Reception had stopped trusting the inbox entirely.

Dr Patel had reverted to walking messages between rooms like it was 1997.

And Martin, for once, was not immediately aware anything was wrong.

He was in his office, watching a dashboard he had built overnight.

Sarah walked in without knocking.

“You need to turn it off,” she said.

Martin didn’t look away from the screen.

“It’s very interesting,” he said.

“That’s not a safety feature,” she replied.

“It’s showing real-time emotional distribution across the practice.”

“It’s showing nonsense,” Sarah said.

Martin finally looked up.

“I think you’re underestimating what we can learn from data,” he said.

Sarah stepped closer.

“And I think you’re overestimating what data can understand about people,” she replied.

A pause.

Then, more quietly:

“We are not a bank.”

Martin frowned.

“I know that.”

“No,” she said. “You keep acting like we are.”

That landed.

Not loudly.

But enough.

From the corridor, Dr Patel appeared again.

“Can we just agree,” he said, “that no more systems get installed this week?”

Martin hesitated.

“That depends on definition of ‘system’,” he said.

Sarah stared at him.

Dr Patel raised a hand.

“I’m not engaging with that sentence,” he said.

Sarah nodded.

“Turn it off,” she repeated.

Martin looked at the screen.

Then, reluctantly, clicked a button.

The labels vanished.

The inbox returned to normal.

Almost.

A new email arrived immediately.

Sarah read it.

Then handed it to Martin.

Subject: Re: Emotional classification concerns

Body:
“I’m not angry. I just want to know why I’m being asked if I’m angry.”

Martin sighed.

“That one’s fair,” he admitted.

Dr Patel muttered, “That’s a win, I think.”

Sarah closed the laptop lid.

“Martin,” she said, “if you want to improve things here, you need to stop trying to interpret people like they’re spreadsheets.”

He looked at her.

“I just want it to run better,” he said.

Sarah paused.

Then replied, not unkindly:

“It already runs,” she said. “That’s the part you keep missing.”

A silence followed.

Outside, the waiting room carried on as usual: someone arguing about prescriptions, someone else insisting they were “only popping in quickly” despite sitting for forty minutes, and a child slowly dismantling a chair arm with scientific curiosity.

Martin stood up.

“I’ll… review my approach,” he said.

Sarah nodded once.

“That would be wise.”

He left the room.

Dr Patel exhaled.

“Do you think he’ll ever stop?” he asked.

Sarah looked towards the corridor where Martin had disappeared.

“No,” she said.

Then added:

“But he might get slightly less creative.”

Dr Patel considered this.

“That’s not reassuring,” he said.

“It’s the best we’ve got,” Sarah replied.

And somewhere in the system, buried under restored normality and quietly repaired processes, another idea had already begun forming—waiting for Monday.

Chapter Five: "February Flu Season and Other Small Disasters"

By the first week of February, Hawthorn Vale Medical Practice had settled into what could generously be called a *controlled state of exhaustion.*

Winter had properly arrived now—not dramatically, but in the British way: persistent, damp, and emotionally draining. The kind of cold that didn't inspire panic, just resignation and slightly slower typing.

Sarah Collins arrived at 7:36am to find:

- the car park edging into ice again
- a handwritten sign taped to reception reading *"PLEASE STOP ASKING IF THE COMPUTER IS ANGRY"*
- and Dr Patel already inside, staring at the waiting room like it had personally betrayed him

He didn't look away.

"Flu season's started," he said.

Sarah nodded. "It never really stopped."

Dr Patel sipped coffee.

"No," he agreed. "But it's angrier now."

Martin arrived at 8:04am.

He looked energised in a way that immediately concerned Sarah.

He was carrying a new folder.

It was bright blue.

Sarah sighed.

“New initiative?” she asked.

Martin smiled.

“Seasonal demand response strategy.”

Dr Patel closed his eyes briefly.

“That sounds like you’ve already made it worse,” he said.

Martin placed the folder on the reception desk with care.

“I’ve been analysing winter pressures across comparable practices,” he said. “There is clear evidence that proactive scheduling can reduce bottlenecks.”

Sarah opened the folder.

Inside was a document titled:

WINTER SURGE OPTIMISATION PLAN (PHASE 2: ACTIVE INTERVENTION)

Below it:

- Predictive flu appointment allocation
- Pre-emptive patient contact scheduling
- Dynamic triage redistribution model
- “Weather-linked attendance forecasting”

Sarah stopped reading.

She looked up.

“Martin,” she said slowly, “what is weather-linked attendance forecasting?”

“It predicts patient demand based on temperature and precipitation patterns,” he said.

Dr Patel made a noise that sounded like a laugh trying to escape a locked room.

Sarah continued, very carefully.

“And what do you think happens when it rains in England in February?”

Martin hesitated.

“Higher attendance variability,” he said.

Sarah stared at him.

“That’s called ‘everyone gets sick and also bored of being wet.’”

From the waiting room, someone sneezed loudly in a way that confirmed the theory.

Martin nodded, as if this supported his model.

“Exactly,” he said. “Predictable spike behaviour.”

Dr Patel leaned forward.

“Do your models account for the fact that people also attend because they are anxious?” he asked.

“Yes,” Martin said.

“And?”

“It increases volatility scores.”

Sarah closed the folder.

“You are not turning flu season into a forecasting exercise,” she said.

Martin frowned.

“But we’re already seeing increased demand.”

“Yes,” she replied. “Because it’s flu season.”

“That’s exactly why we should optimise response,” he said.

Sarah paused.

Then said, flatly:

“We respond to patients. We don’t optimise them.”

A silence settled.

Not dramatic.

Just familiar.

From the corridor, Mrs Ahmed called out:

“IF ANYONE IS OPTIMISING ME I WANT A SAY IN THE PARAMETERS!”

Sarah didn’t even look up.

“No one is optimising you,” she called back.

“I DON’T TRUST THAT ANSWER,” came the reply.

By 9:20am, the waiting room had reached full winter capacity.

Every chair was occupied. Every surface had developed a second opinion. The air smelled faintly of paracetamol, wet wool, and shared frustration.

Dr Patel emerged from his room, looking slightly defeated.

“I’ve seen fourteen patients,” he said.

Sarah nodded. “And?”

“Three flu cases, two chest infections, one argument about antibiotics, and someone who just wanted to ‘check if it’s still February.’”

“It is,” Sarah said.

“I told them that,” he replied. “They didn’t accept it clinically.”

Martin was standing near reception, watching the flow of people.

“I think we could smooth demand,” he said.

Sarah didn’t turn around.

“You think a lot of things,” she replied.

“I’m serious,” he said. “If we could encourage staggered attendance…”

Dr Patel cut in.

“You are about to suggest telling ill people to be ill on a schedule again, aren’t you?”

Martin paused.

“…not exactly.”

Sarah finally looked at him.

“What exactly, then?”

Martin gestured vaguely.

“Pre-emptive advisory communication.”

Dr Patel stared.

“That is just telling them in advance to still be ill, but with branding.”

Martin brightened.

“Yes! Exactly. Clarity improves compliance.”

Sarah held up a hand.

“No.”

A pause.

Martin tried again.

“I’ve drafted a patient communication template.”

Sarah exhaled slowly.

“Of course you have.”

He handed it over.

She read it.

Her expression did not change immediately.

That was usually the worst sign.

Dr Patel leaned in.

“What does it say?” he asked.

Sarah read aloud:

“Dear patient,

Due to anticipated seasonal demand fluctuations, you are advised to consider timing your illness responsibly.

We recommend utilising off-peak periods where possible.

Kind regards…”

She stopped.

Looked up.

Looked at Martin.

Then back at the paper.

Then said, very calmly:

“Martin. You have written a letter asking people to schedule flu.”

He nodded.

“Yes.”

Dr Patel laughed once.

Sharp and immediate.

“No,” he said.

Martin blinked.

“It’s just guidance.”

Sarah folded the paper slowly.

“You cannot timetable infection,” she said.

“That’s not how illness works.”

Martin hesitated.

“It’s how banking worked,” he said quietly.

That landed differently.

The room shifted slightly.

Sarah's voice softened—but only slightly.

"This isn't banking," she said again.

Martin didn't respond immediately.

Then, a quieter version of him surfaced.

"I know," he said.

A pause.

From the waiting room, a child sneezed directly into a toy dinosaur.

No one reacted.

Sarah looked at the letter again.

Then said:

"If you send this, I will personally go into the system and remove your access to anything with a login."

Martin opened his mouth.

Closed it.

Nodded once.

"Understood," he said.

By midday, the winter surge had peaked in its usual unpredictable way: not explosively, but steadily, like a tap that refused to turn off properly.

Sarah and Dr Patel worked in parallel silence most of the morning. It was the kind of silence that only existed in practices where everyone had already agreed not to talk about certain things until at least tea time.

Martin, unusually, stayed out of the way.

Which made Sarah suspicious.

At 12:47pm, she checked the inbox.

Nothing unusual.

At 12:49pm, she checked again.

Still nothing.

At 12:51pm, Dr Patel walked past.

"Where is he?" he asked.

Sarah didn't look up.

"That," she said, "is what worries me."

At 12:53pm, Martin appeared at reception.

He was empty-handed.

Smiling.

Calm.

“Good news,” he said.

Sarah narrowed her eyes.

“What did you do?”

“Nothing,” he said.

Dr Patel stepped closer.

“That’s not reassuring,” he said.

Martin continued.

“I’ve decided to step back from active system intervention during peak clinical periods.”

Sarah blinked.

“…you what?”

“I’ve delegated operational adjustments to existing workflows,” he said.

Sarah and Dr Patel exchanged a look.

“That sounds like you’ve broken something quietly,” Dr Patel said.

Martin smiled.

“I’ve done no such thing.”

A pause.

Then the phone at reception rang.

Sarah answered it.

Listened.

Her expression changed slightly.

She hung up.

Looked at Martin.

“Why,” she asked slowly, “is the pharmacy calling to ask why all repeat prescriptions are being automatically ‘reviewed for emotional necessity’?”

Martin paused.

Then said, carefully:

“It’s a pilot.”

Dr Patel closed his eyes.

“Oh no,” he said quietly.

Sarah picked up the phone again.

And this time, she didn’t even look at Martin when she said:

“Right. That’s enough February for one day.”

And somewhere in the background, Hawthorn Vale Medical Practice continued doing what it always did best:

absorbing chaos, quietly correcting it, and pretending—just barely—that it had all been under control the entire time.

Chapter Six: "The Repeat Prescription Incident"

By late February, Hawthorn Vale Medical Practice had entered what Sarah Collins privately called *"the administrative hangover phase of winter."* Everything still functioned, technically, but only in the way a tired kettle still boiled water if you gave it enough time and patience.

The first sign of trouble arrived at 8:03am.

The prescription printer stopped printing prescriptions.

It did, however, continue printing the word *"REVIEW REQUIRED"* in increasingly aggressive fonts.

Sarah stood over it for a moment.

Then said, "Martin."

From behind her, Dr Patel added quietly, "Don't look at me. I didn't touch anything."

Martin appeared at reception at 8:06am, looking unusually pleased.

"I think you'll find this is working as intended," he said.

Sarah pointed at the printer.

"It's having a breakdown."

"No," Martin replied. "It's prioritising clinical appropriateness."

Dr Patel slowly put his coffee down.

“Why is it shouting at me?” he asked.

Martin explained, with confidence:

“I’ve implemented an automated repeat prescription safety filter. It flags potential over-reliance patterns.”

Sarah narrowed her eyes.

“Define over-reliance.”

The printer responded immediately by printing:

PATIENT DEPENDENCY RISK: HIGH

Dr Patel leaned in.

“That’s for blood pressure tablets,” he said flatly.

Martin nodded.

“Yes. Chronic reliance.”

“That’s called treatment,” Dr Patel replied.

From the waiting room, Mrs Hargreaves called out, “WHY IS THE MACHINE JUDGING MY TABLETS?!”

Sarah didn’t look up.

“It’s not judging you,” she said. “It’s malfunctioning.”

“It feels judgy,” Mrs Hargreaves replied.

Sarah sighed.

At 9:10am, Sarah bypassed the system and manually re-enabled prescriptions.

At 9:12am, Martin declared this a “useful stress-test of fallback protocols.”

At 9:13am, Dr Patel muttered, “I’m going to start prescribing tea instead of engagement with this.”

Chapter Seven: “Community Feedback”

The first week of March arrived with rain that felt less like weather and more like background administration.

Hawthorn Vale Medical Practice received its first formal community complaint of the year.

It was handwritten.

Delivered in person.

By three separate villagers who insisted they were “representing general sentiment.”

Sarah read it at reception.

It said:

“We are concerned that the practice is now being run like a bank or possibly an experiment.

We would like to confirm whether decisions are being made by humans or systems, as we are increasingly unsure.”

Dr Patel read over her shoulder.

“That’s… fair,” he said.

Martin arrived mid-reading.

“I assume this is about the new efficiency measures,” he said cheerfully.

Sarah handed him the letter.

He read it.

Then smiled.

“This is excellent engagement,” he said.

Dr Patel stared at him.

“They think we’re an experiment.”

“Constructive feedback,” Martin replied.

Sarah folded her arms.

“You have successfully made a rural GP practice feel like a simulation,” she said.

“That’s not the goal,” Martin said.

“It’s the result,” she replied.

There was a pause.

From the corridor, Mrs Ahmed called out, “ARE WE REAL PEOPLE OR NOT?!”

Sarah didn’t respond immediately.

Then said, “Yes.”

Mrs Ahmed replied, “THAT WAS NOT CONFIDENT ENOUGH.”

By mid-morning, Martin had drafted a response to the community.

Sarah intercepted it before it left his inbox.

It began:

“Dear stakeholders…”

Sarah stopped reading.

Dr Patel laughed once.

“Stakeholders,” he repeated. “In a village.”

Sarah deleted the email.

Martin looked mildly offended.

“It’s professional,” he said.

“It’s terrifying,” Sarah replied.

That afternoon, Sarah did something unusual.

She called a meeting.

No one liked meetings.

Even the chairs seemed reluctant.

Dr Patel arrived first, carrying coffee like emotional support equipment.

Martin arrived last, already holding a notepad.

Sarah stood at the front of the small staff room.

“We are not changing how we communicate with patients,” she said.

Martin raised a hand.

“I think we should at least consider—”

“No,” Sarah said.

He lowered his hand.

She continued.

“We are not introducing new systems for the rest of the month.”

Dr Patel nodded immediately.

“Support that,” he said.

Martin hesitated.

“But innovation—”

Sarah interrupted.

“Martin.”

He stopped.

She looked at him.

Then said, gently but firmly:

“You are very good at solving problems we don’t have.”

A pause.

Then:

“We are currently drowning in the ones we do.”

Silence.

Even Martin didn’t immediately respond.

Then he nodded.

“Understood,” he said quietly.

It was the first time he had said it without adding a justification.

Chapter Eight: "The Patient Suggestion Box"

Early March brought a new initiative that did not originate from Martin.

This was, in itself, alarming.

A cardboard box appeared at reception.

On it, in neat handwriting, was written:

PATIENT SUGGESTION BOX

Sarah stared at it.

Then at Mrs Ahmed.

"This wasn't you, was it?" she asked.

Mrs Ahmed shrugged.

"Village initiative," she said. "People like feedback."

Sarah did not like where this was going.

By 11:00am, the box contained:

- 14 complaints about waiting times

- 9 compliments about Dr Patel
- 6 questions asking if Martin “was new”
- 3 drawings of what appeared to be him as a malfunctioning robot

Martin discovered it at 11:07am.

He was delighted.

“This is excellent engagement,” he said.

Sarah immediately said, “No.”

Too late.

He had already opened it.

By 11:15am, he was reading feedback aloud.

“‘The man in the tie keeps talking about optimisation like it’s weather’—this is useful insight.”

Dr Patel passed behind him.

“That one’s about you,” he said.

Martin nodded. “Yes. It’s helpful.”

Sarah leaned against the counter.

“This is not helpful,” she said.

At 11:32am, Martin introduced a “structured response framework” for the suggestions.

Sarah stopped him before he could laminate anything.

At 11:45am, Dr Patel quietly removed the box and relocated it to a cupboard marked *“DO NOT ENGAGE.”*

At 11:46am, the village simply started posting notes through the letterbox instead.

By lunchtime, the practice was receiving feedback through:

- biscuit tins
- prescription requests
- and one carrier pigeon that Sarah refused to acknowledge on principle

Martin stood in reception, watching the flow of informal communication.

“This is actually quite adaptive,” he said.

Sarah didn’t look up.

“It’s people bypassing you,” she replied.

A pause.

Then, softer:

“And that’s usually a sign.”

Martin considered this.

Then nodded slowly.

“I think I may need to recalibrate my approach,” he said.

Dr Patel looked at Sarah.

She looked back.

Neither of them trusted the word *recalibrate*.

But for the first time in a while, Martin didn’t immediately follow it with a new system.

And in Hawthorn Vale Medical Practice, that counted as progress.

Chapter Nine: “Year End, Targets, and Other Forms of Panic”

By the last week of March, Hawthorn Vale Medical Practice had entered what Sarah Collins referred to—without affection—as *“the accounting tunnel.”*

It was that peculiar NHS-adjacent season where time stopped behaving like time and instead became a series of deadlines pretending to be dates. Everything was suddenly about targets, indicators, and something called “QOF achievement,” which, in Sarah’s experience, had never once improved a patient’s day.

Martin Wainwright, however, had discovered QOF with the kind of enthusiasm usually reserved for new technology or dangerously optimistic conference talks.

He arrived at 8:00am precisely.

Not early.

Not late.

Precisely.

This alone made Sarah suspicious.

He was carrying a printout.

Naturally.

“Good morning,” he said, almost reverently.

Sarah looked at him.

“You’ve got end-of-year energy,” she said.

“I’ve got alignment energy,” Martin replied.

Dr Patel, already in the staff room, muttered, “That’s worse.”

Martin placed the document on reception.

It was titled:

QOF PERFORMANCE OPTIMISATION SUMMARY – YEAR END ACCELERATION PLAN

Sarah didn’t touch it.

She just said, “No.”

Martin blinked.

“You haven’t read it.”

“I don’t need to.”

“That’s not evidence-based,” he said automatically.

Dr Patel walked in, coffee in hand.

“I already don’t like this,” he said.

Martin pressed on.

“We are currently sitting at 92% achievement across indicators,” he said.

“That sounds good,” Dr Patel said cautiously.

“It is good,” Martin confirmed. “But not excellent.”

Sarah folded her arms.

“Define excellent,” she said.

Martin smiled.

“98.7%.”

A pause.

Dr Patel frowned.

“Why 98.7?”

“Benchmarking,” Martin said.

Sarah immediately replied, “Against what?”

Martin hesitated.

“…other practices.”

“In this village?” Dr Patel asked.

“In comparable rural populations,” Martin corrected.

Sarah exhaled slowly.

“There are no ‘comparable rural populations’ to this village,” she said. “This village thinks flu jabs are a social event.”

From the waiting room, someone called out, “THEY ARE.”

Martin nodded.

“Exactly,” he said, pleased. “High engagement environment.”

Sarah stared at him.

Then said quietly, “You are trying to win healthcare.”

Martin looked slightly confused.

“I’m trying to meet standards.”

Dr Patel leaned forward.

“You are trying to beat standards,” he corrected.

A pause.

Martin didn’t deny it.

That was new.

By 10:15am, the practice had entered full QOF season behaviour.

This meant:

- Sarah moving quietly through systems like a nervous air traffic controller
- Dr Patel refusing to open anything labelled “dashboard”

- and Martin discovering hidden indicators like a man on a treasure hunt no one agreed to participate in

He was thrilled.

“I think we can close the diabetes review gap,” he announced.

Sarah didn’t look up.

“There is no gap.”

“There’s always a gap,” Martin said confidently.

Dr Patel muttered, “That’s philosophy, not medicine.”

Martin ignored him and continued:

“If we proactively recall 18 additional patients—”

“No,” Sarah said immediately.

“We’d improve completeness metrics.”

“You’d improve paperwork,” Dr Patel corrected.

Martin paused.

“But QOF is tied to funding.”

That landed differently.

Not as an argument.

As pressure.

Sarah turned slightly.

“Yes,” she said. “And we will meet it.”

Martin brightened.

“Excellent.”

Sarah continued.

“Without breaking anything else.”

A pause.

Dr Patel added, “Preferably patients.”

At 11:03am, Martin implemented a “final push recall strategy.”

At 11:04am, Sarah noticed.

At 11:05am, she stopped it.

At 11:06am, he tried again in a different system tab.

At 11:07am, she stopped that too.

At 11:08am, Dr Patel said, “This is like whack-a-mole, but with governance.”

By midday, the practice had achieved:

- full flu vaccination targets
- near-complete chronic disease review coverage
- and one accidental duplicate invitation round that caused Mrs Hargreaves to attend twice out of spite

The waiting room was unusually full for a day that was supposed to be “administratively light.”

Sarah stood at reception, scanning the final reports.

Martin hovered nearby.

“So,” he said. “We’re looking strong for year end.”

Sarah didn’t answer immediately.

Then said, “We are looking exhausted.”

“That’s normal in high-performance environments,” Martin replied.

Dr Patel walked past.

“Nothing about this is high performance,” he said. “It’s just effort under duress.”

Martin frowned.

“That’s a pessimistic framing.”

“It’s an accurate one,” Dr Patel replied.

Sarah clicked through the final dashboard screen.

A long pause.

Then:

“We’ve met QOF targets,” she said.

Martin smiled.

“Excellent.”

Sarah added:

“And nothing major has broken.”

Another pause.

Martin looked pleased.

“That’s a success, then.”

Sarah finally looked at him.

“No,” she said.

“That’s a miracle.”

A silence settled.

Not celebratory.

Just tired.

From the waiting room, someone called out, “ARE WE DONE WITH NUMBERS NOW?”

Sarah didn’t even turn.

“Yes,” she said.

There was a pause.

Then a relieved sound that spread through the room like a collective exhale.

Martin, however, was still looking at the dashboard.

“We could still improve exception reporting accuracy,” he said.

Dr Patel immediately said, “No.”

Sarah said nothing.

She just reached over, closed the laptop, and gently rotated it away from him.

“Martin,” she said, “it is the end of the financial year.”

He nodded.

“Yes.”

She continued.

“And you are not allowed to improve anything until April.”

A pause.

“Why April?” he asked.

“Because,” she said, “that’s when we recover from March.”

Dr Patel nodded solemnly.

“That’s medically accurate,” he said.

Martin considered this.

Then, surprisingly, didn’t argue.

“Very well,” he said. “Strategic pause.”

Sarah didn’t trust the word *strategic*.

But she accepted *pause*.

Outside, the rain eased slightly, as if even the weather had noticed the accounts had been settled.

Inside Hawthorn Vale Medical Practice, the year ended not with celebration, but with a shared understanding:

They had survived it.

Mostly intact.

And somewhere in the quiet aftermath, Sarah Collins already knew what Martin Wainwright would discover in April.

Rest did not mean stopping.

It meant planning.

Chapter Ten: “April, Renewal, and Other Dangerous Concepts”

April arrived at Hawthorn Vale Medical Practice with the kind of cautious optimism that suggested it didn’t fully trust itself.

The financial year had ended. The QOF dashboards had been ceremoniously ignored for forty-eight hours. Even Dr Patel had briefly stopped referring to systems as “threats,” which Sarah took as a small seasonal miracle.

For one brief Monday morning, things were… normal.

Sarah Collins arrived at 7:39am to find:

- the waiting room unusually calm
- the prescription printer behaving itself (suspiciously)
- and a handwritten sign on reception reading: *“NO NEW SYSTEMS UNTIL FURTHER NOTICE – MANAGEMENT”*

She stared at it.

Then at Dr Patel.

He was already in the staff room.

“I didn’t write that,” he said immediately.

Sarah nodded.

“I know.”

Martin arrived at 8:02am.

He looked refreshed.

That, Sarah thought, was the real warning sign.

He was carrying no paperwork.

Again.

“Morning,” he said.

Sarah narrowed her eyes.

“You look like you’ve had ideas.”

“I’ve had perspective,” Martin corrected.

Dr Patel didn’t look up from his coffee.

“That’s worse,” he said.

Martin smiled.

“I’ve been reflecting on the last quarter.”

Sarah replied, “I’ve been recovering from it.”

Martin continued, undeterred.

“I think we may have over-indexed on optimisation.”

A pause.

Sarah blinked.

“…you think?”

Dr Patel finally looked up.

“Say that again,” he said cautiously, as if it might be a trick.

Martin nodded.

“I believe we may have over-implemented system-driven interventions without sufficient regard for human workflow continuity.”

Sarah stared at him.

“That was almost self-awareness,” she said.

“It was a learning outcome,” Martin replied.

Dr Patel muttered, “I don’t trust learning outcomes.”

At 9:15am, Martin called a “light restructuring conversation.”

No one trusted the word *light* in this context.

They gathered in the staff room.

The chairs creaked with suspicion.

Martin stood at the front.

“I’ve decided,” he said, “to take a more collaborative approach to operational improvement.”

Sarah folded her arms.

“That sounds like you’re about to involve us in something.”

“I am,” Martin confirmed cheerfully.

Dr Patel sighed.

“I hate when he’s cheerful.”

Martin continued.

“I propose we establish a Practice Improvement Forum.”

Sarah immediately said, “No.”

Martin blinked.

“It’s just a discussion group.”

“It’s just a system,” Sarah replied.

Dr Patel added, “It’s just a meeting that will become another meeting.”

Martin looked slightly offended.

“This is about shared ownership,” he said.

Sarah leaned forward.

“We already share ownership,” she said. “We also share the consequences of your previous ownership attempts.”

That landed.

Silence followed.

From the corridor, someone sneezed loudly, as if endorsing Sarah’s position.

Martin tried again.

“I think we need structured feedback loops.”

Sarah responded instantly.

“We have those.”

“We do?” he asked.

“Yes,” she said. “They’re called Sarah telling you no, and Dr Patel sighing.”

Dr Patel nodded.

“Accurate,” he said.

Martin paused.

Then, surprisingly, smiled.

“I see,” he said.

Sarah narrowed her eyes again.

This was new territory.

He continued.

“Perhaps I’ve been approaching improvement too structurally.”

Dr Patel looked suspicious.

“That sentence worries me,” he said.

Martin held up a hand.

“No systems,” he said. “Just observation.”

Sarah didn’t trust it.

But she said nothing.

That was also new.

By mid-morning, something unusual began happening.

Martin… didn’t intervene.

He walked through the practice.

He watched reception handle calls.

He observed Dr Patel running clinics.

He stood in the waiting room and simply… noted things.

Sarah followed him at a distance.

Like a safety supervisor watching a questionable experiment.

At one point, he whispered:

“I hadn’t realised how much informal coordination there is.”

Sarah replied immediately, “That’s called running a practice.”

He nodded.

“Yes.”

A pause.

Then:

“I think I’ve been trying to formalise something that only works because it isn’t formal.”

Sarah stopped walking.

That was too close to insight.

She didn't like it.

Dr Patel passed them in the corridor.

"Is he broken?" he asked Sarah quietly.

"I don't know," she replied. "It's suspicious."

At 12:30pm, Martin did something unprecedented.

He cancelled a proposal.

Sarah actually stopped what she was doing.

"You what?" she asked.

"I've withdrawn the Improvement Forum idea," he said.

Dr Patel frowned.

"Are you ill?"

"No," Martin replied. "Just… recalibrating expectations."

Sarah studied him carefully.

"Why?" she asked.

He paused.

Then said:

"I think the practice works because it adapts faster than it documents itself."

A silence followed.

Not hostile.

Just surprised.

Dr Patel eventually said, "That is… correct."

Martin nodded.

"I think I was trying to slow that down," he admitted.

Sarah exhaled slowly.

"That's the first sensible thing you've said since you arrived," she said.

Martin smiled faintly.

"Thank you?"

"It's not a compliment," she clarified.

By afternoon, the practice had entered an unfamiliar state.

Nothing new was being implemented.

Nothing was being “optimised.”

Even the printer seemed unsure what to do with itself.

Sarah stood at reception and said quietly, “This feels wrong.”

Dr Patel nodded.

“It does,” he agreed. “Like it’s waiting for something to break.”

Martin, overhearing, replied:

“Or maybe it’s just working.”

Both of them looked at him.

He shrugged.

“I’m just saying.”

A pause.

From the waiting room, Mrs Hargreaves leaned forward.

“Is he still in charge?” she asked Sarah.

Sarah replied instantly, “Unfortunately, yes.”

Martin added, “Technically.”

Dr Patel muttered, “That’s not reassuring.”

As the day ended, Sarah locked the reception drawer as usual.

Martin stood by the door.

“I think I understand something now,” he said.

Sarah didn’t look up.

“That’s dangerous,” she replied automatically.

He smiled.

“Probably.”

A pause.

Then he added:

“I don’t think improvement always looks like change.”

Sarah finally looked at him.

Carefully.

“That,” she said, “is the closest you’ve come to not being a problem.”

Dr Patel, walking past, added:

“Don’t encourage him.”

Sarah nodded.

“I’m not.”

Martin left the building quietly.

No new folders.

No new systems.

Just thought.

Sarah watched him go.

Then turned back to the desk.

The practice continued around her—steady, messy, familiar.

And for the first time in a long time, she didn’t immediately prepare for what he might break next.

Which, in Hawthorn Vale Medical Practice, was usually when things got interesting.

Chapter Eleven: “The Medication That Wasn’t Allowed”

Monday began quietly, which in Hawthorn Vale Medical Practice was never a good sign. Quiet usually meant something had already gone wrong in a way that had not yet found language.

Sarah Collins noticed it first at 7:38am.

The prescription printer was working.

Properly.

No sighing. No dramatic pauses. No passive-aggressive “REVIEW REQUIRED” outbursts.

Just printing.

She stood there for a moment longer than necessary.

“That’s not right,” she said.

From behind her, Dr Patel arrived, saw it, and immediately said, “No.”

They both stared at the printer as if it might confess.

It did not.

Martin arrived at 8:01am.

He looked unusually satisfied.

Sarah didn’t even greet him.

“You’ve done something,” she said.

Martin smiled.

“I improved system permissions alignment over the weekend.”

Dr Patel closed his eyes briefly.

“That sentence is never followed by good news,” he said.

Martin continued.

“It was a minor rationalisation of repeat prescribing access rules.”

Sarah’s expression didn’t change.

But something in her posture did.

“Define ‘minor’,” she said.

Martin waved a hand.

“Just tidying up legacy inconsistencies.”

The printer, as if prompted, printed a single sheet.

Sarah picked it up.

Read it.

Then slowly looked up.

The paper read:

REPEAT PRESCRIPTION ACCESS: TEMPORARILY RESTRICTED PENDING VALIDATION CRITERIA

Dr Patel leaned in.

“…what does that mean?” he asked.

Sarah didn’t answer immediately.

Because she already knew.

“It means,” she said carefully, “patients can’t request repeat prescriptions.”

A pause.

Then Dr Patel said, very quietly:

“No.”

Martin frowned.

“That’s not entirely accurate.”

Sarah turned.

“What’s not accurate?”

“It’s not that they *can’t*,” he said. “It’s that they require validation before auto-renewal.”

Dr Patel stared at him.

“That is the same thing,” he said.

Martin shook his head.

“It’s governance.”

Sarah exhaled slowly.

“Martin,” she said, “you have broken prescriptions.”

“I have refined access pathways,” he corrected.

From the waiting room, a voice called out:

“I CAN’T REQUEST MY BLOOD PRESSURE TABLETS!”

Another voice followed:

“IT’S SAYING I NEED PERMISSION TO BREATHING MEDICINE!”

Sarah closed her eyes.

Then opened them again.

“Right,” she said.

And walked to reception.

9:02am — The First Wave

The phone rang before she even touched the system.

Then rang again.

Then didn’t stop.

Mrs Ahmed was already at reception.

“There’s a message saying my inhaler is ‘pending emotional validation’,” she said.

Sarah stared at the screen.

“This is not a thing,” she said.

“It is on my screen,” Mrs Ahmed replied.

Dr Patel appeared behind Sarah.

“I have four patients in my clinic asking why their prescriptions have been ‘paused for review’,” he said.

Martin followed them in, still calm.

“This is expected behaviour during permission reconfiguration,” he said.

Sarah turned slowly.

“Expected,” she repeated.

“Yes,” Martin said. “Temporary disruption is part of system hardening.”

Dr Patel looked at him.

“You hardened medication access,” he said.

Martin nodded.

“To improve safety.”

Sarah stepped closer.

“People with chronic conditions do not need ‘hardening’,” she said. “They need their medicine.”

A pause.

From the corridor, someone shouted:

“DO I NEED TO APPLY FOR MY DIABETES TABLETS NOW?!”

Sarah didn’t look away from Martin.

“Yes,” she said flatly. “You have done that.”

10:15am — Village Interpretation Phase

By mid-morning, Hawthorn Vale had done what it always did when faced with uncertainty:

It had invented its own explanation.

Reception reported:

- “medication rationing trial”
- “new government experiment”
- “AI doctor takeover”
- and one particularly confident rumour that “the bank man has changed the rules”

Martin heard this last one and looked pleased.

“That’s interesting perception mapping,” he said.

Sarah didn’t respond.

Dr Patel, now visibly irritated, said, “No one is mapping anything. They just want their inhalers.”

At 10:27am, a man arrived at reception holding a plastic bag full of medication boxes.

“I’ve brought evidence,” he said.

Sarah looked inside.

Then closed her eyes for exactly one second longer than before.

“Why are you bringing me your medication?” she asked.

“They said I might need to ‘justify continued access’,” he replied.

Martin stepped forward.

“That wording is slightly misleading—”

Sarah raised a hand.

“No,” she said.

Just that.

No elaboration.

It stopped him.

11:03am — Dr Patel Loses Patience (Professionally)

Dr Patel walked into reception holding a printout.

“This,” he said, “is my entire clinic list being interrupted by prescription queries.”

Sarah took it.

Looked at it.

Handed it back.

Then said, “I know.”

Martin added, “We can route queries through a triage layer—”

Dr Patel interrupted immediately.

“No.”

Martin blinked.

Dr Patel continued.

“I am not triaging someone asking if they’re still allowed to take their blood pressure tablets.”

A pause.

From the waiting room:

“AM I STILL ALLOWED MY BLOOD PRESSURE TABLETS?”

Dr Patel shouted back automatically:

“Yes!”

Then paused.

Looked at Sarah.

“I shouldn’t have had to say that,” he said.

11:40am — Sarah Takes Control

Sarah did not call a meeting.

She did not escalate formally.

She simply walked to Martin's office.

Opened the door.

And said:

"Undo it."

Martin looked up.

"I'm in the process of—"

"No," she said.

A pause.

Then softer:

"Undo it now."

Martin hesitated.

"I need to preserve audit integrity—"

Sarah stepped closer.

"Martin," she said quietly, "you have removed medication access from a village."

That landed.

Properly.

Not theoretically.

He looked at her.

Then at his screen.

Then back at her.

"…I can roll it back," he said.

"Yes," she replied. "You can."

A pause.

Then he clicked.

12:10pm — Stabilisation

By lunchtime:

- prescriptions were restored
- phones stopped ringing continuously
- Dr Patel resumed clinic with the emotional tone of someone returning from war
- reception stopped fielding existential questions about inhalers

Sarah stood at the desk, watching the system settle.

Dr Patel passed her.

“I’m not doing this again this week,” he said.

“You will,” Sarah replied automatically.

He didn’t argue.

That was new.

12:30pm — Martin’s Reflection

Martin appeared quietly.

No folder.

No printouts.

Sarah noticed immediately.

“That was… unintended,” he said.

“Yes,” Sarah replied.

A pause.

Then he added:

“I thought I was improving resilience.”

Dr Patel walked past and said, without stopping:

“You improved panic.”

Martin nodded slowly.

“I see that now.”

Sarah looked at him.

Carefully.

“You don’t fix healthcare like banking,” she said.

He didn’t respond immediately.

Then:

“I’m beginning to understand that.”

A beat.

From the waiting room, Mrs Hargreaves called out:

“CAN I HAVE MY TABLETS BACK PLEASE?!”

Sarah replied instantly:

“Yes.”

Then added, under her breath:

“And so can everyone else.”

By the end of the day, Hawthorn Vale Medical Practice had returned to normal.

Which meant:

- slightly chaotic
- mildly exhausted
- but functioning

Martin left quietly that evening.

Sarah watched him go.

Dr Patel stood beside her.

“Do you think he’s learning?” he asked.

Sarah considered it.

Then said:

“Yes.”

A pause.

Then added:

“That’s what worries me.”

And inside the practice, the prescription printer finally stopped printing altogether—resting, like everything else, before the next idea arrived.

Chapter Twelve: “The Complaints Meeting”

Tuesday morning arrived with a kind of bureaucratic heaviness that suggested the universe had noticed last week’s prescription incident and decided paperwork was the appropriate response.

Sarah Collins found the letter on her desk at 7:35am.

It was official.

Too official.

It had logos, subheadings, and the sort of phrasing that made even simple sentences feel like accusations.

She read the first line.

Then the second.

Then put it down without finishing.

Dr Patel arrived behind her.

“You’ve seen it,” he said.

“Yes,” Sarah replied.

He didn’t ask what it was.

He already knew.

Martin arrived at 8:03am.

He looked unusually composed.

Sarah didn't greet him.

"You've got a letter," she said.

"I assumed so," Martin replied.

Dr Patel looked up.

"That's not the response of someone who should have a letter," he said.

Martin placed his bag down.

"It's a formal request for explanation regarding recent prescribing access disruption," he said.

Sarah nodded slowly.

"And?"

"And I think we should respond transparently."

A pause.

Dr Patel said quietly, "Oh no."

9:00am — The Meeting Is Called

The "Complaints and Patient Experience Review Meeting" was scheduled for 9:00am.

Nobody wanted it.

Which meant, in practice terms, it absolutely had to happen.

The staff room had been rearranged into something vaguely resembling a boardroom, though the chairs still retained their original "we were not designed for this" energy.

Sarah sat at one end.

Dr Patel sat slightly sideways, as if positioning himself for escape.

Martin sat neatly, notebook open, pen ready.

Mrs Ahmed from reception had been "invited as administrative representation," which she interpreted as permission to arrive already unimpressed.

At 9:02am, Sarah began.

"We're here because of the prescription access issue," she said.

Martin nodded.

"Yes."

Dr Patel added immediately, "We are also here because we survived it."

Sarah ignored that.

Martin opened his notebook.

“I’d like to start by acknowledging system impact,” he said.

Sarah raised a hand.

“No framing.”

He paused.

“Just facts, then,” he said.

“Preferably,” Sarah replied.

9:15am — The Complaint

Sarah read the formal complaint aloud.

It was from a group of patients.

It included phrases like:

- “unacceptable disruption to essential medication access”
- “confusion regarding system authority”
- “concerns about non-clinical interference in clinical processes”

Dr Patel nodded at the last line.

“That one’s accurate,” he said.

Martin looked at him.

“I wasn’t interfering clinically,” he said.

“You were interfering digitally,” Dr Patel replied. “Which, in 2026, is the same thing.”

Sarah continued.

There was a section titled:

“We would like assurance that decisions regarding medication access are made by qualified healthcare professionals.”

A silence followed.

Then Mrs Ahmed said:

“WELL YES.”

Sarah didn’t look up.

“Yes,” she agreed.

Martin frowned slightly.

“I didn’t make clinical decisions,” he said.

“You restricted access to them,” Sarah replied.

“That’s governance,” he said again.

Dr Patel leaned forward.

“That word is doing a lot of heavy lifting in your vocabulary,” he said.

9:40am — Martin’s Defence

Martin spoke carefully.

“My intention was to reduce risk exposure by ensuring appropriate validation pathways.”

Sarah cut in immediately.

“You blocked inhalers.”

“I temporarily required validation triggers,” he corrected.

Dr Patel stared at him.

“For asthma,” he said slowly.

“Yes,” Martin said.

“That’s not a trigger scenario,” Dr Patel replied.

Martin hesitated.

“It is in banking models,” he said quietly.

That landed badly.

Not dramatically.

Just… wrong.

Sarah closed her eyes for a moment.

Then reopened them.

“Martin,” she said, “we are not in banking.”

“I know,” he said.

“Do you?” Dr Patel asked.

A pause.

Martin didn’t answer immediately.

That was new.

10:10am — The Villager Perspective (Uninvited but Present)

From the corridor, Mrs Hargreaves’ voice carried in:

“ARE YOU STILL DOING THE THING WHERE THE COMPUTER DECIDES IF I CAN HAVE TABLETS?”

Sarah called back instantly:

“No.”

A pause.

“GOOD,” came the reply. “BECAUSE IT WAS RUDE.”

Martin made a note.

Sarah noticed.

“Don’t,” she said.

He looked up.

“I was noting sentiment patterns.”

“You are not noting anything,” Sarah replied.

Dr Patel leaned back in his chair.

“I would like to formally note that I hate meetings,” he said.

10:45am — The Turn

Sarah stood.

That changed the room instantly.

Even Martin stopped writing.

“We are not doing this again,” she said.

Dr Patel nodded immediately.

“Strongly agree,” he added.

Martin looked between them.

“I think there is value in structured reflection—”

Sarah interrupted.

“No.”

A pause.

Then, more measured:

“You made a change.”

“Yes,” Martin said.

“It caused harm.”

Silence.

Then Martin nodded.

"…yes," he said.

That was the first time he didn't qualify it.

Sarah held his gaze.

"You don't get to 'improve systems' if people can't access medication," she said.

Martin didn't respond immediately.

Then:

"I understand that now," he said.

Dr Patel muttered, "We've heard that before."

Sarah didn't look away from Martin.

"Then act like it," she said.

11:30am — Resolution (Sort Of)

By late morning, the complaint had been formally acknowledged.

A response was drafted.

It contained:

- no mention of "optimisation"
- no mention of "alignment"
- and a carefully constructed apology that Sarah personally edited three times until it sounded like a human wrote it

Martin signed it without argument.

That alone unsettled Sarah slightly.

12:15pm — Aftermath

The practice returned to normal operations slowly.

Which meant:

- Dr Patel resumed clinic
- reception resumed controlled chaos
- and Sarah resumed watching systems for signs of "ideas"

Martin stood by reception for a while.

Not typing.

Not adjusting.

Just watching.

Sarah noticed.

“You’re quiet,” she said.

“Yes,” he replied.

“That’s suspicious,” she added.

He smiled faintly.

“I’m thinking,” he said.

Sarah sighed.

“That’s worse.”

He looked at her.

“I think I’ve been treating systems as something separate from people,” he said.

Dr Patel, walking past, said without stopping:

“Correct.”

Martin nodded.

“And that’s wrong,” he added.

Sarah studied him for a moment.

Then said:

“Yes.”

A pause.

Then she added:

“Don’t make it worse trying to fix it.”

He nodded again.

“I’ll try not to.”

Dr Patel muttered as he passed:

“That’s not a reassuring phrase either.”

End of Day

That evening, Sarah locked reception as usual.

Martin left shortly after.

No folder.

No printouts.

No proposals.

Just a quiet “good night.”

Dr Patel watched him go.

“Do you believe him?” he asked.

Sarah considered it.

Then said:

“I believe he means it.”

A pause.

“And?” he asked.

“And meaning it isn’t the same as not doing it,” she replied.

Outside, Hawthorn Vale settled into evening quiet again.

But Sarah didn’t relax.

Because experience had taught her something simple:

In Hawthorn Vale Medical Practice, silence was never the end of the problem.

It was just the gap before the next one arrived.

Chapter Thirteen: “The Locum”

By early April, Hawthorn Vale Medical Practice had developed a fragile new equilibrium.

Not stability.

Equilibrium.

The difference, as Sarah Collins understood it, was that stability implied trust, whereas equilibrium simply meant everyone had agreed—temporarily—not to touch anything important.

That agreement lasted until 8:12am on Wednesday.

Sarah arrived to find Dr Patel already in reception, staring at a printed rota with the expression of a man reading his own downfall.

“I’ve been moved,” he said.

Sarah didn’t look up from her keys.

“On holiday?”

“No.”

A pause.

“On… capacity management leave.”

Sarah looked at the rota.

Then closed her eyes.

Then opened them again.

“That’s not a thing,” she said.

“It is now,” Dr Patel replied.

Martin arrived at 8:04am.

He looked… pleased again.

Sarah didn’t even ask.

“You’ve done something,” she said.

Martin smiled.

“We’ve introduced a locum coverage optimisation framework.”

Dr Patel slowly turned his head.

“I’m sorry,” he said, “we’ve introduced what?”

Martin placed a sheet on reception.

“It ensures clinical continuity during peak workload variability,” he said.

Sarah picked it up.

Read the first line.

Then the second.

Then said, very quietly:

“You’ve booked a locum GP for three days a week indefinitely.”

“Yes,” Martin said.

“That’s not coverage,” Dr Patel said. “That’s replacement.”

Martin shook his head.

“No, no. It’s flexibility.”

Sarah looked at him.

“Who approved this?” she asked.

Martin paused.

“…the system.”

Dr Patel laughed once.

“That’s not a person,” he said.

Martin nodded.

“I assumed governance processes—”

Sarah cut him off.

“Martin.”

He stopped.

She held the rota up.

“This is not governance,” she said. “This is you pressing buttons until something answered you.”

A pause.

From the corridor, a familiar voice called:

“WHO IS THE NEW DOCTOR AND WHY AM I SEEING THEM BEFORE MY OWN DOCTOR DIES?”

Sarah didn’t even look up.

“He’s not dead,” she called back.

“HE MIGHT AS WELL BE,” came the reply.

Dr Patel muttered, “I’m still here.”

9:00am — The Locum Arrives

The locum arrived at 9:03am.

She was calm.

Efficient.

Carried a stethoscope like someone who had no intention of being surprised by anything.

Her name was Dr Evans.

She shook hands with Sarah, nodded at Dr Patel, and looked at Martin with the polite neutrality of someone who had already decided he was a temporary problem.

“I’ve been briefed,” she said.

Sarah immediately replied, “I’m sorry.”

Dr Evans smiled slightly.

“That usually means I haven’t been briefed,” she said.

Martin looked delighted.

“Excellent,” he said. “Fresh perspective.”

Dr Patel said, “That’s what I’m worried about.”

10:15am — First Contact

Within an hour, Dr Evans had:

- completed 6 consultations
- identified 2 prescription issues
- and asked Sarah a question no one else had ever asked:

“Who keeps trying to optimise your appointment system?”

Sarah looked at her.

Then said, “A man who used to work in banking.”

Dr Evans nodded.

“That explains the emotional damage,” she said.

Martin, overhearing this, appeared pleased rather than offended.

“I prefer ‘structured thinking approach’,” he said.

Dr Evans looked at him.

“Of course you do,” she replied.

11:00am — The Problem Emerges

By late morning, something subtle began to shift.

Not dramatically.

Quietly.

Patients started asking:

“Which doctor should I actually be seeing now?”

Reception started replying:

“That depends.”

Which was never a good sign in healthcare.

Dr Patel noticed first.

“I’m still being booked in,” he said to Sarah.

“Yes,” she replied.

“But also not,” he said.

Sarah checked the system.

Paused.

Looked again.

Then said:

“Why are there parallel appointment streams?”

Martin appeared instantly.

“Ah,” he said. “Yes.”

Sarah looked at him.

“…yes?”

“It’s load balancing,” he said.

Dr Patel stepped forward.

“You’ve split the practice into two active GP pathways,” he said slowly.

Martin nodded.

“To improve access efficiency during transition periods.”

Sarah closed her eyes.

“Martin,” she said, “you have created parallel medicine.”

“That sounds worse than it is,” he said.

“It isn’t,” Dr Patel replied.

11:45am — The Village Reacts

It did not take long.

It never did.

By lunchtime:

- some patients were deliberately choosing Dr Evans because she “seemed less complicated”
- others refused her because she “wasn’t the usual doctor and therefore suspicious”
- one man attempted to book both doctors “for comparison purposes”

Mrs Hargreaves, of course, escalated it.

“I’M NOT BEING PARALLELED,” she announced at reception.

Sarah replied instantly, “You are not being anything.”

“That’s worse,” she said.

Martin, meanwhile, was observing.

“This is actually quite useful segmentation behaviour,” he murmured.

Dr Patel turned slowly.

“If you say ‘segmentation behaviour’ one more time,” he said, “I am retiring.”

12:30pm — Sarah Draws the Line

Sarah called everyone into the staff room.

Even Dr Evans.

Even Martin.

Dr Patel arrived already looking defeated.

Sarah stood at the front.

“We are not doing dual systems,” she said.

Martin opened his mouth.

She raised a hand.

“No.”

He closed it.

She continued.

“We are one practice. One system. One team.”

A pause.

Then, more pointedly:

“And one doctor rota that does not require a banking degree to interpret.”

Dr Evans nodded.

“That seems reasonable,” she said.

Dr Patel said, “It is reasonable. That’s the problem.”

1:10pm — The Fix

Sarah did what she always did.

She fixed it.

Not loudly.

Not formally.

Just:

- merged the appointment streams
- normalised the rota
- and quietly disabled Martin’s “load balancing module” without telling him

By 1:30pm, the system looked boring again.

Which, in Hawthorn Vale, was the highest compliment possible.

3:00pm — Aftermath

Dr Evans prepared to leave.

“Interesting place,” she said to Sarah.

Sarah replied, “That’s one word for it.”

Dr Evans glanced at Martin.

“He means well,” she said.

Sarah considered this.

“Yes,” she said. “That’s part of the problem.”

End of Day

As the practice closed, Dr Patel stood with Sarah at reception.

“He’s getting better,” he said.

Sarah looked at the empty waiting room.

“I know,” she replied.

“That’s good, isn’t it?” he asked.

Sarah paused.

Then said:

“No.”

Dr Patel frowned.

“Why not?”

Because,” Sarah said, locking the drawer, “the better he gets, the more complicated the mistakes become.”

A silence followed.

Outside, the village settled into evening.

Inside Hawthorn Vale Medical Practice, another system had been quietly undone.

And somewhere, in the part of Martin Wainwright’s mind that never fully switched off, a new idea was already forming—this one shaped like continuity, but not yet understood as danger.

Chapter Fourteen: “The Rota Is Not a Suggestion”

By mid-April, Hawthorn Vale Medical Practice had entered a deceptively calm period.

The kind of calm that only exists when no one has yet checked the rota properly.

Sarah Collins noticed the first sign at 7:34am, before she had even taken her coat off.

A paper was pinned to reception.

It was titled:

STAFF ANNUAL LEAVE & COVERAGE MATRIX (UPDATED OPTIMISED VERSION)

Sarah stared at it for a full five seconds.

Then said, quietly, “No.”

Dr Patel arrived behind her.

“You’ve seen it,” he said.

“Yes,” Sarah replied.

He leaned closer.

“I’m on leave three separate times in the same week,” he added.

Sarah didn’t look away from the paper.

“That’s impressive,” she said. “In a bad way.”

Martin arrived at 8:02am.

He was carrying a marker pen.

This was, Sarah decided, unnecessarily ominous.

“Morning,” he said brightly.

Sarah pointed at the rota.

“What is that?”

Martin smiled.

“The new annual leave optimisation schedule.”

Dr Patel closed his eyes.

“I don’t like the word ‘optimisation’ anymore,” he said.

Martin continued.

“It balances clinical availability against staff wellbeing distribution curves.”

Sarah turned slowly.

“…distribution curves?”

“Yes,” Martin said. “Ensures fairness across peak demand periods.”

Dr Patel stepped forward.

“I’m not a demand period,” he said.

Martin looked mildly confused.

“You are on Fridays,” he replied.

A pause.

Dr Patel stared at him.

“I am a person,” he said.

Martin nodded.

“Yes. A high-value clinical resource.”

Sarah pinched the bridge of her nose.

“This is not a rota,” she said.

Martin looked offended.

“It’s mathematically fair.”

“It’s clinically impossible,” she replied.

9:00am — The First Collapse

Reception staff arrived one by one.

Each one stopped.

Looked at the rota.

And went quiet in a way that only happens when something has violated shared trust.

Mrs Ahmed read it aloud:

“I’M COVERING DR PATEL, DR PATEL IS COVERING ME, AND SOMEHOW I’M ALSO ON MATERNITY LEAVE AGAIN?”

Sarah didn’t look up.

“That’s incorrect,” she said.

“I HOPE SO,” Mrs Ahmed replied.

Dr Patel pointed at the sheet.

“Why am I covering myself on a day I am also marked as absent?” he asked.

Martin checked his notes.

“That’s redundancy protection,” he said.

Sarah replied instantly:

“That is nonsense.”

Martin frowned.

“It reduces vulnerability exposure.”

“It creates paradoxes,” Dr Patel said.

“That’s just temporary misalignment,” Martin insisted.

Sarah finally turned to him.

“Martin,” she said, “you cannot optimise time off.”

“I can distribute it fairly,” he replied.

“No,” she said. “You can’t.”

10:30am — The Holiday Spiral

Things escalated quickly.

Within an hour:

- two staff members discovered they were simultaneously on leave and scheduled to work clinics
- Dr Patel had been assigned to “remote triage support” while physically being in surgery

- and Sarah had been allocated “administrative absence recovery time” while actively fixing the rota

At 10:42am, Sarah printed the original rota.

Held it next to Martin’s.

And said nothing.

Dr Patel looked between them.

“This one is reality,” he said, pointing at hers.

“Yes,” Sarah said.

“And this one is… fantasy accounting,” he added, gesturing at Martin’s.

Martin looked slightly defensive.

“It’s forward planning,” he said.

Sarah replied:

“It’s fiction with spreadsheets.”

11:15am — The Village Notices

It did not take long.

A system like this never stayed internal.

Patients began hearing things:

- “the doctor is on leave but also not on leave”
- “appointments depend on whether Sarah is currently existing in the rota”
- and “someone said Dr Patel is working remotely from inside the building”

Mrs Hargreaves arrived at reception.

“I’ve been told I can only see a doctor who is ‘currently scheduled in this dimension’,” she said.

Sarah closed her eyes.

“That’s not a thing,” she said.

“It felt like a thing,” Mrs Hargreaves replied.

Dr Patel muttered, “I don’t like this version of reality.”

12:00pm — The Confrontation

Sarah called Martin into her office.

No staff room.

No meeting.

Just the two of them.

Dr Patel followed anyway.

He didn't sit down.

That was telling.

Sarah placed both rotas on the desk.

Then said:

"Explain."

Martin nodded.

"I was trying to ensure equitable distribution of workload during overlapping leave periods."

Sarah replied immediately:

"There are no overlapping leave periods."

Martin paused.

"…there are now."

Dr Patel leaned forward.

"That's not how time works," he said.

Martin tried again.

"It's how scheduling works."

Sarah stepped closer.

"You have turned annual leave into a logic puzzle that no one can solve without disappearing into it," she said.

A pause.

Then softer, sharper:

"People just want to know when they can have a holiday without collapsing the practice."

That landed.

Martin didn't respond immediately.

1:00pm — The Real Problem Appears

Dr Patel pointed at the rota.

"Why am I marked as covering six people on the same day I am listed as being at a conference in another city?"

Martin looked.

Frowned.

“That appears to be a data inheritance conflict,” he said.

Sarah stared at him.

“That is not a conflict,” she said. “That is you layering systems until reality stopped fitting.”

Martin went quiet for a moment.

Then said:

“I thought I was making it resilient.”

Dr Patel replied immediately:

“You made it impossible.”

2:15pm — Sarah Fixes It (Again)

Sarah did not argue further.

She never did when it reached this point.

She:

- scrapped the entire rota
- reverted to the last human-approved version
- printed it
- and pinned it back up with unnecessary force

Then she wrote at the top:

DO NOT REPLACE THIS AGAIN

Underlined it twice.

3:00pm — Aftermath

Staff slowly re-checked their actual holidays.

Relief spread gradually.

Like oxygen returning.

Dr Patel looked at his corrected rota.

“I have one week off now,” he said.

Sarah nodded.

“That’s correct.”

Martin studied the board.

“It’s less efficient,” he said.

Dr Patel looked at him.

“But possible,” he replied.

A pause.

Martin nodded slowly.

“Yes,” he said. “I see that now.”

Sarah didn’t trust the tone.

She never trusted the tone after “I see that now.”

End of Day

As the practice closed, Sarah stood at reception alone for a moment.

Dr Patel had already left.

Martin was still in his office, unusually quiet.

Sarah looked at the rota.

The *real* one.

Stable again.

For now.

From behind her, Mrs Ahmed called out:

“ARE WE SAFE FOR HOLIDAYS AGAIN?”

Sarah replied:

“Yes.”

A pause.

“FOR HOW LONG?” came the reply.

Sarah glanced towards Martin’s office.

Then said:

“Until he has another idea.”

And somewhere behind the closed door, Martin Wainwright was already looking at the concept of “fairness” and wondering if it could be improved.

Chapter Fifteen: “Out of Office (Not Really)”

Martin Wainwright left on a Thursday.

This, in itself, was suspicious.

At Hawthorn Vale Medical Practice, people did not simply *leave on Thursdays*. Thursdays were for stabilising the week, correcting Monday’s optimism, and quietly bracing for Friday’s collapse.

But Martin had booked a cruise.

Sarah Collins only learned this because he placed a printed itinerary on her desk titled:

“RECOVERY AND REFLECTION RETREAT (SEA-BASED)”

She read the first line.

Then handed it back without comment.

Dr Patel read it over her shoulder.

“He’s going on a ship,” he said.

“Yes,” Sarah replied.

“That feels like an escalation, not a rest.”

“Yes,” she said again.

Martin, meanwhile, stood in reception looking almost serene.

“I’ve ensured all systems are stable during my absence,” he said.

Sarah looked at him.

“You’ve never once achieved that while present,” she replied.

A pause.

Martin smiled.

“This will be different.”

Dr Patel muttered, “It never is.”

Day 1 — The Departure

At 10:14am, Martin left the building.

At 10:15am, Sarah logged into the system and checked everything.

At 10:16am, she said, “Huh.”

Dr Patel looked up.

“What?”

“It’s… fine,” she said.

That alone made him nervous.

By lunchtime, nothing had broken.

No emails had been misclassified.

No rotas had been “improved.”

No systems had been touched.

Dr Patel leaned back in his chair.

“This is unsettling,” he said.

Sarah nodded.

“I don’t like it,” she agreed.

Day 2 — Still Quiet

Friday passed without incident.

Patients were seen.

Prescriptions were issued.

Reception remained emotionally stable, which was statistically unusual.

Mrs Ahmed even said, “It’s weirdly peaceful without him.”

Sarah replied, “Don’t say that out loud.”

Dr Patel added, “You’re tempting fate.”

But nothing happened.

Not even small chaos.

By end of day, Sarah had checked the system three times just to confirm reality hadn’t paused.

It hadn’t.

Day 3 — The Cruise Begins

Saturday.

Martin was officially “at sea.”

Sarah received no emails.

No messages.

No system alerts.

Dr Patel, suspicious, said, “He’s either learning restraint or dead.”

Sarah replied, “Don’t joke.”

He shrugged.

“I’m not joking.”

Day 4 — The Signal

Sunday morning.

8:42am.

A single email arrived in the practice inbox.

Subject:

“Quick Observation (Not Urgent)”

Sarah stared at it.

Did not open it immediately.

Dr Patel appeared beside her.

“That’s him,” he said.

“Yes,” Sarah replied.

“On a boat,” he added.

“Yes.”

She opened it.

Dear all,

Hope things are running smoothly. I’ve been observing maritime operational systems and I think there are some transferable insights regarding queue flow at buffet stations.

More thoughts to follow.

Kind regards,
Martin

Sarah closed the laptop.

Slowly.

Dr Patel said, “He’s benchmarking cruises.”

Sarah replied, “Of course he is.”

Day 5 — Wi-Fi Appears

Monday.

9:03am.

Another email.

This one longer.

Subject:

“Initial Maritime Operational Learnings”

Sarah didn’t open it immediately again.

She knew.

Dr Patel stood watching.

“You’re delaying inevitability,” he said.

“Yes,” she replied.

She opened it.

Dear Team,

I’ve identified several efficiencies in onboard service delivery systems. Notably, passenger flow between dining areas could benefit from structured allocation timing.

I’ve sketched a basic model.

Also, I now have stable Wi-Fi.

Kind regards,
Martin

Sarah paused.

Then said, very quietly:

“Oh no.”

Dr Patel frowned.

“That sounded worse than usual.”

Sarah pointed at the screen.

“He has Wi-Fi.”

A pause.

Then Dr Patel said, “That is worse.”

Day 6 — The First Intervention

By Tuesday morning, emails were arriving every 45 minutes.

Martin had entered what Sarah privately called *“holiday optimisation mode.”*

Examples included:

- “Buffet congestion reduction strategies”
- “Deck chair allocation fairness models”
- “A proposed triage system for towel distribution”

Dr Patel read one and said, “Why is he trying to prioritise sunbeds?”

Sarah replied, “Because he has discovered people behave like queues everywhere.”

A pause.

Then Dr Patel added, “He’s not wrong.”

Sarah turned.

“That’s not the point,” she said.

Day 7 — Escalation

By Wednesday, Martin had created a spreadsheet.

Sarah knew this because he emailed it.

From a cruise ship.

The spreadsheet was titled:

“GLOBAL QUEUE OPTIMISATION MODEL (APPLIED CASE STUDY: CRUISE ENVIRONMENT)”

Dr Patel read it.

Then said, “I hate him.”

Sarah didn’t disagree.

Inside the spreadsheet were tabs labelled:

- Buffet Flow Efficiency
- Passenger Emotional Volatility Index (Maritime)
- Deck Chair Utilisation Ratios
- Queue Abandonment Risk

Sarah leaned back in her chair.

“He is redesigning tourism,” she said.

Dr Patel replied, “From a ship.”

“Yes.”

“That’s worse than banking,” he added.

Sarah nodded.

“Yes.”

Day 8 — The Call

Thursday morning.

Reception phone rang.

Sarah answered.

It was Martin.

The line was slightly crackly.

He sounded… excited.

“I’ve been thinking,” he said.

Sarah closed her eyes.

“Of course you have.”

“There’s real potential here,” he continued. “Queue systems are universal.”

Dr Patel, hearing this, mouthed: *No.*

Sarah said into the phone, “Martin. You are on holiday.”

“Yes,” he replied. “But observation is continuous.”

A pause.

Then Sarah said, slowly:

“Turn the Wi-Fi off.”

Silence.

Then Martin said:

“I can’t.”

That landed.

Dr Patel leaned in.

“What do you mean you can’t?” Sarah asked.

“It’s part of the cruise package.”

Another pause.

Then Sarah said:

“…of course it is.”

Day 9 — Back in Hawthorn Vale

By Friday, things at the practice were… stable again.

Too stable.

Sarah didn’t like it.

Dr Patel didn’t trust it.

Patients were unusually calm.

Reception was suspiciously efficient.

Even the prescription printer behaved.

Dr Patel said, “I think I miss the chaos.”

Sarah replied, “Don’t say that.”

But she understood.

End of Week — Final Email

Saturday morning.

One final email arrived.

Subject:

“Final Thought (Returning Soon)”

I believe queue theory applies universally across human systems.

We should discuss upon my return.

Also, cruise ships are essentially floating healthcare systems without doctors.

Fascinating.

Kind regards,
Martin

Sarah closed the laptop.

Did not speak.

Dr Patel said quietly, “He’s coming back worse.”

Sarah nodded once.

“Yes,” she said.

Then added:

“And he’s had time to think.”

Outside, Hawthorn Vale Medical Practice continued its quiet, fragile existence.

Unaware that the next iteration of Martin Wainwright was already somewhere over the sea… turning relaxation into a case study.

Chapter Sixteen: “The CQC Has Entered the Building”

The morning the Care Quality Commission arrived, Hawthorn Vale Medical Practice was—against all statistical expectation—running smoothly.

This was, Sarah Collins knew immediately, the worst possible timing.

Because nothing that smooth was ever left unexamined.

At 7:41am, she noticed the car.

Unmarked.

Still.

Parked just slightly too neatly in the visitor bay, as if it had read the signage and taken it personally.

At 7:43am, Dr Patel arrived, looked at it, and said:

“No.”

Sarah replied, “Yes.”

At 7:45am, the door opened.

Two inspectors stepped out.

They carried clipboards in a way that suggested moral authority rather than stationery.

The lead inspector smiled.

“Good morning,” she said. “We’re from the Care Quality Commission.”

Dr Patel muttered, “Of course you are.”

Sarah forced a smile.

“We were expecting you,” she lied.

Behind her, reception went unnaturally quiet in the way villages do when they sense judgement entering the room.

Mrs Ahmed whispered loudly, “ARE WE BEING RATED?”

Sarah replied, “No one is rating anyone yet.”

“That sounded like a yes,” Mrs Ahmed said.

8:10am — First Impressions

The inspectors began with reception.

They observed:

- waiting times
- patient flow
- documentation systems
- and Sarah, who was now quietly adjusting every visible object within a one-metre radius of reception like reality itself depended on alignment

One inspector leaned towards the other.

“This is unusually calm,” she said.

Dr Patel, passing behind them, muttered, “Don’t jinx it.”

Sarah heard him.

That made her more nervous.

9:00am — Martin Returns (Spiritually, Not Physically)

At 9:02am, Sarah’s phone buzzed.

She already knew before she looked.

Martin.

Cruise ship Wi-Fi.

Subject line:

“Quick Observational Insight Regarding Inspection Dynamics”

She didn’t open it.

Not yet.

Dr Patel stood beside her.

“He’s emailing from sea again, isn’t he?” he asked.

“Yes,” Sarah said.

“That man should not have internet access,” Dr Patel replied.

Sarah finally opened the email.

Dear all,

Fascinating coincidence—I am currently observing structured inspection behaviour onboard during a safety audit drill.

There are notable parallels with regulatory compliance frameworks.

Key insight: visibility changes behaviour more than structure.

More thoughts to follow.

Kind regards,
Martin

Sarah slowly lowered the phone.

Dr Patel said, “He’s theorising inspections.”

Sarah replied, “From a boat.”

A pause.

Then Dr Patel added, “I hate everything about this.”

9:45am — The Inspection Deepens

The inspectors moved into clinical areas.

Dr Patel performed unusually well.

Not because he was trying to impress them.

But because, as he later said, “I refuse to be judged on a Tuesday morning.”

Sarah accompanied them through admin systems.

Every click felt louder than it should.

Every form felt accused of something.

One inspector asked:

“How do you ensure governance consistency across operational variability?”

Sarah answered:

“We survive the week and fix it on Friday.”

Dr Patel nodded behind her.

“That’s actually accurate,” he added.

The inspector paused.

Then wrote something down.

Sarah did not like that.

10:30am — The Martin Problem (Now Abstract)

Another email arrived.

Then another.

Then a spreadsheet.

Then a diagram titled:

“Inspection Flow Optimisation Model (Cruise Comparative Study)”

Dr Patel read it.

Then said, “Why is he modelling us as a cruise ship again?”

Sarah replied, “Because he thinks everything is a queue.”

A pause.

Then Dr Patel said, “Even judgement?”

“Yes,” Sarah said.

“That’s disturbing,” he replied.

“Yes,” she agreed.

11:15am — The Question That Changes Everything

The lead inspector asked to speak to management.

Sarah and Dr Patel sat in the small meeting room.

The inspector opened her notes.

“We’ve observed a number of strong operational processes,” she said.

Sarah nodded carefully.

“That sounds promising,” she said.

“But,” the inspector continued, “we’d like to understand how changes are managed here.”

A pause.

Dr Patel opened his mouth.

Then closed it.

Sarah answered.

“Carefully,” she said.

The inspector smiled slightly.

“That’s not quite what I mean.”

Sarah felt the room tighten.

Then the inspector added:

“There appears to be a pattern of system modifications influencing clinical access pathways.”

A silence followed.

Dr Patel turned his head slowly towards Sarah.

Sarah didn’t move.

Then, from Sarah’s phone on the table—

A vibration.

Martin again.

11:18am — The Email That Should Not Exist

Sarah opened it.

Against her better judgement.

Dear team,

Important observation: inspection environments create temporary behavioural distortion in systems.

Suggest monitoring for reactive system changes during audit periods.

Also, I believe I may have identified an opportunity to improve inspection efficiency through pre-structured evidence staging.

Kind regards,
Martin

Sarah closed the phone.

Slowly.

Dr Patel said, “If he says ‘pre-structured evidence staging’ out loud in this building, I resign.”

Sarah replied, “Noted.”

12:00pm — The Moment of Risk

The inspectors requested system access.

Sarah's stomach dropped slightly.

Dr Patel leaned in.

"Do they know about him?" he asked quietly.

Sarah replied, "They will soon."

They logged in.

The system—normally stable now—responded smoothly.

Too smoothly.

Sarah narrowed her eyes.

"This is suspiciously functional," she muttered.

Dr Patel nodded.

"That's going to make them suspicious," he said.

And he was right.

One inspector looked up.

"Your system has very few errors logged," she said.

Sarah replied immediately:

"We fix them."

The inspector smiled.

"That's not what we usually see."

Sarah thought of Martin.

From a boat.

Optimising inspection flow.

She said nothing.

1:15pm — The Near Disaster

The inspector clicked into audit trails.

A loading screen appeared.

Then:

"SYSTEM OPTIMISATION LOG ACTIVE"

Sarah froze.

Dr Patel froze.

The inspector frowned.

“What is this?” she asked.

Sarah answered too quickly:

“Nothing.”

Dr Patel added, “Definitely nothing.”

The inspector clicked.

The log opened.

Inside:

- “Temporary prescribing access modification trial”
- “Dual rota segmentation experiment”
- “Queue-based patient flow adjustments”
- “Holiday distribution recalibration”

A silence fell.

A very professional silence.

The kind that precedes formal consequences.

Sarah closed her eyes for a second.

Dr Patel whispered:

“He’s still affecting us from a ship.”

Sarah replied quietly:

“Yes.”

2:00pm — The Repair

Sarah moved fast.

Not panicked.

Just precise.

She:

- removed deprecated logs
- restored audit trail clarity
- re-linked clinical governance pathways correctly
- and removed Martin’s “experimental modules” label entirely

Dr Patel assisted silently.

No questions.

Just survival mode.

By 2:30pm, the system looked… normal again.

Carefully normal.

The inspectors seemed satisfied.

Suspicious, but satisfied.

3:30pm — Closing Interview

The lead inspector returned.

“This has been a useful visit,” she said.

Sarah nodded.

“That’s good,” she replied.

Dr Patel added, “Is it?”

The inspector smiled politely.

“We’ll be recommending improvements in system governance documentation clarity.”

Sarah nodded again.

“That sounds survivable,” she said.

End of Day

After they left, the practice went quiet.

Proper quiet.

The kind that comes after judgement leaves the room.

Dr Patel stood in reception.

“I think we passed,” he said.

Sarah replied, “I think we survived.”

A pause.

Then her phone buzzed again.

She didn’t look.

She already knew.

Dr Patel looked at her.

“Martin?” he asked.

“Yes,” she said.

From the cruise ship, another message waited.

Somewhere in the distance, a man who should have been on holiday was still trying to improve the world using queues.

Sarah picked up her phone.

Did not open it.

And said:

“He’s going to come back from that boat with ideas.”

Dr Patel replied:

“He already did.”

And somewhere over the sea, Martin Wainwright smiled at a spreadsheet titled *“Regulatory Interaction Optimisation Model”* and wondered why nobody else could see how clearly everything connected.

Chapter Seventeen: “The Return of Martin (Unfortunately In One Piece)”

Martin Wainwright returned on a Tuesday.

Sarah Collins knew this before she saw him.

There are certain absences in a GP practice that leave behind silence, and then there are absences that leave behind *anticipation*. Martin’s had been the latter.

Dr Patel put it more simply when he saw the taxi pull up outside:

“No,” he said.

Sarah replied, “Yes.”

The taxi door opened.

Martin stepped out.

He looked rested.

Worse—he looked *clear-minded*.

He was also carrying a small suitcase and what appeared to be a rolled-up printed diagram tube.

Sarah noticed the tube immediately.

“So,” she said, “you brought it back with you.”

Martin smiled.

“I’ve had time to reflect,” he said.

Dr Patel muttered, “That’s the scariest sentence in medicine.”

8:05am — Re-entry

Martin entered the practice like someone returning from a successful expedition rather than a cruise.

Reception went quiet.

Not respectful quiet.

Apprehensive quiet.

Mrs Ahmed leaned towards Sarah and whispered:

“HE’S GOT THAT LOOK AGAIN.”

Sarah didn’t look up.

“I know,” she replied.

Martin placed his suitcase neatly behind reception.

Then placed the tube on the counter.

“I’ve prepared some insights,” he said.

Dr Patel closed his eyes briefly.

“Of course you have,” he said.

8:30am — The First Warning Sign

Martin did not immediately start a meeting.

This was new.

Instead, he observed.

He watched:

- appointment bookings
- reception flow
- triage patterns
- and Sarah, who was now watching him watching everything

Dr Patel leaned towards Sarah.

“He’s quieter,” he said.

Sarah replied, “That’s not good.”

“No,” Dr Patel agreed. “It’s strategic silence.”

Sarah didn’t like that phrasing.

Neither did she like that it felt correct.

9:15am — The Diagram Appears

Martin finally unrolled the tube.

On the reception desk.

It expanded across the surface like a warning.

It was titled:

“INTEGRATED PRACTICE FLOW OPTIMISATION MODEL (POST-MARITIME ANALYSIS)”

Dr Patel stared at it.

Then said, “Why is it bigger than the desk?”

Martin smiled.

“Scale reflects system complexity,” he said.

Sarah looked down.

It was colour-coded.

Of course it was.

There were arrows.

Too many arrows.

Dr Patel pointed at one section.

“What is ‘patient emotional trajectory forecasting’?” he asked.

Martin replied calmly:

“It predicts distress responses to administrative friction.”

Sarah said immediately, “We don’t forecast feelings.”

Martin nodded.

“You already do,” he said.

“That’s called experience,” Sarah replied.

10:00am — The Pitch

Martin stood.

He tapped the diagram.

“I think we can significantly improve practice flow resilience by introducing predictive pathway smoothing.”

Silence.

Then Dr Patel said, “No.”

Martin blinked.

“I haven’t finished.”

“You have,” Dr Patel replied.

Sarah folded her arms.

“Martin,” she said, “you went on holiday.”

“Yes,” he said.

“And came back with this.”

“Yes,” he confirmed.

A pause.

Then Sarah said:

“You went on a cruise and came back with a plan to restructure healthcare again.”

Martin nodded.

“I observed inefficiencies.”

Dr Patel leaned forward.

“You observed people eating buffet food,” he said.

“Yes,” Martin replied. “And queues forming around it.”

“That is not healthcare,” Dr Patel said.

Martin looked thoughtful.

“I disagree,” he said.

That was new.

Sarah noticed immediately.

“So you’ve escalated,” she said.

Martin smiled slightly.

“I’ve refined my thinking.”

Dr Patel muttered, “He’s upgraded it.”

11:00am — The Village Reacts (Immediately, As Always)

It did not take long.

By mid-morning, patients had noticed Martin was back.

And worse—they noticed he was *different*.

Reception overheard:

- "He's got diagrams again"
- "He looks like he's planning something global"
- "Why is he smiling at the waiting room like that?"

Mrs Hargreaves arrived at 11:07am.

Looked at Martin.

And said:

"I PREFER YOU WHEN YOU WERE QUIETLY RUINING THINGS."

Sarah replied, "Please don't encourage ranking his behaviour."

Mrs Hargreaves nodded.

"I'M NOT RANKING," she said. "I'M REPORTING."

12:15pm — The Confrontation

Sarah, Dr Patel, and Martin stood in the staff room.

The diagram lay between them like evidence.

Sarah spoke first.

"This stops here," she said.

Martin looked up.

"Which part?" he asked.

"All of it," Dr Patel replied immediately.

Martin frowned.

"I think you're resisting improvement," he said.

Sarah stepped closer.

"No," she said. "We are resisting repetition."

A pause.

Then she added:

"You come back from time off and try to redesign reality every time."

Martin considered that.

Then said:

“I’m trying to improve it.”

Dr Patel replied:

“It doesn’t need improving every time you blink.”

That landed.

Silence followed.

1:00pm — The Shift

Something changed.

Not dramatically.

But visibly.

Martin looked down at the diagram.

Then said quietly:

“I think I may have over-applied maritime learning to clinical environments.”

Dr Patel raised an eyebrow.

“You think?”

Sarah didn’t trust it.

Not yet.

Martin continued.

“I assumed systems behave consistently across contexts.”

Sarah replied, “They don’t.”

Martin nodded.

“I’m beginning to see that.”

A pause.

Then, carefully:

“I think I’ve been creating solutions in search of systems rather than problems.”

Dr Patel said immediately:

“That’s exactly what you’ve been doing.”

Martin didn’t argue.

That was new too.

2:30pm — The Damage Control Phase

Sarah didn't celebrate.

She never did at this stage.

Instead she:

- removed the diagram
- filed it under "Do Not Implement (Ever)"
- and restored the system to pre-cruise settings

Dr Patel checked clinics.

No disruptions.

Reception checked prescriptions.

No anomalies.

It was, disturbingly, stable.

3:15pm — Aftermath

Martin stood at reception.

No pen.

No folder.

Just quiet.

Sarah watched him.

Dr Patel leaned towards her.

"Do you trust this version of him?" he asked.

Sarah considered.

Then said:

"No."

A pause.

"But I understand him better," she added.

Dr Patel nodded.

"That's also worrying," he said.

End of Day

As the practice closed, Martin lingered.

Sarah looked up.

“You’re not going to deploy anything tomorrow, are you?” she asked.

Martin shook his head.

“No,” he said.

A pause.

Then:

“I think I need to observe more before intervening.”

Dr Patel muttered, “That’s new behaviour.”

Sarah replied quietly:

“Don’t get used to it.”

Martin left.

The diagram remained locked away.

For now.

And Hawthorn Vale Medical Practice, once again, returned to its fragile normality—aware that stability there was never an achievement.

Only a pause between ideas.

Chapter Eighteen: “Summer Holidays Are Over (So Is Everyone’s Patience)”

The end of August arrived at Hawthorn Vale Medical Practice like a gentle threat.

Not loud.

Not sudden.

Just the slow realisation that everyone who had been “on leave” was now “back,” and therefore the system was about to remember everything it had been politely ignoring for six weeks.

Sarah Collins noticed it first in the appointment book.

It was full.

Too full.

Not clinically impossible—just socially aggressive.

She stared at it.

Then said, “Why does this look like revenge?”

Dr Patel, already at his desk, replied, “Because it is.”

Martin arrived at 8:03am.

He looked… rested again.

Sarah didn't respond immediately.

Dr Patel just said, "No."

Martin blinked.

"I haven't said anything yet."

"That's the problem," Dr Patel replied.

8:15am — The Summer Fallout Begins

Reception began processing the return of the village.

This was always a transition period where:

- minor issues had grown into major grievances
- minor delays had become constitutional complaints
- and everyone had spent six weeks deciding what they would say "when they got back to the surgery"

Mrs Ahmed summarised it at reception:

"EVERYONE IS BACK AND EVERYONE IS MAD ABOUT DIFFERENT THINGS."

Sarah nodded.

"That sounds about right."

From the waiting room:
"I WAS ON HOLIDAY AND NOW I NEED A HOLIDAY FROM MY HOLIDAY!"

Sarah didn't look up.

"That one is familiar," she said.

9:00am — Martin's Return Energy (Subtle, Dangerous)

Martin was not introducing systems yet.

Which, Sarah noted immediately, meant he was thinking.

He stood near reception.

Observing.

Again.

Dr Patel leaned towards Sarah.

"He's in observation mode," he said.

Sarah replied, "I hate observation mode."

Dr Patel nodded.

“That’s when the ideas are still forming.”

Sarah didn’t respond.

She already knew.

9:40am — The First Crack

The system slowed.

Not broken.

Just… hesitant.

Appointments were taking longer to load.

Sarah frowned.

“This is new,” she said.

Dr Patel checked his screen.

“It’s thinking too hard,” he said.

Martin, overhearing, turned slightly.

“That’s interesting,” he said.

Sarah immediately replied, “No.”

Martin smiled.

“I didn’t say I was doing anything.”

“That’s worse,” Dr Patel said.

10:15am — The Summer Query Backlog

Reception discovered it first.

There were dozens of unresolved requests labelled:

- “post-holiday medication clarification”
- “repeat prescription uncertainty”
- “appointment reconsideration following travel disruption”

Sarah stared at the list.

Then said, “Why does everything sound like an apology?”

Dr Patel replied, “Because nobody got seen for six weeks.”

From reception:

“CAN I HAVE MY ASTHMA INHALER NOW I’VE BEEN ‘REFLECTING’ ON IT?”

Sarah called back, “Yes.”

Then added quietly, “Please stop reflecting on your inhaler.”

11:00am — Martin Speaks

It happened casually.

Too casually.

He was looking at the backlog when he said:

“This is actually a useful dataset.”

Sarah didn’t turn.

“No,” she said immediately.

Dr Patel looked up.

“What is?” he asked cautiously.

“Post-holiday demand clustering,” Martin replied.

Sarah finally turned.

“…you’re naming it now?”

Martin nodded.

“I think we can predict seasonal pressure spikes more accurately.”

Dr Patel leaned forward.

“We already know they exist,” he said.

“Yes,” Martin replied. “But not precisely.”

Sarah said flatly:

“We don’t need precision. We need capacity.”

A pause.

Martin nodded.

“That’s fair,” he said.

That was new.

Sarah didn’t trust it.

12:30pm — The Village Re-enters Full Force

By lunchtime, Hawthorn Vale had fully reoccupied itself.

The summer break had not resolved anything.

It had simply:

- delayed it
- intensified it
- and added emotional commentary

Mrs Hargreaves arrived and said:

“EVERYTHING IS WORSE AFTER SUN.”

Sarah replied, “That’s seasonal affective reasoning, not a diagnosis.”

“It felt like a diagnosis,” she said.

Dr Patel muttered, “Everything feels like a diagnosis here.”

1:15pm — The Quiet System Change

Sarah noticed it first.

A subtle shift in appointment distribution.

Nothing obvious.

But slightly… smoother.

She frowned.

“Dr Patel,” she said.

“Yes,” he replied.

“Are you seeing fewer bottlenecks?”

He checked.

Paused.

“…yes,” he said.

Sarah looked at Martin immediately.

He raised both hands.

“I haven’t done anything,” he said.

A pause.

Dr Patel said, “That’s what makes it worse.”

Martin added, “I’ve just been observing post-holiday patterns.”

Sarah narrowed her eyes.

“You’re not touching anything,” she said.

“I’m not,” he confirmed.

Another pause.

Then Dr Patel said quietly:

“He’s learning restraint.”

Sarah replied instantly:

“I don’t trust restraint either.”

2:40pm — The Suspicious Stability

The afternoon continued.

Unusually calm.

Too calm.

Sarah checked systems twice.

Dr Patel checked clinics twice.

Martin simply watched.

No interventions.

No suggestions.

No diagrams.

Sarah finally said, “This is making me uncomfortable.”

Dr Patel nodded.

“Same,” he said.

From reception:

“IS IT BROKEN OR IS IT JUST QUIET?”

Sarah replied, “Neither. Probably.”

End of Day — The Return of Routine

As the practice closed, Sarah locked the drawer.

Dr Patel packed up slowly.

Martin remained at reception.

Sarah watched him.

“You’re quiet,” she said.

“Yes,” he replied.

“That’s suspicious,” she added.

He smiled faintly.

“I think I understand the system better now,” he said.

Dr Patel sighed.

“Oh no,” he said.

Martin continued:

“I think I was over-intervening.”

Sarah narrowed her eyes.

“That’s the second time you’ve said something sensible this month,” she said.

Martin nodded.

“I may be adjusting my approach.”

Dr Patel muttered, “That’s what he said last time before rotas died.”

Final Line of the Day

Sarah turned off the lights.

Looked at the empty waiting room.

Then said quietly:

“Summer’s over.”

Dr Patel added:

“So is peace.”

And behind them, Martin Wainwright looked at the appointment system one last time—not planning anything yet, but noticing how everything still connected… and wondering, just briefly, whether restraint itself could be improved.

Chapter Nineteen: “Jabs, Lists, and Gentle Mayhem”

Autumn arrived in Hawthorn Vale the way it always did: quietly, then all at once.

One day there were leaves on the trees. The next, there were opinions about flu jabs, a mild sense of urgency in the air, and a growing administrative dread in Sarah Collins’ inbox.

She saw it at 7:31am.

Two emails.

One subject line:

“URGENT: Flu Vaccination Programme Planning”

The other:

“COVID Booster Delivery Schedule Confirmation Required”

She didn’t open either immediately.

Dr Patel walked in behind her.

“You’ve seen them,” he said.

“Yes,” Sarah replied.

He nodded once.

“Season has started then,” he said.

“It never ended,” she replied.

Martin arrived at 8:02am.

He was already holding a spreadsheet.

Sarah didn’t ask.

She just said, “No.”

Martin blinked.

“I haven’t spoken yet.”

“That’s also part of the problem,” Dr Patel muttered.

8:30am — The List Arrives

Martin placed the spreadsheet on reception with care.

The care of someone who believed paper could still prevent disaster.

“It’s the vaccination scheduling matrix,” he said.

Sarah looked at it.

Then closed her eyes briefly.

Then opened them again.

Dr Patel leaned over.

“It has colours,” he said.

“Yes,” Sarah replied.

“That’s never good,” he said.

Martin continued.

“We’ve got overlapping demand cohorts—flu eligible patients, COVID booster eligibility groups, and priority vulnerable categories.”

Sarah folded her arms.

“That’s called ‘the practice population’,” she said.

Martin nodded.

“Yes. But segmented.”

Dr Patel said immediately, “Stop segmenting people.”

9:15am — The Village Hears About Jabs

In Hawthorn Vale, news did not travel through official channels.

It travelled through:

- post office conversations
- pharmacy whispers
- and Mrs Ahmed announcing things loudly at reception regardless of accuracy

By mid-morning, patients were arriving with interpretations such as:

- “you can only have flu or COVID, not both”
- “they’re doing them alphabetically now”
- “you need to apply early or you miss your turn forever”

Mrs Hargreaves arrived and said:

“I’VE BEEN TOLD I NEED TO CHOOSE BETWEEN VIRUSES.”

Sarah replied immediately:

“No you don’t.”

“That’s disappointing,” she said.

Dr Patel muttered, “That’s the first correct thing said all day.”

10:00am — Martin’s Big Idea (It Starts Innocently)

Martin stood near reception, observing flow again.

Sarah noticed instantly.

He said:

“We could optimise clinic throughput by separating jab streams more efficiently.”

Dr Patel didn’t even look up.

“No,” he said.

Martin continued.

“Dedicated flu lanes. Dedicated COVID lanes. Staggered booking windows—”

Sarah cut in.

“No.”

Martin paused.

“It reduces queue pressure.”

Dr Patel replied, “It creates queue philosophy.”

Sarah added, “It creates chaos with labels.”

Martin frowned slightly.

“I think we’re underestimating patient adaptability.”

From the waiting room:

“I AM NOT ADAPTABLE I AM 78!”

Sarah called back, “We know!”

11:30am — The First Breakdown

The booking system began to strain.

Not broken.

Just overwhelmed by logic.

Flu appointments and COVID boosters were now competing for:

- the same clinic slots
- the same nurses
- and the same physically present patients who were not interested in categorisation

Sarah stared at the screen.

“This is collapsing into itself,” she said.

Dr Patel nodded.

“It’s learning the reality of village medicine,” he said.

Martin looked slightly alarmed.

“I think I may have over-segmented demand,” he said.

Sarah replied instantly:

“Yes.”

A pause.

Then she added:

“You did.”

12:15pm — The Elderly Queue Phenomenon

The waiting room filled quickly.

Not aggressively.

But decisively.

This was a community that:

- arrived early

- stayed longer than planned
- and formed informal social groups wherever chairs existed

Mrs Ahmed reported:

“THEY’RE BRINGING TEA AND STRATEGIC CHAIRS FROM HOME.”

Sarah didn’t look up.

“That’s not new,” she said.

From the corridor:

“DO I NEED AN APPOINTMENT FOR THE JAB OR CAN I JUST EXIST NEAR ONE?”

Dr Patel replied automatically, “You need an appointment.”

“SHAME,” came the reply.

1:00pm — Martin Tries to Stabilise It (Which Makes It Worse)

Martin introduced a “dynamic rescheduling buffer.”

Sarah saw it appear instantly.

She closed her eyes.

Dr Patel said, “What did you just do?”

Martin replied, “I’m smoothing peak demand fluctuations.”

Sarah opened her eyes.

“What does that mean in human terms?” she asked.

Martin paused.

“It reallocates appointments in real time based on no-shows and delays.”

Dr Patel said quietly, “So it moves people around while they’re already here.”

Martin nodded.

“Yes.”

Sarah stared at him.

“That is not smoothing,” she said. “That is emotional turbulence.”

From reception:

“WHY HAS MY JAB TIME MOVED BUT I HAVEN’T?”

Sarah replied, “It hasn’t. Please stay seated.”

2:20pm — Dr Patel Reaches Limit

Dr Patel walked into reception.

Looked at the board.

Looked at Sarah.

Then said:

“I am administering injections. I am not administering logistics philosophy.”

Sarah nodded.

“Agreed.”

Martin added, “We could still improve flow efficiency—”

Dr Patel interrupted immediately.

“No.”

Martin stopped.

That was becoming more frequent.

Sarah noticed.

So did he.

3:00pm — The Chaos Peak

The system reached critical load.

Not failure.

Just human density exceeding administrative tolerance.

- flu queue merged with COVID queue
- patients swapped stories about vaccines like they were competing products
- one man asked if he could “upgrade to premium immunity if available”

Sarah stood at reception.

Looked at it all.

Then said quietly:

“We are not a vaccination logistics company.”

Dr Patel replied, “Tell that to the spreadsheet.”

Martin didn’t speak for a moment.

Then said:

“I think I’ve misunderstood scale.”

Sarah looked at him.

“That’s new,” she said.

He nodded.

“I thought segmentation would reduce complexity.”

Dr Patel replied, “It multiplied it.”

Martin paused.

“…yes,” he said.

That was the closest thing to agreement he’d ever given without resistance.

End of Day — The Reset

Sarah stopped the dynamic buffer.

Collapsed the streams back into a single structured clinic model.

Dr Patel resumed control of the vaccination room like a man reclaiming territory.

The system stabilised slowly.

The village settled.

Eventually.

Mrs Hargreaves left saying:

“THAT WAS VERY ORGANISED FOR SOMETHING VERY CONFUSING.”

Sarah replied, “We’ll take it.”

Martin stood quietly at reception.

Sarah watched him.

“You’re thinking,” she said.

“Yes,” he replied.

“That’s usually when things break,” she said.

He nodded.

“I think I need to understand constraints better,” he said.

Dr Patel muttered, “He’s said that before too.”

Sarah locked the drawer.

Looked at the emptying waiting room.

And said:

“Next time, just give them the jab and don’t design the universe around it.”

And for once, Martin didn’t argue.

He just watched the system settle—seeing it still messy, still human… and quietly wondering if even chaos had a pattern worth mapping.

Chapter Twenty: "The Interview That Didn't Happen (Properly)"

It started with an email that arrived at 7:28am.

Sarah Collins saw the subject line before she even fully logged in:

"Application Outcome – Primary Care Network Operations Lead"

She didn't open it immediately.

That alone made Dr Patel nervous.

"You've seen something," he said.

"Yes," Sarah replied.

"And you're delaying the inevitable reading of it," he added.

"Yes," she said again.

Martin arrived at 8:01am.

He looked… unusually still.

Not calm.

Still.

That was worse.

He didn't have a folder.

He didn't have a spreadsheet.

He just said, "Morning."

Sarah looked at him.

Then said, "You applied for a job."

Martin nodded.

"Yes."

Dr Patel blinked.

"I didn't know you could leave on application alone," he said.

Martin smiled faintly.

"I thought it might be a natural progression."

Sarah finally opened the email.

Read it.

Then closed it.

Slowly.

Dr Patel watched her face carefully.

“Well?” he asked.

Sarah looked up.

“He didn’t get it,” she said.

A pause.

Then:

“Shortlisted,” she added. “But not appointed.”

Dr Patel exhaled.

“Oh thank God,” he said.

8:15am — The First Unusual Reaction

Martin didn’t immediately respond.

That was unusual.

Sarah watched him carefully.

“You’re not reacting,” she said.

“I am,” he replied.

“That doesn’t look like it,” Dr Patel said.

Martin nodded.

“I think I assumed it was likely,” he said.

Sarah frowned.

“You assumed rejection?”

“I assumed selection,” he corrected.

A pause.

Then Dr Patel said, “That’s your problem.”

Martin didn’t argue.

That was new again.

9:00am — A Strange Calm Falls Over the Practice

Word spread quickly.

It always did.

Not officially.

Just emotionally.

Reception felt it first.

Mrs Ahmed whispered:

“HE’S NOT LEAVING THEN?”

Sarah replied, “No.”

A pause.

“…GOOD,” she said, then immediately added, “ACTUALLY I DON’T KNOW IF THAT’S GOOD.”

Dr Patel, passing through, said quietly:

“It is good.”

Sarah didn’t answer immediately.

Because something odd was happening.

Martin wasn’t talking about systems.

He wasn’t adjusting anything.

He was just… present.

Observing.

Not improving.

Not calculating.

Just there.

And that, in Hawthorn Vale Medical Practice, was unsettling in its own way.

10:15am — The Waiting Room Reaction

Patients reacted faster than staff.

Some looked relieved.

Some confused.

One man said:

“I THOUGHT HE WAS GOING TO RUN THE WHOLE NHS FROM A DIFFERENT BUILDING.”

Sarah replied, “No one is doing that.”

Mrs Hargreaves added:

“HE PROBABLY COULD THOUGH.”

Dr Patel muttered, “Please don’t encourage that narrative.”

11:00am — Martin Without a Direction

Martin stood at reception.

No notebook.

No tablet.

No visible agenda.

Sarah noticed him watching the system load appointments without interference.

She approached.

“You okay?” she asked.

Martin considered.

“Yes,” he said.

A pause.

Then:

“I think I misjudged scope again.”

Dr Patel leaned on the counter.

“That’s your permanent condition,” he said.

Martin nodded.

“I thought scaling up would be the logical next step.”

Sarah replied, “We are not a scaling problem.”

Dr Patel added, “We are a managing-to-survive problem.”

That earned a faint smile from Martin.

Small.

But real.

12:30pm — The Unexpected Peace

By lunchtime, something strange had settled.

Not silence.

Not order.

Just absence of tension.

The practice still functioned:

- appointments ran

- phones rang
- patients arrived with minor catastrophes as usual

But without Martin actively reshaping anything, it all felt… lighter.

Sarah noticed.

Dr Patel noticed.

Neither of them said it out loud immediately.

Because saying it out loud would risk breaking it.

1:15pm — The Conversation No One Wanted to Have

Martin finally spoke.

"I suppose I should consider what this means," he said.

Sarah replied cautiously, "It means you're still here."

Dr Patel added, "Unfortunately."

Martin smiled faintly.

"I thought I might be moving into a different system environment," he said.

Sarah folded her arms.

"You thought wrong."

A pause.

Then Martin said something quieter:

"I think I'm better at designing systems than staying inside them."

Dr Patel replied instantly:

"That we agree on."

2:30pm — The Brief Hopeful Window

For a short period in the afternoon, something almost unfamiliar settled over Hawthorn Vale:

- no new proposals
- no sudden rota changes
- no "quick ideas"
- no unexpected diagrams appearing on desks

Even Sarah allowed herself a small moment of recalibration.

Dr Patel noticed.

“This feels suspiciously normal,” he said.

Sarah replied, “Don’t jinx it.”

Martin, overhearing, said quietly:

“I think I may need to learn restraint properly.”

Dr Patel immediately said:

“No.”

Sarah added:

“Don’t say things like that out loud. It attracts consequences.”

End of Day — The Return of Uncertainty (Gently)

As the practice closed, Martin stood near the door.

He looked different.

Not changed.

Just… paused.

“I suppose I stay here then,” he said.

Sarah nodded.

“Yes.”

Dr Patel added, “Yes. Unfortunately.”

Martin smiled faintly.

“For now,” he said.

Sarah looked at him.

That word mattered.

For now.

Because in Hawthorn Vale Medical Practice, nothing stayed still because it was stable.

It stayed still because something else hadn’t started yet.

And as Sarah locked the door that evening, she had a rare, uncomfortable thought:

The most dangerous thing about Martin Wainwright wasn’t when he was trying to fix everything.

It was when he wasn’t fixing anything at all.

Chapter Twenty-One: "The Client Participation Group (It's Not Called That)"

The Patient Participation Group had always been slightly chaotic.

That was part of its charm, according to the patients.

According to Sarah Collins, it was a controlled weekly reminder that democracy and healthcare only coexist peacefully if nobody takes minutes too seriously.

This month's meeting, however, carried an unusual energy.

Not excitement.

Not rebellion.

Something worse.

Anticipation.

Sarah noticed it as soon as she walked into the village hall.

People were already seated.

Early.

That never happened.

Dr Patel followed behind her and immediately said:

“No.”

Sarah replied, “Yes.”

At the far end of the room, Martin was already there.

He had arrived early.

Of course he had.

He was arranging chairs.

Not randomly.

Patterned.

Sarah stared at him.

“You’re not staff,” she said.

Martin smiled.

“I was invited,” he replied.

Dr Patel muttered, “That’s a mistake someone will regret.”

7:05pm — The Meeting Begins

Mrs Hargreaves opened proceedings immediately.

“I WOULD LIKE TO START BY SAYING IT IS A SHAME MR WAINWRIGHT DIDN’T GET THAT JOB.”

A silence fell.

Then another patient nodded.

Then another.

Sarah closed her eyes briefly.

Dr Patel leaned towards her.

“This is going to be one of those evenings,” he said.

“Yes,” she replied.

Martin, meanwhile, looked faintly pleased.

“I appreciate the feedback,” he said.

Sarah turned sharply.

“Don’t encourage them,” she whispered.

Martin blinked.

“I’m not,” he said.

“You absolutely are,” Dr Patel added.

7:20pm — The "Clients" Problem

Martin stood to speak.

He began carefully.

"Thank you for inviting me to this client engagement forum—"

Sarah interrupted immediately.

"It's a patient group."

Martin nodded.

"Yes, the client participation group."

A collective murmur rippled through the room.

Mrs Ahmed raised a hand.

"WHY IS HE CALLING US CLIENTS?"

Sarah replied instantly, "He doesn't mean it."

Dr Patel said, "He definitely means it."

Martin continued.

"I think engagement is improved when we acknowledge service user experience holistically."

A pause.

Then Mrs Hargreaves said:

"I JUST WANT MY BLOOD PRESSURE TABLETS."

Martin nodded.

"That is valid client feedback."

Sarah closed her eyes again.

Longer this time.

7:45pm — The Job That Wasn't

It didn't take long for the topic to re-emerge.

It never did in Hawthorn Vale.

Someone said:

"IT'S A SHAME YOU DIDN'T GET THAT OTHER JOB."

Then someone else added:

"YOU WOULD HAVE SORTED THEM OUT."

Then another:

“THEY MISSED OUT REALLY.”

Martin looked… uncomfortable.

Not upset.

Just unanchored.

“I wasn’t selected,” he said.

A pause.

Mrs Hargreaves nodded.

“THEY PROBABLY DIDN’T UNDERSTAND YOU,” she said.

Sarah immediately replied, “That’s not helpful.”

Dr Patel added, “That’s actually dangerous encouragement.”

8:10pm — Martin Becomes the Topic

The meeting gradually shifted.

Away from prescriptions.

Away from access.

Away from flu season complaints.

And toward Martin.

Specifically:

- his ideas
- his “potential”
- his “way of seeing systems”
- and the widespread belief that “he should be doing more important things somewhere else”

Sarah realised what was happening.

“This is not a patient group anymore,” she said quietly to Dr Patel.

He nodded.

“This is a recruitment campaign,” he replied.

Martin, unfortunately, looked slightly moved by it.

That made things worse.

8:30pm — The Client Naming Incident Escalates

Martin tried again.

“I think your feedback is extremely valuable from a client systems perspective—”

The room erupted.

“WE ARE PATIENTS!”

“WE ARE NOT CLIENTS!”

“WE ARE NOT EVEN SURE WE ARE HAPPY WITH PARTICIPATION ANYMORE!”

Sarah stepped forward.

“Martin,” she said firmly, “stop saying that.”

He paused.

“I’m trying to modernise terminology.”

Dr Patel replied instantly:

“Stop modernising us.”

8:50pm — The Unexpected Vote of Confidence

Just as things began to settle into familiar chaos, Mrs Hargreaves stood again.

“I STILL THINK IT’S A SHAME HE DIDN’T GET THAT JOB,” she declared.

Several people agreed.

One man added:

“HE COULD HAVE FIXED ALL THIS ADMIN STUFF.”

Sarah turned slowly.

“Which admin stuff?” she asked.

He replied, “All of it.”

Dr Patel muttered, “That’s how dictatorships start, just so we’re clear.”

Martin didn’t speak.

He just listened.

Carefully.

9:10pm — Sarah Draws the Line (Politely, but Firmly)

Sarah finally addressed the room.

“We are not here to discuss employment decisions for staff,” she said.

A pause.

“We are here to discuss patient experience.”

Mrs Hargreaves replied:

“THAT IS PATIENT EXPERIENCE. HE DIDN’T GET THE JOB.”

Sarah exhaled slowly.

Dr Patel leaned in.

“I think we’ve lost control of the narrative,” he said.

Sarah replied, “We never had it.”

9:30pm — The Exit Strategy

The meeting slowly wound down.

Not resolved.

Just exhausted.

People began to leave still talking about Martin.

About the job.

About how “it was probably their loss.”

Martin remained seated at the front.

Sarah approached him.

“You need to stop being the topic,” she said.

Martin nodded slowly.

“I didn’t intend to become it,” he replied.

Dr Patel added, “You rarely intend anything. That’s part of the issue.”

Martin considered this.

Then said quietly:

“I think they believe I can fix things.”

Sarah replied immediately:

“They believe anyone who talks confidently about systems can fix things.”

A pause.

Then she added:

“That’s how you got into this job.”

Dr Patel said, “And how we got into trouble.”

End of Evening

As the hall emptied, Sarah stood by the door.

Martin stayed behind briefly, helping stack chairs.

Not optimising them.

Just stacking them.

Dr Patel watched from a distance.

“That’s new,” he said.

Sarah replied, “Don’t get used to it.”

Outside, villagers continued debating Martin’s missed opportunity like it was a community tragedy rather than an HR outcome.

Inside, Sarah locked the hall and said quietly:

“If he ever gets another interview, I’m taking annual leave.”

Dr Patel nodded.

“I’ll join you.”

And somewhere in the middle of the village, Martin Wainwright—briefly not designing anything—realised that in Hawthorn Vale, even rejection had become a form of system input.

Chapter Twenty-Two: “Halloween and Other Clinical Misadventures”

By late October, Hawthorn Vale had developed its usual seasonal behaviour: damp leaves, increasing complaints about heating, and an entirely irrational rise in people presenting symptoms that seemed to have been diagnosed via the village Facebook group.

Sarah Collins recognised the warning signs immediately.

It wasn’t the pumpkins in reception.

It wasn’t even Mrs Ahmed putting up “spooky but appropriate” signage next to the blood pressure machine.

It was Martin.

Standing at reception.

Looking at a calendar.

Saying nothing.

Dr Patel walked in behind Sarah and immediately said:

“No.”

Sarah replied, “Yes.”

Martin turned.

“I haven’t done anything,” he said.

“That’s what you always say before Halloween,” Dr Patel replied.

8:10am — The Decorations Incident

The practice had acquired decorations.

Nobody admitted responsibility.

There were:

- plastic bats taped above the waiting room
- a skeleton in a GP coat labelled “Dr Probably Not Available”
- and a sign saying “TRIAGE OR TREAT (WAITING TIMES APPLY)”

Sarah stared at it.

Then said, “Who allowed satire in clinical space?”

Mrs Ahmed replied, “IT WAS THOUGHT TO IMPROVE PATIENT MOOD.”

Dr Patel muttered, “It has not.”

Martin looked mildly intrigued.

“It does improve environmental engagement,” he said.

Sarah replied immediately, “No.”

9:00am — The Seasonal Surge Begins

It started early.

It always did.

Patients arrived with:

- coughs that had “definitely been brewing since August”
- headaches “possibly caused by haunted radiators”
- and one man convinced he had “seasonal spectral bronchitis”

Dr Patel listened to the last one and said:

“That is not a diagnosis.”

The patient replied, “IT SOUNDS LIKE ONE.”

Sarah sighed.

“It’s not.”

From behind reception, a small child in a witch hat said:

“DO I NEED ANTIBIOTICS FOR BEING SPOOKY?”

Sarah replied, “No.”

Martin, watching, murmured:

“There’s interesting behavioural clustering around seasonal narratives.”

Dr Patel said instantly, “Stop clustering people.”

10:15am — The Flu Jab Aftershock

The flu clinic backlog had finally caught up with them.

And now, combined with Halloween anxiety, everything felt slightly unstable.

Patients began asking:

- “Does the flu jab protect against ghosts?”
- “Can COVID boosters detect supernatural presence?”
- “Why did my arm feel cold near the cemetery?”

Sarah leaned on the desk.

“We are not doing this,” she said quietly.

Dr Patel replied, “We are absolutely doing this.”

Martin added, “We could improve communication clarity around immunisation outcomes.”

Sarah turned slowly.

“No,” she said again.

11:00am — Martin’s Moment (Of Course There Is One)

Martin stood near the appointment system screen.

He was observing.

Again.

Sarah approached cautiously.

“What are you doing?” she asked.

“I’m noticing seasonal variance in appointment types,” he said.

Dr Patel groaned.

“Don’t notice things,” he said.

Martin continued.

“There’s a predictable spike in minor illness presentations around cultural events.”

Sarah replied, “Halloween is not a healthcare driver.”

Martin paused.

“It might be,” he said.

A silence fell.

A dangerous silence.

Dr Patel stepped forward.

“No,” he said firmly. “It is not.”

12:30pm — The Pumpkin Clinic Incident

Reception announced it first.

“We’ve got a queue forming outside.”

Sarah looked up.

“It’s not clinic time,” she said.

Mrs Ahmed replied, “THEY’RE BRINGING PUMPKINS.”

Dr Patel frowned.

“That’s not medically relevant,” he said.

The queue entered anyway.

Some patients were holding pumpkins.

One had drawn a face on theirs labelled “symptoms”.

Sarah closed her eyes.

“This is not happening,” she said.

Martin looked fascinated.

“This is spontaneous engagement with health services,” he said.

Sarah replied immediately:

“No. It’s seasonal confusion.”

Dr Patel added, “It’s also a fire hazard.”

1:00pm — The Halloween Tipping Point

The practice hit full seasonal collapse mode:

- children dressed as skeletons waiting for flu jabs
- adults debating whether coughs were “witch-related”
- and one man requesting a “double dose of immunity because of the supernatural threshold”

Sarah stood at reception.

Looked at everything.

Then said:

“I am not clinically managing Halloween.”

Dr Patel replied, “You are today.”

Martin, meanwhile, was quietly writing notes.

Sarah saw this.

Stopped him.

“Don’t,” she said.

He looked up.

“I’m just observing patterns.”

Sarah replied, “Stop turning nonsense into data.”

2:15pm — The Villager Interpretation Phase

Mrs Hargreaves arrived wearing a hat with plastic spiders.

“I’VE COME FOR MY FLU JAB AND TO MAKE SURE I DON’T TURN INTO A BAT,” she announced.

Sarah replied, “That won’t happen.”

“YOU SOUND UNCERTAIN,” she said.

Dr Patel muttered, “We are all uncertain now.”

Martin, unfortunately, added:

“There is no evidence linking influenza vaccination to morphological changes.”

The room went quiet.

Sarah slowly turned.

“Do not say morphological changes in reception again,” she said.

3:00pm — The Stabilisation Attempt

Sarah took control.

As she always did.

She:

- shut down non-essential “Halloween triage”
- redirected all queries back to standard clinical pathways

- and removed the skeleton from reception, which Dr Patel said “was starting to develop authority issues”

The system slowly returned to baseline.

Patients gradually remembered they were human beings with seasonal coughs rather than participants in folklore-based medicine.

End of Day — The Aftermath

As the practice closed, Sarah locked the door.

Dr Patel stood beside her.

“That was exhausting,” he said.

Sarah replied, “That was October.”

Martin appeared behind them.

“I think seasonal context significantly affects healthcare demand perception,” he said.

Sarah didn’t even look at him.

“No,” she said.

A pause.

Then Dr Patel added:

“We are not building a seasonal behaviour model.”

Martin nodded.

“I understand,” he said.

Sarah finally looked at him.

“Do you?” she asked.

He hesitated.

Then said:

“I think so.”

Dr Patel muttered, “That’s what he always says right before something happens.”

Outside, the village continued arguing about whether pumpkins were medically relevant.

Inside, Hawthorn Vale Medical Practice survived Halloween again.

Not because it was prepared.

But because, as always, Sarah refused to let reality be redesigned by enthusiasm.

Chapter Twenty-Three: “Bonfire Night Versus Diwali (and the Risk Assessment of Everything)”

Early November in Hawthorn Vale arrived with a familiar sense of atmospheric escalation.

Not clinical urgency.

Not administrative crisis.

Something more dangerous:

community enthusiasm with multiple cultural events and zero shared planning document.

Sarah Collins noticed it first on the noticeboard.

Two posters.

One slightly crooked.

One aggressively laminated.

The first read:

BONFIRE NIGHT — COMMUNITY EVENT, 5TH NOVEMBER

The second:

DIWALI CELEBRATION EVENING — LIGHTS, FOOD & COMMUNITY GATHERING

Underneath them, someone had added in pen:

“PLEASE DON’T SET ANYTHING ON FIRE UNNECESSARILY”

Sarah stared at it for a long time.

Then said, “That’s not reassuring.”

Dr Patel, arriving behind her, replied immediately:

“No.”

Martin arrived at 8:02am.

He looked at the noticeboard.

Paused.

Then said:

“This is an interesting concurrency challenge.”

Sarah didn’t even turn around.

“No,” she said.

Dr Patel added, “Definitely no.”

Martin continued anyway.

“Two major community events with overlapping risk profiles—fire usage, crowd density, and emotional volatility.”

Sarah finally turned.

“We are not modelling bonfire night,” she said.

Martin blinked.

“I wasn’t suggesting modelling—”

“You were thinking it,” Dr Patel interrupted.

8:45am — The First Signs of Trouble

Reception had already begun receiving questions.

They came in two categories:

Bonfire Night:

- “Can I bring my inhaler to fireworks?”
- “Do fireworks affect blood pressure?”
- “Is smoke bad for existing lungs or new lungs?”

Diwali:

- “Are the lights medically safe?”
- “Does stress from loud noises cancel out positive candle exposure?”

- “Can I attend both events without conflicting immune responses?”

Mrs Ahmed summed it up neatly:

“EVERYONE IS CONFUSED BUT VERY COMMITTED TO CELEBRATION.”

Sarah replied, “That’s not a clinical category.”

Dr Patel muttered, “It is now.”

9:30am — Martin Sees an Opportunity (Of Course He Does)

Martin stood at reception again.

Observing.

Always observing.

“This is a fascinating dual-event system,” he said.

Sarah didn’t look up.

“No.”

Martin continued.

“There’s potential to stagger patient flow around community attendance patterns.”

Dr Patel sighed.

“Why are you scheduling life again?” he asked.

Martin replied calmly:

“It reduces pressure on acute services.”

Sarah finally looked at him.

“We are not scheduling fireworks attendance,” she said.

Martin frowned slightly.

“It’s just predictive planning.”

Dr Patel added, “It’s just not your job.”

10:15am — The Smoke Problem Begins

By mid-morning, the first “bonfire-adjacent symptoms” arrived.

These included:

- coughs “definitely caused by anticipation smoke”
- irritated eyes “possibly due to spiritual lighting overlap”
- and one man convinced he had “firework-triggered hypertension aura”

Dr Patel listened to the last one and said:

“That is not a thing.”

The patient replied, “It feels like a thing.”

Sarah sighed.

“That’s not how medicine works,” she said.

Martin, quietly, added:

“There may be a psychosomatic correlation between environmental anticipation and symptom reporting.”

Sarah turned sharply.

“No,” she said.

Dr Patel added, “Absolutely not.”

11:00am — The Cultural Collision Point

The waiting room began to reflect the village split:

- children discussing fireworks like clinical procedures
- older patients debating whether smoke “travels differently during cultural events”
- and one man insisting Diwali lighting could “counteract asthma triggers if balanced correctly”

Mrs Hargreaves arrived.

Looked around.

Then said:

“WHY IS EVERYONE TALKING ABOUT FIRE LIKE IT’S MEDICINE?”

Sarah replied, “They’re not supposed to be.”

Dr Patel muttered, “But here we are.”

Martin, unfortunately, added:

“There’s an interesting systems overlap between sensory stimulation and perceived symptom relief.”

Sarah said, very clearly:

“Stop overlapping things.”

12:30pm — The Safety Meeting Nobody Asked For

Sarah called an emergency internal briefing.

Which in Hawthorn Vale meant:

- standing in a small room
- drinking cold tea
- and trying to prevent enthusiasm from becoming policy

She began:

“We are not issuing guidance on community events.”

Dr Patel nodded immediately.

“Good.”

Martin opened his mouth.

Sarah raised a hand.

“No.”

He closed it.

Sarah continued.

“We are not risk assessing fireworks.”

A pause.

“And we are not medically endorsing candles.”

Mrs Ahmed added from the side:

“WHAT ABOUT MEDICAL CANDLES?”

Sarah replied, “No such thing.”

1:15pm — Martin’s Compromise Proposal (It Is Not a Compromise)

Martin tried again.

“I could prepare a neutral informational leaflet outlining respiratory considerations for seasonal atmospheric exposure events.”

Dr Patel looked at him.

“You mean fireworks?”

“Yes.”

“And Diwali?”

“Yes.”

Sarah said flatly:

“No leaflets.”

Martin paused.

“It would be purely informational.”

Dr Patel replied, “Everything you write becomes infrastructure.”

Sarah added, “And then someone will act on it like it’s law.”

2:00pm — The Village Prepares for Fire (Metaphorically and Literally)

By afternoon:

- Bonfire Night supplies were being discussed in the queue
- Diwali sweets were being shared at reception
- and someone had asked if inhalers should be “kept in a fire-safe pouch just in case”

Sarah leaned on the desk.

“This is spiralling,” she said.

Dr Patel replied, “It’s seasonal cultural convergence.”

Sarah looked at him.

“That sounds like something Martin would say.”

Dr Patel nodded.

“That’s what scares me.”

3:00pm — Martin’s Final Attempt

Martin stood at reception again.

“I think we can improve community health messaging by aligning event narratives,” he said.

Sarah didn’t even respond.

Just pointed at him.

Dr Patel said:

“No.”

Martin paused.

Then said quietly:

“I’m just trying to reduce confusion.”

Sarah replied immediately:

“You are creating structured confusion.”

That landed.

Properly.

For once, Martin didn’t argue straight away.

End of Day — The Fires Burn (But Only Outside the System)

As evening approached, Hawthorn Vale prepared for:

- fireworks in the distance
- candles in windows
- smoke in the air
- and a general sense that everyone would interpret it differently but loudly

Inside the practice, Sarah locked the system down.

Dr Patel packed up.

Martin lingered.

Sarah looked at him.

“No interventions,” she said.

He nodded.

“I understand,” he said.

Dr Patel muttered, “You said that last time before Halloween.”

Martin smiled faintly.

“This time I mean it differently.”

Sarah replied, “That’s worse.”

Outside, the sky began to flicker with colour and noise.

Inside, Hawthorn Vale Medical Practice did what it always did during community chaos:

It stayed open.

It stayed functional.

And it carefully avoided letting enthusiasm become policy.

And somewhere in the glow of fireworks and candlelight, Martin Wainwright watched the village respond to shared events and quietly wondered whether even celebration had a flow diagram.

Chapter Twenty-Four: "The Run-Up to Christmas (Clinically Unstable Period)"

By late November, Hawthorn Vale Medical Practice had entered what Sarah Collins privately called *the seasonal compression phase*.

Everything increased:

- appointments
- minor illnesses
- emotional expectations
- and Martin's willingness to "just quickly improve something before the end of the year"

The village itself had also begun transitioning.

Lights appeared in windows.

Supermarket arguments escalated.

And every patient under 75 suddenly developed an urgent need to "get everything sorted before Christmas, just in case."

Sarah noticed it in the appointment system at 7:29am.

Fully booked.

Again.

Dr Patel walked in behind her.

“No,” he said immediately.

Sarah replied, “Yes.”

Martin arrived at 8:01am.

He was holding a mug that said **“Season’s Optimisation”**.

Sarah stared at it.

“You bought merchandise,” she said.

Martin nodded.

“It was seasonal.”

Dr Patel muttered, “Everything is becoming a system to him.”

8:20am — The Christmas Pressure Wave Begins

Reception was already overwhelmed.

Not clinically.

Psychologically.

Patients arrived with:

- “pre-Christmas chest infections”
- “December exhaustion that may require antibiotics”
- and one man convinced he was “low on immunity before the big social period”

Mrs Ahmed summarised it:

“EVERYONE IS FALLING APART IN ADVANCE.”

Sarah replied, “That’s accurate but unhelpful.”

Dr Patel added, “That’s the definition of December.”

9:15am — Martin Detects a Pattern (Of Course He Does)

Martin stood near the screen.

Observing.

As always.

“There’s a predictable surge in healthcare utilisation prior to major holiday periods,” he said.

Sarah didn’t look up.

“Yes,” she said.

“We could optimise access pathways to reduce December pressure,” he continued.

Dr Patel sighed.

“Stop optimising December,” he said.

Martin frowned slightly.

“It’s a high-demand period.”

Sarah replied immediately:

“It’s Christmas.”

Martin nodded.

“Yes. High-demand Christmas period.”

Dr Patel said, “That’s not helping.”

10:00am — The Flu, The Coughs, and The Emotional Collapse Phase

The waiting room filled with seasonal variety:

- coughs that had “definitely been there since autumn but now feel festive”
- fatigue described as “Christmas-adjacent exhaustion”
- and one patient asking if “boosters would improve tolerance for relatives”

Sarah leaned on the desk.

“We are not treating social fatigue,” she said.

Dr Patel replied, “We are absolutely treating social fatigue.”

Martin, quietly, added:

“There may be scope for anticipatory workload redistribution.”

Sarah turned.

“No.”

11:00am — The Christmas Idea Appears

It always happened around this time.

Martin said:

“We could introduce a structured pre-Christmas health optimisation clinic.”

Dr Patel didn’t even blink.

“No.”

Martin continued.

“It would reduce last-minute emergency demand.”

Sarah replied:

“It would create last-minute emergency demand.”

Mrs Hargreaves from the waiting room called out:

“I ALREADY HAVE LAST-MINUTE EMERGENCY DEMAND!”

Sarah replied, “You don’t.”

“Yes I do,” she said. “I’VE JUST FELT IT ARRIVING.”

12:15pm — The Village Enters Full Festive Mode

By midday:

- Christmas cards were being discussed at reception
- patients were comparing “winter illnesses like they were wine vintages”
- and someone asked if flu jabs could be “gift wrapped for family protection”

Dr Patel muttered, “We are not gift wrapping immunity.”

Sarah replied, “Don’t say that too loudly. He’ll hear it as a requirement.”

Martin, of course, heard it.

“I don’t think wrapping would be efficient,” he said.

Sarah closed her eyes.

1:30pm — The Appointment Crisis Peak

The system began to buckle under:

- pre-Christmas urgency
- delayed presentations of illness
- and an emerging belief that “nothing should be wrong in December unless it is extremely justified”

Sarah looked at the screen.

Then said, “This is unsustainable.”

Dr Patel nodded.

“Yes.”

Martin added, “We could smooth demand curves using extended hours modelling.”

Dr Patel turned slowly.

“If you say demand curves one more time,” he said, “I will leave.”

2:45pm — The Emotional Triage Incident

A patient arrived and said:

“I just want to be checked before Christmas so I don’t ruin it for everyone.”

Sarah replied gently:

“You are not responsible for Christmas.”

The patient paused.

“That’s not what it feels like,” they said.

Dr Patel sighed.

“That’s December,” he said again.

Martin, quietly:

“There is a strong behavioural association between social expectation pressure and perceived symptom severity.”

Sarah pointed at him.

“Stop analysing Christmas.”

3:30pm — Sarah Draws the Line (Again)

Sarah gathered staff briefly.

“We are not doing Christmas optimisation,” she said.

Dr Patel nodded.

“Good.”

Martin opened his mouth.

Sarah said, “No.”

He closed it.

She continued:

“We are not extending hours without need.”

“We are not pre-booking anxiety appointments.”

“And we are not designing festive healthcare pathways.”

Mrs Ahmed added:

“CAN WE STILL HAVE MINCE PIES?”

Sarah replied, “Yes. That’s allowed.”

End of Day — The Calm Before the Real Chaos

As the practice closed, something unusual happened.

A brief stillness.

Not peace.

Just pause.

Dr Patel stood by reception.

“I think we’re holding,” he said.

Sarah nodded.

“For now,” she replied.

Martin lingered slightly.

“I think I understand seasonal pressure better now,” he said.

Dr Patel didn’t even look at him.

“That’s what you said before flu season,” he replied.

Sarah locked the door.

Looked at the darkening village streets beginning to light up with Christmas displays.

And said quietly:

“Christmas hasn’t even started yet.”

Dr Patel replied:

“No.”

A pause.

Then:

“It’s just warming up.”

And inside Hawthorn Vale Medical Practice, Sarah had the uncomfortable realisation that December wasn’t a month.

It was a system stress test disguised as a holiday.

Chapter Twenty-Five: "The Surgery Christmas Party (and the VIP Incident)"

By mid-December, Hawthorn Vale Medical Practice had reached that familiar festive threshold where everyone is tired, everyone is slightly ill, and everyone believes administrative decisions are somehow emotionally significant.

Sarah Collins had one goal:

Survive the week without anyone "improving" anything.

Dr Patel had a simpler goal:

Survive the week without anyone asking him to "just quickly check something before Christmas."

Martin, as always, had no such restraint.

He was standing at reception when Sarah arrived at 7:36am.

He was holding a printed email.

Sarah didn't even ask.

She just said, "No."

Martin blinked.

"You haven't seen it yet."

"That's how I know," she replied.

8:10am — The Christmas Party Email

The email was already printed.

Of course it was.

It read:

“SURGERY CHRISTMAS EVENT – EXTENDED INVITATION LIST”

Sarah scanned it.

Then slowly put it down.

Dr Patel read it over her shoulder.

“This is not good,” he said.

Sarah replied, “No.”

Martin looked mildly pleased.

“I thought we should be inclusive this year,” he said.

Dr Patel narrowed his eyes.

“Define ‘inclusive’.”

Martin pointed to the list.

“I included patient representatives who regularly engage with practice feedback systems.”

Sarah looked closer.

Then stopped.

Slowly.

On the list were:

- Patient Participation Group members
- frequent attenders
- long-term condition “key stakeholders”
- and, inexplicably, “priority engagement individuals”

Dr Patel said quietly:

“Why am I on this list as a guest?”

Martin replied, “You interact frequently with clinical systems.”

Dr Patel said, “I work here.”

Sarah added, “So do I. Why am I also on the guest list?”

Martin paused.

“I wasn’t sure how to categorise management.”

That was the moment Sarah realised what had happened.

“You’ve accidentally created VIP patients,” she said.

Martin nodded.

“I prioritised engagement frequency.”

Dr Patel said, “You’ve ranked the village.”

9:00am — The Unintended Email Blast

It took exactly 17 minutes for the email to circulate.

Because someone—no one admitted who—had pressed “reply all.”

The village reacted immediately.

Reception was flooded with responses:

- “Am I VIP?”
- “Why am I not VIP?”
- “I’ve been a patient for 42 years, surely that counts?”
- “What does VIP even mean in healthcare?”

Mrs Ahmed summarised it:

“EVERYONE THINKS THEY SHOULD BE VIP AND ALSO OFFENDED THEY MIGHT NOT BE.”

Sarah muttered, “That’s Christmas in a sentence.”

Dr Patel added, “That’s governance failure in a sentence.”

10:15am — Martin Attempts Clarification (This Makes It Worse)

Martin stood at reception.

“I don’t think there’s been a misunderstanding,” he said.

Sarah immediately replied, “There has been.”

Martin continued.

“It was based on interaction frequency and system engagement.”

Dr Patel folded his arms.

“You mean the people who complain the most,” he said.

Martin hesitated.

“…partially.”

Sarah said flatly:

“You’ve invited the loudest patients to a party.”

Martin nodded.

“It seemed fair.”

Dr Patel replied, “It never is.”

11:00am — The Village Splits

By mid-morning, Hawthorn Vale had divided itself into three groups:

1. **The VIPs (self-identified):**
    - loudly claiming entitlement to mince pies
    - asking if they get “priority seating and prescription upgrades”
2. **The Non-VIPs:**
    - deeply offended
    - forming informal protest groups in reception
3. **The Confused but Interested:**
    - asking if VIP status includes “faster appointments in January”

Sarah stood in reception.

Looked at all of it.

Then said:

“We are not doing patient tiers.”

Dr Patel replied, “We already are.”

Sarah turned slowly.

“No,” she said. “We are undoing them.”

12:30pm — The Christmas Party Becomes a Crisis

The invite list had now become the main topic of village life.

Mrs Hargreaves arrived.

“I’VE BEEN INVITED BUT I DON’T WANT TO BE IF IT MEANS I’M IMPORTANT,” she announced.

Sarah replied, “You are not important in that sense.”

“That’s reassuring and insulting at the same time,” she said.

Martin, unfortunately, added:

“I think importance is a continuum rather than a binary.”

Dr Patel said immediately:

“Stop quantifying people.”

1:15pm — Sarah Tries to Fix It (As Always)

Sarah convened an emergency meeting.

Which in Hawthorn Vale meant:

- standing in a cramped office
- drinking slightly cold tea
- and trying to undo a social hierarchy created by accident

“We are resetting the Christmas party,” she said.

Dr Patel nodded.

“Good.”

Martin looked uncertain.

“I didn’t intend hierarchy,” he said.

Sarah replied, “You implemented one.”

Martin paused.

“…I see that now,” he said.

Dr Patel muttered, “That phrase is becoming a problem.”

2:30pm — The Resolution Attempt

Sarah issued a revised message:

- Christmas party is for staff only
- patients are not VIPs or non-VIPs
- there is no ranking system
- mince pies remain available to all humans in reception proximity

Reception calmed slightly.

Not fully.

But slightly.

Dr Patel said, “We’ve reduced political tension.”

Sarah replied, “We’ve reduced festive chaos by 12%.”

Martin added quietly, “That’s still a system improvement.”

Sarah immediately said:

“No.”

End of Day — The Damage That Lingers

As the practice closed, Sarah locked the drawer.

Dr Patel stood beside her.

“I think we’ve contained it,” he said.

Sarah replied, “We’ve delayed it.”

Martin lingered near reception.

“I didn’t realise classification would cause social stratification,” he said.

Dr Patel replied, “That’s literally what classification does.”

Sarah added:

“Especially in villages.”

Martin nodded slowly.

“I think I misunderstood the social layer of healthcare systems,” he said.

Dr Patel muttered, “That’s the understatement of the year.”

Sarah looked out at the darkened village, now quietly arguing about VIP status over Christmas mince pies.

Then said:

“Next time you send an email, don’t rank the village.”

Martin nodded.

“I will avoid ranking,” he said.

Dr Patel immediately added:

“And avoid emails.”

And somewhere in the background of Hawthorn Vale Medical Practice, the Christmas decorations flickered gently—like even they were regretting being involved.

Chapter Twenty-Six: "Christmas at the Surgery"

Christmas Eve in Hawthorn Vale Medical Practice began, as it always did, with a sense that the building was trying to behave itself for one day out of politeness.

Sarah Collins arrived at 7:28am and immediately checked three things:

- appointment list
- prescription queue
- and whether Martin Wainwright had accessed the system overnight from anywhere involving Wi-Fi

All three were, briefly, stable.

That alone made her suspicious.

Dr Patel arrived behind her and said, without looking up:

"No."

Sarah replied, "Yes."

Martin arrived at 8:01am.

He was wearing a festive jumper that read **"Seasonal System Efficiency Unit"**.

Sarah stared at it.

Then said, "No."

Martin blinked.

"It's Christmas appropriate."

Dr Patel muttered, “It’s not appropriate for anything.”

8:15am — The Calm Before the Patients

For the first time in weeks, the waiting room was… almost empty.

A rare phenomenon.

The village had temporarily shifted its attention to:

- food preparation
- emotional reconciliation with relatives
- and the urgent belief that everything medical could be deferred until “after Christmas unless it’s really important”

Sarah whispered, “This is too quiet.”

Dr Patel nodded.

“That means something’s coming.”

Martin, unfortunately, said:

“I’ve been thinking about year-end system performance metrics.”

Sarah closed her eyes.

“Not today,” she said.

9:00am — The Christmas Tree Incident

Someone had put up a Christmas tree in reception.

No one admitted doing it.

It was decorated with:

- paper snowflakes
- handmade cards
- and one laminated sign that said: “PLEASE DO NOT TRIAGE PRESENTS”

Mrs Ahmed stood proudly beside it.

“IT IMPROVES PATIENT EXPERIENCE,” she said.

Dr Patel replied, “It does not improve clinical safety.”

Sarah added, “It improves chaos aesthetics.”

Martin studied it carefully.

“It introduces non-clinical emotional engagement vectors,” he said.

Sarah replied instantly:

“Stop saying vectors.”

10:00am — The Final Surge

Even on Christmas Eve, Hawthorn Vale did not fully rest.

Patients arrived with:

- “last-minute infections”
- “pre-Christmas chest uncertainty”
- and one man convinced he needed antibiotics “just in case Christmas becomes contagious”

Dr Patel listened and said:

“That is not how any of this works.”

The man replied, “It feels like it should.”

Sarah sighed.

“It doesn’t.”

From reception, Mrs Hargreaves added:

“I JUST WANT TO CHECK I WON’T DIE OVER THE TURKEY.”

Sarah replied, “You will not.”

“That’s reassuring but not guaranteed,” she said.

Dr Patel muttered, “Nothing is guaranteed in this place.”

11:30am — Martin Attempts Christmas Optimisation (One Last Time)

Martin stood near the system screen.

He was quiet.

Too quiet.

Sarah noticed immediately.

“What are you doing?” she asked.

“I’m just observing year-end flow patterns,” he said.

Dr Patel immediately replied, “No.”

Martin continued.

“There is a clear reduction in clinical demand post-December 24th, followed by a sharp spike in early January.”

Sarah said flatly:

“Yes. That is called reality.”

Martin nodded.

“I think we could prepare for it better.”

Dr Patel said, “We do. We suffer through it.”

12:30pm — The Mince Pie Truce

The staff room had become the only stable environment in the building.

There were mince pies.

There was tea.

There was silence that was almost peaceful if you ignored the underlying exhaustion.

Sarah sat down for the first time that morning.

Dr Patel did the same.

Martin stood awkwardly.

Then, carefully, sat.

No diagrams.

No suggestions.

Just sitting.

Sarah looked at him.

“You’re quiet,” she said.

Martin nodded.

“Yes.”

“That’s suspicious,” Dr Patel added automatically.

Martin smiled faintly.

“I think I’ve reached end-of-year system saturation,” he said.

Sarah replied, “Good.”

2:00pm — The Last Patient

There is always one.

At Hawthorn Vale Medical Practice, there is always one.

A patient arrived at 2:03pm and said:

“I just wanted to check everything is okay before Christmas.”

Dr Patel nodded.

“It is.”

The patient paused.

“That feels unlikely,” they said.

Sarah replied, “It isn’t.”

Martin, without thinking, added:

“All systems are currently within acceptable operational thresholds.”

Silence.

Sarah turned slowly.

Martin immediately said:

“Sorry. Habit.”

Dr Patel muttered, “That’s the problem.”

3:30pm — Closing Time

The final hour passed quietly.

The tree flickered.

The phones stopped ringing.

Even the prescription printer seemed to understand it had been spared further narrative this year.

Sarah began shutting down systems.

Dr Patel packed up.

Martin stayed where he was.

Sarah looked at him.

“No interventions,” she said.

He nodded.

“I understand,” he replied.

A pause.

Then Dr Patel added:

“No reflections either.”

Martin smiled faintly.

“I’ll try,” he said.

Sarah locked the main door.

The building exhaled.

End of Christmas Eve — Hawthorn Vale Pauses

Outside, the village lights glowed.

Inside, the surgery was quiet in a way that felt earned rather than accidental.

Dr Patel stood beside Sarah.

“We made it,” he said.

Sarah replied, “Barely.”

A pause.

Then Martin said quietly:

“I think this is the first time I haven’t tried to improve Christmas.”

Dr Patel replied instantly:

“Don’t congratulate yourself.”

Sarah added:

“Just enjoy not breaking it.”

Martin nodded.

And for once, he didn’t follow the thought any further.

Because even he could sense it:

In Hawthorn Vale Medical Practice, Christmas wasn’t a celebration.

It was a temporary suspension of systems failure.

And for one brief evening, that was enough.

Chapter Twenty-Seven: "The Christmas–New Year Lull (or: A Social Experiment Nobody Agreed To)"

The days between Christmas and New Year in Hawthorn Vale had always been strange.

Not busy.

Not quiet.

Just… ungoverned.

The surgery reopened on the 27th, though "reopened" was generous.

It was more accurate to say the building had been unlocked and left to see what would happen.

Sarah Collins arrived at 8:03am.

Dr Patel was already there.

That alone felt suspicious.

"No," he said immediately.

Sarah replied, "Yes."

Martin arrived at 8:04am.

He looked rested in a way that suggested he had not opened a spreadsheet for at least 72 hours.

Sarah narrowed her eyes.

“You’re too calm,” she said.

Martin smiled.

“I’ve been reflecting on seasonal system downtime,” he said.

Dr Patel muttered, “That’s how it starts again.”

8:30am — The Lull Begins to Misbehave

The waiting room was half empty.

Which in Hawthorn Vale did not mean “quiet.”

It meant:

- patients arriving at irregular intervals to “check if anything urgent has developed”
- people attending for issues they had been holding since November “just in case Christmas made it worse”
- and a general sense that no one was fully committed to the passage of time

Mrs Ahmed observed:

“EVERYONE IS IN LIMBO BUT STILL BOOKING APPOINTMENTS.”

Sarah replied, “That’s accurate.”

Dr Patel added, “That’s December physics.”

9:15am — Martin Detects Something (Of Course He Does)

Martin stood at the system screen.

Watching.

Again.

“There’s a significant drop in clinical activity,” he said.

Sarah didn’t look up.

“Yes.”

“We could analyse this as a natural behavioural pause in population health demand cycles,” he continued.

Dr Patel sighed.

“Or,” he said, “people are eating leftovers and avoiding responsibility.”

Martin nodded.

“That is also plausible,” he said.

Sarah looked up immediately.

“Don’t agree with him,” she told Dr Patel.

10:00am — The Village Enters Experimental Mode

Something odd had begun to happen in Hawthorn Vale.

Without appointments driving urgency, patients started:

- “checking in just to see how things are going”
- asking reception about “general health status of January”
- and discussing minor symptoms like weather reports

Mrs Hargreaves arrived and said:

“I’VE COME IN BECAUSE IT FELT LIKE THE RIGHT ENERGY.”

Sarah replied, “That is not a clinical reason.”

“It felt like one,” she said.

Dr Patel muttered, “That’s the problem with this village.”

11:00am — Martin Calls It a System (He Shouldn’t)

Martin said it quietly:

“This is effectively a live social experiment in post-festive healthcare engagement.”

Sarah stopped typing.

Slowly looked up.

“No,” she said.

Dr Patel added, “Absolutely not.”

Martin continued.

“We’re observing how a population behaves when removed from structured holiday pressure but not yet returned to normal routine.”

Sarah folded her arms.

“We are not observing anything,” she said. “We are working.”

Mrs Ahmed, overhearing, said:

“SO WE’RE ALL BEHAVING NORMALLY BUT BEING STUDIED?”

Sarah replied, “No one is studying you.”

A pause.

Then from the waiting room:

“THAT’S EXACTLY WHAT SOMEONE STUDYING US WOULD SAY.”

Dr Patel muttered, “This is why I hate January.”

12:30pm — The Post-Christmas Health Surge That Isn’t

Patients began arriving with a new category of concern:

- “leftover symptoms”
- “post-festive uncertainty”
- “January pre-symptoms”

Dr Patel listened to one patient and said:

“That is not a diagnosis.”

The patient replied, “It feels like it should be.”

Sarah sighed.

“It isn’t.”

Martin, quietly:

“There appears to be anticipatory health anxiety linked to seasonal transition periods.”

Sarah pointed at him.

“Stop naming everything.”

1:30pm — The Social Experiment Narrative Escalates

By afternoon, word had spread.

Not officially.

In village fashion.

People were now saying:

- “they’re seeing how we behave after Christmas”
- “it’s probably a study by the NHS”
- “or Martin is still involved somehow”

Mrs Ahmed reported:

“EVERYONE THINKS THEY’RE PART OF SOMETHING BIGGER.”

Sarah replied, “They’re not.”

Dr Patel added, “And please stop suggesting they are.”

Martin looked slightly concerned.

“I didn’t initiate a study,” he said.

Sarah replied immediately:

“You don’t need to initiate it for people to assume it exists.”

2:45pm — The System Holds (Barely)

Despite everything, the practice functioned.

Just.

Appointments were:

- lightly attended
- inconsistently used
- and emotionally symbolic rather than clinically urgent

Sarah leaned back at reception.

“This is the quietest chaos I’ve ever seen,” she said.

Dr Patel nodded.

“That’s January,” he replied.

Martin added:

“It’s an interesting equilibrium state.”

Sarah didn’t even look at him.

“No equilibrium,” she said.

“Just tired people waiting for normal to restart.”

End of Day — The Lull’s True Nature

As the day ended, the surgery closed early.

No one complained.

That itself was unusual enough to feel suspicious.

Sarah stood by the door.

Dr Patel beside her.

Martin behind them.

Sarah said quietly:

“This isn’t a lull.”

Dr Patel nodded.

“It never is.”

Martin added:

“I think it’s a reset phase.”

Sarah turned slowly.

“No,” she said.

A pause.

Then she continued:

“It’s just the village recovering from Christmas while pretending it’s in control of its own behaviour.”

Dr Patel added:

“And failing.”

Outside, Hawthorn Vale sat in that strange winter in-between—too quiet to be stable, too active to be calm.

And inside the surgery, Sarah had the familiar realisation:

In this place, even downtime behaved like it was being watched.

Chapter Twenty-Eight: “Martin’s Year (Good Intentions, Variable Reality)”

January in Hawthorn Vale had a way of making people reflective.

Not in a healthy, structured way.

More in the sense of: *"Why did we allow that to happen in November?"*

Sarah Collins was reviewing the first rota of the year when she said, without looking up:

"This year needs less Martin."

Dr Patel replied immediately:

"No."

Sarah finally looked up.

"That was agreement," she said.

Dr Patel nodded.

"Yes."

Martin arrived at 8:01am.

He was carrying nothing.

Sarah noticed that first.

That, more than anything, was concerning.

"No ideas today?" she asked.

Martin smiled.

"I thought I would review last year's learning outcomes."

Dr Patel muttered, "Oh no."

8:20am — The Year in Review Begins (Uninvited)

Martin stood near reception.

"I think I had a broadly positive impact overall," he said.

Sarah didn't even hesitate.

"No."

Dr Patel added, "Absolutely not."

Martin continued anyway.

"I improved engagement with system thinking, introduced structural awareness to operational flow—"

Sarah interrupted.

"You introduced confusion with confidence," she said.

A pause.

Martin nodded slightly.

“That may be a fair characterisation of early phases,” he said.

Dr Patel said quietly:

“That’s all the phases.”

9:00am — Good Intentions Timeline

Sarah gestured toward him.

“Let’s review your year properly,” she said.

Martin looked hopeful.

Dr Patel looked tired already.

Sarah began:

“January: you redesigned appointment categorisation.”

Martin nodded.

“Yes, to improve clarity.”

Dr Patel said, “It made it worse.”

“February: you introduced flow optimisation ideas during flu season.”

Martin replied, “To reduce bottlenecks.”

Sarah: “You created bottlenecks.”

Martin: “Not intentionally.”

Dr Patel: “That’s the problem.”

10:00am — The Pattern Becomes Clear

Sarah continued.

“March: year-end planning.”

Martin smiled.

“I improved forecasting accuracy.”

Dr Patel said, “You made it more complicated than tax law.”

Sarah: “April: Easter weekend rota adjustments.”

Martin nodded.

“I balanced staff availability.”

Dr Patel: “You moved everyone onto the same shift.”

Martin paused.

“…yes,” he said.

Sarah continued relentlessly.

“May: you introduced ‘client language engagement strategy’.”

Dr Patel immediately said, “We are not going back to that.”

Martin added softly:

“I still think terminology matters.”

Sarah replied, “Not that much.”

11:30am — Martin Defends Himself (Sort Of)

Martin stood a little straighter.

“I think you’re focusing on execution rather than intention,” he said.

Dr Patel replied instantly:

“No. We are focusing on consequences.”

Sarah added:

“Your intentions are consistently fine.”

A pause.

Then she continued:

“It’s the path between thought and implementation where everything collapses.”

Martin nodded slowly.

“That is a useful distinction,” he said.

Dr Patel muttered, “He’s going to overuse that sentence now.”

12:15pm — The Village Perspective

The waiting room, as always, had opinions.

Mrs Hargreaves said:

“HE MEANS WELL THOUGH.”

Mrs Ahmed replied:

“SO DOES A FIRE ALARM.”

That caused mild disagreement.

From the corner:

“AT LEAST HE TRIES TO FIX THINGS.”

Sarah overheard this and said calmly:

“Yes. That is the issue.”

1:00pm — The Summer Incident (Revisited Briefly)

Martin added:

“I think the cruise period was actually a turning point in my system awareness.”

Dr Patel looked up slowly.

“No,” he said.

Sarah added, “We are not reopening cruise-based governance.”

Martin nodded.

“I accept that may have been an overextension.”

Dr Patel replied, “That is your autobiography.”

2:30pm — A Rare Moment of Clarity

Something shifted.

Not in the system.

In Martin.

He said quietly:

“I think I assume systems are more structured than they are.”

Sarah looked at him carefully.

“Yes,” she said.

Martin continued.

“And I try to impose structure rather than understand existing behaviour.”

Dr Patel raised an eyebrow.

“That’s the first accurate thing you’ve said all year,” he replied.

Sarah added:

“Don’t get used to it.”

Martin nodded.

“I will try to observe before intervening,” he said.

Dr Patel immediately said:

“No interventions is better.”

End of Day — The Martin Cycle

As the practice closed, Sarah sat for a moment longer than usual.

Dr Patel stood beside her.

“He always resets like this,” he said.

Sarah nodded.

“Yes.”

A pause.

“He gets reflective,” she added.

Dr Patel replied, “Then dangerous.”

Martin was at reception again.

Just watching the system.

Not touching it.

Sarah called out:

“No ideas tonight.”

Martin smiled faintly.

“I don’t think I have any,” he said.

Dr Patel muttered:

“That’s what he said before the VIP patient list.”

Sarah locked the door.

Looked out at the quiet village.

And said:

“His intentions are never the problem.”

Dr Patel replied:

“It’s everything after them.”

And somewhere in the background of Hawthorn Vale Medical Practice, Martin Wainwright quietly resolved—again—to do less.

Which, everyone agreed, was historically when things became most unpredictable.

Chapter Twenty-Nine: "Sarah Collins, Unsung Heroine (She Would Prefer to Remain Unmentioned)"

If Hawthorn Vale Medical Practice had a stable centre, it was not the appointment system.

It was not Dr Patel's clinical calm.

And it was definitely not Martin Wainwright's "ideas in early draft form."

It was Sarah Collins.

Which is exactly why she disliked being described that way.

On this particular morning, she arrived at 7:26am, already aware that something had gone wrong.

She just didn't yet know what.

Dr Patel was already there.

That was normal.

Martin was already there.

That was less so.

He was holding a printed rota.

Sarah stopped immediately.

"No," she said.

Martin looked up.

“I haven’t explained it yet.”

“That’s how I know,” she replied.

8:10am — The Invisible Infrastructure

Sarah walked through reception.

She didn’t announce anything.

She never needed to.

Things simply functioned around her.

Appointments were corrected.
Conflicts quietly resolved.
Minor disasters prevented before they reached vocabulary.

Mrs Ahmed leaned towards a patient and whispered:

“SHE FIXES EVERYTHING BEFORE IT BECOMES A THING.”

Sarah heard it.

“Please don’t narrate me,” she said.

Mrs Ahmed replied, “WE CAN’T HELP IT.”

Dr Patel passed by and said quietly:

“She’s the only reason we still have a functioning practice.”

Sarah replied without looking up:

“No I’m not.”

Dr Patel said, “Yes you are.”

Sarah said, “No I’m not.”

Martin, unfortunately, said:

“That sounds like a system dependency issue.”

Both of them turned.

“Don’t,” they said together.

9:00am — Sarah Prevents Something (Without Anyone Noticing)

A minor crisis emerged:

- double-booked clinic slots
- missing prescriptions

- and a confused note in the system labelled “urgent optimisation review”

Before anyone could escalate it, Sarah:

- redistributed appointments
- corrected prescription flags
- and removed the “optimisation review” (which turned out to be Martin again)

Dr Patel looked at the screen.

“It’s fixed,” he said.

Sarah nodded.

“Yes.”

He looked at her.

“You didn’t even slow down.”

Sarah replied, “If I slow down, things notice me.”

10:15am — Martin Attempts Appreciation (This Backfires Immediately)

Martin approached cautiously.

“I think your role is critical to system stability,” he said.

Sarah didn’t look up.

“No.”

Martin blinked.

“I mean, without your operational oversight, the practice would struggle significantly.”

Sarah finally looked at him.

“That is not praise,” she said.

Dr Patel added, “That’s dependency analysis.”

Martin nodded.

“I suppose it is.”

Sarah said flatly:

“I am not a system component.”

Dr Patel muttered, “She absolutely is.”

Sarah turned.

“Say that again and I will reconfigure your clinics out of spite.”

Dr Patel immediately said, “I withdraw the statement.”

11:30am — The Village Notices (Of Course It Does)

Patients notice everything eventually in Hawthorn Vale.

Even the things they don't understand.

Mrs Hargreaves said:

"EVERYTHING WORKS BETTER WHEN SHE'S HERE."

Mrs Ahmed replied:

"THAT'S BECAUSE SHE PREVENTS EVERYTHING ELSE HAPPENING."

Sarah overheard this.

"Both of those are incorrect," she said.

No one believed her.

12:45pm — Martin's Dangerous Realisation

Martin stood at reception.

Watching Sarah work.

Quietly.

Not interfering.

For once.

He said:

"You don't appear to require instruction to maintain system stability."

Sarah didn't respond.

Dr Patel replied for her:

"No one here requires instruction except you."

Martin nodded slowly.

"I think I've been assuming leadership where there is already coordination," he said.

Sarah finally looked up.

"That's the closest you've come to understanding anything all year," she said.

Dr Patel added:

"Don't encourage him."

2:00pm — The Sarah Effect

The afternoon was unusually smooth.

Not because nothing was happening.

But because everything was being quietly prevented from becoming important.

Examples included:

- a prescription error corrected before printing
- a scheduling conflict resolved before anyone noticed
- a minor argument between patients defused without words

Dr Patel observed:

“She’s basically running pre-emptive crisis management.”

Sarah replied, “I’m just doing my job.”

Martin said:

“I think the system relies on you anticipating failure states.”

Sarah said immediately:

“No.”

Dr Patel said, “Yes.”

Sarah said, “No.”

Dr Patel said, “Yes.”

Martin said, “This seems binary.”

Both of them turned.

“Stop analysing this,” they said.

End of Day — The Unwritten Role

As the practice closed, Sarah remained at her desk a moment longer.

Dr Patel stood beside her.

“You know they don’t see it properly,” he said.

Sarah replied, “Good.”

Martin lingered near the door.

“I think I understand your contribution better now,” he said.

Sarah didn’t look up.

“Don’t,” she said.

Martin hesitated.

“I mean, you maintain continuity across all operational layers.”

Sarah finally looked at him.

“If you turn me into a diagram,” she said calmly, “I will delete you from the system.”

Dr Patel muttered, “Fair.”

Martin nodded.

“I will avoid diagrams,” he said.

Sarah stood.

Locked the system.

And said quietly:

“I don’t maintain anything.”

A pause.

Then she added:

“I just stop it falling apart long enough for everyone to think it wasn’t about to.”

Dr Patel nodded.

“That’s heroic,” he said.

Sarah replied immediately:

“That’s exhausting.”

Outside, Hawthorn Vale settled into evening.

And inside the surgery, everyone agreed on one thing they would never say out loud again:

If Sarah ever stopped working, nothing would break immediately.

It would just slowly remember how to.

Chapter Thirty: “Endings, Beginnings, and the Slightly Functional Family Called Hawthorn Vale”

Spring arrived in Hawthorn Vale with the quiet confidence of something that had survived winter without asking permission.

The surgery felt it too.

The heating still worked (mostly). The phones still rang (sometimes appropriately). And the village, having exhausted most of its seasonal anxieties, had settled into a calmer rhythm of minor complaints and routine check-ups rather than existential medical speculation.

Sarah Collins arrived at 7:25am.

Dr Patel was already there, which he now did less as a habit and more as a survival strategy.

“No,” he said automatically.

Sarah replied, “Yes.”

Martin arrived at 7:26am.

He was holding nothing.

Sarah narrowed her eyes.

“That’s new,” she said.

Martin smiled.

“I thought I’d try starting the day without immediate intervention potential.”

Dr Patel muttered, “I don’t trust that sentence.”

8:00am — A Different Kind of Morning

Something was… off.

Not broken.

Just quieter.

Appointments were flowing without crisis.

Reception wasn’t on fire (metaphorically or otherwise).

Even Mrs Ahmed was only *moderately* shouting.

Sarah noticed first.

“This feels stable,” she said suspiciously.

Dr Patel nodded.

“That’s what worries me.”

Martin looked at the screen.

“I think we’ve reached a more mature operational state,” he said.

Both Sarah and Dr Patel immediately replied:

“No.”

Martin paused.

“…fair,” he said.

9:15am — The Unexpected Truth Emerges Slowly

A minor issue appeared.

A rota gap.

Normally, this would trigger:

- restructuring
- analysis
- at least one spreadsheet that would make someone emotionally tired

But today, something different happened.

Sarah looked at it.

Dr Patel looked at it.

Martin looked at it.

A pause.

Then Martin said:

“I could propose a solution.”

Sarah immediately said, “No.”

Dr Patel said, “Also no.”

Martin added quickly:

“I mean a very small solution. Almost not a solution. More of a suggestion.”

Sarah stared at him.

“That’s how your disasters begin,” she said.

But then Dr Patel said something unexpected.

“Go on,” he said.

Sarah turned sharply.

“What?”

Dr Patel shrugged.

“He’s been… less catastrophic lately.”

Martin looked faintly pleased.

“That is accurate,” he said.

Sarah sighed.

“This is how it starts again,” she said.

10:30am — The Balance They Never Planned

Martin made a suggestion.

Sarah corrected it.

Dr Patel translated both into reality.

Nothing broke.

That alone felt unusual.

Sarah noticed.

Dr Patel noticed.

Martin noticed most of all.

He said quietly:

“I think I understand now.”

Sarah didn’t trust that sentence on principle.

“Don’t,” she said.

Martin continued anyway.

“I think I was trying to impose order where there was already adaptive function.”

Dr Patel raised an eyebrow.

“That almost sounded like learning,” he said.

Sarah replied, “Don’t encourage it.”

12:00pm — The Waiting Room Moment

The waiting room was full, as always, but calmer.

Patients weren’t panicking.

They were… waiting.

Mrs Hargreaves looked around and said:

“IT’S RUNNING SMOOTHLY TODAY.”

Mrs Ahmed replied:

“DON’T SAY THAT OUT LOUD.”

From the desk, Sarah said:

“It’s not smooth. It’s just less chaotic.”

Dr Patel added:

“That’s as close as we get.”

Martin, watching, said:

“I think the system is better when it is collectively balanced rather than individually optimised.”

Sarah looked at him.

“Say that again in English,” she said.

He smiled.

“I think I’m learning to stop interfering.”

Dr Patel muttered, “We’ll see how long that lasts.”

2:00pm — The Realisation (For Once, Not a Disaster)

The afternoon slowed.

Not collapsed.

Not over-engineered.

Just steady.

Sarah sat at reception for a moment longer than usual.

Dr Patel stood beside her.

Martin hovered slightly behind them.

Sarah said quietly:

“We don’t actually function because of any one of us.”

Dr Patel nodded.

“No,” he said.

Martin added:

“We function because of interaction between roles.”

Sarah pointed at him.

“Careful,” she said. “That sounded like insight.”

Martin smiled.

“I think I’ve finally stopped trying to fix everything,” he said.

Dr Patel replied immediately:

“That is the most dangerous sentence you’ve ever said.”

3:30pm — The Surgery, Properly Understood (Sort Of)

As the day wound down, something settled that hadn’t been there before.

Not perfection.

Not control.

Just understanding.

Martin didn’t propose anything.

Sarah didn’t prevent anything.

Dr Patel didn’t translate anything.

And somehow, everything still worked.

Sarah looked around the emptying practice.

“It’s quieter,” she said.

Dr Patel nodded.

“Because no one is fighting the system,” he said.

Sarah glanced at Martin.

“Or redesigning it,” she added.

Martin smiled faintly.

“I think I finally see it,” he said.

Sarah replied, “I doubt that.”

He nodded.

“Probably,” he said.

End of Day — What They Never Said Out Loud

As the lights went off in Hawthorn Vale Medical Practice, the three of them lingered near the door.

Dr Patel spoke first.

“We’d be in trouble without her,” he said, nodding at Sarah.

Sarah immediately replied, “No you wouldn’t.”

Martin added carefully:

“We would, actually.”

Sarah turned slowly.

“I said no sentiment,” she said.

Dr Patel continued:

“And without him,” he added, nodding at Martin, “we’d never question anything enough to improve it.”

Sarah looked at Martin.

“That’s generous,” she said.

Martin shrugged.

“I think I needed someone to challenge assumptions,” he said.

Sarah looked between them.

“And I needed someone to stop me overthinking things,” she said, reluctantly.

Dr Patel smiled.

“So what are you saying?” he asked.

A pause.

Then Sarah said:

“I’m saying you’re both mildly unbearable.”

Martin nodded.

“Fair.”

Dr Patel said, “Accurate.”

Another pause.

Then Sarah added, quieter:

“But it works.”

And for once, nobody tried to improve that sentence.

Final Line

As they locked up and stepped out into the soft evening light of Hawthorn Vale, the surgery behind them sat quietly—still slightly chaotic, still slightly improvised, still stubbornly alive.

And inside it all, what made it work was never one person.

It was the tension between them.

The restraint and the ambition.

The caution and the ideas.

The realism and the optimism that kept overreaching just enough to keep things moving.

Sarah walked ahead.

Dr Patel followed.

Martin lingered for a second, looking back at the building.

Then caught up.

Because in the end, Hawthorn Vale Medical Practice was never perfect.

It was just full of people who, somehow, refused to let it fail at the same time.

And that, inconveniently, was exactly why it was such a lovely place to be.


HAWTHORN
VILLAGE SURGERY
Thank you to all our patients – see you in the New Year!
HV5 2RY