In a recent speech health secretary Alan Johnson quoted his illustrious predecessor Aneurin Bevan, the post-war founder of the NHS, who famously declared his objective that ‘if a bedpan is dropped on a hospital floor in Tredegar (his South Wales constituency), its noise should resound in the Palace of Westminster’. Johnson bemoaned the ‘monolithic centralism’ that developed over subsequent decades, apparently oblivious to the consolidation of this monolith over 10 years of New Labour. The deployment of bedpans in every hospital in the country is now the sort of NHS activity that is governed by some target or performance indicator accessible to any ‘choose and book’ customer.

Whereas Bevan faced fierce medical and political opposition, Johnson faces little resistance to his drive to regulate the day-to-day activities of NHS staff. Hence new initiatives from Whitehall now cascade through the health service like opening hours’ingeneralpractice. This is what Brown last summer in an attempt to accelerate privatisation of inner city surgeries, the plan to introduce ‘health MOTs’ for the over 40s has provoked little criticism. Yet this policy — announced by the health minister in April — is likely to be the most damaging of all.

When cardiovascular risk screening in primary care was first proposed under the National Service Framework for Coronary Heart Disease in the early 2000s, Rouse and Adab, in this journal, pointed out that the proposals did not meet established criteria for a population screening programme. They argued that the benefits of population cardiovascular screening must be established through properly conducted trials and that, if such a programme was to be introduced, adequate resources and management structures must first be identified. None of these requirements has been met.

Others pointed out the adverse effects of ‘labelling and anxiety’, observing that while screening may benefit populations, only a few individuals would benefit and some may even be harmed. The very popularisation of the notion of a ‘health MOT’ is curious. Readers of a certain age will recall that in 1960 the old ‘MOT of Transport’ introduced a test of safety and roadworthiness for all vehicles more than 10 years old. At the dawn of the age of the motorway, the object of the MOT was to push old cars off the road (and stimulate some demand for the new products of the British motor industry).

Although the aim of the health MOT is to prevent disease (or at least to detect it early), it may well have the effect of encouraging people who considered themselves well to accept a new identity as being ‘at risk’ of heart attack or stroke. If they then seek long-term incapacity benefit they may find themselves the targets of another government initiative to drive them back to work. They may then be obliged to seek out the medical equivalent of the ‘dodgy MOT’: perhaps these will be provided by GPs working ‘extended hours’ in a supermarket garage.

REFERENCES


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More top tips can be found at: http://www.addenbrookespgmc.org.uk/courses.asp

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