



## Second thoughts about the NHS reforms

Having discovered the breadth of opposition to its proposed reforms of the NHS, the coalition government is apparently having second thoughts about some aspects of its plans to hand over financial control of the system to GP consortia.<sup>1</sup> Given the dubious records and political commitments of some of the individuals and organisations now opposing the government's plans, I find myself — as someone who regarded the reforms as irrational, ill-considered, and illegitimate from the outset — obliged to reconsider my own position.

I have generally found it a useful rule of thumb in medical politics to assume that, if the British Medical Association opposes something (like the NHS in its first decade), then there must be something good about it. If, on the other hand, the BMA has decided to campaign for something (like coercive measures against smokers and drinkers), then it is unlikely to be worth supporting. Now that the BMA has come out against the reforms, I have to look again to see if I have overlooked some progressive content.

Furthermore, I find two former health ministers, Stephen Dorrell and Alan Milburn, also leading the charge demanding substantial changes in the Health and Social Care Bill currently before parliament.<sup>2,3</sup> A loyal Thatcherite, Dorrell presided over the mad cow panic in the late 1990s, and Milburn, a prominent Blairite moderniser, pioneered the extension of the private sector into elective care, intermediate care, and critical care through the NHS plan of 2000. Such a powerful consensus among such unprincipled politicians raises even stronger suspicions that Andrew Lansley must be doing something right.

Indeed, there are some positive features to be found in the coalition plans. The trouble is that for every tentative step these reformers take forward, they can be relied on to take two backwards. There is much to be said for abolishing the primary care trusts (PCTs): when central government officials asked these servile local bodies to jump — whether to put out local surgeries to private tender or to implement ludicrous pandemic flu contingency plans — they

simply asked 'how high?'. But replacing PCTs with GP consortia, or local commissioning boards incorporating wider professional and public representation (as favoured by influential critics), amounts merely to a disruptive and expensive bureaucratic reshuffle.

Removing public health from the prominent and intrusive role it has played in primary health care under the PCTs would be beneficial to doctors and, even more, to patients. But simply moving the crusaders against obesity, smoking, drinking, and sex to new 'health and wellbeing boards' in association with local councils ensures the continuation of these moralistic campaigns and the pernicious role they play in the NHS.

Another welcome initiative taken by the coalition in the sphere of health policy was its announcement of a 'bonfire of the quangos'.<sup>4</sup> Yet, scarcely had the celebrations begun before the government reprieved organisations such as NHS Direct, which continue to promote health-related anxieties, and social engineering projects such as the Teenage Pregnancy Unit.

Too much discussion of the NHS reforms has focused on the structure and organisation of health services rather than questioning the quality of health care that doctors and others working in the NHS are appealing to the public to defend.

### REFERENCES

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