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BRIEFING

DEPOLITICIZING THE NHS

Perhaps the single greatest problem facing our ailing national health service is the relentless political control and interference that it experiences on a daily basis. At present, the Prime Minister and the Health Secretary have complete managerial control over the NHS - regardless of whether they have any relevant skills or experience. Even the most competent politicians will not necessarily be capable of running a vast and complex medical empire like the National Health Service – one of the largest employers in the world.

Nor do they get much chance to learn - secretaries of state and their junior ministers come and go with sometimes breath-taking frequency. But the one thing they all have in common is the desire to make headline-grabbing changes to advance their careers. As a result the NHS is besieged by a bewildering array of initiatives from one minister, only for him or her to be replaced by another minister with their own (often conflicting) ideas. Politicians tend to think that they can improve the health service by simply giving orders, or setting targets. But such measures always have perverse effects, distorting clinical priorities and encouraging creative accounting. NHS policy should be determined by medical priorities and not by political ones.

The prevailing culture of Whitehall target-setting simply isn't working - as is always the case with Soviet-style micromanagement of public services. The layers of bureaucracy it entails create major inefficiencies, emasculating local management and making local responsiveness impossible. Is it really surprising that there are now more bureaucrats in the NHS than beds?

Earlier this year we saw yet another example of how political control has debased our national health service, when an answer to a parliamentary question revealed that 85% of the money spent by the government on new hospitals had been spent in Labour constituencies. Meanwhile, as hospitals and clinics close all over the country, the health secretary has been accused of intervening to prevent the closure of hospitals in Labour marginal seats.

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That such accusations should even be made shows that there is something seriously wrong with the administration of the health service in this country.

That the NHS is being steadily devastated by political interference is not a controversial point. There is almost universal agreement among health analysts, doctors, hospital managers, patients groups and others, that government is the root of the problem. Of all the indictments of our current system, that one may be the most shocking of all.

The public is fast catching on too. In a poll commissioned from YouGov, 72% of those questioned agreed with the statement, "The NHS has become a political football and would be better run of politicians ceased to be involved in its management." It is clear that something must be done to depoliticize the National Health Service, to get the government out of the day to day running of the system. Persisting with the status quo in the hope that the next bunch of politicians will be more enlightened managers would simply be foolish.

Therefore, the ASI proposes that the management of the NHS be removed from the political process altogether, with management of the service taken over by a distinguished panel of health professionals. This panel would have ultimate responsibility for the way the NHS operates although, of course, it is anticipated that once medical experts rather than politicians were put in charge, more professional freedom and responsibility would be given to doctors and nurses and hospital managers. The panel would run the NHS with medical priorities in mind and not political ones. Indeed, that would be one of the great benefits of depoliticizing the NHS - healthcare would cease to be an ideological battleground, freeing up health professionals to focus on giving the best possible treatment to their patients, regardless of whether those services were being provided by the public, independent, or private sector. The panel should be appointed by the government after a period of consultation with various divisions of the medical profession to identify people whose professional standing and distinction commands widespread respect.

Needless to say, it is not enough that politicians merely be removed from the management of the health service. If they retain too much control over the NHS budget, they will de facto continue to distort the provision of healthcare for political ends. He who pays the piper calls the tune. Of course, since the NHS is funded out of general taxation Parliament and the government of the day must continue to have a say in the amount of money devoted to the health service, but their involvement should be as limited as possible.



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The recommended solution is this: every five years the government should put forward an annual budget for the NHS, to be debated in Parliament and amended if necessary. Over the following five-year period, the annual budget would rise in line with inflation. The NHS' annual budget would then be transferred from the Treasury to the health panel as a block grant to be drawn on. Such a system would let the NHS plan ahead properly based on known levels of funding, encouraging more efficient financial management. It would also be popular with the public - in our YouGov poll, 74% of those questioned agreed with the statement, "To stop the NHS' funding being a political issue and to let it plan ahead properly based on known levels of funding, its budget should be automatically uprated every year in line with inflation."

Under these proposals the Department of Health would take on a much-reduced role. They would still be responsible for matters of public health, but would no longer be responsible for the supply of healthcare (at the point of use) or how it is delivered. Their main responsibilities would be to ensure adequate funding, and to regulate and provide quality assurance in healthcare. This last point is key - before transferring operational control to the independent health panel the Department of Health would have to draw up a constitution or charter laying out the responsibilities and objectives of the health board. The Bank of England independence has been a great success because the Monetary Policy Committee had a clear mandate. To make an independent NHS work, similar clarity is necessary.

To test the overall appeal of these proposals, our YouGov poll posed the following question: "Would you support or oppose the proposal that the management of the NHS be removed from the political process to management by a distinguished panel of health professionals, its budget uprated each year in line with inflation?" 69% supported the proposal, and just 12% opposed it. That means that among those expressing an opinion, 85% were in favour of the proposal.

It is not just the public that supports this kind of reform - the British Medical Association recently declared themselves in favour of an independently run NHS and Gordon Brown, the next prime minister, is said to be interested in the idea. Indeed, the Conservatives say they intend to publish an NHS Independence Bill later this year, which would "take politicians out of the day-to-day running of the NHS."

With support from the public, the medical profession, and from across the political divide, this is an idea whose time has come. The nation's healthcare is far too important to be left any longer in the hands of politicians.



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