The NHS: a national health sham

Britain's National Health Service (NHS) as the public used to know it—a centrally managed, publicly owned, government-financed health system—is no more. The end of the NHS was confirmed last week by health secretary Patricia Hewitt, who pledged to continue with plans to introduce market-based contestability (the Government's byword for competition) into primary care, despite strong opposition from many health workers. Although Hewitt is promising limits to private-sector incursions into state care, the launch this week of new cooperatives of doctors to bring venture capital into the health service shows that something very important and dramatic is happening to British health care.

In place of the single NHS, we now have an increasingly decentralised health system, a proliferating network of service providers and independent treatment centres, and hospitals built and financed by private money. Companies have already been drafted in to run surgical clinics; some diagnostic services are now private; and new out-of-hours primary-care services are on their way. With these plans, the Government has clearly signalled its commitment to extending the pro-market reforms begun under Conservative governments of the 1980s and 1990s.

The intention behind these reforms is not necessarily bad. Change in the NHS was, and still is, very much needed—as anyone who has worked in the UK health system will be all too aware. Decades of under-financing have left demoralised medical staff working in outdated buildings and struggling with inadequate equipment. Steep inequalities, both in access to services and health outcomes, persist throughout the country. And translation of research into practice remains shamefully slow. These problems are, in part, a reflection of the diffidence of doctors and nurses in relation to leading much-needed reform. But it is also true—and critics of the Government's reforms must recognise this—that there are simply too few incentives in the NHS to drive change and boost performance.

Providing market-style enticements for health providers to perform better has been a key part of Labour's agenda for change. A raft of rapid reforms has brought in administrative targets, inspections (both of clinicians and hospitals), health-technology appraisals, payments on the basis of results, and the promise of autonomy for successful hospitals. However, these incentives have so far failed to prove their worth. A report published last month by health-policy think-tank The King's Fund examined whether the current system of incentives has improved care. So far, it has not. Not only did the report highlight cases in which incentives have acted to inhibit, rather than promote, quality care, it also concluded that these strategies can in fact work against each other—for example, by reinforcing boundaries between institutions. A wider public debate about when and how to use incentives to improve care is essential to ensure that undesirable outcomes are minimised.

See http://www.kingsfund.org.uk/resources/publications/incentives_for_1.html

But there is an issue of deeper concern. The Government's ambitious programme of structural reorganisation has brought with it an increasingly fragmented health service. To prevent potential dissolution, the governing principles of health-service reform—universality and equity—need to be more firmly reiterated. And while there have been numerous rhetorical references to preserving the principle that, regardless of provider, care must be free at the point of need, the Government has failed to make a clear statement of values that will reassure patients and health workers in different settings across diverse providers.

Reform of a health service that is failing to meet patients' expectations should be an urgent government priority. Clearly, it is—and that is welcome. The view that there are too few incentives to encourage continuous improvements in care—and too many perverse incentives to stifle much-needed change—is plainly correct. But Patricia Hewitt's error, repeated over and over again by her predecessors in all governments, is to change the system based on ideology rather than evidence. No drug would be licensed without good data about its safety and efficacy. Yet Britain's health system is freely turned upside down without any reference to evidence or any plans to study the controlled effects of these reforms.

This kind of haphazard policy-making risks the welfare of patients and the commitment of health workers. The Government's latest proposals are untested and, therefore, irresponsible and potentially dangerous. Patricia Hewitt is playing fast and loose with the public's trust. Until there is independent evidence of the effects of her policies, her programme of wide-ranging privatisation must be stopped. ■ *The Lancet*