Lansley has pulled off one of the profoundest reforms ever

Phew! It’s over. England’s Health and Social Care Bill has received royal assent, words I thought I might never write. Opposition continued to the last breath, with the shadow health secretary, Andy Burnham, contriving a debate in the Commons after the passage of the bill, and the Unite union suggesting—in surely the least plausible of many implausible claims about this bill—that Her Majesty might decline to give her assent. As an index of how strongly some people feel, that wins my gold medal. But I say “some people” deliberately.

This bill, hated as it is by many inside the NHS, has not actually animated the public to anything like the same degree. There have been demonstrations, but notably feeble ones, nothing like the countryside march or the students’ protests against rises in tuition fees. The objectors have failed to persuade the public that the threat is as great as they deem it to be. Health secretary Andrew Lansley may have failed the political test, but so have his opponents. Far more people were mobilised to oppose the abolition of fox hunting than came out to defend the UK’s most cherished institution, as the NHS is so often described. Either it’s not as cherished as the pursuit of the fox, or the threat to it was not seen as especially alarming.

The health secretary has been universally accused of failing to generate a convincing narrative to underpin his bill. Even today, it’s hard to summarise in a sentence what it was supposed to achieve. But a revisionist view is beginning to emerge, best articulated by Mike Birtwistle, head of health at the consultants MHP Communications. This view is that the passage of this huge and complex bill through a hung parliament was a major political feat, and the attacks made on it were on such a narrow front that many other controversial features went through relatively unchallenged.

Opposition centred on arcane issues such as whether the health secretary should have an obligation to provide a health service, on self interested claims that the bill was a licence to privatise the NHS, and on the issue of competition. None is unimportant; all have the capacity to engage the passions of theCommentariat interested in these matters. But they are hardly likely to bring the population to the barricades, and they didn’t. The so called threat of private companies displacing existing providers cut especially little ice, except among those directly threatened.

Meanwhile, the bill also removed borrowing restrictions on foundation trusts, lifted the private income cap, abolished the Health Protection Agency, removed public health from the NHS and gifted it to local authorities, set up a regime under which hospitals can go into administration, greatly limited the power of ministers to intervene in the NHS, abolished two tiers of management (while creating others), and gave local authorities the power over deciding whether to fluoridate water supplies. Regardless of whether these changes are good or bad, they are substantial.

So Mr Birtwistle’s view, if I may paraphrase it, is that Andrew Lansley has pulled off one of the most profound pieces of reforming legislation ever to reach the statute book by seizing the moment, committing the coalition government to the white paper before it was fully awake, and then getting it in too deep to escape. The BMA was wrongfooted, first agreeing constructive engagement with the idea of clinical commissioning, and only later changing tack as a result of narrower professional concerns about competition.

Mr Lansley, of course, has paid dearly. His political stock is selling hold—too strong for many reformers. Similar disasters were predicted for many of the Blair reforms but they have worked out pretty well. That’s not quite the same as saying that the act was worth the trouble it caused. Some of its outcomes could have been achieved without legislation and if the government had known then what it knows now, it would never have embarked. But ahead lies the report of the Mid Staffordshire NHS Foundation Trust public inquiry, which will be an opportunity to blame others for NHS failings as well as making clear that not everything was lovely pre-Lansley. The coalition lives to breathe again.

Nigel Hawkes is a freelance journalist, London nigel.hawkes1@btinternet.com

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disagrees, which cuts across his responsibility deal with the industry and may be illegal under European law. It is unimaginable that David Cameron would have launched this policy against the will of his health secretary (and one time boss) if he had not already decided that shares in Lansley were a sell.

However, it would be premature to write Mr Lansley off. The cabinet was reportedly so delighted at the passage of the bill that it banged the table in celebration. When the dust settles, the revisionist view may begin to gain traction. To sack Mr Lansley now would be an admission that all the blood and sweat had been spilt in vain, and would force a new health secretary to implement an act not of his (or her) choosing, or, God forbid, propose a new one. Better to see if its architect can make it work.

The bill’s opponents predict disaster, but I am more phlegmatic, having seen many attempts to reform the NHS batter themselves to pieces on its unwelcoming foreshore. The results are never as good as proponents hope, never as bad as opponents fear. Life goes on. Many of the more radical ideas have been neutered anyway, by compromise and risk aversion, and the centre will continue to have a strong hold—too strong for many reformers. The centre will continue to have a strong hold—too strong for many reformers. Similar disasters were predicted for many of the Blair reforms but they have worked out pretty well.

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