

NEWS

Health bill arose from attempt to accommodate Lib Dem as well as Tory ideas, says commentator

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The widely held view that the health secretary for England, Andrew Lansley, was the sole begetter of his own political misfortunes over the Health and Social Care Act is mistaken, concludes a new account of the controversial legislation.¹

Nick Timmins, former public policy editor of the *Financial Times*, finds the fingerprints of the Liberal Democrats all over the bill and identifies the confusion that arose in the weeks after the coalition was formed as the key to understanding why an evolutionary change became revolutionary turmoil.

In *Never Again*, published by the King's Fund and the Institute for Government, Timmins traces the history of the legislation from published sources and through interviews with those involved.

He told a meeting at the institute on 12 July that among the relatively few who declined his requests for interviews were Oliver Letwin and Danny Alexander, Conservative and Liberal Democrat respectively, who in the weeks after the coalition was formed had the job of turning the sketchy coalition agreement into a programme for government. This was done in haste and with boldness, the Tories, in Timmins's opinion, having "over-absorbed" Tony Blair's complaint at the end of his premiership that he had wasted his first term by not being ambitious enough.

Letwin and Alexander had to square two conflicting views of where the NHS in England should go: the Conservatives believing in markets, the Liberal Democrats in democracy. Lansley, to his irritation, was not consulted. The outcome was a muddle—a "cut and shut" job, according to one Number 10 insider, in which the good back half of a crashed car is welded to the good front half of another wreck. Others called it "half horse, half donkey" or "a spatchcocked mess." (All officials quoted were granted anonymity, so who came up with these epithets we do not know.)

Particular derision was directed at the Letwin-Alexander model for primary care trusts, which suggested that they should consist partly of directly elected individuals, to give local patients a stronger voice, with the rest appointed by local authorities and the chief executive appointed by the health secretary. "Quite how this structure was meant to work is utterly unclear," Timmins writes. "A body with at least some democratic legitimacy would be operating beneath an administrative body—the strategic health authorities—that had none, while also being answerable to the new, but entirely appointed, not

elected, independent board" (the NHS Commissioning Board, as it became).

Lansley thought this "completely nuts" (not his words) but was unable to influence it. He ignored it and set about trying to find a way round it. The Liberal Democrat manifesto had promised to abolish strategic health authorities, though the pledge went unmentioned in the Letwin-Alexander plan. The Conservatives had promised to hand commissioning over to GPs. If both promises were implemented—together with the newer idea of health and wellbeing boards and the transfer of public health to local authorities—there seemed little role left for primary care trusts. There was no need for them. Lansley and his deputy, Paul Burstow, agreed that they should go.

"At one stroke we were free," an official told Timmins. The Letwin-Alexander plan was dead, and Lansley was greeted with a roar of approval in parliament when he announced the abolition of the primary care trusts.

But this escape had turned an evolutionary process of building on Labour's reforms into a structural upheaval of exactly the type that the coalition had promised would not be undertaken. The price was a bill of stupendous complexity and length, with two entire tiers of NHS management being removed.

Civil servants told Timmins that they had warned Lansley of the scale of what he now planned, at a time when the service also had to make big productivity savings. They also offered him a smaller, simpler bill. But he was adamant that he wanted to go ahead, in Timmins's opinion because mere tinkering without legislation would be too easy to reverse.

Lansley wanted to make permanent a set of reforms that had hitherto been "half baked," as he himself told Timmins. As Timmins put it, "It had to be nailed down so the next secretary of state couldn't change it by ministerial direction."

From this flowed the political problems that bogged the bill down for so long, even forcing a pause when the Future Forum was assembled to try to establish a consensus. Lansley had miscalculated just how well established were the principles of competition followed by most, but not all, the preceding Labour health secretaries.

Support from the BMA, which Lansley was sure he had achieved, was withdrawn as protests spread. A procedural mess—the Letwin-Alexander package—became a political mess as Lansley and Burstow were forced to impose a more far-reaching reorganisation to make good its defects.

Will the reforms work? Timmins declined to attempt an answer, as that is not what the book is about. But he was not wholly dismissive. “The conventional wisdom now is that the reforms won’t work,” he said at the meeting. “But when everyone agrees in the NHS, they’re often wrong. The policy [of competition], in one form or another, has been around for 20 years. So if it fails, 20 years of policy will have to be addressed.”

bmj.com Review: NHS reforms caught in the act (*BMJ* 2012;345:e4844, doi: 10.1136/bmj.e4844)

- 1 Timmins N. Never again? The story of the Health and Social Care Act 2012. 12 Jul 2012. www.kingsfund.org.uk/publications/never_again.html.

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