

BODY POLITIC **Nigel Hawkes**

# The stakes for Lansley could not be higher

The depth of the health secretary's plight is plain when even his friends can't bring him succour

Years ago, when I was a diplomatic correspondent, I had a list of infallible sources. These weren't people I ever spoke to—but their judgment was reliably unsound. If the US politician Robert S McNamara believed in anything, I found it fruitful to believe the opposite. Poor Mr McNamara (the S was for Strange) spent a lifetime of high achievement getting everything wrong. As an adviser to John Kennedy he discovered the “missile gap,” which led to huge and needless investment in nuclear weapons; as secretary of defence he doggedly pursued a hopeless war in Vietnam; and later, in the 1980s, he espoused “no first use” of nuclear weapons in Europe when nuclear weapons were NATO's sole credible form of defence. He died garlanded with honours.

Another favourite of those years was Hans-Dietrich Genscher, the long time German foreign minister. If he believed that the leaders of East Germany deserved red carpet treatment you could safely bet that they were about to be run out of town by their own people. The German-British sociologist and politician Ralf Dahrendorf had an honourable position among my antiheroes, for reasons too lengthy to explore here. So did the Tory politician Chris Patten, who still flourishes mightily.

I don't pretend these antipathies were always rational or justified. But it helps in a confusing world to have some figures in whom you can repose a complete lack of confidence. These thoughts occurred to me when I surveyed once more the devastation wrought by the Health and Social Care Bill. Are there any antiheroes, repeatedly wrong in the past, to whom we can turn for an opinion and then with confidence declare the opposite?

Well, there's sure to be at least one among the medical royal colleges. And Michael Fitzpatrick, a general practitioner whom I respect, wrote recently in the online magazine *Spiked* ([www.spiked-online.com](http://www.spiked-online.com)) that he's found it a useful rule of thumb to assume that if the BMA opposes something then there must be

something good about it. There's also that famous columnist on the *Guardian* with whom I have long and enjoyably disagreed. There are the health trade unions. There are the health economists, who assert on the basis of evidence far too weak to license a drug that competition in healthcare drives down standards. But they've all been right at least once.

The depth of Andrew Lansley's plight is plain when even his friends cannot bring him succour. The recent report of the House of Commons select committee on health, chaired by the Tory Stephen Dorrell (*BMJ* 2011;342:d2180), is a classic example of how, in the NHS, culture always trumps reform. Rather than GPs commissioning care on their own, the committee wants to see local commissioning boards in England include nurses, representatives from social care, a local politician, a hospital clinician, and so on. They should have an independent chair, a chief executive, and a finance director, it says.

To my mind this either totally misses the point of the reforms or is deliberately designed to stifle them. In picking GPs Mr Lansley identified a corner of the NHS that retains a spark of entrepreneurship and business nous. GPs are used to running practices—some enjoy it so much they run several—and carry the burden of management lightly. There is a risk in letting them loose with £80bn (£90bn; \$130bn) (Mr Lansley now says £60bn), but it is arguably a risk worth taking. The Health Committee's proposals would eliminate the risk by eliminating the opportunity, recreating primary care trusts (or something worse) under another name.

Naturally the committee's report was welcomed by most of my current antiheroes listed above—good enough reason in my book to reject it utterly. If Mr Lansley is forced to swallow this proposal he may as well resign.

On other fronts his retreat is sad to watch. He told the House of Commons that the government would block



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competition from for-profit companies when this would undermine existing NHS providers. But how are better services to be provided, or money saved, without disturbing existing providers? And the Department of Health has produced a leaflet that began creepily with the words: “We love the NHS... the NHS is our most precious national asset.” If that is the case, as the think tank Reform pointed out, why bother to change it?

The government's political pickle is encapsulated in those two sentences. It is trying to argue that it loves the NHS but wants to change it. Either one or other of these propositions must be hypocritical. Forced on to the back foot, the prime minister and Mr Lansley are oozing out the love in a fashion that from grown ups is frankly embarrassing.

Does Mr Lansley deserve this? I'm afraid he does. A bunker mentality set in quite soon after he entered the health department headquarters. I happened to meet one of his advisers in June 2010 and greeted her warmly—we were old friends, or so I believed. “You're a troublemaker,” she hissed, “always writing those ghastly articles in the *BMJ*.” With that she turned away. At about the same time I applied, on behalf of the *BMJ*, to interview the new health secretary, with whom I'd been acquainted for years. I'm still waiting for a reply.

Mr Lansley is now besieged by troublemakers, most of whom can make a lot more trouble than I can. He lacks friends, either in the media or in parliament, judging by the empty government front bench when he made his statement on the “pause” in the legislation. He's a decent man, and I'm sad to see it. But if you introduce a bill of Old Testament length and can't sustain support for it from your own party, never mind the other troublemakers, your position is bound to be questioned. For him the stakes could hardly be higher.

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