London, UK
andycowper@hotmail.com
Cite this as: *BMJ* 2021;372:n384
http://dx.doi.org/10.1136/bmj.n384
Published: 09 February 2021

HEALTH POLICY

# Leaked government white paper ends England's NHS internal market and returns power to health secretary

Andy Cowper *editor, Health Policy Insight*

The government's health and care white paper, which forms its legislative plans for the NHS in England, was revealed on 5 February 2021 by the *Health Policy Insight* website.[1 2]

Doctors' attitudes to NHS politics and policy making vary widely, as does their interest in them. Quite a few doctors choose to ignore the politics of the system and to deliver their best care in the system as it is. And for doctors in Wales, Scotland, and Northern Ireland the government proposals will not make any difference because the NHS in those nations is organised differently.

For doctors in England, however, the proposed legislation is relevant because it contains significant changes to the current system. It is also different because many, although not all, of these changes were requested by the English NHS's leadership.

There are two main changes in the proposed new legislation. One is to reverse almost every aspect of the Health and Social Care Act 2012. The other is a big shift of power to intervene, going back to the secretary of state.

## Ending the internal market

The Health and Social Care Act 2012 was brought in under the Conservative led coalition government by its health secretary, Andrew Lansley. Those reforms to "liberate the NHS"[3] relied on a mix of patient choice, provider competition, and clinical, GP led commissioning as drivers of the internal market to change and improve the NHS.

A key aspect of Lansley's reforms was making the NHS in England semi-autonomous from government. There was a shift in control of the system to the NHS Commissioning Board, which is answerable to parliament through an annual mandate to set priorities and now brands itself NHS England.

The proposed new legislation will effectively end the purchaser-provider split in the NHS in England. The internal market reforms were first attempted under the *Working for Patients*[4] reforms in 1989 that introduced non-mandatory GP fundholding. These reforms aimed to get NHS and other providers to compete to offer initially GPs, and later their patients, better or faster care, with money following those choices.

The problem with the logic of an NHS internal market is that it requires both surplus capacity in the successful providers, so that they can expand and treat more patients, and effective mechanisms for permitting unsuccessful providers to change or, in extremis, close services. A mixture of available resources and a political and public unwillingness to countenance many closures never provided the pre-conditions for such internal market mechanisms to work. And there is a notable and longstanding trend for most people to choose their local provider. A combination of factors may drive this, including GP recommendation and convenience.

The move to geographically based collaboration through the new integrated care systems is the NHS leadership's solution to maintaining and improving patient care. Collaboration and integration are the new buzzwords. This trend is not recent: the NHS Commissioning Board's leader, Simon Stevens, has been promoting collaboration and integration in his policy moves, first in 2014's *Five Year Forward View*[5] and again in 2019's *NHS Long Term Plan*.[6] The NHS leadership has over the past 18 months been refining its appeals for new legislation, and it has had most of its requests granted.

## Returning power to the health secretary

The other major change, which was not requested by the NHS leadership, is a big shift of power to intervene back to the secretary of state. As the new plans stand, the health secretary will get new powers to direct the NHS Commissioning Board; to intervene early in local reconfiguration decisions; to allow the creation of new provider organisations; and to abolish professional regulators and NHS arm's length organisations without needing legislation in parliament.

Clearly, the likelihood of one of the major professional regulators such as the General Medical Council being abolished is minute. This change is probably targeted more at the creation of more general, hybrid clinical roles. It is, however, indicative of the size of the proposed power shift back to the politicians. A lot of extra power is being repatriated from the NHS. It may be that Stevens's media skills, political savvy, and robust use of legislative independence have ruffled egos in the Department of Health and at 10 Downing Street.

Yet those who plan to use this legislation for "taking back control" might have been wise to think a bit harder. The NHS was under massive financial and performance pressure before covid-19 hit. The pressures of the past year have exacerbated all of those problems and left many staff exhausted: many are near, or have already reached, burnout.

The key point about retaking responsibility for the NHS is that you retake responsibility for the NHS. It looks as though the health secretary will have to learn this the hard way.

Competing interests: None declared.

Provenance and peer review: Commissioned; not externally peer reviewed.

1 Exclusive—Government's new Health White Paper draft text. *Health Policy Insight* 2021 Feb 5. http://www.healthpolicyinsight.com/?q=node/1699.
2 Iacobucci G. Government to reverse Lansley reforms in major NHS shake up. *BMJ* 2021;372:n377.
3 Department of Health and Social Care. Liberating the NHS white paper. 12 Jul 2010. https://www.gov.uk/government/publications/liberating-the-nhs-white-paper.
4 Health Foundation. "Working for patients" white paper: the purchaser-provider split. https://navigator.health.org.uk/theme/working-patients-white-paper.
5 NHS. Five-year forward view. Oct 2014. https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf.
6 NHS. The NHS long term plan. Jan 2019. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf.