

Keep Our NHS Public / Red Pepper survey of Labour deputy leadership candidates views on the NHS

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1. The government has put massive investment into the NHS, yet polls suggest the Tories are now more trusted to run it. What would be the first three steps that you would like to see to improve the NHS?

It hurts to hear of polling results like those, but Labour should not take the bait of the Cameron PR campaign. If we continue to focus on the task at hand, we will compare favourably to a Party that has been bereft of ideas to date.

As Deputy Leader, I want to break down the barriers between the grassroots and government. Too many people feel excluded from government at a time when we should be welcoming their contributions.

With the NHS in particular, we will only be able to improve it effectively if the experiences and ideas of staff and patients can really have an input on policy. Labour legislated the transformation of the NHS, but the NHS professionals carried it out. They will carry out future changes too, so they deserve a greater say in what those changes should be. With dentistry, for example, we must take on board the expertise of employees and the public to plan lasting improvements.

As a start, I have already advocated an increase in representation of the public sector unions on the National Policy Forum, and there is plenty more that we can do to reform our policy-making structure. At the same time, we must make sure that we honour the commitments that we were re-elected on in 2005, and explain our changes better to the public too. If we keep to our promise to reduce health inequalities further and involve the public and professionals in our changes, we will regain that trust.

2. Why do you think health reforms have produced such a strong reaction from NHS staff?

Trust debts have undoubtedly put an unwanted additional strain on hard-working NHS staff, and the government is eager to avoid a recurrence of this. I also think that the reaction is an inevitable and understandable response to reform. The pace of change has been dizzying and frustrating for some, and I can understand why.

Aneurin Bevan once said "I would rather be kept alive in the efficient if cold altruism of a large hospital than expire in a gush of warm sympathy in a small one". Compared to our new hospital buildings, our new flexible care arrangements and community-based services have sometimes been associated more with warm sympathy than efficient cold altruism. In reality, all of these changes are fundamentally important. Labour was right not to sit on ideas that are now improving public health, but we must take greater care to explain our changes and involve NHS employees more in them.

3. Should extensive private sector involvement in the health service be continued or curtailed and why? Do you favour the expansion of private involvement into primary care, with companies running GP surgeries and PCT

services being outsourced?

I for one have learned a lot about the role that private contractors can and can't play during the last 10 years. The Party has a responsibility to monitor the success of its changes, and if outsourced services do not perform, we must act. I know that many people have closely associated the trust debt difficulties with the outsourcing of services, and Labour must take care to treat the root of the problems.

Our electoral success is a testament to our winning combination of landmark public sector improvements and prudence. This must continue. Private sector innovation and competition can be beneficial, but the social conscience of the public sector should be preserved too. Outsourced or not, the British public want GP surgeries and PCT services that are ultimately effective and efficient. We must give priority to those end goals, rather than the public / private commitments that consigned us to years of infighting in opposition rather than progress in power.

4. Aside from private sector involvement, reforms have aimed to create a quasi-market with NHS hospitals competing with each other and earning their 'payments by results'. Has this been wise and should it continue to be the direction of travel?

Labour has been undoubtedly successful in raising standards, and the connection between performance and payments has been a key part of that success. However, there is a risk that government can end up only improving the healthcare standards that it can measure. Targets can also have adverse effects unless they are well researched and in-tune with the service that they aim to improve. For these reasons, I think that the government should liaise closely with the NHS professionals on this issue.

5. There has been talk recently of charges for health services - Charles Clarke said the NHS should provide core services for free but demand a fee for peripheral treatments. What would your policy be on NHS charges?

The NHS must be free at the point of use wherever fiscally possible.

6. Does the public really value choice in the NHS?

I think that the public do value choice at the moment, largely because the standard of service in the NHS is so high, but we need to do more if choice is to be an effective tool to raise those standards further. We must ensure that people know how to use choice to their benefit – particularly those in areas where health inequalities are most prevalent.

Choice will only help to raise standards in the NHS if it is on offer to everyone, not just the well informed. We must also keep in mind the fact that choice will only be valued if a good choice is on offer. The quality of healthcare per se is most important to the public, so the government must maintain its concentration on healthcare standards primarily.