

Our alternative to Blair's NHS marketplace

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When Frank Dobson was appointed as England's Secretary of State for Health after the Labour landslide in 1997, he said "We shall end Margaret Thatcher's internal market, and re-nationalise the NHS."

We agree. We want what people voted for then. They never asked to shop around for choices in health care, like commodities in the marketplace, from providers competing either for profit or for economic survival.

They just wanted local services that worked, where staff and patients could get to know each other, and thus build the efficiency that's possible only when people aren't required continually to repeat their stories to strangers.

Above all, we would get rid of the 'purchaser / provider split' which underlies the whole market system that New Labour has reinforced, with its Foundation Trusts and now its GP commissioners – the new version of Major's fundholders.

Obviously the NHS, even as a not-for-profit public service, has to contract with commercial providers for some of its needs, but to do this efficiently it should take full advantage of its status as a virtual monopoly, bargaining for tightly regulated quality at lowest prices, through contracts open to public scrutiny, preferably with local suppliers.

We would build NHS health centres for NHS GPs and primary care teams.

Government public health strategies would focus on the social and environmental causes of ill health, not just on individual diseases and health-related behaviours as at present.

Reducing health inequalities would become a main aim of public health and health care strategies. Government should shape overall policies, rather than abdicate this function to consumer demand in a health care marketplace.

Regional and local plans to apply national strategies to local circumstances would be the responsibility of appropriately sized and funded boards caring for defined local populations, locally elected and accountable.

With central responsibility for health care strategy and standards restored and central data collected, government could at last address the problems of our ageing and divided population in a responsible way.

Important but neglected functions like geriatric, palliative, mental health and preventive care could at last get to the front of the queue for funding - and policy would no longer be set by tabloid journalism and market research.

A return to the NHS as single employer would make it possible to rebuild responsible teamwork on hospital wards, so that cleaning and kitchen staff could again serve the interests of patients rather than maximize profits for their employers.

A return to co-operation between hospitals instead of competition would allow them to develop the rational divisions of labour and of responsibility they need, planning their development within a stable framework, aiming to promote health, manage disease and minimise disability.

These are the easy bits. The hard one is how to implement this with least possible further destabilisation.

Fortunately some elements of such a system are being piloted in Scotland, which has quietly got rid of the purchaser /provider split, and in Wales, which has stealthily found ways to invest without PFI, and achieved co-terminosity for NHS administration and local government so that integrated and accountable health policies can begin to grow.

We need to celebrate, study and learn from these examples, learning from experience as we go.