Reform of the NHS

I was surprised to read of possible plans to undertake another reorganisation of the NHS. Apparently the government is thinking of reversing some of the changes introduced by the Lib/Con coalition government when Messrs Cameron and Clegg launched a joint document proposing giving GPs the power to procure services from hospitals and others through Clinical Commissioning Groups. There was some resistance to these changes which prompted a review led by Oliver Letwin which concluded by continuing the policy with some alterations to the detail. This system has been in place for a short decade now, and has just been tested by the pandemic. Reponses to the virus have greatly strengthened central decision making and resource allocation.

Ministers have become more involved in issues like protective clothing, capacity and medical priorities, listening to the advice of their national Scientific and Medical advisers on these matters and then making decisions based on that advice. As Health is a devolved matter the Chief advisers to Scotland, Wales and Northern Ireland have also had bigger roles, and there has been some effort to get agreement between the four parts of the UK. Usually there has been high level agreement about the overall priority of fighting the virus, sharing of approaches and data, but detailed differences in timing and magnitude of lock down responses. There have also been some differences in success with obtaining a range of supplies and in the pace of vaccinating. The roles of the NHS country Chief Executives and of national quangos and advisory committees have also been tested in public debate about their quality and wisdom.

The pandemic does provide an opportunity to review the system, though it would be wise for the crisis to be past before rushing to conclusions about what worked and what needs improving. During the phase of seeking to scale up the provision and future supply of protective equipment there was a danger of competing initiatives bidding against each other, and making it complex for local care homes and hospitals to know how best to secure the needs they had. There needs to be some review of how big are the benefits from central purchasing, how central purchases are best distributed, and what are the continuing benefits of local determination of need and procurement of supplies.

I see there is also discussion of rolling into the agenda possible changes to the financing and access to care homes. This is a perennial topic which we can debate again another day in the context of intergenerational fairness and fairness between elderly people with different ailments and needs. Any change to the approach which states that if an elderly person needs care home accommodation and hotel service they should pay for it out of capital until they hit a minimum when they can qualify for state payment of the fees could be an expensive new commitment for taxpayers, though popular with those who might then inherit the housing wealth of the elderly person. I think the urgent priority is to see government thoughts on how the central and the local management of the NHS has worked during the pandemic, and what can be done to improve it for the future.