As people began to realise that preventing themselves from becoming unwell was infinitely preferable to having avoidable illnesses treated, they started to listen more carefully to the government's health promotion messages: eating more healthily, drinking more sensibly, taking more exercise, and avoiding unnecessary exposure to the sun. Generally, the media helped move the process along. In particular, they played a major part in making drug misuse completely unfashionable.

The resultant substantial reductions in type 2 diabetes, and in heart, lung, and liver disease, has greatly eased the burden on the healthcare system. Reversal of the rising incidence of skin cancer inevitably took longer, but it has now levelled off and is slowly beginning to fall.

New services

The introduction of wellbeing centres in 2012 has also proved helpful. Popular with an increasingly health conscious public and staffed by dietitians, fitness advisers, and nurses, they provide sensible, practical advice on healthy living.

The establishment of NHS new age clinics in primary care has been welcomed both by patients and by initially sceptical clinicians. Offering acupuncture and chiropractic, and dispensing benign pills, potions, and dietary supplements on prescription, they have brought alternative and complementary treatments into mainstream health care. As bonuses, they are putting quack doctors out of business, encouraging research into the safety and efficacy of complementary treatments, and helping to deflect the worried well from general practitioners' surgeries.

All this allows doctors and nurses to spend more time with patients, listening to them more carefully, and explaining treatment options and their risks and benefits more clearly. Clinicians now understand that people, especially those with long term illnesses, have

Vision

Control of NHS budgets has been returned to central government

Targets for access to general practitioners and 24 hour opening have been abandoned

Patients have embraced health promotion messages, supported by wellbeing centres

Introduction of complementary medicine services into primary care has reduced the burden from the worried well

Patients with chronic conditions are encouraged to manage themselves

much to contribute in terms of knowledge and experience both of their conditions and of their lifestyles, and that, given proper and sympathetic support, they are usually more than happy to self manage their conditions. Increasingly, healthcare professionals are pleased to see well informed patients rather than being wary of those they once thought opinionated. "Patients being partners in their own healthcare" has ceased to be a sound bite and is becoming a most welcome reality.

These remarkable improvements were made possible, in part at least, by Zebedee's eventual realisation that change for change's sake helps no one, confuses most people, and demoralises health service staff. In 2013, he translated this into his widely applauded *Healthy Britain* white paper, promoting the concept of consolidation. No one has heard much from him since.

PL is patient editor of the *BMJ*.

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Return of a system based on social values

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Here at the Swampy Lowlands primary care centre, life in the year 2015 is pretty good. The spectacular downfall of the Blair government in 2008, followed by the unforeseen success of the subsequent Labour-Liberal Democrat coalition, has led to the reversal of several trends that had once seemed to be unstoppable. Money released through cancellation of the UK's nuclear weapons programme, more progressive taxation, and a hard won battle for massive public support for the founding principles of the NHS are bearing rich fruit.

End of market forces

The gradual incursion of private enterprise into the NHS has been slowed and, as the initial contracts come to term and are not renewed, is starting to be reversed. The resultant savings—it soon became

apparent that the logic of the market and its need for shareholder profits were actually increasing costs to the NHS—have been ploughed back into public hospitals and clinics. Once again young doctors can be assured of high quality training posts, and morale within the system is recovering from its 2005 nadir. At the same time, lessons have been learnt, and a much more streamlined process based on care pathways (one of the few buzz phrases of the new millennium that has stood the test of time) ensures that patients waiting for elective surgery are dealt with quickly and appropriately.

The Blairite obsession with competition has also faded, as providers are relearning the simple lessons of cooperation and coordination to encourage equity between regions and a sensible balance between

concentration and dispersal of services according to clinical needs and technological efficiency. The pursuit of stars and status is now seen to be the grotesque mockery of genuine public service that many of us always suspected it of being, and regiments of redundant motivational management consultants are forlornly trying to peddle their dubious wares outside the NHS.

The government has engaged energetically with the real determinants of public health in fiscal policy, education, employment law, transport, the environment, and the food and drinks industry. The pharmaceutical industry has been forced to take a less aggressive and less influential role in the health service, with promotional activities direct to physicians now prohibited. The epidemic of drug and alcohol misuse seems to have passed its peak, promising a gradual diversion of expenditure away from crime and punishment towards health and social care.

Working environment

Our publicly owned premises are excellent, with carefully designed spaces for the five salaried general practitioners, the nurse practitioner, the four practice nurses, the mental health worker, and the physiotherapist. Our care coordinator ensures that patients are seen by the most appropriate health professional, minimising duplication of effort. Another room is used by visiting therapists including a chiropractor and an aromatherapist. The spacious waiting room is used for evening groups such as keep fit, yoga, and therapeutic writing classes.

The office is quiet and well organised, using the sophisticated NHS-wide computing system that has evolved from the early general practice clinical systems. Our concerns about confidentiality within the centrally run national patient healthcare record system have proved unfounded, thanks to advances in both hardware and software that can ensure security and control of access. The ruinously costly “choose and book” fiasco is a fading memory, but we enjoy reliable links with our local hospitals and intermediate treatment and diagnostic centres. Referrals to more distant providers are made and accepted without managerial interference.

The quality and outcomes framework inherited from the infamous 2001 general medical services contract lingers on in an even more elaborate form,

Coming to a waiting room near you?

but even old timers like me have to acknowledge that it has led to some measurable improvements in patient care. We are no longer penalised if we choose not to carry out patient surveys more often than every five years, and some of the more meaningless of the old quality and outcomes framework targets—such as the insulting criteria for assessing the management of patients with terminal disease—have been dropped.

Collection of data proceeds almost unnoticed in the background to our clinical work, and our pay is no longer linked directly to the achievement of targets. Instead, we are expected to meet locally agreed standards and to engage in a penetrating, but mutually respectful, annual inspection by a team from the County Health Authority. In return, our salaries are guaranteed.

A happy workforce

My income is less than it was 10 years ago, but in the new social model that is emerging this is acceptable. For my younger colleagues, private education for their children holds little attraction nowadays, while the rampant inflation of property prices is a thing of the past.

We have at last reached a sensible solution to the question of revalidation. The early versions of re-appraisal have evolved into a form of peer evaluated continuing education and personal mentorship, while proof of continuing competence is tested by a triennial nationwide objective examination of skills and knowledge.

Ten years ago I was considering early retirement, battered and bruised by endless waves of restructuring, unpiloted reforms, and meaningless targets. Today I am contemplating my imminent retirement with some apprehension but knowing that I have enjoyed my last 10 years of practice more than any previous decade, and that I leave an NHS in better shape than I have ever known it.

Competing interests: None declared.

Vision

More resources have been diverted to the NHS from expenditure on weapons

Care pathways ensure patients are dealt with quickly and appropriately

Coordination and cooperation have superseded market forces and competition

Quality is assured through practice and personal assessment rather than targets