Can politics be taken out of the (English) NHS?

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The BMA's recent discussion paper *A rational way forward for the NHS in England*, while wishing to free the English NHS from day-to-day politics, merely shifts the locus of the political conflict.

In May this year, the British Medical Association (BMA) published a discussion paper entitled "A rational way forward for the NHS in England", outlining the association's suggestions for reform of the English NHS.¹

The paper is worth reading for its insightful dissection and analysis of the current problems of the English NHS, as well as for its interesting but not totally unexpected conflation of *professional* and *clinical* with *medical* in most of the report. Many of the recommendations are eminently sensible, but some of the suggestions for reconfiguration of the highest-level structures of the English NHS are problematic and unrealistic. What the BMA wants is to free the English NHS from the influence of day-to-day politics by the establishment of a constitution and an independent board of governors, while keeping it free at the point of delivery and paid by general taxation. This is expressed in the first five of the total of 24 recommendations that outline the BMA proposals for the high-level governance of the NHS.

Recommendation 1

A constitution for the NHS should set down an agreement between the government, the NHS and the public, which should contain:

- a) the core values of the NHS—containing its founding values and adding new ones such as the provision of integrated care pathways, a commitment to supporting world-class research and education, and a focus on health as well as illness
- b) a charter explaining what the public can expect from the NHS as patients and carers and what the NHS expects from them. The Scottish Patients' Charter, "The NHS and You", provides a good model for England
- c) the arrangements in place to determine the range of services that are nationally available on the NHS and nationally agreed standards for the quality of services.

We have made our commitment to the core values of the NHS clear as well as acknowledging the resource

constraints faced by any health system. Maintaining these values will require managing some key tensions.

Recommendation 2

The BMA believes that while the NHS should provide a comprehensive range of services, priority setting and, hence, rationing is inevitable, if we are to retain an equitable approach within limited resources.

This needs to be acknowledged by politicians so that the right environment will exist for politicians, health professionals and the public to debate and decide upon a process to define a list of "core" services that will be nationally available. The approach should be national and explicit, setting priorities for the whole service. It should provide an ongoing mechanism to review and change priorities in the NHS, which must include an effective way of incorporating public and patient views.

Recommendation 3

In order to separate national politics from the day-to-day running of the NHS, an independent board of governors for the NHS should be established, appointed by and accountable to Parliament. The governors will take responsibility for ensuring compliance with the constitution.

Recommendation 4

An executive management board, appointed by the governors will be responsible for guiding the performance and national operations of the NHS. It will include the chief medical officer, the NHS chief executive, the NHS directors of finance, human resources, research and development as well as the chief executives of SHAs. The executive management board will be accountable to the governors.

Recommendation 5

The Department of Health should review its changed role following the establishment of a constitution for the NHS, a board of governors and the executive management board. Its primary role will be to provide adequate

resources to deliver the constitution and to focus on public and population health and work to diminish health inequalities (pp45–46).¹

Recommendation 5 nicely illustrates the problem with this approach in stating that the primary role of the Department of Health (DH) in such a system will be to "... provide adequate resources to deliver the constitution ...", while not mentioning anything in the previous four recommendations about the responsibility of the governors or the management board to keep within an allocated budget (or even trying to). Defining core services does not define the level of amenity at which these services are delivered or with what access to the newest, most expensive and most effective diagnostic interventions and treatments. The DH and the government cannot write a blank check to the board of governors of the English NHS in any given fiscal year, and neither can it write a blank check long term.

The BMA's vision of freeing the English NHS from day-to-day politics can only work either if we all agree that core health needs trump all other needs and should be allocated, whatever resources are necessary to meet them, or if we simply move the locus of conflict from one area of politics to another.

What the DH might have said is that it would be responsible for "providing agreed resources within a 3-year rolling budget", but that could well force the governors to make difficult and unpopular rationing decisions when a significant deficit has built up. How such decisions could ever be non-political is difficult to see.

It is also important to note that the task facing the English NHS governors would be much more complicated than, for instance, the task facing the current governors of the Bank of England, because of the multiplicity of goals to be pursued concurrently within the NHS, including such non-health goals as local employment and regeneration of deprived areas.

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Conflicts of interest: The author is a medical doctor and member of the BMA and married to an Advanced Neonatal Nurse Practitioner employed by the Welsh NHS. He and his family are also users of the Welsh NHS.

REFERENCE

- 1 British Medical Association. *A rational way forward for the NHS in England: a discussion paper outlining an alternative approach to health reform*. London: British Medical Association, 2007.