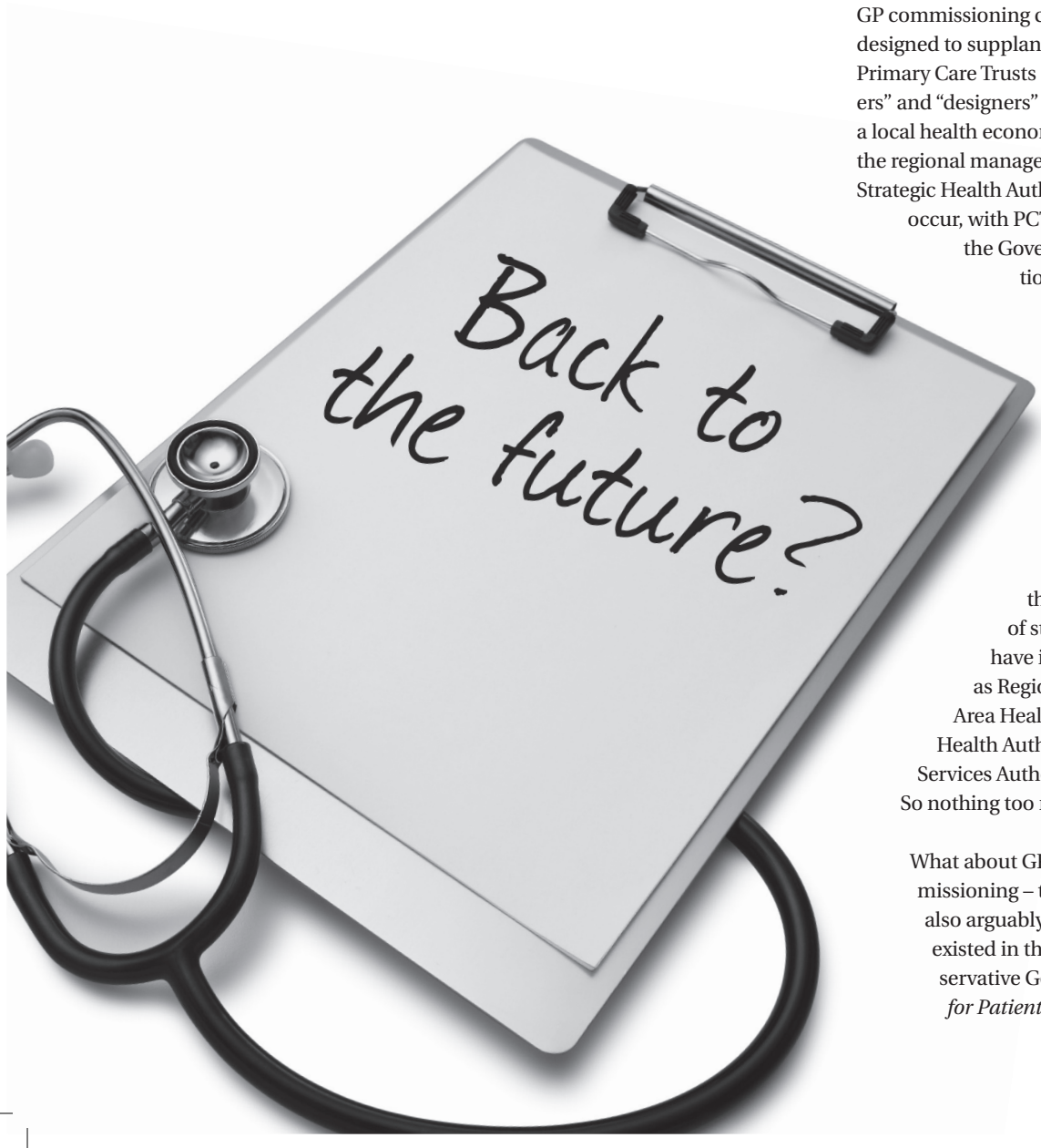
Why Lansley's NHS reforms are more **evolution than revolution**

Many commentators and critics have been quick to describe the Coalition Government's health reforms as "revolutionary" and the "biggest shake up to the system since the NHS' inception". Whilst it is true to say that the Secretary of State Andrew Lansley is introducing some substantive changes to the wider healthcare system, it can be argued that these reforms are more evolutionary than revolutionary. A brief rummage through the annals of health policy history over the last three decades actually produces what many critics would find to be a surprising yield of familiarity to today's reforms.

How so? Well, let's consider what many highlight as being the fulcrum of the Coalition Government's reforms; GP commissioning. The creation and development of GP commissioning consortia (GPCCs) are designed to supplant the now moribund Primary Care Trusts (PCTs) as the "purchasers" and "designers" of care for patients in a local health economy. The abolition of the regional management bodies called Strategic Health Authorities (SHAs) will also occur, with PCTs and SHAs seen by the Government as an additional layers of superfluous bureaucracy. Is this revolutionary though? Have PCTs and SHAs existed since the inception of the NHS in 1948? In short, no. Consecutive Governments have been through various iterations of structural reform, which have included bodies such as Regional Health Authorities, Area Health Authorities, District Health Authorities, Family Health Services Authorities and so it goes on. So nothing too revolutionary here.



What about GP involvement in commissioning – this must be new? Well, also arguably no. GP fundholding existed in the 1990s under the Conservative Government's *Working for Patients* White Paper, where

participating GP practices could purchase services for NHS patients. GP fundholding has been reported by some to have reduced elective hospital admissions by 3% whilst driving hospital efficiency by 1.6%, whilst others believe full implementation of "GP fundholding" across the country has the potential for savings of £1 billion. However, not all GPs were involved in fundholding by the time it was phased out under Labour, with accusations that it led to a two-tiered healthcare system with some participating GPs profiting as a consequence of the policy. However, Labour ensured that all GPs were part of Primary Care Groups (PCGs) – the precursors to PCTs – which had involvement in the commissioning of care, under initial reforms. Latterly, Practice Based Commissioning (PBC) has allowed GPs to hold indicative budgets to commission care and design services. So is GP involvement in commissioning new? It is clear that this not an entirely new concept either albeit the current Government has a modified vision for involving GPs involvement. Lansley appears to be following things through to what he sees as their logical conclusion, namely that if you believe clinical and financial efficiencies can be driven through GP involvement, ensure all of them are involved with hard budgets.

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So what about "providers" (primarily hospitals to you and I)? The Government wants all NHS Hospital Trusts to become – or have a plan to become – an NHS Foundation Trust. Foundation Trusts have greater freedom and autonomy in terms of operational structure and financial control, with local individuals publicly elected to hold the board to account. Are these new? No, there are currently 129. And who initially implemented this policy? Labour, under forward-thinking Alan Milburn in 2004.

But wait a minute, what about the policies of choice and "any willing provider" – market entry and the opportunity for contracts for private providers; these must be a new, typically Tory policy? You've probably guessed the answer by now. Labour introduced piecemeal choice for patients before eventually allowing patients to attend any NHS hospital of their choice. Labour also involved the private sector in the NHS through Private Finance Initiatives (PFI) to build hospitals, and guaranteed some private sector healthcare providers income to undertake certain NHS procedures and operations – whether they were performed or not – sometimes at rates of around 11% greater than the NHS would receive for doing the same work.

We could go on with similar discussions about Public Health, but hopefully it is clear that some of the key pillars of Andrew Lansley's reforms are not entirely new, as has been reported, but are to some degree simply an evolution of past policies, regardless whether you agree or disagree with them. If you believe GPs benefit commissioning, then allocate hard budgets. If you believe Foundation Trusts work, then ensure every NHS Trust has a plan to become one. If you believe in plurality of healthcare providers and choice for both patients and commissioners, allow "any willing provider" so long as they can match the tariff price. Whether these reforms will work or not is a very different debate, but for now let's not unduly place Andrew Lansley alongside Che Guevara and the revolutionaries.

By Ross Carroll
Member of The Bow Group Health and Education Policy Committee