

Steve Iliffe on troubles in store for the NHS

Unhealthy Attitude



The financial management of the National Health Service changes at the beginning of this month, but who cares? Earnest newspaper columnists and tv journalists do, and so do opposition politicians. Demoralised NHS staff do, too, when they have the time and energy. But we - and that 'we' includes *Marxism Today* as well as *Sun* readers - don't. At least not enough to riot or resist in poll-tax style. Not even enough to keep the political pot boiling, as in education. Even the union that has put up the best fight against the NHS reforms - the British Medical Association - has gone quiet.

Perhaps we do not need to worry. Maybe the NHS is safe in Tory hands, as Maggie said it would be. The new prime minister is keen to show that Conservatism is metamorphosing into christian democracy and believes in the public services. A display of real commitment to public health services would show just that. This is why the NHS reforms are being presented as simply the decentralisation of management responsibilities, the freeing-up of local initiatives among those on the sharp end of health care. Money - mostly public money - will follow the patient, good services will be rewarded and poor ones penalised as both the public and the professions wise up to the choices they have.

Health authorities charged with purchasing services for their communities from local 'providers' (hospitals and clinics to you and me) are under strict instruction not to rock the boat before an election. The sick must continue to occupy the same wards and use the same outpatient clinics as well as before, with no new arrangements to shake the present pattern of NHS services. In a year or so that stability will break down, but for now the more things are to change, the more they must stay the same.

Change they will, eventually. Health authorities will become brokers for, rather than providers of, medical care, and the mixture of public and private provision will become more complex and more difficult to unravel as time passes. The old NHS with its control structures and cash-limits will be replaced by a devolved NHS with local budgets and an emphasis (albeit rhetorical) on choice. No more sudden ward closures to balance the books. If the health authority does not think it will be able to pay for a service, it will not provide it at all. And just as real power will pass from the centre to the periphery, so political bucks will be passed from the minister to the local managers, ending endless parliamentary wrangling about underfunding and noisy demonstrations in Whitehall. Labour, if elected, may modify this process, but it is hard to see how it could reverse it.

Despite the scheming of the Government and its placement in the health authorities, the change may yet go disastrously wrong, especially if its weakest and overtly entrepreneurial points - the Hospital Trusts and GP budget-holders - fail to make ends meet and teeter to the brink of bankruptcy. Inequalities in health service provision will increase, and local action to maintain standards and improve care will become increasingly necessary. So while the Conservatives may succeed in taking the heat off the health minister, they may unwittingly stimulate a renaissance of local debate and initiative around health politics. This is not a comfortable thought for those on the Left who look to a strong state to sort out problems of priorities and possibilities, but it may hearten those whose hopes lie more with civil society than with central planning. Welcome to the long march through the institutions. •

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