

The Health and Social Care Bill misses the point

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The Health and Social Care Bill is bad policy and bad politics – but its biggest limitation might be that it fundamentally misses the point, argues the Health Services Management Centre's Jon Glasby.

Rarely out of the headlines in recent months, the Bill has achieved a rather unenviable feat: it seems to have brought together an impressive array of normally uneasy bedfellows in opposition to the proposed changes. Clinicians, managers, policy makers, researchers, think tanks, charities and others rarely all agree – but all seem united in their hostility to the Bill and increasingly unafraid to voice their concerns. Even the businessman, Gerry Robinson, popped up on Panorama to tell the Health Secretary that the changes won't work and could spell the end of the NHS as we know it – that the lack of strategic planning and accountability inherent in the proposed new system was simply bad business and bad management. While the NHS Future Forum has introduced some welcome changes, there is a danger that too many compromises could make the new-look Bill even less workable than before. A bad Bill is still a bad Bill – even if watered down.

Even more puzzling are the politics. At the time of the last election, the NHS was performing well on a number of fronts, further improvements seemed likely and the service was very popular with the public. If ever there was a time for evolution rather than revolution, it was then. Even worse, David Cameron had worked hard to decontaminate the Tory brand and persuade the public that the Conservatives can be trusted with the NHS – and this claim has been damaged at a single stroke. Once the words 'Conservative', 'NHS' and 'privatise' enter the popular and media discourse, it ceases to matter whether or not these claims are true and it becomes very difficult to shift the nature of the debate. If these changes don't work – and there are concerns they won't – then the negative publicity that will follow could hit as the Conservatives go into the next general election. However, if the changes do work, they could lead to significant hospital closures as GPs pull services out into the community – just as the Conservatives go into the next election. Either way, this seems difficult territory politically.

However, the biggest risk is that the Bill simply gets in the way of what's really needed. To respond to an ageing population, rising expectations and technological advances, the NHS needs to save and reinvest some £20 billion, and is entering a period of unprecedented financial challenge. To stand a chance, it needs policy makers, managers, clinicians and the public united – not the current chaos and recriminations. Moreover, the instability caused by the changes could make things worse in the short-term, with the old system nearly but not quite yet abolished and the new system not yet fully in place. Ultimately, most commentators agree that some form of acute care reconfiguration is needed – closing hospital beds to reinvest in community alternatives and in care closer to home. This is dynamite at the best of times, but the current Bill could prove to be little more than a distraction from the unpleasant but urgent task at hand.

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