Reforming Scotland

The NHS: Why every party now claims paternity of Labour's baby

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This is the latest in a series of individual contributions to the publication, 'Reforming Scotland', which aims to set out a possible vision for Scotland's future which can inform and influence the policy debate in the coming years. The contributions are by people from a range of different backgrounds and political perspectives who have looked at how policy could be reformed across a range of different areas and they represent the views of the authors and not those of Reform Scotland. They are published under the banner of our blog, the Melting Pot, since they are in keeping with the shorter pieces done by various people for this which can be found on our website reformscotland.com

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Reform Scotland is independent of political parties and any other organisations. It is funded by donations from private individuals, charitable trusts and corporate organisations. Its Director is Geoff Mawdsley and Alison Payne is the Research Director. Both work closely with the Advisory Board, chaired by Alan McFarlane, which meets regularly to review the research and policy programme.

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The Melting Pot is our guest blog page, where Scotland's thinkers, talkers and writers can indulge in some blue sky thinking. **The posts do not represent Reform Scotland's policies.**

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The NHS: Why every party now claims paternity of Labour's baby

So frequently repeated has the phrase about the NHS being Britain's national religion that is has become a cliché as well as an accurate observation.

And it's the deference with which the health service is regarded by politicians, media and citizens that is its greatest strength and weakness. Strength because it is unassailable; no party would dare undermine or threaten the central concept of free health care at the point of use, paid for from general taxation and available to all irrespective of income.

Yet after 30 years of knocking on voters' doors and speaking to them about their actual experiences as patients, of 14 years listening to constituents' complaints about their treatment at the hands of NHS staff, I am only too well aware that the NHS's perception as a "religion" is also its greatest weakness. For its critics are too often reviled as apostates and heretics.

Julie Bailey is a good example. The Mid-staffs whistleblower, whose own mother's death led to the exposure of appalling standards of care at the hospital at the end of the last decade, is regularly the target of abuse from defenders of the NHS who believe Ms Bailey's criticisms should have been made privately or, preferably, not at all. That the Labour government of the day initially refused to hold a public inquiry into the scandal says much about how far away the government had by then drifted from the principle that the patients, not the staff, must come first.

Instead of its mealy-mouthed "lessons learned" approach to the inquiry that was finally instigated by the Conservatives, Labour, the self-proclaimed "party of the NHS" would have helped restore confidence in that claim if it had instead called for criminal charges against the incompetent, lazy and malicious staff who caused such misery to those for whose care they were responsible.

But such an approach would have sorely vexed the public sector unions whose members were in the firing line and whose political contributions fund the Labour Party.

As a candidate for the Scottish Labour leadership in 2011, I attended a hustings event in Dunfermline at which I proposed the notion that the NHS was not there to generate jobs for members of Unison; it was there, first and last, to serve its patients. A senior Unison official sitting in the front row fumed silently but did not, sadly, take the bait.

Because of its historic role in founding the NHS – a role for which its members are rightly proud – it is Labour that finds itself in the most difficulty when it comes to reform. And too often it sides with the vested interests of the producers, rather than the consumers.

When David Cameron, flush from his unexpected victory at the polls in May, proposed a seven-day NHS, Labour's over-cautious reaction reflected its reluctance to take on the BMA and the health unions. While the party was hesitantly scratching its head, the public were scratching theirs in bewilderment: You mean there isn't a seven-day service already? How on earth did that happen…?

Until the recent junior doctors' dispute, the Conservatives were having some success in edging Labour off its traditional political ground and claiming it for itself, as it had done with the living wage and devolution. There are two dangers for the official opposition: first, that they lose their reputation for radicalism in the service of patients; and secondly, that the Conservatives, once they've gained the public's trust over its handling of the NHS, will feel they have the freedom to introduce rather less cuddly reforms, reforms which Labour will have more confidence to oppose. But by then it may be too late.

Reforms that Labour should feel relaxed about include the dreaded word "private". Private provision in the NHS has risen marginally since the Blair reforms in the early part of the last decade and ever so slightly more under the coalition. It's time for Labour to get over its anti-private sector mentality and start telling the truth to voters about what private actually means. And the first truth we should be reminded of is that we're all private healthcare users. Every one of us. And that is not the result of any new Blairite or Thatcherite innovation; it's been the case since the NHS was born. Your local doctor is not an NHS employee. He or she is a business person, contracted by the NHS to provide a service – a service from which your doctor makes a tidy profit.

Similarly dentists and opticians and a range of other services, are all provided by private companies (or contractors, if you prefer).

No-one cares. And no-one is calling for that system to be replaced by one in which GPs are directly employed by the NHS. Nor should they.

Which makes both of Scotland's main parties (if Labour can still be described as such) culpable when they argue over the level of services contracted out by various health boards to private companies. Labour accuse the SNP of privatisation, while ignoring the logistical consequences to patients if all such services became "in-house". The mirror image of that spectacle is the SNP

decrying the "privatisation" of the NHS in England as evidence of what awaits Scotland if we remain part of the UK, while being oddly reticent to explain the extent of private sector involvement already in the Scottish NHS.

While politicians fret and argue about the semantics, patients are doing what they always do: getting on with it. Those who are given life-changing treatment by a private company operating as a contractor to the NHS simply do not care who performs the surgery. They want efficient, quality care and they don't want to pay for it. Beyond that, they have more important things to be getting on with – like life, for instance.

Change is always resisted. It's what happens when you have a 70-year-old monolith whose creators would prefer to preserve it in aspic than make it fit for the future.

A couple of days before polling day in May, I received what was to be the last request from a constituent for help. Her elderly father had just been told that because of a redrawing of his GP's catchment area, he was distressed at being forced to find a new practice after more than 40 years with his current one.

Then, a matter of days after polling day, my entire family was informed that our own GP practice was relocating and that we, too, would have to find a new family doctor. We duly turned up at our nearest, and preferred, practice. "What's your address?" we were asked by the helpful receptionist. When we told her, she asked us to pinpoint it on a map on which had been drawn a rough circle, with the practice at its centre. Our home address fell a fatal few millimetres outside of the circle. Regretfully, we were informed, we could not, after all, register at that practice.

How can it be, in the early part of the 21st century, that choice remains a dirty word in Scotland's NHS?

In 2012, Reform Scotland published "Patients First: Improving Access to GP Practices", an attempt to persuade the medical profession and politicians that primary care needed to become more flexible, with patients', not professionals', needs put first. Patients should be able to choose between surgeries, even if it meant their preferred practice being outwith their local catchments area. And, as has already happened in England, private companies should be allowed to set up local GP practices.

Inevitably, the report, although fairly modest in its recommendations, was scathingly received by some influential figures in the medical profession and little progress has been made on it from a political perspective.

Yet, as new technology continues to transform almost every public service, the very idea that it should be up to NHS bureaucrats, rather than citizens themselves, to decide who should provide their treatment, starts to look as outdated as the closed shop. Whatever the objections of GPs and health boards themselves, this feels like one of those debates on which history will pour scorn, rather like looking back on the 1980s in astonishment that smoking used to be allowed on airplanes. Why shouldn't anyone who is able to travel that extra mile (literally) sign up at a practice that is not quite as local another practice with which that citizen is dissatisfied? If the preferred surgery's patient list is full, they can always refuse the application on those grounds. If it's not full, what difference does it make to treat someone from outside the local area?

Of course, there's the argument that house calls would be problematic, but that's only an argument if all the practice doctors actually live within the practice's own catchment area.

Recommendations more likely to be welcomed by health professionals came in February this year when the Royal College of Nursing, the Royal College of Surgeons of Edinburgh, and the Academy of Medical Royal Colleges and Faculties in Scotland met to discuss the sustainability of the devolved health service. The Herald newspaper rightly described it as "a starting point" for the debate on health we need to have, but if that's what it is, it is nothing more.

It contains four "action points", the first of which is a call for a "genuine" public debate, and the second a reiteration of the medical establishment's unfailing dislike of targets. The third "action point" is enticingly entitled "New ways of delivering care". But any reader expecting detail on this development will be left disappointed: the report daringly calls on the Scottish Government to make sure the professionals are consulted about any such thing before going public on it.

The fourth point is some more warm, carefully inoffensive words about "inter-professional" working, and the paper's conclusion could have been lifted from any similar report over the past 70 years of the NHS's history, reassuring readers about "ensuring the quality and sustainability for current and future generations of people living in Scotland."

It's all faintly depressing. It seems that even the professionals, in whom the public place so much unqualified trust, are reluctant to say or suggest anything that might seem even a little controversial or at odds with the health consensus that prevails in Scotland.

And yet, when another consensus is developing – one that concludes that the NHS is indeed about to reach a crisis point in terms of resources – isn't this the best time our professional health bodies, and yes, even politicians, to risk public disapproval by offering some new and challenging solutions?

In 2005 Patricia Hewitt was appointed Health Secretary in the UK government. Her first task was to deal with the NHS's then £billion+ deficit. Putting patient choice at the heart of her philosophy, Patricia confronted health managers who, before her arrival, had probably expected the new Health Secretary to arrive in her new job with yet another blank cheque from the Bank of Brown. They were to be disappointed. Eschewing the time-honoured tradition of solving every problem in the NHS with a combination of new money and imaginative accounting techniques, she instead reformed, becoming inevitably unpopular in the process, both on the Labour benches and in the health service more widely.

At exactly that time, a former parliamentary colleague was working at the higher levels of the Scottish NHS. He told me recently that at the time of the Hewitt reforms, his own bosses were expressing profound relief, not just because they disagreed with what was happening in England, but because they were supremely confident that radical reform would never even be proposed in Scotland.

Since devolutions, ministers of both parties have enshrined a form of conservatism when it comes to public service reform. While Scotland peers with contempt at academies and free schools south of the border, at the growth of private health providers within the NHS, it further entrenches the ultimately doomed philosophy that the answer to every problem is more cash, not reform.

Not only is the private sector already entrenched in the NHS, and has been since its inception, it simply could not function, could not provide all the services we expect of it, were that not the case. And yet instead of acknowledging and approving of this concept, politicians prefer to recite the "public good, private bad" mantra, however misleading and dishonest that is.

Reform is needed and it will come, one way or another. The priority must never be the doctors or the nurses or the politicians or even the NHS itself, for the NHS is simply an agent, an institution set up as a means to an end. The priority must always be the public. They call the shots, they pay the bills, and it would be a brave politician who thinks their needs can be sidelined for to any vested interest.

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