Foreword

Very many people have become bewildered by the pace of change of the National Health Service and increasingly doubt whether the changes they are having to get used to will have any positive benefit for them. Of course, the world in which health care is delivered today is a very different world to that in which the NHS was set up by Aneurin Bevan, and change is necessary. The system cannot just stand still. But in responding to change there is a need for policy makers not to forget the collective action ideal that David Hunter quotes as inspiring the work of Bevan and his contemporaries.

What has been lacking in recent health policy making has been any effort to engineer change in a slow and systematic way, and to evaluate what has occurred. It is naïve to argue that politicians should leave the health service alone. What use is politics if it does not involve a quest to improve public policies? And health policies are among the most important public policies for us all. Moreover, as the long debate about how the health service is controlled has shown, political abdication implies the acceptance of professional dominance. Professionals have interests and do not always ‘know best’. Here lie then many of the contradictions and dilemmas with which this book is concerned.

This second edition of the book is necessary because the pace of change in health policy has not slowed since the first edition. The end, in 2010, of the period of Labour Party dominance was succeeded by more policy change. The Conservative–Liberal Democrat coalition came into power with no obvious alternative agenda, but then proceeded to produce the controversial Health and Social Care Act (2012). As David Hunter shows, this legislation combined a commitment to advance further the process of private health provision, by no means absent in Labour policy making, with another phase of structural reform. Amendments following controversy over the initial Bill further complicated the process, leaving confusion in its wake. In the 2015 election, the Conservatives acquired power, without the need for a coalition ally. While they came in with no new agenda for the
health service, they made clear their continuing commitment to both austerity and the private provision of public services. We are now in a period of uncertainty, in which an additional dimension has been introduced by developments in respect of devolution to Scotland, and to a lesser extent, Wales. Promises are also being made, which the book addresses with a cautious scepticism (that I share), about some delegation to local government. Diversity seems desirable, but, as the book shows, it tends to prompt political concerns about the so-called ‘postcode lottery’. Turbulence is likely to continue for the National Health Service.

David Hunter is a scholar whose work has long involved an appreciation of the problems that have been rooted in too strong a professional dominance within health services. But he convincingly questions the alternative dominance of classical economics-based thinking about how to develop rational policy, nowadays reinforced by the intrusion of the simplistic economism of public choice theory into how many people analyse political and administrative behaviour. In any case, he suggests that many ideas from this direction have been taken up with little systematic thinking, let alone effective testing of their impact. In practice, hyperactive politics, not rational decision making, has driven the system. Market models, or indeed rampant commercialism, without consideration of whether these deliver the ‘choice’ they are believed to promise, have dominated so-called ‘reform’. This book rightly questions whether choice (an ideal accepted by all but the most paternalistic providers) necessarily implies a need for competition, let alone competition in which private (for-profit) providers are a necessary part. The latter have become – surprise, surprise – the most vociferous advocates of health policy change. Meanwhile, others (such as academic economists who – we hope – do not stand to gain from privatisation) have subscribed to the mantra that it does not matter who provides services so long as the health service remains tax funded. A very important aspect of this book is that it shows the dangers for the public service ideal that lurk in that point of view.

As David Hunter points out, international comparative surveys tend to score the British health service high, and the American health system
(the source of much of the privatisation pressure) very low. While that should not engender British complacency, it does point to the importance of preserving the essence of the original National Health Service. Here is a book that provides evidence for that perspective.

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