

# A dangerous honour

There are few greater challenges than the office of health secretary, with its guardianship of the crown jewels of Britain's post-war consensus. Here, members of this elite club discuss their sense of privilege – and compare their scars

*Lord Jenkin was secretary of state for health and social services from May 1979 until September 1981*

In 1979 I faced a stark challenge from the Lambeth, Southwark and Lewisham Area Health Authority, which resolved to defy the financial limits on their spending. I took immediate legal advice and decided that this overt defiance could not be allowed. I immediately suspended the authority, appointing commissioners to take over.

Though applauded by the rest of the NHS, this decision was challenged in

the courts. They decided that the suspension was illegal on the grounds that no time limit had been specified. I apologised to the House of Commons, and introduced an emergency bill to validate anything done by the commissioners. I met the members of the authority to agree a timetable for their reinstatement. They were a very chastened group indeed and agreed without reservation that they would henceforth abide by their cash limits.

The significance of this episode is that never again has anyone in the NHS tried to dodge their cash limits. A *National*

Health Service, financed by taxpayers and free at the point of use, principles supported by all political parties, depends on firm financial discipline if it is not to break down in chaos.

*Norman Fowler was secretary of state for health and social security from September 1981 until June 1987*

To be frank, my memory of the NHS in the 1980s is one of argument and dispute. Not just the obvious clashes on pay but the continual political and service opposition to change – however necessary and overdue that change was.

In 1983 I introduced general managers into the service. This followed the report of Roy Griffiths (himself a skilled manager) who found that the old system of consensus management all too often failed in reaching decisions. Nevertheless the new policy was hotly opposed on the grounds that “supermarket” practices were being introduced.

Earlier in the same year I started on the process of competitive tendering for ancillary services like catering. This was strongly opposed by the health unions, in spite of the evidence that some of these services were being delivered inadequately.

The following year in 1984 I introduced the limited list of drugs which prevented some home remedies being prescribed on the NHS, and extended generic prescribing. This was opposed by the BMA on the grounds that it interfered with the doctor's choice.



Kenneth Clarke (L) and Lord Jenkin (R): the post of health secretary is one of the “most politically dangerous” for any minister, says Clarke – from which he still bears “one or two scars”



Norman Fowler launches the HIV /Aids health campaign, November 1986: when the NHS works together as a united force it is “formidable”, says Lord Fowler

Of course, the significant point about these changes was that when a new government took over, they were not reversed. The lesson is that party politicians and health politicians should beware of knee-jerk opposition to change – and remember that when the NHS works together as a united force it is formidable.

My example of that came in my last months as health secretary when I mounted a campaign against HIV/ Aids. This time I had the backing of both the service and opposition politicians. The result was a public health campaign that affected behaviour and showed what can be achieved when the Health Department and the Health Service work together.

Ken Clarke was secretary of state for health from July 1988 until November 1990

It was a privilege to have two stints as a minister responsible for the NHS, first as minister and later as secretary of state. I enjoyed the post because I was there long enough to be able to take forward a lot of policy. In every western

democracy, the post is one of the most politically dangerous for any minister. Every western democracy believes that its health system is in crisis. Every minister tries to meet infinite demands from finite resources, in the face of rising public expectations.

It became obvious to me that the NHS needed drastic reform as well as more money. I launched an agenda,

which is still being followed, of making the service consumer-oriented, improved by competition and choice.

I introduced the producer/provider divide and began to localise detailed decision-making in the hands of NHS Trusts and GP fundholders. It was ferociously controversial, but the service might not have survived if we had not insisted on change.

Our excellent NHS has continuously improved, largely because of the pace of clinical and pharmaceutical advances and the dedicated work of its staff. I look back fondly on the experience, even if I still bear one or two of the scars.

Lord Waldegrave was secretary of state of health from November 1990 until April 1992

Nowhere else in the developed world do ministers run the Health Service. Our NHS was founded, with such honourable hopes, on the wrong model –of a new nationalised industry, centralised, and accountable to a minister, in Bevan’s famous phrase, “for the dropping of bed pans”.

Heroic work is still being done within this mistaken model. Because few British people have any other experience of universal health care, they take any



Heroic work is still being done within a “mistaken model” says Lord Waldegrave (far right)





Virginia Bottomley holds a news conference on cancer services, April 1995, with chief medical officer Dr Kenneth Calman: there was a “real sense of teamwork in the NHS”, says Bottomley

attempt to change it as an attack on universality, so change is extraordinarily difficult. Most oppositions, like that I faced in 1992, fight on NHS manifestos of extreme institutional conservatism. As Labour found by 2000, such a manifesto is useless in government. After a year or two, attempts are resumed to reform the juggernaut by introducing plurality of supply and finance, and independence from political intervention.

But no reform will succeed until we face the truth which is never spoken in British politics: that British health care is now not only *not* the best among comparable countries; it may not even be first division.

That is not a criticism of the people who struggle in the wrong structure set up 60 years ago, never imitated anywhere. It is a criticism of ministers, like me, who have ‘run the Health Service’, for undertaking a task which should never have been ours in the first place.

*Baroness Bottomley was secretary of state for health from April 1992 until July 1995*

The six-and-a-half years I served at the Department of Health as minister and then secretary of state were absorbing, fulfilling and worthwhile. I was lucky to have constructive relationships with officials, colleagues and professionals alike; there was mutual trust

and a real sense of teamwork.

Ken Clarke had established the framework. My role was to ensure the reforms were properly implemented and results delivered.

On my watch, the NHS Trust programme rolled out, the Patient’s Charter developed and the Health of the Nation strategy launched.

I wanted to raise the profile of mental health issues and champion medical research. Encouraging diversity was another issue close to my heart; I noted the ‘stale, pale, male’ face of the NHS and led initiatives to develop women and BME staff.

The NHS adapted to rapidly rising demands, coupled with cultural shifts such as greater consumerism and a decline in deference towards medical professionals. Professional commissioning was a priority to deliver a patient-driven NHS where the ‘inarticulate needy’ would be protected from the ‘articulate greedy’.

Vindication of our approach is that, after a decade of dismantling and a naïve assumption that the issuing of a press release could equal delivery of reform, Labour has now largely returned to the pre-1997 model with some additional improvements.

*Stephen Dorrell was secretary of state for health from July 1995 until May 1997*

No health secretary was ever short of advice.

The shortcomings of the NHS are subject to regular analysis in every golf club bar in the country

It is bureaucratic. It is wasteful. It spends too much on management. It

suffers from repeated reorganisation. It doesn’t respect the clinicians. It is a political football.

But people *care* about the NHS.

Very few people recite its shortcomings, and then conclude that it can’t work. Even as they complain about it, most people restate their commitment to its founding principle – that healthcare should be available to all UK residents on the basis of their clinical need, and without regard to their ability to pay.

Public support for the objectives of the NHS remains very high.

It is the gap between the aspiration and the reality which is the issue. Too often high ideals have been undermined by poor delivery.

The good news is that there now seems to be a developing consensus around the management structures we need to take the NHS forward.



Newly appointed health secretary, Stephen Dorrell, relaxes at his office at the Department of Health, July 1995: public support for the objectives of the NHS remains “very high”, says Dorrell.

After a long and expensive detour, the current structures bear a striking similarity to those we implemented in the 1990s.

I hope we shall now be able (18 years later) to concentrate on using those structures to address the real priority issues facing the NHS.

*John Reid was secretary of state for health from June 2003 until May 2005*

Our traditional British values in a modern setting: if anything ever fitted that description, it’s our



John Reid talks with patient Patrick Mayers during a visit to Chelsea and Westminster Hospital, London, December 2003: the NHS is “truly the best gift that the British people have ever given to themselves” says Reid

National Health Service. Often referred to as the ‘jewel in the crown’ of the British welfare system, it is truly the best gift that the British people have ever given to themselves.

The decision that every British citizen should have access to the healthcare they need, when they need it, irrespective of their rank, status or bank account, is surely one of the most principled decisions in British history.

That decision was not taken by a nation awash with surplus funds. It was taken by the British people as they emerged battered, and almost bankrupt, from their heroic struggle in the greatest war the world had ever seen: World War II.

I am privileged to have been given the opportunity – and responsibility – to play a part in the modernisation of that legacy. But I have a deeper debt. I owe my life to the NHS; since it was only through the provision of free healthcare and the efforts of doctors, nurses and other healthcare staff that I was saved from the lethal effects of para-typhoid fever at the age of 14.

So, on this 60th anniversary I celebrate, as millions do, a Health Service that has given so much to so many, at a personal and a national level. I am honoured to have been allowed to give something back

Happy Birthday NHS.

*Patricia Hewitt was secretary of state for health from May 2005 until June 2007*

**I**t felt as though bed-pans were clattering in Whitehall for most of my time as health secretary. Transforming one of the largest and best-loved institutions in the world was never going to be easy. But whatever the challenges, there are few greater privileges in life than to be health secretary in a Labour government.

The most important change was the one that had nothing to do with the NHS. Going smoke-free has already improved the health of thousands of people with chronic heart disease and, over time, will save thousands of lives.

I intended to make public health my number one priority. Instead, sorting out

the finances took over. It was painful for everyone – but essential if we were to protect the founding principle of the NHS of universal healthcare, free at the point of need. The result was a fairer and more transparent system that is helping the NHS to focus on the *quality* of care and real value for patients.

Every health service in the world faces huge challenges. But the dramatic

cuts in waiting times NHS staff have achieved are just one of the reasons why the NHS – the fairest health service in the world – can look forward with confidence to the next 60 years as it celebrates its first 60. ■



Patricia Hewitt holds one-day-old Oliver Connelly during a visit to Queen Charlotte’s and Chelsea Hospital, London, April 2007: there are “few greater privileges in life” than to be health secretary in a Labour government, says Hewitt