

## How not to do big reorganisations in social policy: the NHS

Ian Greener, Durham University  
ian.greener@durham.ac.uk  
@ijgreener

---

'Tony Blair once explained his priority in three words: education, education, education. I can do it in three letters. N – H – S. 'David Cameron, Conservative Party Conference, 2006

'We will stop the top-down reorganisations of the NHS that have got in the way of patient care' – The Coalition: Our programme for government, May 2010

'Andrew Lansley (Greedy), Andrew Lansley (Tosser), The NHS is not for sale you grey-haired manky codger' – MC Nxtgen. March 2011

'We're f\*cked' – David Cameron's reported response to the scale of criticism of the NHS reorganisation – February 2012

### Introduction

---

Welfare reorganisations are expensive, and big reorganisations carry substantial risks. It is therefore imperative that we get them right – and rather sobering how infrequently healthcare reorganisations of any type have much success at all. The Coalition Government created a storm of protest against their NHS reorganisation, and Labour appear to be gearing up to make healthcare a big election issue in 2015. The Coalition Government's NHS reorganisation is confusing in that it is clearly a continuation and extension of Labour's approach in the previous five years especially, but at the same time led to them being accused of privatising and dismantling the NHS in ways their predecessors were not. This led to a situation where the former Labour Secretary of State, Alan Milburn, criticised the final version of the proposals as not being radical enough because of their dilution of competitive market structures, whereas Conservative supporters criticised the reorganisation for being too radical and so risking them losing the next

election. What follows here is not a chronological account – Nicholas Timmins' excellent 'Never Again' can be downloaded from the King's Fund website for that (Timmins, 2012). This short piece attempts to draw lessons for big reorganisation from its events.

### Lesson 1 – If you're going to big welfare reorganisation, get a mandate for it

---

During the 2010 election campaign, the NHS wasn't much discussed – there appeared to be a consensus that large-scale reorganisation was not on the table, and Labour found themselves outflanked by Conservative commitments to 'ring-fence' NHS spending. Upon election, the Coalition Government made a promise to end 'top-down' reorganisation, suggesting a period of relative calm.

Six weeks later, the government released its White Paper 'Equity and Excellence' (Secretary of State for Health 2010). Very few people were consulted about its contents. Little wonder that, once both the public and NHS staff became aware of what was going on, the former signed a petition in their thousands to demand a debate in Parliament on the proposals (ironically, aided by a measure introduced by the Coalition Government to allow greater public involvement in the Parliamentary process) and the latter began, especially through the Royal College of GPs, to campaign vigorously and actively against the proposals. Both the public and those working in the NHS felt that the government had no mandate for its reorganisation – with some justification.

## **Lesson 2 – If you're going to reorganise welfare services, give a reason why you are doing it**

---

The new government's NHS reorganisation sought to increase the pace of marketization (and indeed privatisation). However, it seemed to have forgotten to explain what problem this was the solution to.

By early 2010, levels of reported public satisfaction with the NHS recorded in the British Social Attitudes Survey were at an all-time high. Increased funding was beginning to show results, with the UK catching up on success rates in a range of clinical indicators where it had been behind its peers. There was still a long way to go (the events at Stafford Hospital certainly showed that), but things seemed to be going in the right direction. In their rush to publish their plan for healthcare, the government forgot to explain to anyone what their reorganisation was for.

This led to two big problems. First, it left the government having to come up with a reason why the NHS needed such major change. There were two broad strategies. First, the government published data showing the NHS lagging behind comparative nations in key clinical indicators. This provoked a furious response from clinicians, who challenged the government's data, often via blogs or other web commentaries. These online responses showed that, in a connected era, the government's authority was open to vociferous, rapid and highly credible challenge. The government's second strategy was to try and show the reorganisation was necessary because of the future challenges facing healthcare. The problem was that their reorganisation did little to address arguably the most significant challenges facing the NHS – the boundary between health and social care, or its big public health challenges. So again, these claims were quickly challenged by highly-mobilised and informed on-line communities.

The second problem was that the lack of a credible reason for reorganisation left space for alternative theories to flourish. Claims about stealth privatisation and vested interests began to appear. Now, of course, it may be the case that

these theories were right – that the reorganization was largely about privatising healthcare and generating profit for multinational healthcare organisations – but the government's lack of ability to provide an alternative narrative meant that the case for reorganisation was never made.

## **Lesson 3 – If you are to consult people about your welfare plans, be prepared to admit you got it wrong**

---

The legislation outlining the NHS reorganisation was subject to a 'pause' because of the mounting criticisms against it. Whereas the political process had by then actually largely approved the Bill, the national mood had moved very much against it. In announcing their 'pause', then, the government appeared to be prepared to stop and listen.

However, what quickly became apparent was that the pause did not include the option to stop the reorganisation in its tracks and get the government to think again – it was about amending the Bill only. This was partly due to the reorganization having a timetable that meant it had already moved ahead of the legislative process (leading to accusations of it being unconstitutional as well as undemocratic), and partly due to the government not wanting to back down from their plans, even when they were faced by criticism from within their own ranks of the reorganisation potentially wrecking their chances at the next election. This made the pause appear to be less about listening and more about working out the bare minimum the government needed to change to force through its plans. This was to store up problems in implementation later.

## **Lesson 4 – Making policy is not the same thing as making things happen**

---

What the aftermath of the two year debate over the Health and Social Care Bill makes clear is that it is one thing to make policy (or publish a White Paper), and another to implement it. This is the case in two key senses here. First, the transition from White Paper to Health and Social Care bill was fraught, chiefly for the reasons outlined above – the proposals were a surprise to the public and those working in health

services, who were not consulted and so had no ownership or stake in agreeing with them. That the government could give no coherent reason for their reorganisation led to space for accusations about vested interests to be spread. Then the 'pause' tried to address concerns by making its structures more complicated and to the Bill being heavily amended. Lansley's original vision was so extensively modified during the process through which it was turned into law that it was almost unrecognisable by the end.

But these problems fade into the background compared to the problems that are involved in actually making the reorganisation happen. We don't know what the effects of the coalition's reorganisation are yet – it is too early to judge. But we do know that the funding crises of the past appear to be resurfacing (despite the 2010 claims that budgets would be 'ring-fenced') and as health leaders find themselves closing down organisations (such as PCTs and SHAs) only to end up often re-employing many of the same staff in similar roles in new organisational structures, while at the same time trying to get those new organisations to work.

### Lesson 5 – Another reorganisation is probably not the answer

---

Health services, in common with other welfare services, are about relationships, not ideal types such as markets (or hierarchies or networks), and relationships are about people. It is perfectly possible to provide excellent healthcare in the most dreadful of circumstances, or to provide dreadful care even if surrounded by the best possible facilities. Looking for organisational solutions to complex service problems is probably to look in the wrong place. It is certainly the case that organising things well can help deliver good care, but it can't do the whole job – that requires hard work, professionalism, and commitment. What is remarkable is not only that policymakers appear to continue to overlook this basic fact, but that they continue to alienate and distract those who deliver welfare services by continually reorganising their workplaces, disrupting their lives and, quite often, making their jobs more difficult. We need to support those who deliver care in doing a better job, not

reorganise them every few years and take their attention away from those they are doing their best to serve.

### Conclusion

---

We don't know how much the NHS reorganisation of 2010-2012 cost. If we include not only its direct costs, but also the redundancy payments, the costs of setting up new organizations and the extra time and effort GPs have had to put in as a result of their bigger role in commissioning, often on top of their 'old' jobs, then the sum comes to billions and billions. A key question is whether any benefits at all have accrued, never mind ones sufficient to actually cover the costs of the reorganization. We need policymakers to face a more substantial burden of proof before they go ahead with large scale welfare reorganisations, as well as for them to learn that reorganizing, in itself, is seldom the answer. Welfare services are about people – about helping those who need them, and about supporting those who provide them. The role of government is surely to try and provide the resources and structures to these ends, not to continually disrupt them through unnecessary and expensive change.

### References

---

- Secretary of State for Health (2010) *Equity and excellence: liberating the NHS*. London: The Stationery Office Limited.
- Timmins, N. (2012) *Never again?* London: King's Fund and the Institute for Government