Many thanks for your letter of 8 October 2011, on the subject of the modernisation of the NHS, and welcome back to health – Michael Gove’s loss is my gain.

I am disappointed that you did not take the opportunity to apologise for your opposition to our real-terms increases to the NHS budget, which last year you described as, “irresponsible”. I presume, therefore, that you and your colleagues remain committed to cutting the NHS budget by £30 billion over this Parliament.

I disagree with you that the “key objective” of the Health and Social Care Bill is to deliver greater clinical leadership in the commissioning process. The key objective of the modernisation of the NHS, and of the Health and Social Care Bill, is to ensure that the NHS is truly on the side of patients – a group which you neglected to mention in your letter to me. Doing so means giving patients greater choice, improving outcomes, reducing the scope for political interference, putting doctors and nurses in charge of the resources for their patients’ care, giving NHS hospitals greater freedoms from Whitehall control, and ring-fencing the public health budget so that it cannot be raided to tackle deficits in the NHS.

The Health and Social Care Bill provides the legislative framework to put all of these objectives into effect, all of which are necessary to drive up the standard of care we give patients. It does so by building on the reforms made by the Government of which you were a member by, for example:
• Strengthening arrangements for doctors and nurses to take charge of commissioning by putting them on a statutory basis – thereby making practice-based commissioning real and effective.

• Putting the Cooperation and Competition Panel, established under your tenure as Secretary of State, on a firmer basis as an advisory body within Monitor – thereby preventing the preferential contracts you awarded to the private sector.

• Helping all NHS hospitals become strong and sustainable NHS Foundation Trusts – truly independent of Whitehall interference, and free to deliver services in line with the needs of their patients.

As Secretary of State, you allowed all of these crucial reforms to stall. I have no inclination to accept your support for establishing, “true clinician-led commissioning in every locality in England”, when this is what you failed to do so spectacularly as Secretary of State. You call simply for the reintroduction of practice-based commissioning – a policy which your own Department’s National Clinical Director of Primary Care described when you were Secretary of State as a, “corpse”, and on which your own Shadow Minister Liz Kendall has said:

“Many GPs felt frustrated by practice-based commissioning. They felt they didn’t always get the power, responsibility and resources they might have wanted.”

Our policy will address the concerns your Shadow Minister has so rightly expressed, in a way which does not retain the extensive bureaucracy your approach would commit us to doing.

The legacy I inherited from you overall has been appalling. NHS Trusts in some areas of the country are struggling under the twin burdens of PFI repayments and other forms of debt. The NHS you left the Government with had witnessed a decade of declining productivity and – in your last year in office – the number of managers increased at six times the rate of the number of nurses. Mixed-sex accommodation was still rife, despite your pretence that it had been abolished. In contrast, in just the Government’s first year in office, we have turned this abysmal record around: increasing the number of doctors by 1,500; reducing the number of managers by 5,000; securing productivity improvements of £4.3 billion; and reducing the number of breaches of mixed-sex accommodation by over 90%.
That is how my record contrasts with yours. Given that you do not have a record on which to be proud, I do not believe you have the credibility to suggest the ways in which the NHS can move forward today.

ANDREW LANSLEY CBE