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If I ruled the NHS I would do two things immediately. Firstly I would restore the NHS to being a publicly provided service. Over the past 25 years there has been a progressive creep towards allowing the market to determine what health services are available. This process accelerated with the Health and Social Care Act 2012, leading to an unprecedented wave of privatisation that the government is largely unable to control. The marketisation process absolves our elected representatives from taking responsibility for providing health services and instead devolves this task to the market, via commissioners. I would end most commissioning within the NHS. It is a vast waste of NHS resources and has not convincingly been shown to improve the quality of services. Instead, we will end up with an increasingly fragmented and inefficient system that is not in the interests of patients or taxpayers.

Some elements of NHS services are better delivered by voluntary or private sector organisations, and commissioning those services may be appropriate. However, these should be the exception, not the rule. A good example is the Havens specialist centres for people who have been raped or sexually assaulted (www.thehavens.org.uk). They offer a highly specialised service across multiple public services to work with extremely vulnerable patients who need immediate and comprehensive care.

The second thing I would do is return public health to the NHS and make it much more radical. Preventive medicine is one of the key components of reducing the future cost of health services. I would end the cycle of addiction, misery, and death caused by tobacco by banning the sale of cigarettes to people born after the year 2000, so as to progressively phase out the most lethal product available in shops. I’d also take a closer look at government policy on other psychoactive substances to make sure that the balance of free choice versus individual and societal harm was rationalised. I would immediately end the “responsibility deals” between the government and industry and make it clear that organisations with a financial interest in selling harmful products have no place in making public health policy. This would then pave the way for a sensible debate on implementing a minimum price for a unit of alcohol and reducing unnecessary fat, salt, and refined sugar in processed food. Sadly, this government has largely shown contempt for public health.

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