McKee, M (2013) Two key messages were overlooked in article on personal health budgets. BMJ (Clinical research ed), 346. f34. ISSN 0959-8138 DOI: https://doi.org/10.1136/bmj.f34

Downloaded from: http://researchonline.lshtm.ac.uk/588992/

DOI: 10.1136/bmj.f34

Usage Guidelines

Please refer to usage guidelines at http://researchonline.lshtm.ac.uk/policies.html or alternatively contact researchonline@lshtm.ac.uk.

Available under license: Creative Commons Attribution Non-commercial http://creativecommons.org/licenses/by-nc/3.0/
PERSONAL HEALTH BUDGETS

Two key messages were overlooked in article on personal health budgets

Martin McKee 教授 of European public health
London School of Hygiene and Tropical Medicine, London WC1H 9SH, UK

It was unfortunate that Chinthapalli overlooked the key message of our paper on the Dutch experience with personal health budgets—that their availability is being scaled back radically because of escalating costs and widespread abuse.1,2

Another key issue was overlooked. Many view personal health budgets as the beginning of a process, initiated by the Health and Social Care Bill, whereby at some point in the future each of us will be allocated a fixed amount to purchase insurance, with the requirement to top up anything that is not covered. This would be consistent with views expressed previously by various Conservative politicians.3 What may seem like a good idea could easily become a Trojan horse.

Competing interests: None declared.

1 Chinthapalli K. Personal health budgets: surplus of cash or deficit of ideas? BMJ 2012;345:e8329. (10 December.)

Cite this as: BMJ 2013;346:f34
© BMJ Publishing Group Ltd 2013

martin.mckee@lshtm.ac.uk