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ACUTE PERSPECTIVE

David Oliver: MPs should look in the mirror before blaming the NHS for its failings

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The parliamentary Public Accounts Committee does an invaluable job in holding the government, public bodies, and civil service departments to account. But it comprises MPs from across the political spectrum who are, or have been, variously part of the executive, the legislature, or the opposition. Judging by the committee's damning report published on 16 March, *NHS Backlogs and Waiting Times in England*,¹ you might think that elected parliamentarians had nothing to do with the NHS's current problems.

The pandemic has accelerated these problems, but the structural failings that have left the NHS vulnerable are the result of several years of terrible policy making and legislation by government ministers. The MPs were there, just as Jeremy Hunt, now a critical chair of the Health and Social Care Select Committee, was health secretary for six years.

The report highlights the six million people now on NHS waiting lists, the "missing patients" who never made it onto any lists, and the falling percentage of patients seen within the waiting times stipulated by key performance indicators. It explicitly criticises the Department of Health and Social Care and NHS England and is sceptical of the recently published elective recovery plan.² These are all legitimate concerns that affect patients' lives severely. But MPs washing their hands of all responsibility won't do.

The 2010 coalition government sent the NHS into years of completely avoidable "re-disorganisation" as a consequence of Andrew Lansley's Health and Social Care Act 2012, at a point when performance and satisfaction had been improving steadily and further incremental improvement and steadiness were required. The NHS is—in the words of the seminal Nuffield Trust report³—*Doomed to Repeat* this folly, as yet more major primary legislation is currently going through parliament in the form of the Health and Care Bill, which will also cause huge structural upheaval at a time when staff need to focus on delivery.⁴

From 2010 to 2019 the NHS received the lowest annual increase in real terms funding since the 1950s.⁵ Serial parliaments going back over 20 years promised lasting solutions to social care funding and provision, commissioned major reports, and then failed to implement effective, sustainable changes.⁶ This has in turn affected NHS capacity and performance.⁷ Since 2010 local government and social care funding and capacity have been cut.⁸ Since 2015 the public health grant has been cut by a quarter, and even before then big policy decisions on tackling health inequalities and the wider determinants of

preventable ill health were ducked, in turn affecting population health and demand for services.^{9 10}

Brexit is already causing tangible harm to the economy—whose tax receipts fund the NHS—and to clinical workforce recruitment and retention, as well as to medical research and medicines regulation.¹¹ It's not as if experts didn't warn MPs of these risks.

"Points based immigration" rules have also deepened the workforce crisis, most notably in social care, and the mood music is off-putting to staff wanting to come or remain here,¹² not least in recent revelations about overseas nurses enticed to the UK to help with the pandemic response who are now being asked to repay substantial immigration and training costs if they return home.¹³

The failure to plan for the NHS and social care workforce in the long or medium term, despite serial pledges to produce such a plan, has become particularly exposed in recent years, but it also goes back decades, as we complacently relied on recruiting international staff.¹⁴ The failure to retain staff is partly a result of terms and conditions and real terms pay cuts overseen by the government. It was Hunt as health secretary who picked a needless scrap with junior doctors over their contract in 2015,¹⁵ and the current government has publicly briefed against GPs repeatedly.^{16 17}

Ultimately, it's not officials, executives, or advisers in the Department of Health and Social Care or in NHS England who will reduce waiting times. It's clinical staff delivering clinical care, without whom there'd be no service to have a waiting time indicator for.

In the March 2022 British Social Attitudes survey, public satisfaction with health and social care services fell to its lowest point since 1997.¹⁸ The respondents were clear that workforce and funding were the root cause of service failings. These well documented workforce and funding shortages lie firmly at the feet of parliamentarians.

Maybe the Public Accounts Committee should have issued something of a *mea culpa* about the role of MPs in all of this, rather than shifting the blame onto public officials and NHS executives.

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