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My plan to save the NHS – in the nick of time

All is not lost. We can still shield our health service from the ravages of a full-blooded external market



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Children and nurses representing Great Ormond Street Hospital and the NHS in the opening ceremony of the London 2012 Olympic Games. Photograph: Clive Rose/Getty Images

As I watched the National Health Service celebrated through hospital beds and patients in Danny Boyle's Olympic opening ceremony my spirits lifted suddenly, replacing the despair I felt at the passing of the Health and Social Care Act. I could see a way to reinstate the essential legal and democratic basis for the NHS in England by drawing up a short bill to focus a cross-party campaign on restoring the health secretary's duty to promote and provide as well as secure a comprehensive, integrated health service – while avoiding another unwanted "top down reorganisation".

The aim of the NHS (amended duties and powers) bill, which I have now introduced into the House of Lords, is that concerned members of the public can use it to question candidates in byelections and at the general election. It is not a Labour party bill, or one

drawn up by the newly formed National Health Action party. Of course the bill is open to any organisation or individual to support, but it is an aid to campaigning, not a campaign itself.

This bill of only eight clauses amends both Labour's National Health Service Act 2006 and the Conservatives' Health and Social Care Act – which is drafted so that any incoming government seeking to change it in advance of new legislation could be subjected to judicial review and challenged in the courts. The 2012 act invests huge power in the largest quango ever created: the NHS Commissioning Board. The commercial entities that hope to rapidly marketise the NHS from April 2013 will not stop contractual negotiations because of a general election result. Their investors need to know that they can't guarantee an ever increasing flow of NHS contracts after the next election.

Expenditure on healthcare, whether state or private, can never be infinite. After the substantial increase in NHS expenditure in Labour's second term, it is unlikely that we will see a similar expansion in spending for some years. We have, and had – even before I was health minister in 1974 – a rationed NHS. Professor Bruce Keogh, the NHS medical director, told the House of Commons public accounts committee this month that he had been "deluged" with complaints because of restrictions on surgery in half of NHS trusts, curbs that started in 2010; and people needing cataract operations and hip and knee replacements faced different hurdles for receiving treatment depending on where they lived. This overt rationing is becoming ever more apparent.

Reconfiguring the NHS and a tiered structure for emergency care are necessary reforms that will not be accepted without democratic accountability. The bill stresses integration, not fragmentation; co-operation with all partner organisations; voluntary hospice movements; a not-for-profit culture – and some commercial provision that is capable of providing financial yardsticks to stimulate improvement in NHS cost control, but where the NHS can be the preferred provider.

Hospitals have always relied on temporary staff, but market attitudes have already led to the routine use of agency nurses, as their sharp rise demonstrates. The total bill for temporary nurses will reach £450m by the end of this financial year, a 21% rise from 2011-12. The Mid-Staffs foundation trust, which since 2009 was meant to have been reformed, paid £1,794 for a specialist nurse to work 13.5 hours in A&E in December 2011, the equivalent of an annual salary of £230,000: an NHS nurse in the same role is paid £25,528-£34,189

The NHS is, in essence, a vocational service. It needs to retain within it a generosity of

purpose, philosophical commitment and a one-on-one relationship with the individual patients. This bill, if it becomes an act in the autumn of 2015, will be just in time to save the NHS from the worst ravages of a full-blooded external market. With surgical precision it will fillet out the ideological nonsense of a massive reorganisation that had no electoral mandate and has already deeply damaged healthcare.

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