

Healthcare Network

Can Simon Stevens save the NHS? A GP's perspective

All eyes are on Simon Stevens as he prepares to take the reins of the NHS, but will he deliver a top quality, low cost service?

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"Will he, won't he?" ponder NHS pundits plucking the petals of the privatisation daisy, as they consider the position of Simon Stevens, the incoming chief executive of NHS England, outgoing president of the global health division of the American United [Health](#) Group and former health adviser to Tony Blair.

In the red corner, "stop privatisation of the NHS" is shouted by hospital consultants on the moonlight run to their private clinics, shop stewards fearing redundancies for their members, and a crew of managers who suspect the new boss would demand productivity for their £100,000 plus salaries.

In the blue corner, private bidders and hopefuls of all sorts vying for a seat at Stevens' table.

Watching the kerfuffle from the gallery are those who know that the bulk of the [NHS](#) is already firmly in private hands.

Back in 2005, then health minister Lord Hutton said: "90% of all patient journeys begin and end in our primary care system with our family GPs. They are all privately run businesses. They are small businesses and those [GPs](#) – quite rightly so – make a profit from their work with the NHS."

The fact is that primary care – the part of the NHS that most people have contact with most of the time – is already in private sector hands.

Private companies are providing everything from maternity to end-of-life care. Ambulance contracts are up for grabs and whole NHS hospitals are being turned over to private companies.

Instead of debating the tangential issue of privatisation, people should ask: is Simon Stevens capable of delivering a quality health service? I believe he is. He knows that the NHS was built to provide a first class healthcare system for all, not to protect employment for managers, doctors and nurses.

He also realises that the NHS has never been a nationalised industry and neither can it survive in its current state – not with a fast growing multi-million pound deficit.

The private sector isn't the best medicine for the NHS, but it is an inexorable part of the solution. Nonetheless, independent providers solely motivated by profit will be disappointed. Stevens has won the top job because he is best equipped to weed out the undesirable or disreputable traders of healthcare

His earlier career in hospitals taught him there are two types of independent provider. Those with an unquenchable thirst for profit and those who do not allow market interactions to erode moral values.

A harmonious partnership also requires some brain power on the part of commissioners, and who better to fulfil this role than Stevens? His 10 years on the board of United Health, which spends \$150bn purchasing healthcare for its members, has made him an accomplished commissioner.

I have no doubt that he will lead from the front and that his top priority will be to disseminate his knowledge and expertise to all commissioners, not just clinical commissioning groups.

I believe he will create a commissioning model that is not restricted to public and private sectors but also includes the community and voluntary sectors, the values of which he learned as a councillor in south London.

He will, thanks to the Health and Social Care Act, ensure the voice of the voluntary sector is heard by the health and wellbeing boards. Bed-blocking alone costs the NHS about £200m a year and it happens when support from social care is not available in the community for vulnerable patients.

The key issue for boards is how to get care in the home right and how to utilise big third-sector organisations as well as the GP based army of volunteers – the patient participation groups.

I am convinced that Stevens has a good chance of delivering a top-quality, low-cost health service and, as a GP and CCG commissioner, I am delighted that primary care has found a champion at the head of NHS England.

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