Recently, there was a letter in The Times asking why it was that public sector workers, particularly doctors and nurses, were so opposed to the use of target-setting as a means of improving performance. After all, the writer pointed out, this is standard practice in commerce, so why should the NHS be different?

Doctors know all about targets. Medical school is one long succession of them, and then we embark on specialist training in either general practice or hospital medicine, continuing to jump academic and professional hurdles until we are accredited to work as a solo GP or hospital consultant. But the most effective and challenging targets tend to be the self-imposed ones that come later in a medical career: the battle to set up a new clinical service that you feel will benefit your patients, or the introduction of a new type of treatment and the subsequent process of audit to ensure that you can equal the standards set by the best in the field. And now, of course, we are all subject to annual appraisal. Every year, I sit down with my Clinical Director to convince him that I am practising competently and to set new targets for the coming twelve months. So if we are already a target-driven profession, what on earth was the chap in The Times going on about?

He was of course referring to the hostility often expressed by NHS workers towards the steady stream of targets imposed on them by politicians who are more interested in their chances at the next election than in the long-term welfare of the service. Take waiting lists, for example. Patients are understandably fed up with waiting months for treatment, and a series of targets for waiting list reduction have been imposed by this government and their Tory predecessors. What everyone seems to forget is that one of the main reasons that UK patients have to wait, whereas their French and German counterparts don't, is that those countries have close to twice as many doctors per head of population as us. Consequently, care in the NHS is rationed, although it's a rare politician who will admit it. Waiting lists are the result of that rationing and they do at least ensure that patients with the most pressing need for treatment are seen first. While action to reduce waiting times is welcome, and can produce real improvements for patients, too often the imposition of arbitrary waiting list targets has resulted in scarce manpower resources being diverted to deal with low priority cases, resulting in patients with more serious illness waiting longer than would have otherwise been necessary.

And it isn't just that our targets are imposed by politicians, and that they are often misdirected. The factory manager uses them as a means to an end, ensuring that, provided that the staff do their bit, the task is achievable. Increasingly though, this government seems to regard the setting of a target as an end in itself. A shortfall in health care, or education, or law and order? No problem: just set a new target – box ticked, job done! Take the recent promise by Tony Blair to cut crime by 15%. Why 15%? Why not 10 or 20%? Were there hard research data indicating that this was a sensible and achievable figure to go for, or did he just decide with his advisors that this was what he could get away with, and that anyway he wouldn't have to deliver before the next election? If the targets set for the NHS are anything to go by, then I suspect it was a finger in the air job, and I bet I know how the policeman on the beat feels about it.

Does any of this really matter? Well yes, it does, because the repeated conjuring of targets from thin air, followed up by harassment of the overstretched public service

workers struggling to achieve them, is demoralising and counter-productive. When the latest hospital 'league tables' were announced recently, a number of Trusts (including Leeds Teaching Hospitals) saw their star rating reduced. In most cases, this was not because the standard of clinical care had declined, but because some of the administrative and financial targets that play such an important part in this questionable rating exercise could not be met, often for reasons outside the control of the Trusts concerned. This leaves hard-working clinical staff and managers feeling as if they have been kicked in the teeth, although I suspect that most of us are so busy doing our best for patients that we have little time to grieve over lost stars. The point is that targets are supposed to motivate staff, but if those targets are seen as unrealistic and irrelevant, they have the opposite effect.

How do we restore the sense of pride and purpose that used to make working in the NHS such a privilege? The first thing we have to do is to remove direct responsibility for healthcare from the politicians, possibly by establishing an organisation along the lines of the BBC to manage the NHS at arms length from government, minimising the potential for partisan political interference. But that would demand a willingness to plan for the long term, so don't hold your breath.