

Dear Mrs Hewitt,

Congratulations on the new job. The last time we welcomed a female Secretary of State was in 1989, when Virginia Bottomley acceded to the throne. She inherited the chaos surrounding the introduction of hospital trusts and the internal market. You find yourself in a similar position, the last Labour government having, somewhat improbably, re-invented that internal market. But there are a lot of other things going on too, and I hope you won't mind if I offer a few words of advice.

Your biggest problem will be the loss of the goodwill of NHS staff, which is a real issue for a service that has historically depended on that rare commodity. Your two predecessors didn't make themselves any friends with their adversarial attitude to NHS workers, and doctors aren't the only professional group to feel undervalued by their political masters. Staff who never used to think twice about working unpaid overtime when necessary have now had enough, and it doesn't help that public expectations of the NHS have become unrealistic. This tendency has been encouraged by less than helpful political pronouncements. For example: when the tabloids trot out the complaint (not wholly borne out by the facts, as it happens) that cancer treatment outcomes are much better in mainland Europe than in the UK, it would be nice if ministers, in addition to wringing their hands and appointing another czar, also took the trouble to point out that we had far fewer specialists and radiotherapy machines to do the work, and that our results were pretty damned good, considering. The current 'them and us' bunker mentality that exists within the NHS is dispiriting; if you could just try to give the impression that we are all on the same side, you might begin to reclaim a few hearts and minds.

Secondly – remember Tony Blair sweating under the studio lights as that lady explained how the 48 hour appointment target for GPs had made it impossible for her to see her doctor at all? It had been widely predicted that many surgeries would struggle to comply, and sure enough, the harder-pressed practices simply didn't have enough slots available to offer guaranteed immediate access *and* planned appointments. But Mr Blair 'didn't know' about any of this, presumably because the ever-considerate Mr Reid wanted to protect him from bad news. The result? – pre-election pledges to do away with targets. But there's no need for that. Targets can be useful motivators, delivering real improvements in services, but you have to accept that you may not always be best placed to foresee the results of implementing them, so you will need to involve the people at the sharp end. Impose targets from the centre without understanding the implications and they will come back to bite you. Ask Tony.

Spend your limited budget effectively. Take NHS Direct: we might think it's *nice* to have a telephone help line to ring for advice on health, but we managed quite well in the past without one, and when resources are so stretched these gimmicks just divert cash and highly trained nursing staff away from areas where the need is greater. And then there's Whitehall's obsession with choice: GPs are being told to offer patients a selection of five hospitals when they refer them to a specialist, and to discuss the options with them so that they can make an informed decision. That process will take up most of the standard ten minute consultation, and anyway, patients don't want more choice; they want an assurance that their local hospital, the one that they can get to easily and where their family and friends can come to visit, will offer them a good standard of care. So, instead of wasting precious consulting time and bussing patients all over the country for hip surgery, spend the money improving the local service.

Try to moderate your party's love affair with the private sector (I can't believe I'm having to say this to a Labour politician). Many of us favour a pluralistic approach to the funding of healthcare, but you don't achieve that by simply subcontracting chunks of work to anyone willing to take it on. Private companies will always be able to quote superficially attractive rates because they are allowed to cherry-pick the easy cases, and they recruit their staff ready-trained from the NHS. Allow NHS providers to tender for work on these highly favourable terms and they will undercut the private boys, because they don't need to make a profit. But if you do still need to farm work out, insist on a quality service. The pile it high, sell it cheap philosophy may work in the high street, but if you buy medical services off the back of a lorry the results will come back to haunt you, and a botched operation or poor-quality MR scan matters a lot more than finding yourself in possession of a dodgy DVD player. And think carefully about the Private Finance Initiative, which now seems to be the only way to get new hospitals built. PFI may or may not be the sole cause for the loss of thousands of beds since Labour came to power, but it is a fact that a brisk secondary market has sprung up in PFI contracts, the initial holders selling them on to other firms who then milk them for income over the next thirty years. That's millions of pounds of NHS money ending up in an entrepreneur's back pocket, which can't be sensible.

I could go on, but you'll have things to do, so let's finish on a more optimistic note. Despite everything, most of us wouldn't want to work anywhere else, and we do genuinely wish you well. But as my children would say, chill. Fight the urge to micromanage; cut us some slack. You might just find that we can help each other to achieve what should be our common purpose: the delivery of a first class healthcare service.