

Mr Brown, you said that your top priority on assuming office would be the NHS, so to quote from that song in Oklahoma, let me supply a practical list of don'ts for you.

Don't join the ranks of the politicians from all parties who deny the existence of rationing in healthcare. Any state-funded system of healthcare will be cash-limited, and so it is inevitable that demand will outstrip resources. Rationing has existed in the NHS for as long as most of us can remember, and the grown-up way to deal with this is to acknowledge it and to ensure that the rationing process is transparent, with decisions being driven by clinical rather than political priorities.

Don't allow your health ministers to raise public expectations by making promises that they (or more accurately, we) can't keep. For example, Patricia Hewitt recently promised improvements in maternity care at the same time as admitting that there was a shortfall in the numbers of midwives necessary to support the initiative. And it's the same with cancer: it doesn't matter how many Czars you appoint or how many targets you set, we are unlikely to match Continental waiting times for radiotherapy if we don't have the same number of radiotherapy machines and specialist doctors as our European partners.

Don't pretend that the independent sector (IS) has all the answers. Your Private Finance Initiative has put the NHS in hock to the venture capitalists for the next twenty years or more, and all those new hospitals will end up costing billions more than would have been the case if you had been honest, and financed them up front. Of course, you know this, but have presumably decided that balancing the books today and pleasing the voters is more important than your responsibility for the stewardship of future taxpayers' money. Similarly, it does not make sense to commission the IS to provide diagnostic and treatment services and insist that Primary Care Trusts use them, even where there is no problem with waiting times at the local NHS hospital. And where it is reasonable to use a commercial provider, don't give them contracts which pay out whether or not they perform the number of scans commissioned, and which take no account of the quality (or otherwise) of the service provided.

Don't persist in this obsession with patient choice. It's fine up to a point, but it isn't the most important criterion when assessing the quality of care. It's a waste of time giving patients a choice of five venues for their operation, when all that most of them want is an assurance that their local hospital is up to scratch and will do the job competently and without undue delay. The imposition of the 'choose and book' computerised appointments system has forced GPs to waste most of their limited consultation time wrestling with the flaky software, and in many cases actually prevents them from referring the patient to the consultant who is best able to deal with the clinical problem. And, of course, it continues to waste millions of pounds of NHS money.

Don't try to micro-manage the service. Making the NHS a political 'priority', with what often seem like daily initiatives and re-organisations, is a recipe for institutional paralysis and de-motivation of staff. Planning has become impossible, because no-one knows what targets and constraints will apply six months down the line. Take a step back: for a long time, people have argued that the NHS should be run by an organisation a bit like the BBC, at arms length from the politicians, and now the British Medical Association, the Nuffield Trust and even David Cameron are also

advocating this approach. You set the Bank of England free from political control and that has been a great success, or so you keep telling us – do the same for health. In fact, if you would just do this one thing, you can forget all the other advice in this article (except the final item). Of course the Government has to be responsible for overall strategy and will continue to hold the purse strings, but the management of the service must be freed from the dead hand of political short-termism.

Don't forget to replace Patricia Hewitt. While conceding that no recent Health Secretary from either party has performed particularly impressively, she has plumbed new depths of incompetence. What she did for MG Rover when she was at the DTI she is well on the way to doing for the NHS, and her condescending manner and complete lack of understanding of health care issues have antagonised just about every professional group in the NHS.

And that's about it. If you take all of this advice, then to return to that Oklahoma theme, people *can* say we're in love, and I won't argue with them.