Novel changes proposed to United Kingdom's National Health Service

Amid recent celebrations for the 60th anniversary of the United Kingdom's National Health Service came the release of a long-awaited report proposing radical changes to Britain's much-loved "free at the point of delivery" health care system.

Among the novel proposals?

A scheme that would see more responsibility falling to patients to manage their own health care budgets. Currently, each local primary care trust controls the budget for a geographical location and buys in bulk the services the community requires. Under the new vision, certain individuals would receive cash directly to pay for their individual health care needs. The Department of Health will launch a national pilot program in early 2009 to test the proposal, which will most likely be used by people with unspecified stable, long-term conditions.

The report, *High Quality Care for All* (available at www.dh.gov.uk), stresses the importance of improving the quality of health care in the United Kingdom and suggests that better performing hospitals and physicians receive financial rewards. British media has reported that Darzi recommended issuing fines to poor performers, but the Department of Health says the report contains no mention of fines, though poor performers do stand to lose out financially if more funds are directed to stronger performers.

"It depends how you look at it," said a Department of Health spokesperson. "It's all down to semantics."

Another controversial proposal is a recommendation that any resident who needs a particular drug — even a new and expensive one — will receive it, providing the National Institute of Clinical Excellence has approved it for public use.

To that end, the report, prepared by Dr. Ara Darzi, a colorectal surgeon, a peer in the House of Lords and the under secretary of state for the Department of Health, proposes to eliminate

UK Department of Health

Lord Ara Darzi (left) has proposed that Britain adopt a patients' bill of rights that would provide them with the right to choose health care providers, as well as make it easier for patients to acquire information about the capability, quality and past practices of physicians.

the so-called "postcode lottery," which sees patients in some regions receive funding for a treatment while others in neighbouring areas are refused.

Darzi's report, released in July 2008 in response to a commission from the Department of Health on how best to adapt the National Health Service to meet future challenges, also proposes drug regulation reform. Darzi would like to see the appraisal process for new drugs sped up, and guidance issued on or soon after a drug's launch. The National Institute of Clinical Excellence's budget is expected to triple to £90 million (Can\$182 million) over the next 4 years to accommodate these changes.

Darzi also believes patients should have access to a greater selection of general practitioners as well as more information about doctors' practices so patients can make informed choices. In addition, he recommended increasing access to "social enterprise units," which are private-run alternatives to the traditional state-run National Health Service. Rather than being completely commercially driven, however, social enterprise organizations are more concerned with reinvesting profits to further their social goals. Such units are

led by a variety of health care professionals, from doctors to nurses.

Darzi's recommendation that the National Health Service create its first-ever constitution, or patients' bill of rights, has caught the public's imagination. (This, remember, in a country whose citizens have yet to have a national constitution.) It will, he says, secure the National Health Service "for generations to come."

The proposed legislation would give patients the right to choose providers, and the right to acquire more information on the capability, quality and past practice of health professionals. Hospitals would be required to publish the results of surgical interventions.

Darzi plans to introduce legislative requirements that would obligate public and independent bodies to take account of the provisions of the patient's bill of rights, and require the government to review it every 10 years.

The implications for Canada — which has a constitution, but not one that covers the right to public health care provision — are interesting, according to Colleen Flood, a University of Toronto associate professor of law.

"There are those who argue for a patient bill of rights for health care. These would cover both rights in health care, such as quality and safety, and rights to health care. This would include a fair process for decision-making about coverage and timely treatment. But so far no such bills have come to fruition. In sum, Canada has no equivalent to that being proposed by Lord Darzi — but it needs to."

Among other recommendations are a 6-pronged plan to tackle major health issues, and measures to improve health outcomes and enable general practitioners to better help individuals stay healthy. The Iraqi-born surgeon also urged in his report that the National Health Service be maintained. "In the 21st century, there remains a compelling case for a tax-funded, free-at-the-point-of-need National Health Service," Darzi argued in his report. "The heart of this report is about improving quality." — Lynn Eaton, London, England

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