

## [No healthcare tinkering can deliver the radical shake-up we need](#)

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Health minister Norman Lamb MP was our guest at an afternoon seminar in the House of Lords which we held in partnership with healthcare specialists LCS International Consultants. Lamb outlined the new measures on social care currently going through Parliament.

The measure has several objectives:

- to provide services for the well-being of individuals, not the convenience of the providers;
- a right to be assessed for state care services without being fobbed off;
- encouraging innovation and promoting integrated services;
- a focus on prevention;
- diversity in service provision;
- a cap on care costs (the so-called Dilnot proposals);
- a commitment that nobody should be forced to sell their home during their lifetime to pay for care;
- no postcode lottery and continuity of care if you move;
- nobody loses care if a provider fails;
- better care for young adults, who often fall between child and adult services.

Who could disagree with the aims of all this? Trouble is, to the gnarled political insider, it all sounds like the same wish-list folk have been talking about forever?well, for at least the last thirty years in my experience. We published back then on individual-state partnerships for long-term care finance, basing our ideas on US models that were already working, a good quarter century before Andrew Dilnot discovered them. We are supposed to have had "joined up government" fifteen years ago under Blair, but still people languish in NHS hospital beds because local authorities don't want them on their budget. And as for putting people before providers?give me a break.

A state health and social care system is never going to deliver person-focused care. It's not the way governments work. State institutions are too big to manage, and individual needs are too diverse for a large bureaucracy to accommodate. When this law is passed, lots of new managers will be recruited and maybe a few people's care will be marginally improved: but there will be no radical and systematic shift to care being built around individuals. Providers will follow the new rules, but still will not be enthusiastic champions for the specific needs of each person they try to help. They are simply too big and too inflexible.

Private charities are much better at dealing with the manifold needs of diverse individuals. So are businesses, which only make money if they keep customers happy. Until we break the state's effective

monopoly on funding and provision of health and social care, and empower individuals to buy in the services that *they* want, I fear we will be having the same conversations another twenty-five or thirty years from now.

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