

The runners of Richmond House

For nearly 30 years **Niall Dickson** has dealt with every secretary of state, first as a journalist and broadcaster and latterly as chief executive of the King's Fund. Here he muses on their contributions before picking the one he feels was the best of the bunch



Niall Dickson is chief executive of the Kings Fund. Starting at BBC Radio News in 1988 as a health correspondent, Dickson was the corporation's social affairs editor from 1995-2003

My first encounter with a secretary of state was an interview with *Patrick Jenkin*, Mrs Thatcher's first custodian of the Health Service. He had just produced a white paper, *Growing Older*, which heralded the massive expansion of the private residential care sector.

Lord Jenkin told me last week his real aim had been to end the arbitrary retirement age, an unfulfilled ambition nearly 30 years on, and that he had wanted to give his white paper the title 'Respect the Aged and Infirm', after the reference in Kipling's *Jungle Book*. But he confessed his officials would not allow it.

These are two powerful examples of the limitations of power, even for those

at the pinnacle of our healthcare system. Few health conferences last very long – two years seems about the allotted time – and this inevitably means for most that their contribution will be footnotes rather than chapters in the history of the NHS.

But in their own way, every one has left their mark.

Norman Fowler will be remembered for the introduction of general management on his watch and the controversial but courageous Aids 'tombstones' campaign. It was loathed in equal measure by those in the sexual health world who thought it would encourage stigma and discrimination, and by a large slice of the British public who still believed sexually transmitted disease was not a

polite subject of conversation, far less a topic for government funded advertisements. His decision to ignore them all was significant in setting the context for Britain's battle against Aids, which compares favourably with that of many other countries.

After John Moore was sidelined, having got himself and the department stuck in Mrs Thatcher's major review of the NHS, *Ken Clarke* arrived as a breath of fresh air. You could not help liking Clarke because he spoke his mind, and was willing to take on vested interests including the BMA. And for all their imperfections, the changes he executed laid the ground work for today's supply-side reform. It seems likely that Mrs Thatcher had already reached the



A 'Bevan' of health secretaries, L-R: Stephen Dorrell, Lord Fowler, Alan Milburn, Alan Johnson, Virginia Bottomley, Lord Waldegrave and Frank Dobson



L-R, former health secretaries: Ken Clarke, Patricia Hewitt, John Reid and Lord Jenkin. Clarke's arrival in the job was a "breath of fresh air", says Dickson

conclusion that the tax-funded system had to stay, so it would be an exaggeration to say Clark saved the NHS, but he did introduce the purchaser-provider split and his legacy is very much apparent today.

Clarke was also responsible for one of the great public health measures of the last generation – despite fierce medical opposition he set targets for cervical and child immunisation in place of fee-for-jab payments. The result was a huge increase in take-up, and many lives saved. Had we not had a foolish distraction around MMR we might by now have rid ourselves of measles, mumps and rubella. But loveable though he may be, Clarke's decision to join the

board of British American Tobacco felt to many in health like a betrayal.

William Waldegrave, John Major's first health secretary, was one of the intellectual powerhouses and a peacemaker after all the turbulence of the Clarke era. *Virginia Bottomley* was more of a doer. Perhaps her greatest triumph was *Health of the Nation*, which for the first time set government targets for improving public health in areas such as smoking, alcohol and STDs. She also calmed things down a bit and bedded in the 1990 reforms. She certainly suffered from being in a government that became increasingly divided and unpopular, and unfortunately misogyny does colour the way many women ministers are viewed.

Her successor, *Stephen Dorrell*, was again dealt a poor deck of cards at the tail end of a tired and fractious regime. A heavyweight thinker whose potential was unfulfilled, he remains one of the most able and intelligent thinkers on health policy.

Tony Blair's choice of *Frank Dobson* as his first health secretary was a surprise – there was nothing 'New' about Dobson's view of Labour, and his aversion to anything in the private sector seems almost anachronistic today. It is said Department of Health officials had to meet their counterparts from BUPA away from Richmond House, as under his regime it was regarded as supping with the devil.



But Dobson put in place the first real national architecture for the NHS and began to tackle issues of standards, quality and equity in a systematic way. Today just about everyone acknowledges the value of having National Service Frameworks, a health inspectorate and the National Institute for Health and Clinical Excellence, an organisation envied around the world.

When Dobson disappeared to fight and then lose to Ken Livingstone in London, Tony Blair turned to *Alan Milburn*. He arrived as the wheels were coming off – not so much Dobson's fault as the result of a lack of funds. Adversity though can be the mother of reform, and with his special advisor Simon Stevens they created the NHS Plan and presided over what was to become the largest sustained injection of resources the NHS has ever seen.

Regarded by some as a bully, others as a single-minded leader who knew what he wanted, Milburn inspired loyalty and loathing in equal measure. The big fear was putting in money and having nothing to show for it – so they went for clear priorities linked to clear

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targets. If they were achieved there would be no danger that they could not answer the ‘where did the money go?’ question. Ironically, they were able to meet the targets, but everyone asked the question anyway because Milburn allowed three big pay reforms to get under way at the same time, and as they say, the rest in history.

Milburn will be remembered for leading the move away from reliance on performance management alone



The two Alans: while it is “too early” to judge Johnson (R), Milburn had “vision and determination”

towards market-style incentives and diversity of provision as the key supply-side levers to take reform on to the next stage. In that sense he is still the architect of the current project.

Milburn's weakness was an inability to play the political game – he became too interested in his brief. No-one could accuse John Reid of that – he was able to make the case for market reforms and it was he who best articulated the notion that choice can and should be a liberation for the ‘have nots’ and a challenge to vested interests rather than an attack on NHS principles. But he presided over the consultants' contract, and the underlying finances – which should have been great – continued to deteriorate.

Patricia Hewitt was left to pick up the pieces. She has not been judged kindly. The financial crisis and the scandal over training jobs for young doctors all damaged her reputation – yet arguably none were her fault, in the sense that the decisions that created them were all made before she arrived. She began to clean up the stable and pushed

through a reorganisation which, painful at the time, has probably created a fitter and more fit-for-purpose set of institutions. And above all, after some vacillation, she was responsible for the smoking ban, which will almost certainly save more lives than just about any other single measure passed by any of her predecessors.

It is too early to judge the present incumbent, Alan Johnson, though he's certainly doing well politically. NHS ratings are high, while the government's are terrible, and that is unusual. In part that may be a tribute to his ability as a communicator, but let's leave a verdict until the 70th anniversary.

So who to choose? For me it has to be between the two big reformers – Milburn and Clarke – both able ministers with a clear vision of what they wanted, untroubled by unpopularity and with the determination to see it through. For all my admiration I cannot forgive Ken Clarke for supporting a tobacco industry that is the antithesis of health care. My vote goes to Alan Milburn. ■