

The Coalition's NHS reforms reduced efficiency

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I campaigned long and hard against the Coalition's reform of the NHS. An academic study concluded I was the fourth most effective on line campaigner against those changes. And, I would stress, my efforts were not political, they were economically logical.

The Coalition reforms did four things.

First they increased the number of bureaucratic organisations in the NHS needing to contract with each other. Cost increase was inevitable.

Second, they increased the number of wholly artificial performance criteria to be used as the basis for contracting in the NHS, which was bound to reduce the effectiveness of any treatment of a person in a holistic fashion, which is essential given the co-morbidities many people face.

Third, the reforms took clinicians off front line tasks and into admin roles where they were expensive and untrained.

Lastly, a bias to private contracting that creates a silo mentality, produces a profit motive and delivers gaps in the service where disputes as to responsibility and so inefficiency was created.

It was a sorry and inevitable prospect, and [now the FT has reported](#):

The [National Health Service](#) is facing an even bigger financial “black hole” than politicians and health leaders have acknowledged, following a sharp fall in productivity revealed in an analysis of official data for the Financial Times.

The research, carried out by the Health Foundation, an independent think-tank, shows that despite an inflation-protected budget, hospital productivity tumbled from 2012 as the NHS prepared for, then implemented, a contentious structural shake-up that

stripped out layers of management and handed budget control to clinicians.

In other words everything I predicted has come to pass. That's hardly surprising, and nor does it suggest enormous ability on my part. I only had to look at the disastrous economics of US healthcare to make such a prediction. There twice as much of GDP is spent on health than in the UK for arguably worse health outcomes and all because of the massive inefficiency of private sector involvement. So what is the answer? Glaringly obviously all health and social care services, including GP services that need to be state run, need to be integrated in single health authorities in the future. These would be local but big, so in my patch Norfolk, Suffolk, Essex and Cambridgeshire are an obvious fit, and so on. And in these areas the absurdity of contracting has to be replaced with an emphasis on holistic care, supported by the monitoring of key clinical performance indicators. This is not a panacea. But it does align service provision goals to organisation structure and it will massively reduce admin and so release resources. I hate to say it, but there is need for another NHS reform, and this time it is essential.