

Funding the Future

The failure of the NHS is not an accident - it was crea...

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Those of us who fought hard against the Health and Social Care Act of 2012 (and I did, most especially on Twitter) always knew the danger within that Act.

Clause 1 said:

Secretary of State's duty to promote comprehensive health service
For section 1 of the National Health Service Act 2006 (Secretary of State's duty to promote health service) substitute—
Secretary of State's duty to promote comprehensive health service
(1) The Secretary of State must continue the promotion in England of a comprehensive health service designed to secure improvement—
(a) in the physical and mental health of the people of England, and
(b) in the prevention, diagnosis and treatment of physical and mental illness.
(2) For that purpose, the Secretary of State must exercise the functions conferred by this Act so as to secure that services are provided in accordance with this Act.
(3) The Secretary of State retains ministerial responsibility to Parliament for the provision of the health service in England.
(4) The services provided as part of the health service in England must be free of charge except in so far as the making and recovery of charges is expressly provided for by or under any enactment, whenever passed."

But then this was added:

5 **The Secretary of State's duty as to promoting autonomy**
After section 1C of the National Health Service Act 2006 insert—
***1D Duty as to promoting autonomy**
(1) In exercising functions in relation to the health service, the Secretary of State must have regard to the desirability of securing, so far as consistent with the interests of the health service—
(a) that any other person exercising functions in relation to the health service or providing services for its purposes is free to exercise those functions or provide those services in the manner that it considers most appropriate, and
(b) that unnecessary burdens are not imposed on any such person.
(2) If, in the case of any exercise of functions, the Secretary of State considers that there is a conflict between the matters mentioned in subsection (1) and the discharge by the Secretary of State of the duties under section 1, the Secretary of State must give priority to the duties under that section."

That section changed the whole focus of the NHS. The Secretary of State might still be responsible to parliament, but operationally they had the obligation to devolve power to others, who would be autonomous.

So, hospitals would be autonomous.

And physical and mental health would be autonomous.

As would primary and secondary care be separately managed.

The ambulance service was unrelated to the rest of the healthcare system.

Social care might as well have been on another planet.

And in a structure where everyone was autonomous, managing to meet their own budget constraints without incentive or concern to consider others, it was inevitable the system would collapse as a result of this deliberate fragmentation.

That collapse has now happened, as those who campaigned a decade ago thought likely.

What is happening in the NHS is not an accident. It was done by design. And Andrew Lansley, the architect of this failure, sits in the House of Lords, no doubt happy with his handiwork.

But given how so very obviously the NHS was destroyed, isn't the direction of travel - which has to be towards re-integration - now obvious?