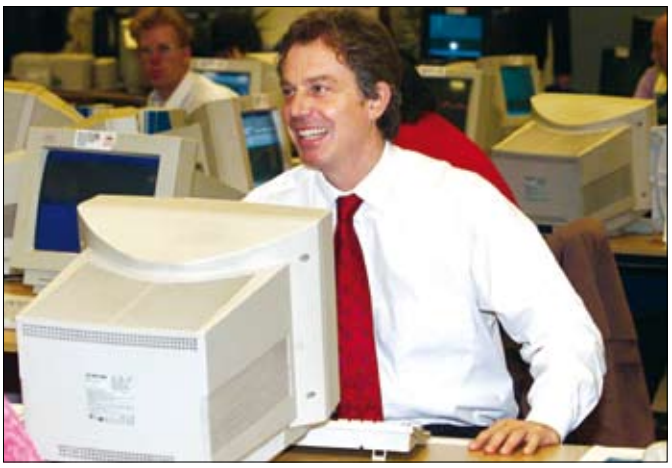
SYSTEM FAILURE!

A Private Eye special report by RICHARD BROOKS

How this government is blowing £12.4bn on useless IT for the NHS



CLUELESS: Tony Blair, who can barely use a computer himself, naively believed that a grandiose IT project could transform the NHS

"Waste and inefficiency in the NHS is intolerable", declared Health Secretary Patricia Hewitt one year ago amid mounting deficits. "A penny wasted is a penny stolen from a patient." This is the story of the theft of 1,240,000,000,000 pennies from patients through an IT project that wasn't wanted and doesn't work. It tells how political vanity, official incompetence and vested interests have wreaked havoc on the health service – and calls for a halt to the ultimate in a long line of New Labour computer cock-ups before it's too late.

IT WAS never going to grab the headlines at the time, but a "seminar on information technology in the NHS" one February morning in Downing Street five years ago was soon to unleash the most ruinously expensive civil technology programme in British history.

Less than a year after Blair's second election victory, won on a promise of "delivery" in public services, the gathering brought together the government's top IT zealots and the obligatory consultant from McKinsey in the shape of David Bennett. The prime minister's eager Delivery Unit was represented by the newly-empowered "e-envoy", Andrew Pinder, while health minister Lord Hunt and his department's very own "e-champion", the NHS director of information John Pattison, sat ready to give their commitment. All agreed that the NHS could and should be radically transformed by IT. As Blair, who weeks before had been bowled over by a visiting Bill Gates, told one of his triumphant "e-summits": "Government and people should make it the basis of forming relations between citizen and state".

The vision was of a new NHS National Programme for IT, under which all patients' health records would become electronically available, all admissions and appointments would be booked on-line and all medicines would be prescribed and dispensed without pharmacists having to decipher GPs' handwriting. Not only would the plan galvanise the NHS's creaky administration, it would realise the Blairite vision of choice in public health services.

The PM was in no mood to wait, as became clear when NHS information director Pattison recounted the meeting's conclusions soon afterwards: "There was only one question which I thought was rather tricky and that was 'how long will this take?' I swallowed hard because I knew I had to get the answer right… and I said three years. The answer was that is too long, how about two years, but in the end we got two years and nine months, starting from April 2003."

None of the e-evangelists bothered to ask two even trickier questions that have since come to haunt the programme: Does anybody want it? And will it ever work?

HEALTHY COMPETITION

THERE HAD already been no shortage of New Labour attempts to harness the benefits of computer technology to Britain's sprawling National Health Service. The £1bn "Information for Health" strategy had been launched amid the dot.com boom in 1998 by Blair's first health secretary Frank Dobson, who promised an "information superhighway" to be known as NHSNet.

Dobson's plans were in fact little more than funding for GPs and hospitals to get themselves properly wired up and failed to produce the overnight transformation and headlines that New Labour craved. But they had created an environment in which the British healthcare IT industry was innovating and achieving a degree of solid if not revolutionary progress. By early 1999 health minister Baroness Hayman was able to announce that "electronic patient records move a step closer" with the agreement of common standards for computerising medical terminology – the foundation for coordinating health records among GPs and hospitals. And such was the development of the healthcare IT market that by March 2003 McKinsey's Bennett reported that there were 27 "entirely viable and interesting vendors" with suitable software packages to sell.

Yet in February 2002 when Pattison crossed Whitehall to return to his department's Richmond House HQ and draw up the plan demanded by Blair, he had far grander ideas. A City banker commissioned to review NHS funding, Sir Derek Wanless, who had also been represented at the No.10 meeting, was about to demand a doubling of spending on IT to speed up Dobbo's relatively pedestrian plans. And the government's 2002 comprehensive spending review, which would eventually earmark £6bn for IT, was already shaping up as the industry's biggest ever taxpayer-funded payday. The Blairite revolution in healthcare information could command some serious cash.

GRUMBLING APPENDIX

WITHIN WEEKS Pattison and co had produced the required blueprint. Its ambition naturally had a title to match, "Delivering 21st Century IT support for the NHS", while the detail promised to transform the patchwork of IT in the NHS by imposing "stringent national standards" and improved procurement.

But even at the birth of the NHS's National Programme for IT one of the characteristics that would come to define it – deceit – had set in. The original version of the document setting out the scheme, it later emerged, had received an appendectomy at the hands of the spin doctors. Pattison's original draft contained four appendices, one of which was a critical "project profile model" spelling out just what a gargantuan undertaking was proposed. It estimated the cost at £5bn, against the generally reported couple of billion, and gave it a record-breaking "risk score" under guidelines for government IT procurement. Yet when the plan was published the following month the troublesome appendix, which would undoubtedly have raised questions about whether the extra expense and risk were justified, had mysteriously disappeared.

What was left attracted broad support. The

£12.4bn WOULD PAY FOR…
26,000 doctors for ten years

promise of local control alongside national standards was what clinicians and health IT specialists had long been working for. The plans provided for trusts to choose their IT systems from a range of acceptable providers – the key to holding their suppliers to account. And the timetable suggested there might be substance to the government's rhetoric of "delivery". The most important element of the programme – a "full national health record service" – was down to be implemented by Christmas 2005.

With more money, a dedicated NHS director in charge and No.10's enthusiastic backing, at last healthcare in Britain really could be transformed by technology. There was just one snag: the promises would be broken within the year.

THE LONE GRANGER

GOVERNMENT computer projects already had a less than distinguished history. Cancelled holidays following a cock-up at the Passport Agency and hundreds of millions lost in a national insurance screw-up at the Department for Social Security, to name but two fiascos, had shown the damage that could be inflicted on public services with a large IT budget.

A similar result could not be risked with the biggest deal of them all. The health service would need to manage its enormous undertaking and, in particular, control the IT companies that experience showed were far more interested in milking the taxpayer than serving him. Nobody in government had proved up to the job before, so in September 2002 the Department of Health turned to a 37-year old Deloitte consultant, Richard Granger, to become director general of IT and later the head of the agency charged with running the programme, Connecting for Health. Such were the hopes vested in Granger that Pattison informed a

AGGRESSIVE: programme head Richard Granger likes to talk tough

parliamentary committee: "I cannot exaggerate the value of Richard Granger to this programme and the likelihood of its success."

From the outset Granger, an IT professional among the civil service amateurs, bullishly dominated. But his aggression, and the alacrity with which his new bosses simply handed power to him, quickly sowed the seed of the scheme's fatal flaw: the loss of any control over the project by the people who would use the systems in the NHS. Granger, the IT man, held sway while those running the health service lost interest; in the space of two years there would be six "senior responsible owners" for the project in Richmond House.

For Granger, the largest civilian IT scheme in British history would be a walk in the park. "When you look at the 21st century agenda for IT," he told a conference in Harrogate six months later, "most of what we want to do has already been done somewhere, so we're talking about joining things up and rolling out best practices." (Appearing on behalf of Granger before a parliamentary committee the same month, Pattison even claimed "we have introduced somewhere in the NHS everything that we want to install"). The £5bn cost lifted from the original report had also magically shrunk as Granger revealed a mere £2.3bn budget for the programme.

Meanwhile, with billions of pounds of public cash on offer, management consultants were crawling all over the project. McKinsey, whose David Bennett was instrumental in winning Blair's support for the programme, was rewarded with a contract to examine the healthcare IT market. Sitting alongside Granger in Harrogate, Bennett declared it to be in rude health. All that was needed, then, was for the many decent IT companies to "join up" and "roll out" what was already out there and within a couple of years the NHS would be electronically transformed. What could be simpler than that?

SHAM MISTAKE

THE CHANCES of this or anything remotely sensible happening were soon blown. Three months after his appointment Granger announced that, far from providing the promised choice to healthcare trusts, there would be five regional monopolies under which a single firm known as the "local service provider" would be responsible for implementing the most important parts of the programme, electronic patient records and administration systems.

All would be linked by an electronic "spine" that would store 50 million patient records and deliver the holy grail of nationwide access to every individual's medical details. Granger's confidence in this enormous undertaking, to be entrusted to a handful of big IT firms, was unbounded. "There is only one outcome from this programme and that is the successful implementation of 21st Century IT for the NHS in partnership with suppliers who perform," he declared.

The crucial contracts were advertised, bid for and signed at breakneck speed. In May 2003 bidders were handed a 500 page draft "output based specification" and given five weeks to get their proposals in. All contracts were in place within a year, against an average for large deals of 27 months, including the time required for the all-important task of deciding exactly what should go in them.

Any number of reviews of botched IT initiatives had shown that this process should have required the intimate involvement of those who would eventually have to use the systems. Yet, in his eagerness to meet New Labour's impatient timetable, Granger did everything to ensure that the messy business of consultation put up no obstacles. Assisted by US consultants Kellogg Brown Root (whose struggles with corruption allegations on public contracts in Iraq were of no concern), he organised the process through a specially created "Design Authority" that was dominated by IT whizzkids.

Official procurement rules, however, required the box marked "users consulted" to be ticked. So one long-standing director of the NHS Information Authority, Anthony Nowlan, was dispatched, he would explain, to "go and find some clinicians" who had seen earlier drafts and could therefore be deemed to have been involved. Betraying the programme's disdain for the proprieties of large-scale procurement, records of where the alleged support of clinicians came from were conveniently not kept. The basis on which billions of pounds of public money was to be spent simply had no audit trail and was, in Nowlan's words, a "sham". His former colleague Professor Peter Hutton, who resigned as the project's clinical leader, later summed up the indecent haste: "In those early days, it was like being in a juggernaut lorry going up the M1 and it did not really matter where you went as long as you arrived somewhere on time. Then, when you had arrived somewhere, you would go out and buy a product, but you were not quite sure what you wanted to buy. To be honest, I do not think the people selling it knew what we needed".

The result was a set of contracts signed, as Tory MP and leading critic of the programme Richard Bacon put it, "before either the government had understood properly what it wanted to buy or the suppliers had understood what it was they were expected to supply". One thing was certain though – nobody would ever be able to look at the contracts as they contained the tightest of confidentiality clauses.

The rushed and secret deals would commit billions to the central tasks of installing patient administration systems, covering basic personal information and appointments, and clinical record systems detailing a patient's medical treatment – all linked to a central "Spine" on which the records would be stored. This was the IT infrastructure that would realise the Prime Minister's vision of personal health information accessible wherever, and whenever, a patient needed treatment. The other key elements were: an electronic appointment booking service known as "choose and book" and a dedicated "new national network" (N3) broadband system.

The National Programme's targets certainly suggested that Granger's ambition would quickly translate into results. CfH's own plans showed that by the end of 2006/07 155 of 176 acute hospital trusts should have been smoothly operating systems provided by their local service providers. But only 16 were, as the seeds of failure sown in the procurement process sprouted into inability to deliver up and down the country.

BAD COMPANY

THE BIG WINNERS of the multi-billion pound procurement sprint were plucked from the usual suspects. The five "local service provider" contracts went to Accenture (which won two), Fujitsu, BT and Computer Science Corporation (CSC) of the US. BT was particularly keen to sign up as part of its efforts to diversify, through its BT Global division, from the increasingly competitive telecoms market into information technology, also snaffling up the two other big contracts: one to install broadband access across the NHS, the other to build the central "spine" on which health records would be stored.

The value of the contracts had unsurprisingly multiplied from the £2.3bn originally given by

THE CONTRACT CARVE-UP

Contract	Contractor	Contract value, £m	Amount earned for delivery up to 31/10/06, £m*
National data "spine"	BT	620	**297**
N3 broadband network	BT	530	**213**
Choose & book	Atos Origin	64	**31**
Local service providers:			
London	BT	996	**3**
North East	Accenture**	1,099	**83**
West Midland & North West	CSC	973	**170**
East	Accenture**	934	**95**
Southern	Fujitsu	986	**27**
TOTAL		6,202	**918**

* latest figures available, written parliamentary answer 12 December 2006

** Accenture replaced by CSC from January 2007

Granger to £6.2bn. And they would run for 10 years rather than the three envisaged. Already the deal reached with Blair at the No.10 seminar, for a precise "two years and nine months", had been spectacularly broken.

The choice of big firms for big contracts reflected Granger's macho approach. He wanted companies with financial muscle, claiming that they would only be paid for delivering results and that, should they fail, he would hold their "feet to the fire". In Granger's rhetoric the suppliers were "huskies" who could be shot if they went lame and "fed to the other dogs" if necessary.

The big contractors, in turn, relied on software specialists. Most popular was a rising British technology star called iSoft, which had been spun out of KPMG's consultancy practice in 1997. To the stock market's delight the firm was picked to partner Accenture and CSC for their three areas, thus putting more than half the country's hospitals at the mercy of iSoft software.

This might have looked a shrewd move at the time, but it soon emerged as anything but. The company had promised that by March 2004 it would have developed a snazzy new software programme called Lorenzo as the foundation for transforming 100 acute hospitals. The company's accounts duly declared it available that year. By early 2006, however, the firms relying on it, Accenture and CSC, reported that there was still "no believable plan" for the product to be made available. Instead, to make any progress at all the companies were forced to use iSoft's old software, while the date for Lorenzo's arrival was put back to 2008.

iSoft's economy with the truth wasn't limited to software delivery dates. As *Private Eye's* "Slicker" had foreseen almost two years before, in June 2006 the company was forced to write off all its past profits when it emerged they were the product not of successful software development but creative accounting. On the back of fictitious figures the directors had made fortunes in bonuses and share sales. In the meantime, the company was surviving only with the help of secret advances from CfH – the body that had always claimed it only paid for results.

It wasn't long before Accenture, ironically the most successful of the local service providers, having made decent progress with primary care trusts on its patch, was reporting the most acute financial pain. In March 2006 the firm set aside £250m for what it expected to lose, citing iSoft's failure to provide adequate software. Then, with no sign of the promised Lorenzo, in September it cut its losses and pulled out. One insider told the *Eye* that Accenture repeatedly offered to fulfil its contract using other companies' software but the proposals were rejected by Granger as this might have bankrupted iSoft. NHS information technology played second fiddle to the survival of a tottering software company under investigation for serious financial irregularities.

Despite a public threat from Granger that "if they would like to walk away, it's starting at 50 per cent of the total contract value", Accenture escaped at minimal cost, foregoing just £63m in payments (6 per cent of the contract value). Amid speculation that, had Granger gone after any more, the firm would have had some embarrassing counter-claims of its own, the threats proved damp squibs. Unabashed, however, days later Granger boasted at a government IT seminar that he had terminated the contract of a small British supplier, ComMedica, putting it out of business. The tough-talking boss was not so much standing up to the big boys as bullying the little ones.

Accenture's surrender and the handing of its contract without any competition to CSC, in the process passing control of the programme across 60 per cent of the country to a US company struggling back home with allegations of boardroom corruption, was more than just a setback. It spoke volumes for the project's prospects, as Richard Bacon MP explained to an IT conference: "The fact that a firm such as Accenture, which has done so much government work and faces such a risk of reputational damage by leaving the national programme, has nonetheless done so is an eloquent comment on the problems."

BRITISH TELE-CON

AT LEAST Accenture acknowledged the futility of its task and admitted defeat. Others, more sensitive to the likely PR damage from owning up, tried to hide the negligible progress that the *Eye* began to expose. The worst performer was – and is – BT in London, which since signing the contract in 2004 has installed just one patient administration system in the 33 acute hospitals on its patch. And, as with all the companies, it is nowhere near delivering the clinical systems. At this rate of "progress" what was billed as "21st Century IT" for the NHS won't arrive until the 22nd.

For its efforts as local service provider for the capital BT had earned just £2.7m on a £1bn deal (0.27 per cent) by October 2006, despite having spent hundreds of millions. Early in 2005 it was officially notified that it was in breach of its contract, prompting Granger to vent his frustration in an interview for *Computing* magazine. Once again he declined to pass up a murderous metaphor: "We will get very soon to a point where they will either come good with what they've got, or they will get a bullet in the head." All too predictably and despite next to no progress since then, however, the company has not been punished and can pretend all is well.

In November 2006 the company reported that "BT continue to make good progress on its NHS National Programme for IT contracts", when this clearly wasn't the case. Not only had BT achieved significantly less than Accenture had when it packed its bags, but it too was forced to ditch its software supplier, IDX, in 2006 in favour of another US company, Cerner, that was showing hardly better results as software supplier in the South of England.

BT's performance didn't surprise close observers; it had always been a hit and hope affair. Soon after winning its contracts chairman Sir Christopher Bland said the company felt "slightly like a dog chasing a car. What do we do if we catch it? Well, we've caught it".

By the end of 2006, so desperate was BT to make progress that it set about recruiting NHS

A VERY PAINFUL PROCESS

Wiring up England's acute hospitals under the National Programme for IT

Region/local service provider	Number of hospital administration systems due by 31/03/07*	Number installed by 03/02/07**	Number of clinical record systems due by 31/03/07*	Number installed by 03/02/07**
NW & W Midlands/ CSC	45	**10**	40	**0**
East/Accenture	27	**0**	27	**0**
North East/ Accenture	22	**2**	22	**0**
London/BT	24	**1**	23	**0**
South/Fujitsu	37	**3**	37	**0**
TOTAL	155	**16**	149	**0**

*source: www.connectingforhealth.nhs.uk/all_images_and_docs/imp_plan_0105.pdf

** source: www.connectingforhealth.nhs.uk/delivery/servicemanagement/deployment/comms_rep_jan.pdf

£12.4bn WOULD PAY FOR...
The NHS's record 2005/06 deficit 23 times over

iSOFT SELL: THE MEN IN THE MONEY

THE MEN behind the bent accounts and inoperable software at key National Programme supplier iSoft might have let the NHS down, but they certainly feathered their own nests in the process. The illusory profits generated by Enron-style accounting for its NHS contracts saw the company's share price go through the roof in 2004 and 2005.

As the shares rocketed, the directors pocketed. Chairman **Patrick Cryne** trousered £28m in share sales in 2004 and 2005 while commercial director **Steve Graham** pulled in £20m while the shares were worth more than 400p each – on top of their six-figure bonuses. Chief executive **Tim Whiston**, who had been finance director from 1997 to 2004, offloaded around £5m worth. The shares are now trading at 50p.

Cryne and Whiston eventually resigned after the extent of the financial mis-statements was revealed, Whiston taking a £550,000 pay-off. Steve Graham remains suspended. The Financial Services Authority and accountancy regulators are currently investigating, which could prove embarrassing for one of the firm's non-executive directors. **Sir Digby Jones**, former CBI Director General, sat on the audit committee when the accounting policies were approved. He has since taken a job with iSoft's new auditors, Deloitte.

COINING IT: Patrick Cryne and Tim Whiston

Also doing very nicely were directors of the National Programme's biggest supplier, BT. By maintaining that minuscule income on its largest contract, as supplier to London, had not cost it money the firm was able to show £100m profit growth for 2005/06, presenting IT chief **Andy Green** with a £400,000 cash bonus and £300,000 in bonus shares. Chief executive **Ben Verwaayen** bagged £784,000 in bonus cash and £1.3m worth of shares for this performance. Had the company's figures reflected the parlous state of its main NHS IT contract the profit growth, and thus the bonuses, would have disappeared.

The salaries and fees paid by BT to the former Government e-envoy **Andrew Pinder** and programme enthusiasts from the NHS in London, **Paul White, Brendan Major and Sir Jonathan Michaels**, remain undisclosed.

One man whose pay was eventually revealed was head of the programme **Richard Granger**, taken on in September 2002 at £250,000 per annum. By this year he was the country's highest paid civil servant on £292,000 and has earned more than £1m from the health service. Taxpayers should be grateful, however. According to health minister Ivan Lewis, "he accepted a very substantial reduction in pay and allowances on joining the department". How public-spirited!

insiders to persuade their old colleagues to sign up with the company. Both the chief executive, Paul White, and IT director, Brendan Major, of Barts and the Royal London NHS Trust, which had not long before signed up for BT's systems, were put on the company payroll – the former to run all its NHS IT work, the latter, in his own words, to "bridge the sometimes substantial distance between BT and London's individual trusts". Soon they were joined by the chief executive of Guy's and St Thomas', Sir Jonathan Michael.

Although the companies had earned next to nothing on their regional contracts, the *Eye* discovered that CfH had been secretly propping them up for years. Despite ministerial claims in Parliament that the firms had been paid trivial amounts, by March 2006 they had in fact received £443m in "advance payments". £83m had gone to the worst laggard, BT, even though official responses put its income at just £1.3m. CfH explained that the forward payments enabled the suppliers to "recognise" income, ie count it in their accounts even though they hadn't delivered the product, and could be recovered. So although Granger had insisted he would "remunerate suppliers for successful delivery but not for delay and failure", he had always been happy to stump up cash on the quiet to help them impress the stock market.

The programme's stagnation could be traced directly to the disastrous early decisions on the project, exacerbated by the NHS's general financial malaise. Botched contracts didn't cater for what the NHS really needed, financial pressures on trusts made them reluctant to commit to replacing their IT systems wholesale without any guarantee of improvement and the software simply wasn't up to the job. By opting for five big regional monopolies under four multinational contractors, Granger had forced the companies to turn to the big software houses at the expense of the many smaller and more adaptable healthcare IT specialists that he spurned. That meant iSoft or the big American firms Cerner and IDX. While iSoft became consumed by a financial scandal of its own making, the US software bought in by BT and Fujitsu was proving unfit for purpose because it had been, er, written for US healthcare systems. These were built around billing for care and were unable to produce the data on which NHS management depends. The National Programme wasn't based on what the NHS needed, but what the big suppliers wanted to sell it.

As a result, wrote David Kwo, who resigned as head of the programme in London: "The National Programme has not advanced the NHS IT implementation trajectory at all; in fact, it has put it back from where it was going. For example, local initiatives to deliver more seamless care through common systems… have been stopped for several years".

CRASH ON DELIVERY

THERE WAS one silver lining to this cloud of incompetence. At least only a few hospitals were being lumbered with IT under the National Programme; when it was put in catastrophe was rarely far behind.

Among the first hospitals to install a patient record system, back in November 2005, was BT's sole "success", at Queen Mary's, Sidcup. Immediately, *Computer Weekly* magazine reported, the system was frequently unavailable. Chief executive Karen Grimes told a health conference how it had lengthened waiting times and contributed to the hospital missing its accident and emergency targets. And in a particularly bitter twist, the trust was hammered by the inability of its system to cope with another NPfIT programme, "choose and book" – of which more later. Whilst nearby hospitals could accept GP referrals under choose and book, the IDX software installed at Sidcup proved incompatible. Under government health reforms that pit one hospital against another, that spelt a disastrous loss of income: around £3m at a trust already struggling with a large deficit. To make matters worse, Grimes complained, the trust couldn't claim compensation for its lost income; one of the paralysing clauses in the contracts was that legal action against the big suppliers had to be sanctioned by the health secretary.

Greater disasters quickly followed, notably at the Nuffield Orthopaedic Centre (NOC) where Fujitsu's installation of Cerner software caused a disaster that demanded a "serious untoward incident" report to the National Patient Safety Agency. The NOC's Chief Executive told the *Oxford Times* that problems included "inability to print patient invitation letters and incorrect schedules for patients who need to be seen by particular dates". Operations were cancelled and the board reported a "significant backlog of outpatient appointments", causing the trust's three-star rating to be replaced by a "poor" label. As it struggled with competition from a nearby independent treatment centre that was creaming off routine NHS business and to which GPs were being pressed to refer patients, this was all it needed. A strategic health authority review in December 2006 suggested that Nuffield, also lumbered with a crippling PFI scheme, might simply have to close – brand, spanking new IT system and all. A more fitting testament to New Labour health policy it would be hard to find.

Such failures couldn't be dismissed as mere teething troubles; there were far too many for that. In September 2006 a *Computer Weekly* investigation unearthed 110 "major incidents", those at "severity one" defined as causing "a significant adverse impact on the delivery of patient care to a large number of end users; or… significant financial loss and/or disruption". Most involved the collapse of systems to access electronic X-rays but several compromised the patient administration of entire hospitals. Typical was the disappearance of data on 800 outpatient appointments during a software upgrade at Birmingham Children's hospital, exposed by the e-Health Insider website in July 2006, causing chaos for a fortnight.

The most serious single incident illustrated

E-ENVOY: Andrew Pinder went on to work for BT

£12.4bn WOULD PAY FOR…
Every hospital built since 1997 three times over

the folly of the programme's over-centralised approach and the risks it continues to pose. In July the 80 trusts across the West Midlands and North West that had installed CSC's systems, including eight acute hospitals, were thrown into chaos when the company's data centre collapsed. More than half had to operate for several days without the administration systems they had been told they could rely on – an inconvenience that would have been a catastrophe if the clinical record systems that should have been installed had been. It was only because the programme was so far behind schedule that millions of patients' medical records didn't vanish into the ether. For this debacle CSC was fined a mere £600,000, or £7,500 for each trust that it had thrown into turmoil – much less than their recovery costs. So much for holding the suppliers' "feet to the fire".

CHOICE WORDS

ANOTHER BIG hope for the National Programme was that it would provide the "choice" Blair had promised across the public services – whether patients wanted it or not. And the only real point at which some choice could be injected was when patients are referred to hospital.

The plan soon became known as "choose and book" and was handed to one of Granger's old employers Schlumberger Sema (later to become Atos Origin) under a £65m contract. It would, in then health secretary John Reid's words, enable patients to "choose, from a menu of options, which hospital they would like to attend at a date and time to suit them" and "take away the uncertainty and anxiety of waiting". Patients would leave their GP either with a referral booked on-line in the surgery or a reference number allowing them to book in at their convenience after flicking through the various hospitals' brochures.

It didn't quite work out like that. Before long the costs had gone up to £200m, though CfH insisted the rise was merely due to "some additional implementation and development costs and these are also on budget". Technical problems ranged from frequent crashes – including on the very day in January 2006 that Patricia Hewitt declared "choice is now a reality in the NHS" – to incompatibility with systems used by the hospitals on the receiving end. Unsurprisingly interest in the system remained lukewarm at best despite the offer of £95m in financial inducements to GPs to use it.

Such limitations put take-up of the system desperately behind target. But as Hewitt had made it the main vehicle for patient choice in the health service, it became the focus of serious political pressure. With the numbers of choose and book referrals languishing at less than 20 per cent of the promised 10 million per year, in May 2006 Lord Warner, who had ministerial responsibility for the project, promised on *Newsnight* to resign if the target hadn't been hit by March 2007. In January 2007 C&B appointments were officially running at around 60,000 a week – still only 30 per cent of the target rate. In the same month Warner resigned, citing "personal reasons".

On the ground, the system was proving farcical. Appointments officially booked using the system often had to be backed up with pen and paper anyway while the poor souls sent away to arrange their appointments were left with bewildering choices they felt unable to make. GPs and consultants weren't impressed either. In January the *Eye's* MD reported how the system frustrated sensible prioritisation and, in the words of a consultant from the hapless Nuffield Orthopaedic Centre, remained "complex, expensive and unworkable". A survey by Medix, an independent research organisation, at the end of 2006 found that more than 90 per cent of GPs thought it increased the time dealing with a referral and 70 per cent that it made no difference to, or harmed, patient outcomes.

The other big elements of the National Programme were faring little better. The N3 broadband system ("one of the largest virtual private networks on the planet" according to Granger) offered insufficient bandwidth for many important functions, such as choose and book. Trusts had to pay tens of thousands for upgrades from the contractor, BT, before it would do what they wanted – taking the costs

OFF-TARGET: Lord Warner resigned as minister

to many times those of commercial alternatives. A spate of internet time-outs even revealed that the BT contract imposed no time limits on fixing faults.

The telecoms firm desperate to prove itself in IT was also fouling up the child vaccination record system across London. So many records were lost that the Health Protection Agency reported: "Comparing the year 2005/6 to 2004/5, the number of children in London who are missing from the COVER programme is nearly 18,000 for children turning 12 months, over 14,500 for children turning 24 months and nearly 19,000 for children turning 5 years of age… If new child systems fail to deliver... then children risk missing out on vaccination. Thus, they remain unprotected and eventually will catch measles, mumps, and rubella infections." Despite promises to fix the problems, by early 2007 records were still being lost.

MONOPOLY MONEY

SURVEYING THIS litany, smart NHS trust directors looking to upgrade their IT might have been expected to look outside the National Programme. Unfortunately in 2003 they had been, in CfH's words "directed by the Secretary of State [John Reid] to use the contracts under the National Programme for IT since these had been shown to demonstrate best value for money." The contracts in fact hadn't demonstrated anything by that stage; they hadn't even been signed. Trusts wouldn't be able to examine the companies' performance and decide whether to use them, as any intelligent

WHO'S IN THE IT

Tony Blair. The Prime Minister who pushed the big idea of a single national care record accessible nationwide.

Gordon Brown. The "prudent" Chancellor has been nowhere to be seen as billions leak from the public purse. His only interest has been using the programme to claim £3bn a year savings, from 2007/08, under the government's "efficiency" programme. This depends on "better use of staff time… through the implementation of a modern [IT] infrastructure for the NHS". Although the most important systems won't be in for years and much of what has been installed is taking more time, the spurious efficiency claims have not been retracted.

Richard Granger. Appointed Director General of NHS IT in September 2002 and head of the National Programme from its inception. Started his career in oil before moving into IT consultancy at Andersen Consulting and then as a partner in Deloitte. Won the NHS job on the back of his work on the London congestion charging scheme IT systems (after a few teething troubles judged a success). Talks in management-speak with added menace, responding to accusations of bullying by admitting "a range of behaviours attuned to what's necessary to achieve things".

Sir John Pattison. NHS Director of Information who produced the blueprint for the National Programme, "Delivering 21st Century IT Support for the NHS" in June 2003.

Andrew Pinder. Government e-envoy from 2000 to 2004, who in a previous job had computerised the Inland Revenue's PAYE records. Instrumental in the IT strategy that led to the National Programme and a key figure at the February 2002 Downing Street meeting and in selecting Richard Granger to run the programme. Soon after leaving government he became a consultant to BT, the programme's largest supplier.

David Bennett. McKinsey consultant who also played a prominent role at the No.10 meeting. In 2005 moved permanently into Downing Street as head of the Prime Minister's Policy Unit

Lord (Philip) Hunt. Former health administrator who was first given the National Programme ministerial brief. Resigned from government in 2003 over Iraq war. Resumed responsibility in January 2007 following resignation of **Lord (Norman) Warner**, who had held the brief for three-and-a-half years.

Alan Milburn. Achingly New Labour health secretary from 1999 to 2003 who gave the go-ahead to the National Programme.

John Reid. One time Marxist, the health secretary from June 2003 to May 2005 who approved Granger's centrist approach and monopoly contracts.

Patricia Hewitt. Current health secretary and self-declared scourge of waste in the NHS, who now has the job of sorting out the mess.

customer might. The regional monopolies of BT, Accenture, CSC and Fujitsu were state-enforced and unassailable.

When these companies did get some systems installed they were, unsurprisingly, not slow to turn the screw on their customers, the trusts. That's what monopolies do. Evidence emerged, for example, in primary care trusts of the companies charging around £5,000 to transfer data from old systems to new (and taking ages to do it), compared to a price of half that before the National Programme contracts. Although Granger had insisted in 2003 that

OUT AND IN: Lord Hunt has been in charge twice

"this isn't about sweeping the board clean and bringing in ruthlessly standardized solutions", that was exactly what would happen. Even the man who loved the programme so much that he went to work for BT, Sir Jonathan Michaels, admitted as much in a speech in March 2006: "…the constraints of standardisation are that effectively all other IT investments hitherto become legacy needing to be replaced… So where the marketplace already has solutions they are not available to us under Connecting for Health." Repeated warnings from experts and parliamentary watchdogs to avoid giving suppliers such power over public services had gone completely unheeded.

The suppliers thus have the NHS trusts on their patch over a barrel for many years to come, with no chance of opting out. As the programme stumbles into its fifth year, the 2007 NHS plan pushes responsibility for getting the companies' unloved IT into as many trusts as possible onto the strategic health authorities, whose trusts must draw up detailed plans for introducing the half-baked systems. Not only will this entrench the programme further, it neatly ensures that the blame can eventually be apportioned as far from Richmond House and CfH's Yorkshire HQ as possible.

EXPENSIVE BUSINESS

ALTHOUGH OFFICIALLY estimated at £3.4bn, costs imposed on the trusts as their share of the £12.4bn outlay for the programme are likely to turn out much higher. In 2005 alone, a report from the Management Consultancies Association revealed, they spent £375m on consultants to help them introduce what systems were installed. And the expense was limited to this figure only because the programme was woefully behind schedule. If it ever gets near to delivering what it should, fees imposed on cash-strapped trusts will run into several billions.

It doesn't stop there. The biggest cost of overhauling the IT in any organization is usually getting the people using it capable of doing so. In the health service this means training hard-pressed administrators and clinicians – no small undertaking, as Sir John Pattison recognised back in 2003. "There are recent articles indicating that other health care systems… are investing six times the amount in training than they are in the IT systems themselves, and it will have to be of that sort of order if you take the true costs into account", he told a parliamentary committee. With £6.2bn worth of systems planned, some observers estimated that the final cost of the programme could run to £40bn, dwarfing official estimates.

Speculation over total cost, which Granger had originally put at £2.3bn, was further fuelled when in May 2006 Lord Warner, the health minister who had taken over form Lord Hunt after he resigned over Iraq, told the *Financial Times* that it would hit £20bn, though he insisted this included the £1bn a year the NHS would be spending anyway on IT over the decade covered by the programme. Even so, an extra £10bn was hardly what the NHS needed as a 2005/06 deficit of half a billion pounds was forcing desperate cost-cutting, thousands of job losses and ward closures.

By the end of 2006 at least £2bn had been shelled out. Around £1bn had gone to the core suppliers, the balance in central running costs and spending by trusts.

RECORD RESPONSE

SERIOUS OBJECTIONS to a gamble on this scale began to emerge from the clinicians whose patients' records would be at the mercy of the national care record service. The British Medical Association, alarmed that medical histories could quickly be loaded onto the untested national "spine", demanded that patients be asked for their consent before placing personal details that might include mental health history, HIV status, drug problems or anything else on a system outside the control of their GP.

Back in May 2002, as the National Programme was being conceived, the *Eye*'s MD had pointed out the centralization of authority over medical records under 2001 legislation stipulating: "The secretary of state may… make such provision for… regulating the processing of prescribed patient information for medical purposes as he considers necessary or expedient (a) in the interests of patient care, or (b) in the public interest". A national database of health records, with no awkward GPs standing as gatekeepers between the authorities and the patient's records, would give this law teeth. Soon the chairman of the government's Care Record Development Board was warning of "considerable pressure to obtain access to data on the NHS Care Records Service from other government departments, public services such as the police and immigration services, and researchers".

The medics' trifling concerns over security and confidentiality were dismissed by Warner and Granger in familiar style. Sticking to plans for "implied consent" – under which everybody would be assumed to agree to their records going on the national spine – the health minister patronised the doctors by insisting that "good sense will prevail with the profession". Granger, preferring outright offence even when his project needed all the friends it could find, later likened the BMA to the National Union of Mineworkers.

Unlike the NUM, however, the doctors eventually secured a partial victory. A campaign in the *Guardian* exposed the threat to security from a system accessible to 250,000 users in the NHS – not to mention other government agencies, private investigators and resourceful hacks – and for which the promised "sealed envelope" technology allowing patients to guard certain information from general access was a long way from reality. The paper helpfully

A PROGRAMME NO ONE NEEDED

EVEN the government had no evidence that centrally held health records accessible anywhere in the country were needed.

Official accounts of the National Programme for IT curiously don't explain why it was needed. The closest to a justification for the central element – the national care record – comes in the form of a case study on Connecting for Health's website:

A 70-year-old lady called Jayne with a hip problem has been put on new medication by her GP. "She then goes to stay with her daughter 50 miles away. She's happy to make the trip, safe in the knowledge that, should she fall ill, local doctors will have all the information they need about her health, because she now has an NHS Electronic Care Record which can be shared between clinicians."

But how many 70-year-old ladies with bad hips are really waiting for a new NHS IT system before they will visit their relatives? What evidence was there, the Eye asked CfH, of the incidence of medical treatment away from a patient's local hospital or GP of the sort that would require immediate access to medical records anywhere in the country from a central database?

As it's the only rationale there is for the heart of the multi-billion pound programme, the reply bears repeating in all its verbiage: "The Electronic Record Development and Implementation Programme was initiated as part of Information for Health (a programme of the NHS Information Authority to explore the issues associated with the development and implementation of a variety of electronic patient record systems in different contexts), and was designed to provide early experience and feedback on the implementation of electronic health records. The programme was subject to continuous evaluation with the aim of capturing and sharing all the lessons learned from the sites, of which there are many examples from across England. The National Audit Office report on the National Programme highlighted the patient safety benefits of electronic health records."

In other words, there was never any evidence of need or demand for central healthcare records. As one GP campaigning against the system put it: "A national database is not essential… other mechanisms exist for the sharing of relevant information between directly involved health professionals."

"Other mechanisms" such as, er, email, telephone and fax!

£12.4bn WOULD PAY FOR…
500,000 full courses of herceptin treatment for cancer patients

GAFFE: Chief medical officer Liam Donaldson

printed a cut-out coupon to send to Health Secretary Patricia Hewitt demanding an opt-out from the system, thousands of which soon arrived in her in-tray.

Hewitt immediately told the coupon-fillers they had no chance unless they could show "unique and personal reasons for claiming substantial and unwarranted distress". Chief Medical Officer Liam Donaldson was even more high-handed, demanding that GPs forward letters addressed to them to the Department of Health without the individual's permission, a move the BMA called "an astonishingly incompetent gaffe". Within days, however, the government had backtracked as its Patient Record Taskforce recommended explicitly asking patients for consent to upload their details, giving them the right to refuse.

That this obvious concern had not been addressed at the outset of the programme once again betrayed the failure to ask the crucial questions about what the NHS and its patients wanted before drawing up multi-billion pound contracts. Firms bidding for the contracts in 2003 had even been told: "A patient will not be able to refuse to make their personal data available to the Spine." Nobody, it seems, had bothered to ask whether that was ethically, politically or even legally feasible.

AWKWARD QUESTIONS

THE SAVING GRACE of the National Programme for IT since day one has been the concern shown by many IT and health professionals and a few journalists. Something of the true state of the programme has emerged from the scrutiny of *Computer Weekly* and the close monitoring and analysis on the website e-Health Insider, on which postings from many a techie have given glimpses of the developing fiasco. By 2005 there was even a book on the programme, a comprehensive study called *"The NHS IT Project"* by health IT consultant Sean Brennan.

As it became clear that the National Programme was falling far short of its promises on both delivery and performance on the little that was delivered, a number of serious voices began to be raised in opposition.

As early as May 2004, soon after the contracts had been signed, a group of the UK's leading IT academics wrote to the Commons' Health Select Committee pointing out that "the NHS National Program for IT is starting to show many of the symptoms displayed by large IT and business change projects that have failed in the past… Our professional opinion is that a constructive, independent review is urgently needed."

TURNING ON THE SPIN CYCLE

A PROJECT on the scale of the NHS National Programme for IT needs all the scrutiny it can get – but the programme's leaders preferred news management, avoiding awkward questions in favour of pumping out their own misleading information.

- In December 2002 Richard Granger told a conference of suppliers looking to bid on the programme that any who criticised it could be banned from NHS work for 10 years.
- Critical journalists were shunned by Connecting for Health. A Computer Weekly hack was physically blocked by a Department of Health press officer from a January 2005 press conference on the programme given by then health minister John Hutton, who duly escaped any tricky questions.
- Requests for details of the Downing Street meeting at which the scheme was conceived were refused.
- Straightforward requests from Private Eye for information on costs and payments propping up suppliers were only replied to after six months, more than 20 reminders and the intervention of the Information Commissioner. Richard Granger declared himself "the senior manager responsible for the efficient and effective operation of [freedom of information] within NHS CfH".
- Repeated parliamentary questions on spending under the National Programme were all answered without mentioning the cost of running the programme and the hidden "advance payments" to suppliers.
- Various surveys on the National Programme were deftly spun. One unfavourable MORI study was sat on for months until after the National Audit Office reported. A survey for Medix showed that only 5 per cent of doctors felt they had been personally consulted. For CfH, that became an achievement that "suggests some 4,500 doctors have been personally consulted". Marvellous!
- Fifty million patients in England have provided great opportunities to spout figures suggesting the programme is delivering. In October 2006 Lord Warner announced a "significant milestone for healthcare" as the millionth appointment was made under choose and book. The rate was only 70 per cent off the target but who cares? A million's a big number! Similarly, much was made of the millions of electronic prescriptions allegedly made. In fact only 1.5 per cent have so far been received electronically by pharmacists as envisaged.
- Pressed on the lack of progress on the National Programme by the Public Accounts Committee in June 2006, Granger pleaded: "It is a very ambitious programme… I thought it would be a big risk from day one". Could this be the same blasé Granger who told a conference in March 2003: "It is misleading to say that the scale is bigger than has ever been done before. The extra spending of £2.3bn over three years is not such a terrifyingly large project – it is comparable to other mid-size projects in industry and government that are regularly completed on time"? It certainly could.
- As the scale of the disaster unfolded at the end of 2006, Granger responded not by addressing the fundamental flaws but by bringing in a PR team from Bell Pottinger, headed by the firm's crisis management specialist.

The calls went unheeded and only in April 2006 did the group get an official audience with CfH, following which an agreed statement appeared on CfH's website declaring "agreement that a constructive and pragmatic independent review of the programme could be valuable" – just as the academics had understood. In true CfH style, however, as the political heat was turned up on the project this was removed and replaced with a statement that offered no prospect of a review.

Such covering-up became the norm as New Labour moved to deny the escalating fiasco. Health Secretary Patricia Hewitt was reported to have called the scrutiny of the project by computer journalists "unhelpful". Lord Warner insisted "we are not going to be deflected by naysayers from any quarter" – even, it seemed, when those naysayers knew what they were talking about.

NAO COMMENT

THE BIG HOPE for critics who could see billions of pounds on their way down the drain was a National Audit Office report due out early in 2006. But when the report finally appeared in June, despite the appalling lack of progress on the programme and the concerns of everybody who knew anything about it, the auditors had managed to produce what one MP described as "easily the most gushing" of the 62 NAO reports he had read. They had swallowed all CfH's boasts whilst barely looking at the failures, only cursorily consulting trusts and GPs and ignoring the years that the programme was behind schedule.

Even the rushed procurement process was commended for its speed, despite the disastrous foundations that it had hastily built for the programme. Claims from a helpful consultancy firm called Ovum that billions of pounds had been saved from the centralisation of the project (later strongly disputed by experts) were meekly accepted. Not even an eyebrow was raised over Ovum's conflicts of interest in counting the lucky contract winners among its clients.

Perhaps the only useful information to emerge from the NAO report, three and a half years after the launch of the National Programme for IT, was an official price for the whole deal: an eye-watering £12.4bn, or more than five times the figure given by Granger three years earlier.

Among the likely explanations for the NAO whitewash was that a senior member of CfH had accompanied the auditors every step of the way. The delay arose from debate between the auditors and CfH over what should be in the report, under the very British arrangement whereby the facts have to be agreed by the audited public body. As rumours filtered out that Granger had bullied the NAO into its glowing testimony, Auditor General Sir John Bourne admitted that "of course one side argued with the other", but insisted his people had stood their ground.

Sir John's protestations became less convincing a few weeks later when the BBC uncovered a first draft of the report after disgruntled NAO insiders "suggested" that reporters ask for it under Freedom of

£12.4bn WOULD PAY FOR…
Reversing 20 years' worth of planned cuts in social care budget

Information laws. Several damning statements had mysteriously failed to make the final cut, including the auditors' findings that the Department of Health had been "slow to demonstrate clear and effective leadership to engage NHS organisations", and the worrying diagnosis of a whole section including the line "the NHS currently lacks the sufficient skills" to make the scheme a success. Nor was there space in the final report for a view that would have provided critics with deadly ammunition: "the confidentiality of patient information may be at risk". The companies were protected too, as whole paragraphs detailing sanctions against BT and its problems with its software supplier were deleted.

None of this was seen by the Commons public accounts committee (PAC) that convened days after the NAO report; nor was a damning survey on the programme commissioned by CfH months before and sat on until well after they had met. Members of the committee were reduced to expressing incredulity at the generosity of the NAO's judgment while a couple of critical witnesses, Dr Nowlan and Professor Hutton, complained of how the lack of clinical involvement set the programme off on the wrong foot. That provoked Granger into spouting statistics about achievements on peripheral aspects of the scheme – neatly deflecting the committee, just as he had the NAO auditors, from the central failures. It was left to Hutton to cut through the smokescreen: "I do not doubt that all those things have been delivered, but they are nothing to do with the NHS care record which is a central repository of key information of each person that is available anywhere within the NHS..."

Granger chose to mislead the committee on the crucial question of the central care record available nationwide. After CfH officials had repeatedly evaded the issue, PAC chairman Edward Leigh demanded: "Is my GP able to send my records to a hospital from London up to an accident I have in Middlesbrough or somewhere? Is that now happening?" As the care record service which the MP was asking about was nowhere near availability, the correct answer would have been "No". Instead Granger answered: "Yes, he can do that because for the first time the NHS has a reliable network of over 14,000 end points on it which are available almost all the time". It might have seemed a smart reply at the time, but by pointing out that the standard e-mail system could be used for this purpose, Granger had in fact just delivered devastating proof of why the National Care Record, the core system that would realise Blair's original vision for healthcare information and the reason for the £12.4bn project in the first place, was always completely unnecessary.

Two days later at Prime Minister's Questions, more than four years after he had called for the National Programme, Blair was forced by Richard Bacon MP to answer for it for the first time. "Let me explain to him why it is important that we have that information technology programme", replied the PM, "In the end, one of the huge benefits of having a national health service is that we can have electronic patient records that are transferable right round the system". Forty-eight hours after Granger had shown why a multi-billion pound programme wasn't needed for this, nobody had bothered to tell the Prime Minister.

MELTDOWN

ALTHOUGH THE NAO had vowed to keep an eye on the project, few experts would trust the auditors again to stand up to those running the National Programme.

In September last year Public Accounts Committee members Richard Bacon and John Pugh published a paper declaring that "The National Programme for IT in the NHS is currently sleepwalking towards disaster... clinical staff are losing confidence in it. Many local trusts are considering opting out of the programme altogether. These problems are a consequence of over-centralisation, over-ambition and an obsession with quick political fixes." Their prescription – "to create a proper balance between central standards and central procurement where this offers demonstrable benefits, and local autonomy and responsibility" – was what had been recommended five years before but had been steam-rollered by Granger's procurement process.

The British Computer Society issued a paper recommending much the same. A Medix survey found that two-thirds of doctors didn't think their trusts' budgets could afford the programme's huge costs. Even Parliament's moribund Health Select Committee gave in to calls from academics to start its own belated enquiry. Then last month one of the big suppliers broke rank. Andrew Rollerson, in charge of Fujitsu's work on the programme, told a conference: "It isn't working. And it isn't going to work."

Meanwhile, Department of Health officials were frantically thinking of how to limit the damage. The department's new head, David Nicholson, set up an ongoing internal review and sought to pass as much responsibility down the chain as possible. Most observers hoped this was a prelude to a restructuring of the National Programme under which IT would be handled more effectively at local level to national standards before more billions are wasted.

Sensible remedial action already seems to have been scuppered by the programme's early failings, however. Having handed 10 year monopolies to the big suppliers, the government would face enormous compensation claims if it prevented them from milking the deals – a prospect that CfH refused to discuss with *Private Eye*.

WHAT NEXT? AN ANORAK WRITES...

THE *Eye* asked a leading IT specialist (who wants to remain anonymous) for his view on what went wrong and what needs to be done.

The fatal flaws of the National Programme for IT:

- It was launched without any evidence that hundreds of largely autonomous NHS organisations with their own IT would buy into one-size-fits-all systems imposed on them from Whitehall.
- No evidence has been produced that a nationally available electronic health record will work.
- Clinicians should have been consulted on what they really wanted from a large spend on NHS IT. Feasibility studies should have been published. If the scheme looked feasible by all independent assessments, only then should the National Programme have been announced. Instead it was conceived in secret and announced as a *fait accompli* – the worst possible way to engage clinicians.
- Assessments of the programme, such as gateway reviews by the Office of Government Commerce, have not been published. Some practitioners think this is because they show the programme to be deeply flawed.
- There has been no admission by any minister of the seriousness of the problems while the gap between optimistic ministerial statements on the programme and the reality, as perceived by NHS managers and clinicians is widening – turning even the programme's enthusiasts into sceptics.
- Those running the programme talk only about the specifics of what is going well, and what can be delivered. Nobody mentions the big things that are going wrong, such as the reasons for the delayed core software. And nobody in authority wants to ask the question: will it ever work as originally conceived?

What should happen now?

- A ministerial admission that the programme is mired in delay, and doubts over costs and technical feasibility. A problem that is not admitted cannot readily be tackled.
- Nobody yet knows that the idea of a nationally available electronic health record system will work in the way it has been configured. So an independent published review is a must.
- Trusts and GPs should have the authority to make their own choice of IT systems and suppliers as long as they meet nationally agreed standards. That way they'll want what they install rather than having it foisted on them.
- Money given to trusts for upgrading IT should be ring-fenced – earmarked only for specific IT projects. There would then be no need for a huge central bureaucracy which monitors what trusts and suppliers are doing.

and, er... that's IT

The plan to transform NHS information technology is deep in the sh-IT. Responsibility goes all the way to a Prime Minister who was keener to listen to management consultants than medics as long as he got his bumper initiative. His government handed the task to a consultant who ignored intelligent analysis of the National Health Service's true needs in favour of big announcements, spin and deceit. The result was very predictable, and very New Labour.