From the Editor's Desk

CENTRALISING THE BLAME GAME

An abiding feature of our health system is the "blame game" — a political shield for deflecting criticisms and disowning responsibilities in health care. The prominent health commentator John Menadue argues that:

> *… we must resolve this problem to ensure integrated care and the avoidance of cost and blame shifting. Both federal and state governments have a vested interest in the present system.*

And a suggested solution? A single health funder and provider … the Australian Government!

But would this be an improvement? Probably not — especially if its prototype is the United Kingdom's National Health Service.

Over the past two decades, the NHS has seen wave after wave of destabilising change. British doctors have had to confront an internal market system (in 1991); general practice fund-holding (1992); abolition of regional health authorities and the creation of nine health offices (1996); abolition of fund-holding (1996); a target plan for improving care and cutting waiting times (2000); the introduction of hospital league tables (2001); primary care trusts taking on the planning and commissioning of health care (2002); a hundred-odd health authorities replaced by 28 strategic health bodies (2002); the introduction of foundation trusts (2004); payment by health results (2005); primary care trusts cut from 302 to 152 and strategic health authorities from 28 to 10 (2006); and the abolition of hospital league tables (2006).

This period also saw a culling and reconfiguration of hospital services, the introduction of Patient Choice — a program that requires a patient to have a choice of four or more providers when referred by a general practitioner — and muddled meddling with vocational training, through the disastrous Modernising Medical Careers and with the governance of the General Medical Council.

Given this record of continuous and chaotic change engineered by a central Department of Health, the blame game may well be the lesser of two evils.

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