Ben Goldacre, The Guardian, Saturday 5th February 2011

I have never heard one politician use the word "evidence" so persistently, and so misleadingly, as Andrew Lansley defending his NHS reforms. Since he repeatedly claims that the evidence supports his plan, let's skim through what we can find on whether GP consortiums work, the benefits of competition, and the failures of the NHS.

I'm not in favour of, or against, anything here: all health service administrative models bore me equally. But when Andrew Lansley says all the evidence supports his interventions, as he has done repeatedly, he is simply wrong. His wrongness is not a matter of opinion, it is a fact, and his pretense at data-driven faux neutrality is not just irritating, it's also hard to admire. There's no need to hide behind a cloak of scientific authority, murmuring the word "evidence" into microphones. If your reforms are a matter of ideology, legacy, whim, and faith, then like many of your predecessors, you could simply say so, and leave "evidence" to people who mean it.

Commissioning - GP consortia v PCTs etc

There have been 15 major reorganisations of the NHS in 30 years[a]. We have had GP fund-holders, GP multi-funds, primary care groups, primary care trusts, family practitioner committees, purchasing consortiums, and more. After all this change, lots of data should have been gathered on the impact of specific strategies.

In reality, few were properly studied. Here are 4 papers on GP fundholding, which is broadly similar to Lansley's GP Consortiums. Kay[b] in 2002 found it was introduced and then abolished without any evidence of its effects. In 2006, Greener & Mannion[c] found a mix of good and bad but no evidence that it improved patient care. In 1995 Coulter[d] found nothing but gaps in the evidence and no evidence of any improvement in efficiency, responsiveness, or quality. Petchley[e] found there was insufficient data to make any judgement. Lansley says he is following the evidence. I see no evidence to follow here.

[a]Walshe – http://www.bmj.com/content/341/bmj.c3843.full
[b]Kay – http://www.ncbi.nlm.nih.gov/pmc/articles/pmc1314221/
[c]Greener & Mannion – http://www.bmj.com/content/333/7579/1168.full
[d]Coulter – http://eurpub.oxfordjournals.org/content/5/4/233.abstract
[e]Petchley – http://dx.doi.org/10.1016/S0140-6736(95)91805-1