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## What Went Wrong with the NHS?

### Examining Myths and Legends of State Medicine

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#### INTRODUCTION

##### *Myths and Legends of State Medicine*

Any discourse on the UK's National Health Service (NHS) is liable to be bogged down in misconceptions unless the accompanying myths and legends are first examined.

It is often thought that the NHS represents the first health service of its kind. But was there recognisable State Medicine before the NHS? The NHS is seen as the proud achievement of the Labour party and that no other party can be trusted to care for it. Is this true? Are these facts or fiction?

Other statements often heard about the NHS include:

- The NHS is free at the point of delivery
- The NHS is the best health service in the World
- The NHS is better now than it has ever been
- The NHS provides cradle to grave health care
- Nurses are selfless comforting angels who work far too hard

Conversely there are people putting almost directly opposed opinions including:  
We would be better off without the NHS  
The NHS is rubbish  
The NHS is inordinately expensive  
Better management would sort it out (easily)  
The doctors are selfish, overpaid and spend most of their time doing private work.  
Are these facts or are they fiction?

We need to examine these myths and legends.

#### HISTORY OF STATE MEDICINE

Examining the history of state medicine (1) reveals that governments have been involved in regulating and providing medical services back to the time of the Assyrians and Babylonians. For example, consider Hammurabi, first dynasty king of the Babylonian Empire, whose name meant "The kinsman is a healer". He established the first known code of medical ethics and laid down a fee schedule for specific surgical procedures.

The first true National Health Service is surprising for it was provided by the French when, in 1794, they nationalized all the hospitals. Some medical historians date the start of modern medicine to the establishment of 'clinics' or medical schools in France at this time. Trainee doctors were systematically educated on the

wards studying the diagnosis and treatment of patients. The patients who died were sent for autopsy and the pre- and post-mortem diagnoses were compared. The lack of efficacy of traditional medicine was highlighted by the use of statistics. The humane treatment of the insane was a major achievement. They were treated as invalids often amenable to improvement by patient care rather than as secret criminals cursed by God (2).



French Revolution Twenty Franc Note, backed by confiscated land

In the UK State Medicine was provided under a variety of poor laws until the National Insurance Act of 1911 (implemented in 1913). Workers under £160 per year only had to contribute four pence (4d) a week. This funded visits to the General Practitioner and also paid for the Medical Research Council (remit; to improve the health of the nation).

In 1933 Sir Arthur Newsholme reported on the provision of medicine in the USSR and was, to modern eyes, surprisingly impressed. "The Soviet Union is the one nation in the world which has undertaken to set up and operate a complete organization designed to provide preventive and curative medical care for every man, woman, and child within its borders....What Russia has accomplished in its courageously original schemes for the health and social wellbeing of its people constitutes a challenge to other countries."(3)

In 1938 and 39 with war looming the Emergency Medical Service (EMS) was set up under the Ministry of Health. They took over the running of 10% of hospital beds and set up the Emergency Hospital Scheme (EHS) and the Public Health Laboratory Service (PHLS).



Royal Army Medical Corps

War was declared in September 1939. In April 1940 all doctors under 41 conscripted and in 1941 the limit was raised to 46 years. By 1945 one third of all doctors had been recruited.

The Coalition government of 1941, led by Winston Churchill (then a Conservative) instigated a report by William Henry Beveridge, 1st Baron Beveridge. He reported in 1942 "the government should find ways of fighting the five 'Giant Evils' of Want, Disease, Ignorance, Squalor and Idleness.(4)" The report was accepted by Churchill but the Labour government won at the next election.

This led to the setting up of the modern Welfare State with a National Health Service (NHS) under the Labour Government.

Beveridge by this time was a Liberal.

On 5th July 1948 the Local Government and Voluntary hospitals were nationalised. This amounted to a total of 3118 hospitals of which 1100 were voluntary/charity institutions and the remainder were Local Government or Emergency Health Service (1).

Thus the establishment of a National Health Service was a cross-party achievement founded on the work of Labour, Liberal and Conservative politicians at local and national government level and on the work of thousands of voluntary and charitable organisations.

But what of the other myths and legends that abound regarding the NHS?

#### FREE AT THE POINT OF DELIVERY

*Is the NHS free at the point of delivery? Has it ever been free?*

In 1949, the very next year after the start of the NHS, the Labour Government passed a law that allowed a charge for prescriptions. In addition dentistry and spectacles would no longer be completely free. This law was enacted in 1950 under the new Tory government. Thus it is ideologically nonsense to say that patients should not be allowed to choose to pay for drugs they need but are refused on the NHS.

There has always been a mix of the free and the paid for.

#### WAS THE NHS EVER THE BEST HEALTH SERVICE IN THE WORLD?

This is difficult to assess but certainly in the first twenty or twenty-five years of its existence the NHS provided the most comprehensive and modern State healthcare. Thus the boasts would appear to have been correct.

It is a surprise to some, but not to those working in the NHS, that this is no longer the case.



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The NHS has not generally got worse and overall the medical services provided have considerably improved. But the services provided by other countries have dramatically improved, overtaking and sometimes shaming the British NHS.

Various reports and assessments have shown us slipping down the league tables. A recent report by the Daily Mail (5) showed the NHS as being on a par with Slovenia and the Czech Republic. The NHS came 14th out of 33 European countries, making it one of the worst systems in Western Europe.

Statistics bear the same message.

Infant mortality, a good indicator of the efficacy of a health service, stands at 5 deaths per 1000 live births for the NHS. This is almost twice as bad as Sweden at 2.8 and is slightly worse than Portugal (4.9) and significantly worse than Spain (4.3 per 1000 live births) (6). It is not as bad as that of the USA at 6.4 but the United States do not have a comprehensive health service.

## SO WHERE DID THE NHS GO WRONG?

*How did it slip behind the advances made by other Healthcare systems?*

The NHS is at the top of the list in one regard. Our hospital-acquired infection rate is 60 times that of some European countries. The many headlines and reports bear testimony to the number of patients who have died from outbreaks of superbugs and when we are told triumphantly that the infection rate has halved that still means we are running at a rate thirty times that in some other countries.

Add to this the fact that an increasing number of patients, particularly the elderly, starve when in hospital and that end of life care for many (particularly those who are demented) has to be paid for privately and it is clear that the NHS does not provide the comprehensive cradle to grave service it originally promised.

Many medical staff would point to three major problems

Management: *Too much*  
Nursing: *Too little*  
Medicine: *Loss of Clinical Freedom*

But why is this the case?

Partly it is a result of chronic under-funding. Healthcare in the UK has always cost less than the European Union average ever since we joined the EU in 1973. In 1982 the UK's expenditure on healthcare was 5.8% of GDP, EU average was 7.3%. By 2006 the UK's spending was 8.4% but the EU average had risen to 9.4%. (7)

Successive governments have made enormous changes to the way that the NHS is managed. Each time the number of managers has mas-

sively increased. Whereas a simple injection of cash could have solved the problems the massive influx of managers has just compounded it. The nurses, following the example of Florence Nightingale, were indeed as near to selfless, caring angels as it was possible to be. But this changed with the Salmon system introduced in the mid 70s. This took experienced nurses off the wards and made them into administrative nursing officers. Since then the administrative demand on the time of nurses has increased exponentially. Paperwork, filling in forms and entering data into computers is now estimated to take up 85% of their time. The nurses do not have time to be caring angels .... they are drowning in pointless bureaucracy.

The loss of clinical freedom in medicine has occurred due to a number of medical scandals giving "reformers" an opportunity to clamp down on the doctors. New contracts have put the doctors firmly under the control of the managers and organizations such as NICE have limited the drugs and procedures that are permitted. The doctor can no longer act as the impartial advocate of the patient but must consider cost as a major factor.

But why has management failed?

Despite having taken control of all aspects of healthcare the expected improvements have not necessarily been realized and many would say that the extra management just wastes money.

This is probably because the NHS runs in the opposite way to a business. According to economists every human activity is a business. But then to an actor the whole world is a stage and to a man with a hammer everything is a nail.

What are the main elements of a business ?

- Making a profit by selling goods or services to paying customers
- The more paying customers, the greater the profit
- Profitable areas encouraged, non-profitable closed down
- Delegation to less senior and less knowledgeable staff is usually possible
- A product is a simple object made more complex by an understood process.
- Customers cannot have a product or service unless they are willing to pay.

A moments consideration will show that the NHS works in exactly the opposite way to all of these points. The tariff system does not overcome this because the tariff is set centrally, it is not related to difficulty of an individual task and the NHS is effectively a monopoly.

There are some very pressing problems on the finances of the NHS even though the new government, the Conservative/ Liberal coalition (as predicted (see reference 1 page 251)), have promised to safeguard the funding.

In real terms there will be no significant increase in funding. Yet medical inflation runs at twice the rate of national inflation and would therefore cause a shortfall on its own.

## PFIS AND OTHER PROBLEMS

More worrying is the enormous expenditure on Private Finance Initiatives (PFIs). The NHS is facing a bill of £65 billion on PFIs that cost only £11.5 billion when built (8). This will take 10% of the budget for interest alone.

Moreover the clock is ticking until there is no more NHS. The clock started ticking in 1997 with the first PFI. After 30 years the companies controlling the PFIs own the Hospitals. So in 2027 we will see the unravelling of a State run NHS.

But the crunch will come well before that.

There has been vast overspending on IT and on the drugs budgets. There are many other predicted problems for the NHS, any of which could bankrupt the service within the next decade:

- Cost of Oncology Drugs
- The increasing problems of obesity (e.g.. diabetes mellitus)
- Excessive Alcohol Consumption
- The care of the elderly

## SELFISH RICH DOCTORS

Finally ....is it true that the doctors are selfish, overpaid and spend most of their time doing private work?

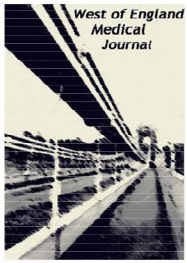
Whilst this may have been true of the author, this does not appear to be the case for most doctors. Consultants, the group suspected as most likely to meet this stereotype, have consistently worked more hours than they were contracted for. Indeed the last Government (Brown's ill-fated administration) were shocked to find that the number of hours worked by consultants decreased significantly when they were carefully controlled by new contracts and monitored by managers.

It can be concluded that the NHS was a flawed experiment from the very beginning. However, despite the initial compromises, or maybe even because of them, it served the people of Britain exceedingly well for the first half of its existence and the doctors were the mainstay of its working practice. The NHS only started to become a problem when there was a worldwide recession in the mid seventies and the NHS 'ran out of cash'. At this time a series of 'reforms' were put into action, which unfortunately served to make the otherwise efficient system work inefficiently.

The various governments have continued to make major changes every other year or so since then. These have progressively moved the NHS away from the original nationwide comprehensive free health service provided in 1948 and have hampered the organisation with an ever-increasing burden of management and regulation.

The latest changes, putting the General Practitioners in charge of the budgets, can be seen as giving the GPs the poisoned chalice when the service is bound to decline due to the many problems that have built up.





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## SO WHAT CAN BE DONE TO SAVE THE NHS?

A number of practical points can be advocated

1. Matrons should be put in charge of hospitals as previously. This has already been suggested but if enacted they must have power as well as responsibility. This power must include the authority to sack the cleaning staff if necessary and the companies employing them.

2. The wards should be under the control of established sisters, again with both power as well as responsibility. Cleaning the wards should be under the authority of each of the ward sisters.

3. Clearly more cleaning staff would need to be directly employed under the sisters' control.

4. Mixed sex wards should cease to exist. They undermine patient dignity and they also prevent patients from undergoing their own ablutions with confidence.

5. The minimum distance between beds should be increased

6. Beds and their linen should be cleaned/changed between patients. This seems obvious but it is surprising how many cases I have heard of in which bed linen was not changed.

7. The number of beds should be increased and bed occupancy decreased to the old level of around 70% thus providing the slack needed for cleaning and providing spare capacity when emergencies arise.

8. Management should be slashed since the matron would be in charge. Increasing the number of beds should also make some management tasks (bed allocation etc.) unnecessary and thus save money on management.

9. Healthcare should be liberalized and liberated. Patients should be encouraged to pay for their own drugs as long as they are compatible with the prescribed course of treatment. Voluntary hospitals should be encouraged. Vouchers for partial payment of private medicine could be considered.

10. Private and charity healthcare should be increased but not at the expense of the NHS

11. Healthcare workers must be permitted to speak to the press about problems with no fear of reprisal by the managers or politicians.

Of all the eleven points, listed above, the last is probably the most important. The author can speak his mind because he has retired. The people still working for the NHS need to be able to speak out for changes and point out bad practice without reprisal.

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