



The National Health Service - The Challenge

A discussion paper by the
DCCA's CPF Group

2023

Contents

2023 The National Health Service - The Challenge - Discussion.....	3
Questions for discussion	6
Statistics and further reading Context: Charts and Data	7

DISCUSSION

1

INTRODUCTION

The paper highlights many issues relating to the NHS, including the objectives set by Bevan and related facts which somehow never does get to become part of a serious discussion on the challenges facing the health service.

Aneurin Bevan forecast that without the worry of personal financial problems being caused by illness or injury, the nation would become healthier and wealthier with universal medical treatment being provided free of charge.

His rationale was based upon a belief that the early reporting of illness or the symptoms of impending disease would lead to effective treatment and future illness prevention.

What he did not consider was the provision of free medical treatment not only removed the worry of paying for any illness treatment and the premium value on prevention, but Taxpayers would have to fund the bills incurred from uninsurable risks and various illnesses resulting from negligence. we, the general public, only keep hearing of which political Party does/does not provide enough funding for the service.

In the political arena, we, the general public, only keep hearing of which political Party does/does not provide enough funding for the service and now the time has come to remove the politics.

Since its inception the environment has changed considerably as life span has increased and medical attention to the sick has morphed from just care to treatment through costly equipment.

All our input to today's paper is based on our shared experience whenever we have had to access the service provided by the NHS.

Covid-19 spending combined with an enforced Lockdown has created a massive problem affecting the whole GB economy. NHS spending rose from £156 Billion in 2020 to £201 Billion in 2022 (+29%)* whilst NHS waiting lists and treatment delays have risen inexorably since. We now have one of the biggest healthcare budgets in Europe with lower standards of care and less consumer choice.

There are 32 million+ Taxpayers in England of whom 27 million pay the basic rate from a population of 56.5 million. 100% of user services are funded by little over half of the adult population.

There are 12.7 million U-16 living in England whose comprehensive healthcare requirements must be a priority charge on any NHS Budget.

The Politics MUST be removed and discrimination eliminated. For example, the contents of the oral cavity including the teeth cannot be arbitrarily eliminated from treatment by the NHS and nor can the cost care of the elderly suffering from Dementia. These are classical examples of healthcare discrimination and yet the costs of the dental decay pandemic, particularly in children, create expensive demands in medical diseases and illness later in life, Obesity and Diabetes to name two. It is a complete waste of money sub-contracting the private sector with

a restricted NHS budget limited to the provision of unlimited treatment demands ending in a post code lottery of services. In high-cost service areas there are NHS dental deserts and unbearable Care Home costs.

2

DELIVERY

Currently, the main centre of delivery of service is via Primary, the GP's and Secondary, Hospitals. There are other secondary services including District Nursing and Care for the Elderly, etc.

This topic has also been part of the subject of a paper by Rt Hon Patricia Hewitt entitled "The Hewitt Review", an independent review of integrated care systems, Published 4 April 2023. In it, the paper promotes a much more integrated system than what the present system offers. In addition, it recommends more emphasis on prevention so that demand for is reduced is less.

3a

RESOURCES Property

The Report by the NHS Support Federation entitled "NHS For Sale" mentions that PFI, or Private Finance Initiatives were deals set up with the private sector companies to organise over 100 NHS hospitals building schemes from 1992 onwards. The policy was conceived by the Conservative government of John Major but predominantly advanced under Labour. Since then the reputation of PFI came steadily more damaged. The search for finance for capital intensive projects from sources other than the tax payer continues.

3b

RESOURCES Human

With the combination of Brexit and Covid, there has been a considerable loss of resources. In the summer of 2022, at the GWH in Swindon is understood to have some 800 vacancies that were created as the majority who left the service were Eastern European citizens and others left for better positions. A further number of personnel were on extended sick leave suffering from post-Covid PTSD.

According to the Report by the House of Commons Library, "NHS Key Statistics: England, March 2023" - House of Commons Library, NHS staff numbers have increased, with doctor numbers up 21% and nurses up 16% over the five years to November 2022. However, the NHS vacancy rate rose from 8.3% to 8.9% between December 2021 and December 2022.

(NHS Key Statistics: England, March 2023 - House of Commons Library)

3c

RESOURCES Equipment

Procurement and reuse of equipment is a capital-intensive essential resource and consideration needs to be given to the best method to gain the maximum benefit with minimum outlay by using collective procurement and analysing servicing versus replacement. Guidance needs to be provided for local managers to assess acquisition of expensive items by outright purchase or contracting a leasing arrangement with the supplier). Reusable items such as walkers, Zimmer frames, etc have been known to be discarded after just one use instead of being refurbished and reissued to another patient.

In the past, medical treatment was very much dependent on nursing, drugs and general medical care but has changed and is now very heavily reliant on advanced technical equipment for the treatment of illness. The cost of medical care equipment together with its maintenance is enormous added to which must include salaries for highly paid specialist technicians required to operate the equipment. Future budgets have to cater for the increasing cost of more highly technical equipment currently under development.

4

EFFICIENCY

This has been the subject of much discussion since the commencement of the NHS and it is now time to identify the areas of service where improvements are necessary.

A complex organisation such as the NHS does require much specialist management but the extent of present day management provisions has been the subject of discussion with many suggesting that there is too much management but there is no suggestion of what is, in fact, the right amount of management resources required for present day needs.

5

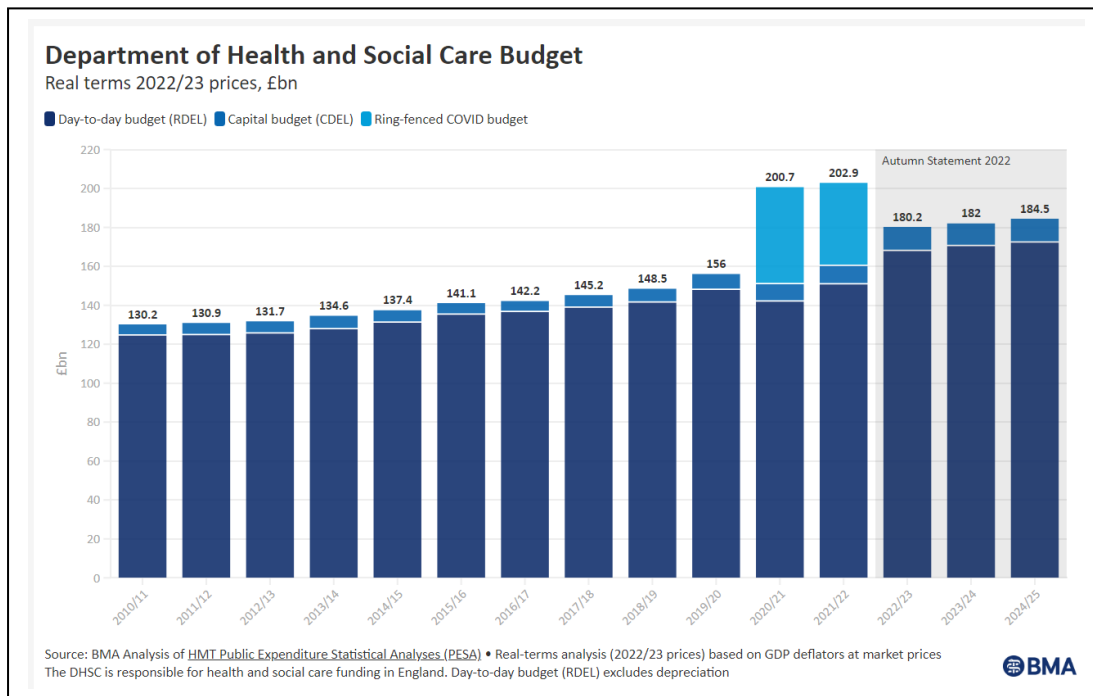
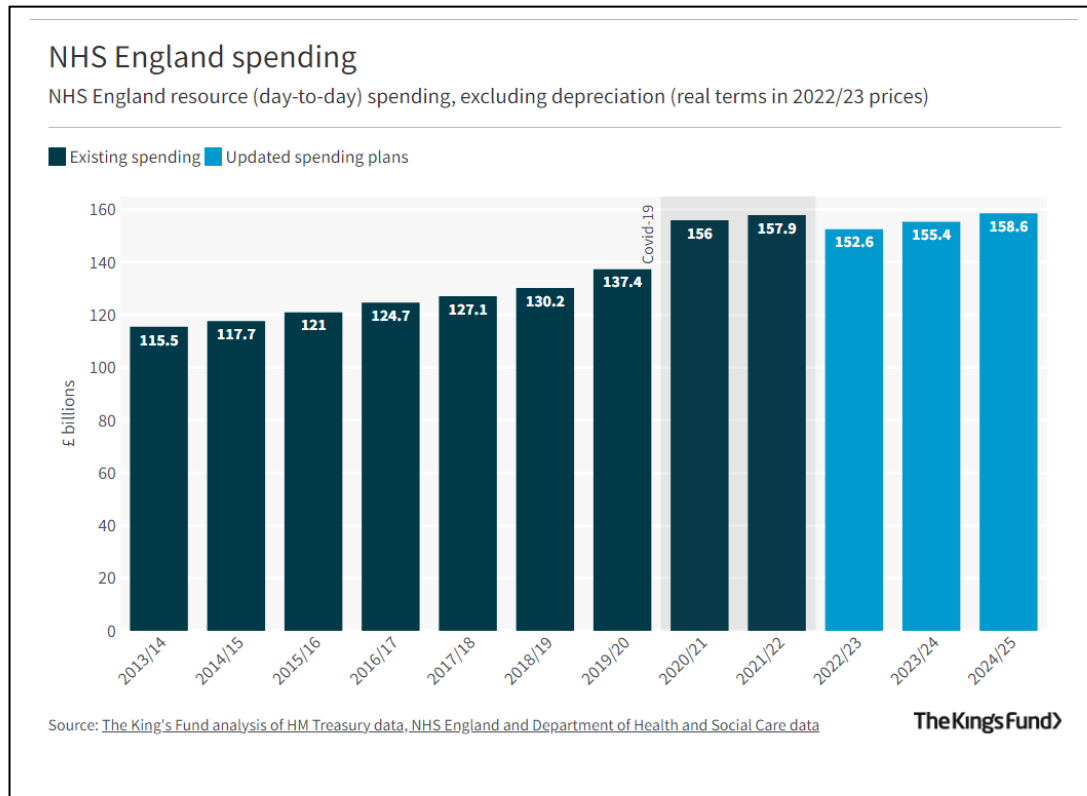
COST

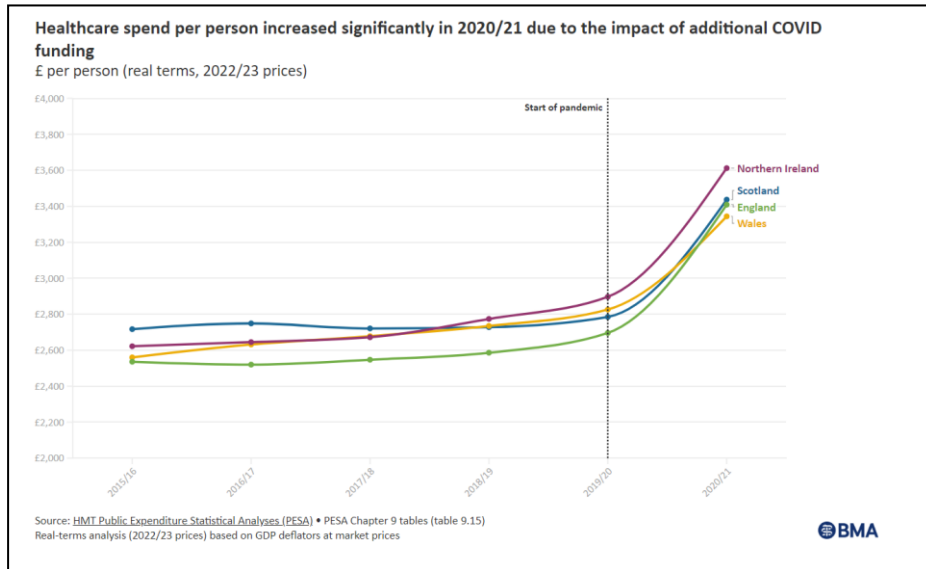
The cost of maintaining the NHS has always been a question of debate and dominated by political arguments between the Parties. The service cannot be funded by a bottomless pit and some limit has to be defined. As yet no one has dared to suggest what the tolerable limit should be nor how the limit should be calculated.

Questions for discussion

1. Does the NHS meet its original objectives or should the objectives be extended
2. Do you wish to see an integrated or detached service. (Include if possible, mention costs and impact
3.
 - a. Discuss the best option for future development considering PPE is a commitment being passed on to future generations
 - b. Should immigration rules be relaxed to fill vacancies and to what extent should the authorities use the Census to forecast future needs
 - c. To what extent should the Service rely on Contract labour
 - d. What limits in deciding budgets the profession and public is willing to tolerate
3. Identify areas of the service which in your experience require improvements in efficiency including contingency and planning for future pandemics
4. Discuss the manner in which the NHS coped with the demands imposed by the recent outbreak of Covid and how the Service can plan and budget to cope with these contingencies in the future
5. Consider all of the issues discussed so far and suggest the best criterion to be used in determining the level of for future funding
6. Are there any other observations you would like to make

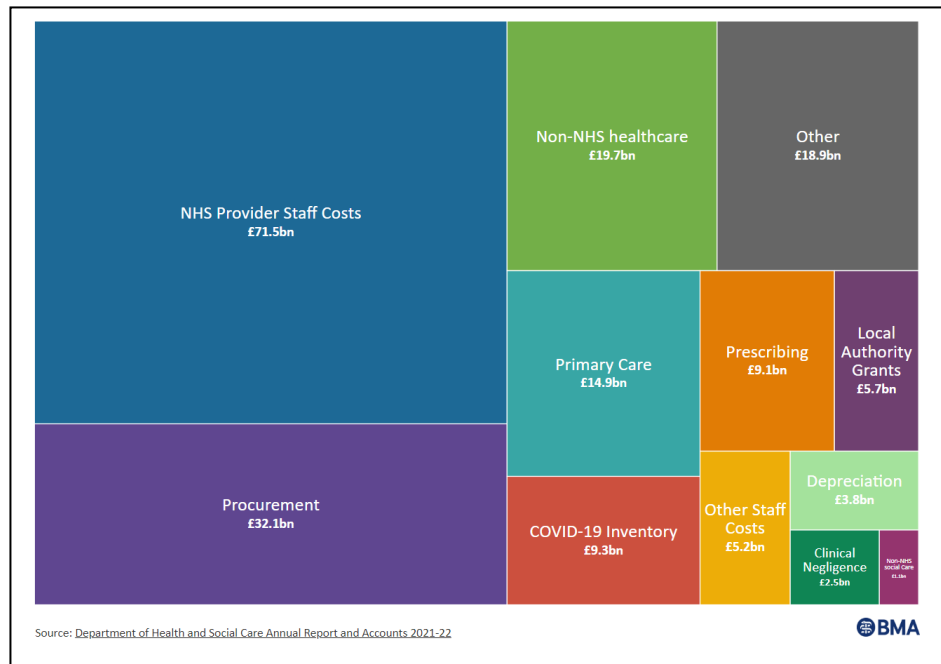
Statistics & Further Reading





COVID-19 funding

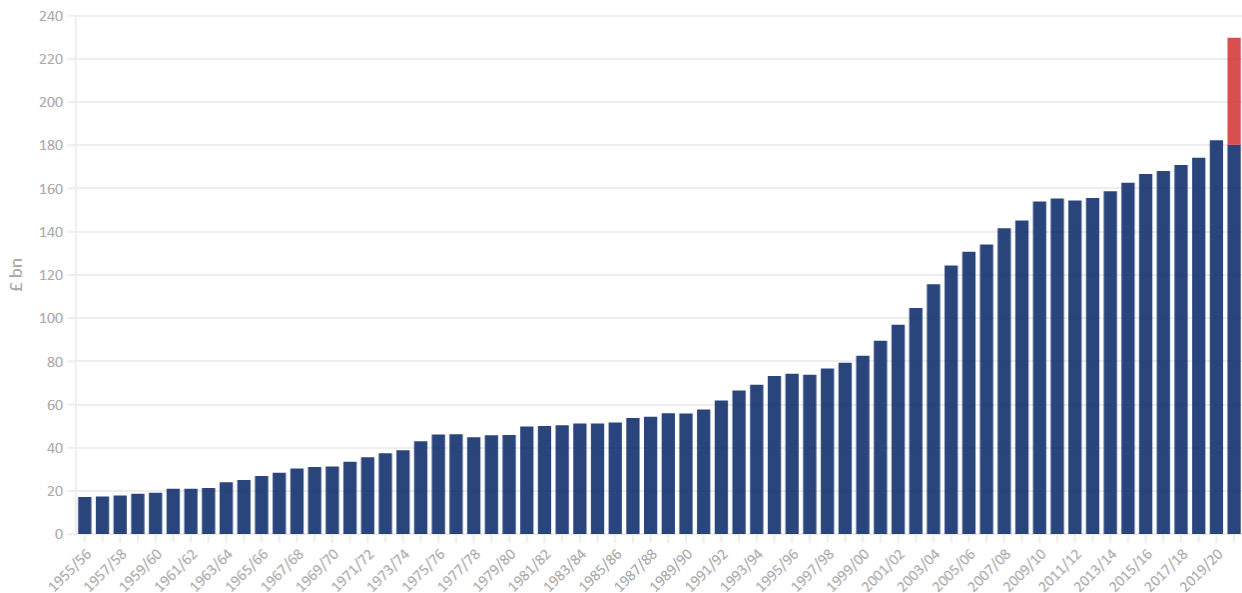
During the pandemic, the Government provided significant emergency funds to the DHSC to support the response to COVID-19. In England, around £47bn in ringfenced funding was allocated to the DHSC budget in 2020/21, and for 2021/22, around £40bn had been provided.



UK Historical Health Expenditure, 1955/56 to 2020/21

£bn (real terms, 2022/23 prices)

■ UK Health Expenditure ■ COVID funding



Source: BMA Analysis of [ONS Country and Regional Public Sector Finances](#), ONS Annual Abstract of Statistics: 2007, Table 10.22, and earlier editions • Real-terms analysis (2022/23 prices) based on GDP deflators at market prices



NHS budget (£93 billion): Funded by 27.2 million taxpayers (£3419 each), and in 2021 the budget was £200 billion funded by 31.6 million taxpayers (£6329 each)

Independent Review: Hewitt Review: an independent review of integrated care systems
The Rt Hon Patricia Hewitt was commissioned to lead an independent review of integrated care systems in November 2022. ([The Hewitt Review: an independent review of integrated care systems \(publishing.service.gov.uk\)](#))

Side Effects

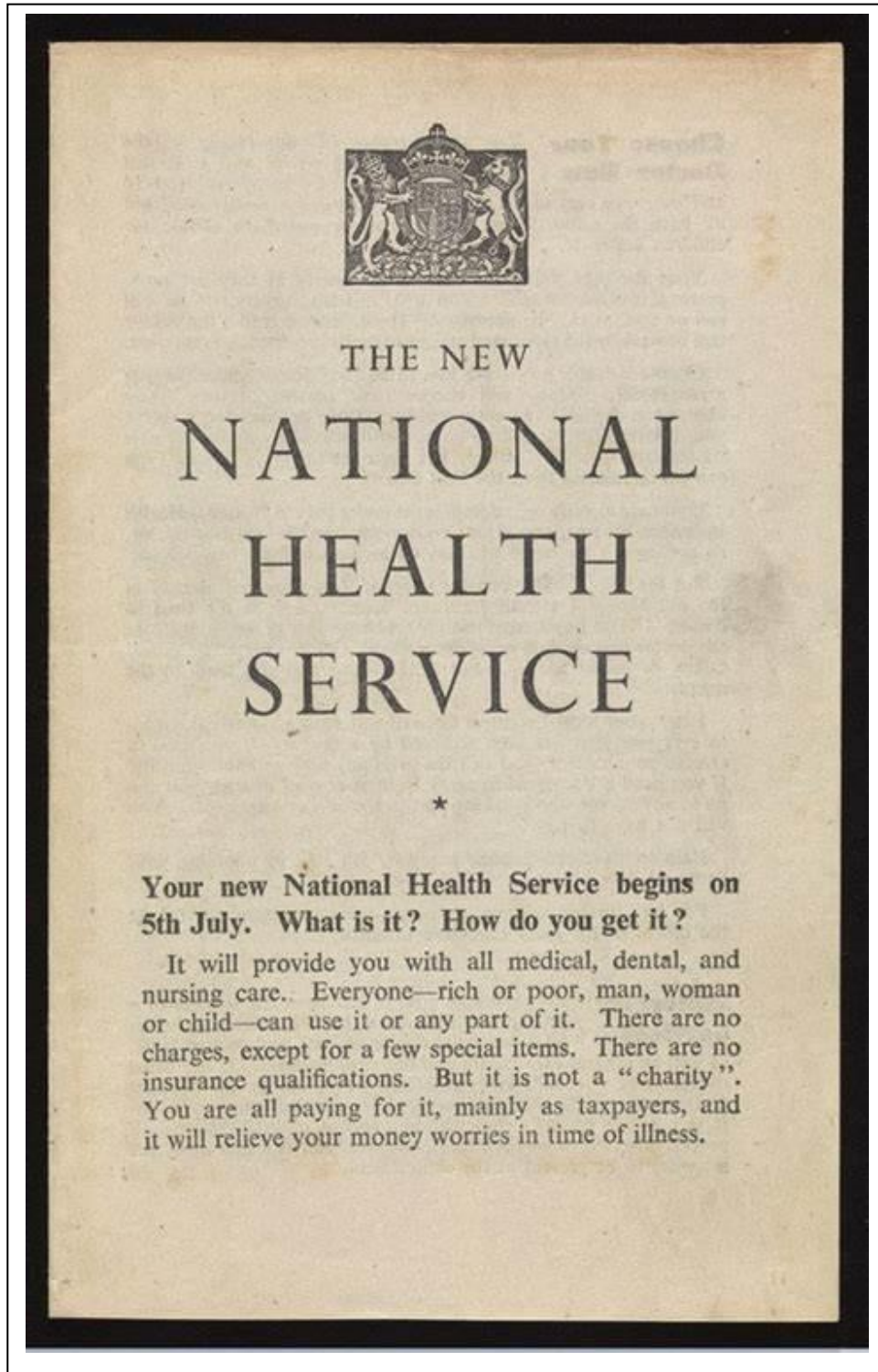
How Our Healthcare Lost Its Way – And How We Fix It

A Waterstones Best Books of 2022 pick

‘David Haslam is uniquely placed to reflect on how healthcare has lost its way, what needs to be done to fix it and why all of us are responsible for doing so... The importance and timeliness of his messages shines through.’ Dr Phil Hammond

‘A fascinating and important book.’ Dr Amanda Brown

National Health Act 1946



House of Commons Library Report

 House of Commons
Library

By Carl Baker

13 March 2023

NHS Key Statistics: England, March 2023



Summary: NHS pressures before and after the Covid-19 pandemic

- 1 Emergency care: A&E and emergency admissions
- 2 Waiting times for hospital treatment
- 3 Cancer waiting times
- 4 Ambulance response times and demand
- 5 Diagnostic tests
- 6 Workforce levels and vacancies
- 7 Bed availability and discharges
- 8 GP appointments
- 9 Data that has not been collected since the Covid-19 pandemic

commonslibrary.parliament.uk