

Article written by: Derek Butler, Chairman, MRSA Action UK

At the time of my writing this article we were in the throes of a General Election campaign where spending on health was a feature for the party leaders along with Crime, Jobs, Immigration, Care for the Elderly, Public Spending and the Economy. Yet a very real debate on the future of an NHS fit for the 21st century appears to have been very seriously missed during this election campaign. This was the pivotal moment for the party leaders to discuss three of the issues above that are inextricably linked together in respect to the healthcare of the nation, those being the Economy, Care for the Elderly and Public Spending on health. Once again, it has come as no surprise that our politicians have politicised health during the election campaign saying what the public wanted to hear instead of having the political courage and the radical thinking in saying what the public should know about the real threat to our healthcare system's survival.

It is my belief that the party leaders should have taken the opportunity to discuss with the electorate the direction of healthcare that will affect us all over the coming years. To spell out the significant changes to our health service that are going to have to be made if it is to survive well in to the 21st century, continuing with its founding principle "Free at the point of use".

Since my involvement in healthcare through the work of our Charity, colleagues from across healthcare and my own family have told me stories of how 60 years of the NHS has improved their lives and how many people died before retirement age prior its creation. The NHS has much to celebrate in the rise of health standards in this country. However, our healthcare system is now a victim of its own success, helping people live longer and beat diseases and ailments that only a few generations ago would have been thought impossible and this is the paradox we face.



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The NHS in 2010 is very different from the one that was born on the 5th July 1948. However the NHS as we know it is still basically operated under the same premise as it was in 1948 with its founding principle of being "free at the point of care" and treating everyone on clinical need

irrespective of who they are. We are even still funding the NHS from the same method as was devised back in 1948, that being from general taxation. In 1948 the public were promised that they would receive the best medical treatment and care from cradle to grave with the best medicines available with no limitation as to the age of the patient.



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How different it all is now, with many patients being refused medicines because of cost, or even age because they have some debilitating or terminal illness that is deemed not worthy of giving the best medical care as the financial cost will not give reasonable cost effective outcomes.



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No one would argue with the admirable sentiments that were the founding principles underpinning the NHS in 1948. The core principle being "good healthcare would be available to all regardless of who you are, rich or poor, young or old and that it would be free at the point of care."



Those who work in the NHS want to provide the best care and treatments for their patients. This is a mark of a civilised society.

However, trying to preserve this ethos is proving difficult to achieve. With an ever ageing population there will be an ever-exponential strain on resources that over the coming decades will unlikely be met. Those who work in the NHS want to provide the best care and treatments for their patients. This is a mark of a civilised society; however, their ability to be able to deliver this good care is over-ridden by faceless apparatchiks who have a more pressing agenda than providing the best treatments available – borne out by two recent glaring examples in cancer treatments and dementia sufferers.

Can it be principled that a patient with terminal cancer should be denied a life extending treatment because a bureaucrat takes a decision that it is not cost effective to give this treatment because it only extends the patients' life for a short while? Is it principled that an old person suffering from dementia is being denied the latest drugs that can delay the onset or alleviate the symptoms of this debilitating disease by a few years only to be told that it is not cost effective to give this treatment despite the fact that they have probably paid their taxes all their lives?



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Is it morally right to remove the core principle of the founding of the NHS that “good healthcare would be available to all regardless of whom you are, rich or poor, young or old and that it would be free at the point of care?” because of cost.

Is it morally right that because a patient wants to and is able to purchase these treatments denied to them on the NHS, that if they do so, NHS treatment will be removed from them? Even Alan Johnson the former Health Secretary has said the system needs overhauling. However, the subsequent Richards Report from 2008 on cancer treatments has failed to address these points and left the decisions to the PCT's and the Trusts managements.

This leaves me in no doubt that it is time for our political elite to be open, honest and debate what this country can afford with an ever-ageing population. It is possibly the time now because the banking crisis has shaken our

economy to its core, to begin to think the unthinkable while we can and that after 60 years of the NHS as we know it, it is time to redraft a new healthcare system more in tune with the 21st century and one the country can afford.

Our Leaders should be addressing how we care for an ageing population in the future with a healthcare system creaking at the seams, which was designed for a previous century.

Thinking the unthinkable with the NHS will take political courage and radical thinking on how we care for the sick and elderly with the limited resources that will be available in the future and on how we fund this. Will we be able to continue with a universal free healthcare system, that gives high quality care for all? I fear not.

I believe a pragmatic approach is needed; a rationalisation of services is only acceptable if there is major capital investment in life-changing technologies and treatments that not only save lives but also ease pain and give back the quality of life to those who need it.

I fear that our political elite will capitulate on making the tough decisions necessary to ensure we provide the best healthcare system that benefits our nation into the 21st century. If so, we will leave those in middle age and the young with a quality of healthcare provision that will fall far short of what is received at present and for the first time in our history we will face the prospect of an old age with poorer health provision than that of our parents and grandparents.



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