

## Editorial - All in it together?

Richard Henderson

The economic indicators at last seem to be showing signs of recovery. The atmosphere throughout the public sector however remains one of austerity. Knowing the size of the fiscal deficit (the gap between government expenditure and the income it receives in tax receipts) this is perhaps inevitable. Successive governments have pledged that NHS spending is ring-fenced and exempt from the cuts experienced elsewhere. This ring-fencing in effect means our funding is frozen rather than shrinking, but the pressures of an aging population, and new and expensive medical advances mean that to us working in healthcare it doesn't feel as if we are exempt from cuts. But is it right that we should be exempt from the cuts experienced elsewhere? Education and local government are facing major reductions in spending and the army is being reduced to a size not seen since the Napoleonic wars. The total defence budget is about £46 billion whereas UK healthcare spending runs at about £130 billion annually. The only thing in the pie chart of government spending that costs more than the NHS is pensions at £144 billion. We are supposedly obliged to practise evidence-based medicine. Is there any evidence that spending more on healthcare means better health? Healthcare spending in the United States as a percentage of GDP is almost twice what it is in the UK (17% vs 9.1%) but Americans are not twice as healthy as Britons. Paradoxically could it be that healthcare provision might actually be better if we had to cut costs? We may soon find out. The new Chief Executive of the NHS in England is Simon Stevens. Although a former aide of Tony Blair he is apparently a firm believer in competition between healthcare providers, citing figures that apparently show the best US hospitals cost 20% below the national average. He himself is leading from the front taking a pay cut from his current job with a US private healthcare firm and will also be paid less than his predecessor Sir David Nicholson.

Is it actually good for the health of the NHS to have guaranteed funding? Does this encourage wastefulness and lead to a reluctance to consider radical solutions to the problems of caring for an increasingly aging population? Does it encourage an attitude of more concern for the producer interest rather than the consumer interest? We need to be reminded that the NHS is *not* free. Although there is no charge at the point of use, it is bought and paid for which is not the same thing as "free" at all. Far from being free it is very expensive indeed.

So how should this affect the attitude of those of us who work in the NHS? We need perhaps to remember that we are public servants, which means we are paid to serve others. The purpose of the NHS is not to provide us with employment but for us to provide a service to others. This ethos surely needs to be seen throughout the NHS and not just from those who have direct patient contact. Those who manage the service also need to remember this ethos. Maybe in recognition of this the Secretary of State has called on senior managers in the NHS to have a "collective reality check" and to check the culture of high pay which has seen many in the NHS and NHS quangos such as the Care Quality Commission and Health Education England earning more than the Prime Minister. These excessive salaries however account for only a tiny proportion of NHS spending, the bulk of which goes on paying ordinary staff – nurses, doctors and others.

So how can we pay for all this with increasing demands on the service in an age of austerity? Maybe the politicians of all parties will have to think what has hitherto been unthinkable. We say that the NHS is "free at the point of use". But of course this is not universally the case. NHS dentistry is not free. NHS eye tests and glasses are not free. We have prescription charges. Hospital parking is not free (not even for staff!). Is it too ridiculous to suggest we should think of patients making some sort of contribution to their care? Food is an even more basic requirement for human existence than healthcare – but no one

suggests that the grocery bill should be paid out of general taxation. It is of course right that no one should be denied essential treatment if they can't pay, but maybe there is a balance to be struck and someone could devise a system of modest payment for treatment. Such a system might discourage the abuse of our healthcare system at the moment where, for example, people attend the Emergency Department with trivial complaints.

We need to have a grown-up debate about these issues. We cannot assume that our budget will be ring-fenced for ever.