



Healthcare

The situation in Scotland

Health spending is increasing but performance has not been improving in line with investment. In 2015/16, the total health budget was £12.2 billion, 40 per cent of the Scottish Government's budget. Across the UK, a shocking 4 million people languish for hospital treatment and at current trends this number is set to rise to 5 million in 2019 according to The Guardian. In Scotland, the number of patients waiting for an inpatient or day case appointment increased by 5.6 per cent and the number waiting for an outpatient appointment increased by 89 per cent since 2008/09.

Staff costs are the largest spending area in the NHS Scotland. Staff levels are at the highest level ever, with 138,458 whole-time equivalent staff employed as of March 2016. However, in a 2015 survey, only a third of respondents said there were enough staff to allow them to do their job properly - in the Scottish Ambulance Service a mere 15 per cent. In a survey of 1,800 GPs in Scotland in 2015, a quarter of GPs described their workload as unmanageable and over two-thirds felt that workload had a negative impact on their personal commitment to their career.

NHS Scotland has a hard time to recruit and retain staff and is resorting to use more temporary staff with corresponding spending increases. This increased from 1.6 per cent of total staff costs in 2012/13 to 2.8 per cent in 2015/16.

Meanwhile, drug costs have increased by ten per cent, allowing for inflation, between 2012/13 and 2014/15 alone.

Feeling budget pressures, NHS boards are increasingly using short-term approaches to meet their financial targets like 'brokerage' (taking out loans from the Scottish Government). For example, NHS Tayside required a loan of £5 million. This was on top of brokerage of £15 million received in previous years that the board was not able to repay.

These approaches are unsustainable in the long term.

Our view and solutions

The truth is we do not have universal healthcare in the UK but rationing. In Britain more than four million people are waiting to be admitted to hospitals at any one time. 25% of British cardiac patients die waiting for treatment, delays in treatment for colon and lung cancer patients have been so long that 20% of the cases were incurable by the time they finally received care. The elderly simply are not given access to particular services – period. We also do not have equality of access among rich and poor as many people would like to think. The Guardian revealed that the more socially deprived an area the worse the quality and access to care on the NHS is likely to be.

With organisations like the OECD rating the NHS's performance poorly and massive discontent and demoralisation within the service, it is clear that massive reforms are required to meet demand, reduce costs, and save professionals from frantically working excessive hours under tremendously stressful conditions. The NHS is a 'sickcare' system that largely focuses on the treatment of illnesses rather than their prevention. Meanwhile the BBC reports that lifestyle related illnesses cost the NHS £11bn a year. Helping people achieve optimal health and well-being would not only prevent the epidemic of chronic illnesses which we have seen, but the towering healthcare costs which currently make it impossible for too many people to receive adequate care.

We would enact the most far-reaching reform of our health care system since 1945 by fundamentally altering the funding and choice structure at the heart of our health care system while maintaining the principles of universal coverage and 'free at the point of use.' We would also create major savings within the system to improve coverage and reduce the number of people who die waiting for treatment. Finally we would reverse the massive shortage in supply of medical staff that leaves so many without care and forces existing practitioners into impossible conditions.

- We will increase patient choice over the level of health care they require by removing NHS spending from General taxation and replacing it with a system of compulsory insurance, modelled on the Dutch system which has been ranked the best system in Europe for the seventh year and has highest user satisfaction among citizens. This will give them flexibility to choose where they wish to receive their health treatments from and drive down costs.

- We would end profligate waste and severe inefficiencies within the system which cost not only the tax-payer, but human lives. Data from the government shows that a stay in an NHS hospital costs around £400 per day, whereas a typical private hospital stay is almost a third cheaper at around £275 per night. In 2014 an NHS efficiency league table revealed that some hospitals were spending eight times as much as others to buy the same items - sometimes at an expense of up to £600,000 a year. Correcting this could save £1 billion across a £14 billion budget.
- UK wide 5.2 million citizens a year visit their GPs with blocked noses, and tens of thousands suffering from other ailments like dandruff or travel sickness. These appointments put pressure on capacities, leading more people to turn up to A&E because they can't see their family doctor. As a consequence 3.7m A&E visits a year are for similar concerns including sprains, flus, colics and insect bites. Altogether these appointments cost the NHS £2bn a year while resources are drained from the elderly and those with chronic conditions. We will resolve this problem by allowing doctors, surgeries, clinics and hospitals to train and certify their own assistants to take responsibilities off the hands of highly specialised staff. Fully fledged professionals will be able to focus their time and attention on what they alone are capable of, while a new variety of specialist will emerge to deal with comparatively minor health issues. Lower-skilled, lower-cost staff will gain critical skills and experience which will afford them a leg-up if they decide to train as GPs in their own right.
- Other reports demonstrated that 51 million free GP appointments could have been completely avoided if patients sought help from the correct parts of the National Health Service they were signposted to. MP Jesse Norman suggested this number could be reduced, and savings could be made, if the NHS were to issue a yearly statement to each user indicating where cheaper treatment options were available and how much this would have saved to propagate the knowledge of how to keep the cost of providing services down.
- Every year thousands of perfectly bright and capable prospective medical students are turned away from our universities due to a lack of capacity. At the same time, we have seen major staff shortages across the NHS resulting in existing employees working long hours under stressful conditions. This is bad for health-workers, patients and those who simply cannot be seen. We would remove all restrictions on the opening of medical schools and private hospitals to help meet the growing demand for health services and for health staff. We would also allow GPs clinics and hospitals to pay staff as necessary and charge what they see fit, allowing them to more flexibly adapt to local conditions.
- Despite its many considerable flaws, the best medical innovations and technology in the world are currently coming out of America's "private" system of healthcare. All countries with socialised services are benefiting from these breakthroughs including

our NHS. We will deregulate the private provision of health care to promote competition and innovation that will provide knock on benefits in the public sector while making private provision affordable to people on lower incomes.

- We would allow doctors, nurses and other medical practitioners to volunteer their services for free where currently prohibited.
- We would institute the 'Right to Try' for patients in terminal stages of their diseases. The government must not deny patients access to new medical advances who are willing to fund their own treatment or volunteer for trials.
- We would legislate to allow for assisted suicide or 'dignified death'.
- The NHS will never own an individual's data nor ever be allowed to share it with another body without that individual's consent. No medical records of children will be kept by anyone except their primary health carer without consent.