Decision Time

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This month marks 70 years of the National Health Service. At its core are three basic principles: that medical care be free at the point of delivery, that it meets the needs of everyone and that it is based on clinical need and not the ability to pay. For most of us there has never been a time when there was not an NHS. As an institution, it is deeply ingrained within the national psyche. It is an establishment celebrated around the world and one that regularly heads tables comparing global healthcare systems. It is efficient, equitable and effective. Healthcare is financed through central taxation – a universal single-payer system often referred to as the ‘Beveridge’ model, in deference to the Liberal politician William Beveridge whose report was the blueprint for the NHS.

As a developed country, we have one of the lowest spends on healthcare in relation to our gross domestic product and have fewer medically qualified staff per head of population when compared with our peers on the world stage. Yet the NHS has seen real-term reductions in funding despite growing demands on its service – the result of tremendous advances in technology, which have been exploited in the ministration of care to a rapidly growing and ageing population increasingly ready to avail itself of these improvements.

Seventy years of the NHS represents a significant milestone and it is perhaps inevitable that there are those who will consider this a suitable juncture to question its future. Almost all agree that there needs to be an open and honest debate about future funding. If funding is to be restricted to its current level, then there must also be an acceptance that expectations of what can be delivered in the future

will need to be amended. Underfunding is not inevitable. It is a political choice. It is a decision that society arrives at through discussion and debate. We all have a say. Although the current decade of underfunding has resulted in the significant decay of the physical fabric of the NHS, the situation is not irremediable because at its heart are the 1.3 million staff who effectively dispense this world-class care. They are its most important asset.

However, underfunding has been offset in part by years of salary reductions for its staff, enforced contract re-negotiations and, ultimately, contract impositions. It has resulted in clinicians haemorrhaging from the profession. And this is the immediate crisis that the NHS faces. Many have travelled abroad to work in healthcare systems where a work–life balance is more sustainable. Many have chosen other occupations to pursue. Many will never return to medicine. It has resulted in a critical shortage both of physicians and surgeons. Where clinical harm has arisen as a result, it is individuals who have faced criminal prosecution for the corporate failings of organisations. These organisations seldom contribute more than a deafening silence in defence of the individual; a sad reflection on an institution for which there appears no reciprocity of loyalty. The ability to deliver a safe and effective service has been impaired.

If the NHS is to survive then it needs to be removed from the political arena. We need to make a collective decision to fund the NHS to a level that will allow it to deliver the huge advances in medical care to a growing and ageing population and from which we will all ultimately benefit. Alternatively, we can accept that we will become bystanders as others reap the rewards of an unprecedented decade of innovation that will then be denied to all those but the independently wealthy. Maintaining the status quo is not an option. Failure to decide will lead to uncertainty. Uncertainty will lead to stagnation and stagnation will lead to a further exodus of clinicians. There is an urgent need to re-establish a therapeutic alliance with those in the NHS who deliver care on the frontline. Their concerns need to be addressed. Increasingly onerous out-of-hours emergency work is now demanded of senior clinical staff well beyond previously agreed retirement ages and is a significant contributor to surgical burnout. Junior doctors carry the financial burden of medical school education well into their careers, with debts continually accruing as a result of the need to self-fund ongoing postgraduate education. If the concerns of a new millennial generation of clinicians who have seen government contracts redacted, withdrawn and ultimately imposed are to be assuaged then they are sure to demand more binding agreements in the future.

There are more than a million men and women who commit to the NHS every hour of every day. Their resolve has never been in question. A national debate will ultimately determine their future. After 70 years of the NHS – it is *decision time*.