

Policy Statement on the National Health Service

Passed Spring General Assembly 2017

Note: This statement was passed before the organisation's name change from Medsin-UK to Students for Global Health. The statement will still remain active for three years.

National Health Service

*"The NHS will last as long as there are folk left with faith to fight for it" - Aneurin Bevan,
Minister for Health 1945 - 1951*

Summary

Medsin notes with increasing concern that the very viability of the NHS and the values it stands for are under threat, both politically and economically. We hold specific concerns with regards to increasing healthcare costs, continual funding cuts, increasing privatisation, lack of access for marginalised groups, inequalities of provision by region and the inextricable link between health and social care.

This policy statement addresses the above concerns and calls for a coordinated and systematic approach to campaigning and advocating for changes in the NHS to meet its original vision on an organizational and local scale.

Introduction

The NHS was founded in 1948 with 3 core principles: that it meet the needs of everyone, be free at the point of delivery and that provision is based on clinical need not ability to pay. [1] The NHS is not without its flaws, but in the last 50 years of service has provided the main vehicle for delivery of health services in the UK.

Medsin's vision for "a fair and just world in which equity in health is a reality for all" was a vision shared on a national scale by the founders of the National Health Service. We believe that the NHS will be instrumental in achieving fair and equitable health in the future and that inaction with regards to the current challenges that the NHS faces directly contradicts the values that Medsin stands for. As a student movement campaigning for Global Health equity, Medsin and its members has a responsibility to speak on issues concerning the NHS.

Real term cuts to funding

The NHS's budget per person is being cut in real terms. NHS spending per person is forecast to fall in real terms by 0.9 per cent over the four years to 2019/20 as the population increases. [2] With insufficient funding, the NHS will fail to cope with increasing pressures, negatively impacting on patient care. [3] The winter A&E crisis of 2017, largely due to inadequate resources to cope with increasing demand, led to an unprecedented declaration by the British Red Cross declaring that the system was facing a "humanitarian crisis." [4] Cuts to NHS funding will have the biggest health impacts on the most vulnerable in society. This is especially significant as since 2012 the new formula for NHS funding gives less weight to deprived areas of the country compared to affluent areas than the previous pattern of funding. [5] Medsin opposes decreases to NHS funding and advocates for a properly funded NHS able to deliver high quality healthcare to everyone in society from cradle to grave.

Privatisation

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The proportion of the NHS budget handed over to private providers in England has risen year on year since 2009 and now accounts for 6.3% of all health spending in England. [6] Despite numerous failings of privatised health service contracts, such as those in Nottingham and Hinchinbrooke in 2015 [7,8], NHS commissioners remain obliged under the Health and Social Care Act (2012) to consider “any qualified provider” when commissioning services. [9] We are fundamentally opposed to the increasingly widespread use of private companies to provide NHS services, and are concerned about the impact on patient care and safety when care is provided by companies aiming to make a profit. We believe that NHS providers are best placed to provide high quality care that is safe and ensures that 100% of healthcare funding is invested in patients.

Marginalised groups

We emphasise that all in society should be able to access high quality healthcare services regardless of their ability to pay, and to this end we strongly oppose new laws introduced in April 2017 to force compulsory identity checks at secondary care hospitals for non-urgent treatment in secondary care. [10] We believe that this policy will prevent the most vulnerable in our society from accessing healthcare services when they need them, and further widening health inequalities within our society. [11]. We also strongly oppose barriers to marginalised groups from registering at General Practice, denying these groups to primary healthcare. [12] We reject in the strongest possible terms attempts to place the blame for a shortage of NHS funding on marginalised groups, rather than its legitimate root causes.

Regional Inequality

Inequalities in healthcare by region are a huge problem for our “National” healthcare service. Just one example of this (taken from Public Health England’s Atlas of Variation) is the 39.5-fold difference in rate of echocardiography activity undertaken per weighted population by CCG [13]. This is a shocking statistic and the reasons cited for it include lack of training in some CCGs and differing levels of echocardiography provided in the community. This is one specific, illustrating example but these inequalities in healthcare provision are widespread and are very obviously detrimental to health. We believe that our healthcare should not be provided on a “postcode lottery” basis and wherever unwarranted variations exist more emphasis should be put on standardising healthcare provision so we reduce both under and over-using our resources.

Health & Social Care

Social welfare and health-care are inextricably linked as part of the “health system” and yet there seems to be little cohesion of a shared vision between the two. When we are fighting for the NHS we must also be fighting for social care, and we must realise that both desperately need fighting for. The cuts to social care exacerbate pressures on the NHS, with record numbers of patients who are fit to be discharged finding themselves delayed in hospital [14]. The lack of respect for our social care services have a huge effect on the most vulnerable in our society and we must work to combine the social and healthcare systems to better provide adequate care for those with complex and chronic needs [15]. This is almost ironic as the problems these vulnerable members of our society face have often been created by the very inequalities in our systems, which

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now fail them again and leave them isolated and without support.

In addition, we recognise that the staffing crisis within the NHS poses an existential threat to its future. A 5.9% shortfall in staff in 2014, with particular gaps in nursing, midwifery and health visitors, [16] is symptomatic of a systemic neglect of our health service. An example of this is the reckless decision by our government to replace nursing bursaries with student loans in 2015, [17] which has led to a 20% reduction in applications to the above professions, exacerbating an already acute crisis. [18] In addition, our decision to leave the European Union without guaranteeing the rights of current EU workers in the NHS has led to an exodus of EU professionals - with a 92% drop in EU nurses entering the country [19] and an 83% rise in EU doctors leaving. [20]

Alongside issues with staff recruitment, the health service is facing a retention crisis. With deteriorating working conditions, below-inflation incremental pay changes and Junior Doctors on strike for the first time in four decades; staff are moving out of the NHS in record numbers leaving 89% of NHS trusts dependant on agency staff to provide care to patients [21]. We will campaign to improve the working conditions, pay and morale of all NHS staff in the interests of creating a sustainable workforce able to meet the health needs of the population.

Conclusions

We reaffirm our stance that a publicly funded, publicly run National Health Service is essential to achieving our vision of "a fair and just world in which equity in health is a reality for all". As a student movement Medsin has a key role to play in protecting our National Health Service and upholding its founding principles, through specific and focussed campaigns and the formation of strategic partnerships.

Considering all of the above, we call on the Charity to

- On a local level for members to lobby their local Members of Parliament (MPs) to support policies in favour of a publicly-funded, publicly-run NHS
- On a local level, members should engage in relevant trade unions and professional associations to support policies in line with Medsin's beliefs
- On a local and national level, conduct research into the impact of mandatory passport checks on health inequalities
- On a local and national level, provide training on NHS-specific issues to facilitate engagement
- On a national level, establish an OurNHS working group to formally implement this policy statement
- On a national level, explore formal collaborations with external partners to intensify our impact
- On a national level, adapt to contemporary issues in the NHS and engage in reactive advocacy in line with our partners
- On a national level, communicate Medsin's work on the NHS to members at alternating General Assemblies

We call on the UK government to

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- Commit to increasing funding to the NHS to bring it to a level which ensures equitable healthcare
 - Ensure equitable access to care for all within the United Kingdom and desist from scapegoating minority groups
 - Reject the role of private interests in the NHS, including the removing of health service provision from free trade negotiations
 - Increase training places for future NHS staff, where required
 - Integrate UK health and social care systems to facilitate effective care
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