



Pay Up or Die



WELCOME

Although there have been a few bits of news and information coming through, a lot of them didn't really seem to be ready for an article, or needed more work and research. It is always tricky deciding what to put in and what to leave out, but I suppose editors have had this dilemma for a long time. We try to keep things balanced, without having any particular political slant, a slightly difficult task around the election, when some campaigners have strong opinions. We also try to make sure that whatever we publish is properly researched and referenced, as it is becoming increasingly difficult to distinguish fact from fiction..

A welcome to more new members this week. Our readership steadily increases.

Material for future newsletters
editor@sohs.co.uk by Thursday
 SOHS-Save Our Hospital
 Services
 (A non- party group whose aim is
 to campaign to protect our
 health services in North Devon)

Few people today remember the dire days before the NHS. The days when poor people could not afford medicine, doctors or treatment, and had no choice but to suffer whatever health ills befell them. Some resorted to quack remedies, or used highly inappropriate methods of treatment. There were some doctors who treated and helped poor patients, but not enough to go around.

The Citadel, a book published in 1937, told the story of a newly qualified doctor arriving in a small Welsh village, and being faced with the many health problems of patients. His quest to provide more care for the small mining community led him into conflict with The Powers That Be of the time. The story, by AJ Cronin, himself a doctor, was made into a film in 1938.

Link to the film (part, not all):
<https://youtu.be/QTdE4wX4s64>

AJ Cronin is perhaps more famous as the originator of Dr Finlay's Casebook, a popular TV series during the 1960s.

Although the novel explores a number of issues that relate to the doctor, it also refers to a medical association which provided for patients paying a

regular amount of money each week in return for receiving a certain amount of free care. The association in the novel was said to be loosely based on the Tredegar Medical Board, an organisation for which Dr Cronin had worked, and cited as a pattern for the later formation of the NHS in 1948. This is perhaps not surprising since Aneurin Bevin, the architect of the NHS, was born in Tredegar in 1897. Astonishingly, although the novel was not so well received by some members of the medical profession, it was popular with the public, and has been credited with laying the foundation in Great Britain for the introduction of the NHS a decade later.

The current dilemma facing doctors is not quite the same as described by Cronin, although surely it must also involve medical ethics. You decide for yourself.

It has been proposed that charging patients is the only way to end the GP crisis. This proposal comes from doctors themselves. It was to be discussed at a major British Medical Association (BMA) conference in Edinburgh on Thursday, but I have not yet heard the outcome. Interestingly, the

Continued on Page 2

Continued from page 1

BMA opposed the Bevin plan in 1948.

That there is a crisis is not in doubt. Doctors are leaving in large numbers, and they are not being replaced. With patient numbers increasing, and doctors decreasing, it can be seen that there is a real problem.

The crisis is definitely partly down to funding, although whether more money alone would solve the matter is debatable. There are other issues, such as recruiting and training more doctors, and perhaps finding other methods of care for patients with chronic conditions.

Charging patients to see a doctor would mean that people would only consult a doctor if they really needed to, argue those supporting this proposal. This would save wasted time dealing with malingerers and those who overreact to conditions they could treat themselves.

That is certainly true, but I can see consequences of this. Those on limited incomes would put off visiting the doctor, not visit at all, or try to solve their problem using cheaper and unsafe alternatives. There would also be those who would go to Accident and Emergency for treatment they could have received from a GP. This would remove the pressure from the GPs and place it on the hospitals instead, and

we know they have no spare capacity.

In addition there is the question to be considered as to how a patient is to determine when something is serious enough to consult a doctor. This could mean that serious conditions are not picked up early on, and so more patients develop complications requiring

"Only last summer, I caught pneumonia, and would have died, but for the NHS hospital care. We must retain this critical public service, and prevent the establishment of a two-tier system, with the best medicine for the wealthy, and an inferior service for the rest."

Dr Stephen Hawking

hospitalisation and thus generating further costs. Most sensible people would agree that it is better to prevent a disease occurring or developing, than to fix it after it develops. Charging would not be good news for infectious diseases as people would not be able to afford injections and other preventative measures. This could lead to the

spread of more infectious diseases, and would affect those paying fees as well as the poor or stingy. There are already arguments about whether children should have injections to prevent things such as measles, mumps and rubella (MMR). It would strengthen the argument not to bother if the procedure was costly to patients.

Some Local Medical Committees are already in favour of complete privatisation. Wiltshire LMC, for example, wants the BMA to give advice to doctors' practices on how to 'go 100 per cent private'. Many other similar groups support doctors charging for services to some extent.

According to a poll, some 39% of the approximately 2000 people interviewed, thought that a charge should be made for some services, although the majority thought that it should be free for the young, the old and the poor. Since these probably make up a large percentage of the people visiting the doctor, one wonders how much the saving would be.

Those falling outside of the group described are more likely to be fit and healthy, and some of them may already have access to private health care. I reckon that from my teen years through to my senior years I hardly had need to visit the doctor, and I know many who visited even less than I did.

One GP said, 'Patients should be prepared to pay as much as they would to see a lawyer, or even a plumber. I don't think people understand the true cost of healthcare.'

From that sentence alone, I think we can understand something of the problem. Many people do not see a lawyer, they do not even make a will, and there are plenty of people who don't call in a plumber, but try to fix it themselves or bring in Bob the Bodger. Taking a similar approach to health needs could have disastrous consequences.

The Government has repeatedly stressed that it has no

Diary Dates

Visit the diary page on the website for more dates, fuller details and maps. There are also a number of other events. Details on the website news page

Wednesday 24 May NEW Devon CCG meeting NOTE EARLIER TIME: 10.00 – 11.30, Kenn Centre, Exeter, EX6 7UE <http://tinyurl.com/lcj84a>

Wednesday 24 May SOHS campaign meeting 19.00 The Castle Centre, Castle Street, Barnstaple EX31 1DR

Wednesday 24 May BBC Radio Devon Event, see page 3.

Don't forget to send us your dates to include in the diary. If people don't know, they won't attend

Monday 5 June General Election Hustings, The Plough Arts Centre, Torrington 19.00. No charge, but booking seats advisable. www.ploughartscentre.org.uk

Tuesday 6 June ND Health Trust Board meeting 10.00 – 17.00, Chichester Boardroom, North Devon District Hospital

Thursday 6 July 13.00- 17.00, NEW Devon Clinical Commissioning Group meeting venue to be advised

Continued on Page 3

Continued from Page 2

plans to introduce charges for GP consultations, but this debate will not go away, so expect to hear many more rumblings.

Things certainly do not look so good for the future of healthcare in this country, and it is shocking to think that those who should be defending the health of the nation are willing to put personal gain to the forefront of their thinking, for, make no mistake, whatever weasel-words may be mouthed to claim that this proposal is a better way forward, the proponents want us to swallow a bitter pill that makes others wealthier and our health poorer.

Some of the material used in this article was taken from the Daily Mail and can be read here:

<http://tinyurl.com/k71zm7w>

Stephen

BBC Election Debate 2017

BBC Radio Devon is recording an election debate on the evening of Wednesday May 24 2017 from 6.30pm at the Exeter Chiefs rugby ground, Sandy Park, Sandy Park Way, Exeter, EX2 7NN The programme is scheduled to be broadcast the next day, Thursday May 25, from 1pm.

Audience members will be invited to put questions to a panel of candidates from each of five parties: Conservative, Labour, Liberal Democrat, Green and UKIP. If you are interested in taking part as an audience member see details and apply at: <http://tinyurl.com/mylv893>

NHS 'dangerously short of nurses'

According to the Royal College of Nursing the NHS is now dangerously short of nurses with 40,000 posts unfilled.

You can read the report on the BBC website here.

<http://tinyurl.com/lyk2txm>

Sticking Plaster Care

Here are some topics which were compiled by Anne Wardman covering some of the problems which are being experienced in the Health Service. This is intended to be used to provoke thought and for others to contribute their own thoughts.

Nursing shortages We have known this to be the case in North Devon for some while, yet the STP states a proposed reduction of nearly 600 health workers in all Devon. We do not know how many have gone already. Many nurses, I believe, have already been forced out of their jobs or moved to specialities with which they are unhappy or uncomfortable. Morale in the workforce is at an all time low especially with staff shortages and poor pay.

The much quoted statement by Alison Diamond "there is a national shortage of nurses" which is used as a reason to close community beds, covers the underhand ongoing plan. This devious plan needs exposure!

Patient safety through lack of nurses has been the main reason given by Ms Diamond for community bed closures e.g. Ilfracombe, Holsworthy, Crediton etc. Yet patient safety in the community replacement service forced upon Devon remains deliberately unaddressed as it suits their purpose. We know from all valid research previously done on community models of care that they are exorbitant to run, if run properly and fully staffed, and have therefore been found to be not feasible. Our CCG/Healthcare Trust Wider Devon Success Regime have introduced an unproven budget version by the back door. To run safely and efficiently community nursing needs a higher number of nurses than currently is the case. By transferring the few nurses we have from community

hospitals to care in the community is a sticking plaster job.

(We have suggested in Redlines many times, that the staff shortages are being engineered, not just by the methods suggested by Anne, but also by poor advertising of vacancies and short application deadlines, imposing unacceptable working hours and poor working conditions. –Ed)

Care in the Community The unproven model of care, whether it is called Care closer to home or Hospital at home, is understaffed and drastically and purposely underfunded. (That's the reason it's in place—to save money) Yet they claim that the community service replaces community hospital care "successfully". We have yet to see any independent clinical evidence of this. It would be interesting to learn whether this has affected death rates in Devon yet.

Complaints All the complaints sent in to the CCG have been ignored and passed over. Dr Bowman stated that they had "not received any complaints." It amazes me that they can lie so glibly. We know of at least 22 complaints sent in—none of which have then gone through a proper NHS complaints procedure investigation. The truth is being deliberately concealed.

Clinical reviews In the latest round of clinical reviews on their services, none of their clinical reviewers have been "independent", all were Devon in-house staff/reviewers (many, I suspect, may not even be clinically skilled). They have a vested interest in the outcome, and are unlikely to say anything that is contrary to the wider plans.

Services withdrawn If the plan is for a replacement service that puts more emphasis but less

Continued on Page 4

Continued from Page 3

budget into our community, have enough nurses/staff been placed in the community for all the patients who would have otherwise needed community hospital care? Perhaps the services have been deviously reduced or withdrawn. It would be useful to learn how changes are affecting readers.

NHS Property We are aware that part of the plans include getting rid of hospital properties. At the moment we do not have information on intended disposal of Devon's hospitals, and it is unclear how well protected are our community hospitals.

Safety and suffering The erosion of NHS care places a burden of safety concerns and suffering on our communities. The burden is being put on the elderly and frail to look after their own health, especially in isolated areas.

Inequality of access to care In the north of Devon we have already lost ENT and vascular surgery services, and elective surgery is being rationed as is acute stroke care. Other parts of Devon would appear to have poorer access to service, whilst some, such as cities, seem to have much greater access. It does not seem fair that access is not available uniformly as far as possible.

Anne

NHS Sell Off

Jan in Okehampton has asked us to publicise this video:

<http://selloff.org.uk/nhs/>

She says, "Please watch ! It is really frightening and I'm going to do a public showing in Okehampton.

"I think we have to make it extremely clear to ALL politicians that the people of this country do not want an American system here to make millions for shareholders and disengage huge swathes of the population".

As the video is about two years old it may already have been seen by you but, if not, it draws attention to an important issue.