

NHS Scotland after the Referendum

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The NHS is an institution greatly treasured by those who work in it as by those who use its services. NHS Scotland battles courageously against serious health problems, many of which are clearly linked to deprivation, with outcomes that are even reflected in a significantly lower life expectancy.



The approach to healthcare in England and Wales has diverged from that in Scotland, especially over the last few years. Privatisation and commercialisation are now rampant south of the border, so that competitive tendering is now compulsory and medical staff are obliged to consider which hospital offers the best deal, rather than which will give the best outcome for their patients.

Health workers in Scotland strive to meet many challenges, particularly to off-set the health problems caused by deprivation. Their priority is to work in collaboration - not in competition - with each other and with the Health Department to improve the health of the nation. We see no benefit to be derived from allowing a whole new bureaucracy to develop around healthcare delivery by private corporations such as Atos (French), G4S (American), Shire and Circle with their armies of accountants, insurers, lawyers and marketing executives, competing with each other for market share. Why should our taxpayers be contributing to the profits of these huge companies? Additionally, some of these companies pay negligible tax. The clear disadvantage of privatisation is reflected in the bottom line nationally: in the US, the healthcare system costs 18% of their entire budget¹; in the UK that figure is only 9%².

¹ US Government (2009). 'The Economic Case for Health Care Reform'. Executive Office of the President Council of Economic Advisers. Available From: [http://www.whitehouse.gov/assets/documents/CEA_Health_Care_Report.pdf]. Last Accessed: 23.04.14.

Independence for Scotland offers us a unique chance to secure our health service against the inroads of privatisation – a process which, once started, would be very difficult to reverse because of EU competition laws.

There are both political and economic reasons why a failure to achieve a ‘Yes’ vote would lead NHS Scotland down the privatisation road. The public south of the border are envious of our free prescriptions and of the fact that our GPs carry a smaller patient load.

The Barnett Formula, which determines the block grant for Scotland, is repeatedly attacked by English politicians and may well be abolished in the event of a ‘No’ vote. This would result in a loss of £4bn from our funding, putting intolerable pressure on NHS Scotland, which takes up about 40% of our total block grant from Westminster. Even if Barnett is retained, our NHS will lose funds in proportion to whatever is saved by privatising in England and Wales, together with Scotland’s share of the austerity cutbacks already announced by Osborne in the next few years. Thus the contention by the ‘No’ campaign that our NHS is devolved and can continue to develop within a UK context is full of uncertainty – there is, in fact, a grave risk that we would be forced to adopt patient charges, rationing of treatment, longer waiting times and self-funding; in other words, a two-tier healthcare system.

The argument from the ‘No’ campaign that Independence would deprive us of collaboration with services south of the border has been proved false by the assurance from the Blood and Transplant Service that such cooperation would be unaffected by Independence. Likewise, the existing cross-border exchange of patients requiring highly specialised treatment or those requiring emergency treatment would continue uninterrupted; these are covered by ongoing contracts between Health Boards and NHS Trusts in England and would not be affected by Independence.

The Scottish Medicines Consortium and NICE already work amicably together and there is no reason why such cooperation should not continue between these and other regulatory bodies after Independence. Of course, it is possible that a regulatory body might try to promote a

² OECD (2010). ‘Health Care Systems: Getting more Value for Money’. *OECD Economics Department Policy Notes*, P. 3. Available From: [<http://www.oecd.org/eco/growth/46508904.pdf>]. Last Accessed: 23.04.14.

policy that was not suited to the needs of Scotland, in which case an Independent Scottish Government would be able to facilitate a separate solution to such a problem.

The inescapable conclusion is that only a 'Yes' vote in September can secure the future of NHS Scotland.