

Our Future Health

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Introduction

The National Health Service – the NHS. Three simple letters, yet a national institution which stirs up a multitude of emotions. It has been with us since we were born and is there for us and our families when we need it.



The NHS was founded sixty-five years ago by a Labour Government that recognised Britain needed a health service that was available to everyone according to their need and regardless of their ability to pay. It remains an incredible institution to this day, and is rightfully one of the United Kingdom's proudest achievements. It was right that when the Scottish Parliament was created in 1999 that health policy was devolved, so that the unique approach to the health service in Scotland could continue as it had done since the birth of the NHS in the 1940s.

Politics over Patients?

It has allowed us to have the best of both worlds. We have the strengths of the Parliament at Holyrood with full powers over the NHS but we also have the strength and security that comes with being part of something bigger. Crucially, it means that if you are travelling from Stirling to Southampton, you know that if you need medical treatment it will be available to you, based on your needs, not your ability to pay, wherever you stop on your journey.

It is not just about getting treatment when you are on your travels. It is about being able to access the world-class treatment centres across the UK, should you suffer from a long-term illness. At a Labour Party Conference last year, Ed Miliband spoke of Cathy Murphy from the outskirts of Glasgow, who receives NHS treatment in England for her heart condition at the world class Broadgreen Hospital in Liverpool. If Scotland separates from the rest of the UK, I

fear that our ability to do this may disappear, or that it may increase the paper work patients have to complete to get treatment or indeed the high costs associated with it. When you are unwell, that is the last thing you should have to think about.

Then there is the issue of divergence of the NHS. Scotland rightly has the power to mould the NHS to the needs of Scots, but it cannot be right that cutting edge cancer drugs are available in Berwick but not in the Borders. I worry that decisions on the NHS in recent years have been made primarily for politics rather than patients; in short, postcode lotteries could become much worse.

Universities & Research

The impact on patients could be significant, but just as important will be the effect on NHS staff – the people who, day-in and day-out, show monumental compassion and care for those who are ill. They work long hours, in stressful conditions so it is right that they are rewarded with secure pensions. Hardworking doctors, nurses and support staff should be able to know that when they finish working they will be secure in old age. However, the SNP cannot provide any assurances; they just say it will be better in an Independent Scotland without telling us how.

The UK, with Scotland playing a central role, has been at the forefront of ground-breaking research and developing treatment. Research facilities and Universities in Scotland get a disproportionately high share of UK research funding. We make up around 8% of the UK population but get over 13% of UK research funding in return. That is a clear, positive benefit of being part of the UK. I would hate to see our world-leading reputation for innovation put at risk or the next big breakthrough in the medical treatment jeopardised. Scottish Universities and research punches well above its weight in global terms and we should use this to lead to the UK, not leave the UK, therefore building on cutting edge bio-science and technology across the UK.

Then there is the demographic bombshell. Scotland has more people of pensionable age than anywhere else in the UK. That puts additional pressure on both health services. This highlights the importance of pooling and sharing of resources at a much larger UK level. As the

pensioners population increases in Scotland and the working population decreases then so does the ability to fund these services (Scotland has a population of 8.4% but only contributes 7.2% in Income Tax to the UK). That means being part of the UK allows this pooling and sharing of resources to enable services to be afforded in the long term.

One Glove Fits All? Training in an Independent Scotland

Furthermore, the training of doctors and nurses is critical. The cross-border training and education of clinicians has been long established. I know many friends who trained all over the UK but worked in Scotland. That is a valuable commodity that works. I know the 'yes' camp will say it still will, but if it is not broken, why fix it?

Clinicians and staff in the health service should be able to ask questions about how the NHS would look in a separate Scotland. However, to do so, they may be tarnished as unpatriotic. That is not right. They work at the frontline so have every right to pose those questions, such as: What would happen to our NHS? How would patients be able to receive the specialist care they need if their consultant was suddenly in a foreign country? What would separation mean for the security of our mortgages and savings? Would the pensions that nurses have worked for, and earned, be guaranteed?

It is for those supporters of independence to set out their case and be clear with the people of Scotland on the issue of the NHS and the hundreds of others questions, which remain unanswered. This is such an important decision that we need to be sure about it.

Scotland's health inequalities and access will not be resolved by building borders but by breaking them down which is why I have a bigger idea than nationalism. It is the pooling and sharing of resources together across the UK for the common good and on the basis of need, focusing on the things which bring us together - not drive us apart.