Scotland's Referendum
Scottish Universities Medical Journal
Special Issue Supplement

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EDITORIAL

As the Guest Editor for this Special Referendum Supplement, it gives me great pleasure to present myriad articles concerning the upcoming Referendum in Scotland. As Deputy Editor of the Scottish Universities Medical Journal, I have been thrilled at the response we have received from the surveys we carried out in both 2012 and 2013, and look forward to receiving feedback on the topic of Scottish Independence.

The upcoming Referendum has gathered much publicity in recent times and this issue of the Scottish Universities Medical Journal sets out to assemble some of these opinions for our readership. We have received numerous opinion pieces from politicians, medical and nursing professionals and campaigners, and here we have attempted to place these opinions within the political context of today.

We begin with an article by Willie Wilson, a former lecturer and researcher in Pharmacology at the University of Glasgow. In his article, Wilson argues that the only way to circumvent an entirely privatised NHS in Scotland is to vote ‘Yes’ for Independence, citing that free prescriptions may be an item of the past if Scotland were to stay within the United Kingdom. With high-profile figures being accused of using ‘scare’ tactics to urge Scottish people into voting ‘No’ – such as the recent case of Bill Munro – Wilson’s argument is subtle yet powerful, asserting that scaremongering Scottish people should not have any bearing on those intending to vote ‘Yes’.

Despite commissioning articles in support of Scottish Independence, we have also strived to balance this issue by putting the spotlight on the ‘Better Together’ arguments. Jackson Carlaw (MSP) argues that clinicians and students should vote ‘No’ come the Referendum, claiming that Scotland needs the strength and security of being part of the United Kingdom. Indeed, we have
commissioned articles from three of the United Kingdom’s largest political parties, all of whom have a strong case when arguing against an Independent Scotland.

We finish this supplement with Kevin Ferguson’s powerful article supporting a ‘Yes’ vote in the Referendum. In his article, Ferguson argues that “NHS Scotland is not yet in the jaws of the beast as [those in England and Wales] are” (Page S34), putting forward a particularly strong opinion piece which stays true to the principles of the Radical Independence Campaign.

Whether you are intending to vote ‘Yes’ or ‘No’ in the upcoming Referendum, this Scottish Universities Medical Journal Special Supplement may assist you in making an informed choice come September 18th. We have published articles which we feel are relevant and committed to the cause, and we hope you can join us in celebrating the work of the contributing professionals by absorbing yourself in the articles.

In this supplement we are once again delighted to publish articles from a wide range of disciplines, spanning myriad levels of experience and knowledge. The Scottish Universities Medical Journal continues to pride itself on publishing the work of Consultants, Doctors, Clinical Lecturers, Medical Students, Nursing Students and all other health professionals, and it is the time and effort of these individuals which ensures the journal goes from strength to strength. We would also like to send a special thank you to the Politicians, Political Campaigners and Mental Health Nursing Lecturers who provided articles for this supplement; without your contributions, this would not have been possible.
In 2012, we carried out a nation-wide survey to ascertain what Healthcare Students thought of the impending Referendum. Here, we present the results of the 2012 survey, followed by the results of the survey carried out in 2013. The overall number of participants was 412 students across Scotland.

Of the 412 participants, 48.5% were Medical Students, 28.8% were Nursing Students, 7% were Dental Students and 15.7% were students of the Allied Health Professions, such as Occupational Therapy and Physiotherapy.
Of the 412 participants, 82.8% were eligible to vote in the Referendum come September 18th 2014, but 17.2% of participants will not be able to vote.

When asked what option they were going to select, 36.4% of students opted for ‘No’, 33.8% of students opted for ‘Yes’ and 29.8% of students were unsure of whether or not to support Independence.

How Will Scottish NHS Manage Compared To England/Wales?
Surprisingly, only 2.2% of participants felt that the Scottish NHS would be significantly better compared to England and Wales if Scotland were to become an Independent Country. A higher percentage of participants (29.9%) felt that the Scottish NHS would be much the same as that of England and Wales, but the majority of participants – a substantial 49.5% in total – felt that a Scottish NHS would be either slightly or significantly worse if Independent.

20.6% of participants admitted to being actively involved in politics, while a much larger 79.4% of participants were not actively involved in politics.

The results of the survey conducted in 2012 may be reflective of the political context at the time. Indeed, much less was known about the Referendum in 2012 and the White Paper was still in publication.

On the next page, we will look at the results of the 2013 survey, in turn comparing and contrasting the results with the 2012 poll. Has increased publicity and public curiosity regarding the Referendum changed healthcare students’ views of the NHS in an Independent Scotland? Has the publication of the White Paper and the media build-up had an impact on how healthcare students will vote?

Commentary by Kevin Barr (Special Edition Editor)
In 2013, we carried out another nation-wide survey to ascertain what Healthcare Students thought of the impending Referendum in September 2014. Here, we present the results of the 2013 survey, and discover whether opinions had changed over the year. The overall number of participants was 306 students across Scotland, significantly lower than the 412 who participated in 2012.

Of the 306 participants, 73.2% were Medical Students (a significant increase from 2012), 23.2% were Nursing Students, 2% were Dental Students and 1.6% were students of the Allied Health Professions, such as Occupational Therapy and Physiotherapy. Interestingly, the participation of Allied Health Professionals dropped by over 15% from 2012, perhaps suggesting that students in these fields felt as though their profession would not be so affected from the impending Referendum.
Of the 306 participants, 95.4% were eligible to vote in the Referendum come September 18th 2014, but 5.2% of participants will not be able to vote. This drop is interesting, as is the 2012 survey 17.2% would be unable to vote in the Referendum.

When asked what option they were going to select, 59.1% of students opted for ‘No’, 22.1% of students opted for ‘Yes’ and 19.1% of students were unsure of whether or not to support Independence. Since 2012, more healthcare students have now chosen to vote ‘No’, while less have chosen to vote ‘Yes’. This may be reflective of the political context in which the survey was taken, where there was uncertainty as to the future of Scotland’s currency and standing within a European Union.
Perhaps surprisingly, 16.1% of participants felt that the Scottish NHS would be significantly better compared to England and Wales, demonstrating a significant increase of 13.9% from 2012. While more healthcare students were unlikely to vote ‘Yes’ as of 2013, more thought that a Scottish NHS would fare significantly better than those in 2012. A higher percentage of participants (22.6%), however, felt that the Scottish NHS would fare significantly worse than that of England and Wales.

In 2013, there was much discussion concerning cross-border treatment and whether or not a Scottish patient could receive life-saving treatment in England if Scotland were an Independent Country. Additionally, ‘Better Together’ campaigners asserted the powers that Scotland – as a devolved Country – already has over health care, citing free personal care as something to be proud of. This may have influenced the results produced in this part of the survey.
11.5% of participants admitted to being actively involved in politics, while a much larger 88.9% of participants were not actively involved in politics. Is it possible to assume that this may have an impact on which way healthcare students are inclined to vote?

The results of the survey conducted in 2013 may be reflective of the political context at the time. Indeed, much more was known about the Referendum in 2013 and the White Paper was circulating for everyone to see.

It can be concluded from both polls that – at present – healthcare students are more inclined to vote ‘No’ than ‘Yes’ come the Referendum. While large proportions believe that the NHS would fare significantly or slightly better in an Independent Scotland, a much larger proportion feel that Independence would mean the NHS would ultimately suffer.

Taking these poll results into account, the articles in this Supplemental Issue will seek to discover the issues concerning people regarding healthcare in Scotland, post-Referendum.

Commentary by Kevin Barr
(Special Edition Editor)
NHS Scotland after the Referendum

Dr Willie Wilson (Former Lecturer & Researcher in Pharmacology, University of Glasgow; Founding Member of NHS for YES)

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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 budget; in the UK that figure is only 9%.

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 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.
Our Future Health

Ian Murray (MP - Labour) (Member of Parliament for Edinburgh South; Shadow Business Minister for Trade and Investment)

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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.
Mental Healthcare in Scotland: Referendum Impacts

Mike Ramsay (Lecturer in Nursing – Mental Health; University of Dundee)

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The Scottish Independence referendum brings many questions, only answerable (in either circumstance) once an outcome is known, across the breadth of Scottish life. The issues for mental health care in Scotland - and for its mental health nurses - are no different. There is, however, a prospect of continuity in some regards within the field, which I seek to explore here.

Scotland - a separate legal jurisdiction and devolved country - has a heritage of a differing mental health legislative approach from the rest of the United Kingdom (UK) and, since devolution in 1999, a divergent approach to National Health Service (NHS) policy and service provision from the other home countries. Examples of this (post-devolution) are visible in renewed legislation in the Adults with Incapacity (Scotland) Act 2000 and the radical revamp of mental health law, culminating in the Mental Health (Care and Treatment) (Scotland) Act 2003, both in advance of similar re-provision elsewhere within the UK. Similar elements, given existing autonomy, are likely to be unaffected by the referendum outcome.

Scotland currently does not adhere to NICE guidelines and, in mental health, did not formally adopt Improving Access to Psychological Therapies (IAPT), though it embraces IAPT principles within its raft of mental health policies. Scotland has rates of alcohol-related healthcare challenges and suicide/self-harm, markedly higher than the rest of the UK. There is no likely change, as a consequence of a ‘Yes’ or a ‘No’ vote, for issues like these. Other mental health care factors transcend international borders and will not disappear on either outcome: though how nations respond to them may be influenced appreciably by how and whom they are governed. Examples of these include ageing populations and associated numbers of people suffering from dementia, developing community models of care, challenging mental illness stigma and the growth of the recovery and user-led movements as drivers of care-delivery change and redistribution of the traditional power held by mental health professionals.
Scotland’s NHS deviates from the rest of the UK in both organisation and delivery. Free personal care for the elderly, ending postcode lotteries in service provision, differing priorities for waiting times/targets and abolishing prescription charges are difference enough, but successive social democratic governance in Edinburgh since devolution has resulted in a Scottish NHS reflective of its traditional political standpoint. This is in stark contrast to England, in particular, where renewed movement towards a greater public/private funding marks social policy consistent with a more centre-right ideology. A ‘Yes’ vote is likely to see continuation of this programme in an Independent Scotland, given the existing template. Arguably, there is less certainty on a ‘No’ vote. In that case, the unionist parties' cloudy views around alteration to the devolution settlement, the 2015 UK General Election, a possible European Union (EU) in/out referendum and then the 2016 Scottish General Election mean the shape of a future Scottish NHS is difficult to predict within this unknown complex interplay of myriad political factors.

Financing uncertainty is another imponderable. A ‘Yes’ vote requires a series of negotiations to resolve the currency and other transfer arrangements that the current UK government will not pre-negotiate, as they seek to avoid giving credence to the ‘Yes’ campaign. The already agreed scrapping of the Barnett Formula for Scotland's funding in 2016, resulting in a probable £4bn reduction in the Scottish budget, would impact upon the funding of our NHS. The specter of more private involvement remains a possibility that would impact heavily on all healthcare provision and mental health, as one of the Scottish Government's health priorities, would be unlikely to escape.

A final unknown aspect specific to mental health nursing is the future of field-specific undergraduate preparation. This is an area that has been under review in the UK in the recent past and is likely to become a discussion point again for the Nursing and Midwifery Council. Ireland has steadfastly refused to dispense with its psychiatric nurse programmes under pressure from EU partners for a more universally transferrable nursing qualification and workforce, despite being much more Europhilic than the UK. This does not mean that an Independent Scotland or a continuing UK would make the same decision, but it exemplifies the ability of small nations to arrive at decisions applicable for their own needs.

Whatever the outcome, uncertainty will prevail - politically, economically and professionally. In the face of this lack of clarity, no specific academic position can be reasonably arrived at. That
NHS and mental health care will continue to be in transition is more certain, but those situations would exist out with the referendum context. My conclusion is that change and variation in healthcare systems in these islands is inevitable and that uncertainty characterises how this altering and divergent landscape is shaped, on either outcome. Mental health nursing is an adaptable discipline, increasingly embracing change over recent decades and I have confidence that mental health nurses can respond ably to emergent challenges, irrespective of constitutional outcomes. Scottish mental health nurses today already work to different funding, governance, legislative and policy contexts and I am confident this will continue, whatever occurs on September 18.
Scotland’s Future

Aileen McLeod (MSP – Scottish National Party) (Member of the Scottish Parliament for the South of Scotland; Member of the Health & Sport Committee)

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On 18 September this year the people of Scotland face a choice between two futures for Scotland. It is a choice between sticking with an increasingly unequal Westminster system or putting Scotland’s future in Scotland’s hands and moving forward to an Independent Scotland. As more and more people across the country hear the case for ‘Yes’ they are realising that Scotland can, should and must be independent.

Scotland can be a successful Independent country and the experience of the Scottish Parliament’s stewardship of our health service clearly demonstrates that. Since 1999 the Scottish Parliament has had full responsibility for the health service and becoming independent will not affect the day-to-day running of NHS Scotland. Indeed, Jackson Carlaw MSP - the Conservative’s Health Spokesperson - has recently said that “…if Scotland did vote for Independence, Scotland’s health service would continue, people would continue to be treated and I believe it would prosper” (BBC Radio Scotland, 12/02/2014) It is estimated that an Independent Scotland would be the 14th richest country in the OECD – with independence we can better support the health service with access to all of our nation’s resources.

We are very fortunate that the running of the NHS in Scotland is already effectively Independent from Westminster because it has allowed it to follow a very different path to the health service in England. Independence is about just that, ensuring decisions are taken here in Scotland, not at Westminster by governments we do not vote for. With powers over health the Scottish Parliament has chosen to scrap prescription charges for all – saving those with long-term conditions £104 every year compared with England. Prior to the abolition of prescription charges, two-thirds of all paid-for prescriptions related to long-term conditions and around 600,000 adults in families with an income of less than £16,000 could have been liable for
charges. There is also a stark contrast between the Scottish Government’s approach to the health service, as a publicly owned and operated service, and that of the Westminster Government whose privatisation agenda in England is growing ever more pronounced and damaging. Since 2007 the SNP government has protected the NHS budget: the health resource budget will be a record £11.8 billion in 2015-16 – a 22% increase under the SNP. In protecting Scotland’s NHS and working to improve the health of our nation successive Scottish Governments have demonstrated what can be achieved when Scotland’s Parliament has the appropriate powers.

Scotland should take on the full powers of an Independent country because this record, of protecting public services and the incomes of the most vulnerable, shows decision making in Scotland works. With a ‘Yes’ we will take responsibility for the economy, taxation, and welfare, we can access our own resources so we can make Scotland’s wealth work better and more fairly for all the people of Scotland. While the Scottish Parliament has the power to protect universal rights to healthcare, the Westminster Government plans to cut Scottish welfare spending by around £6 billion by 2015-15. The Child Poverty Action Group has estimated that child poverty in Scotland will increase by 100,000 by 2020 as a result of these cuts. For the NHS this increase in poverty will mean greater ill health and widening health inequalities. With Independence, we will have the full powers required to safeguard the welfare state, protect the incomes of the poorest and tackle the root causes of health inequalities.

Scotland must become Independent to protect the welfare state from Westminster’s continued austerity agenda. As Labour’s UK Shadow Health Secretary has said, the Coalition government’s “privatisation agenda” could lead to the end of the free, universal health care in the rest of the UK. If Scotland’s finances remain tied to these Westminster decisions then every cut made to services through privatisation in England has a direct impact on the budget available to the Scottish Government. Furthermore, a number of Westminster politicians have already called for the Barnett formula, which allocates spending across the UK, to be abolished. This would mean a cut to Scotland’s budget to the tune of £4 billion. It is now clear that the only way we can continue to protect Scotland’s NHS in the future is to put Scotland’s resources in Scotland’s hands, and only a ‘Yes’ vote in September will deliver that.
Why Clinicians & Students Should Vote ‘No’

Jackson Carlaw (MSP – Scottish Conservatives) (Deputy Leader of the Scottish Conservatives; Spokesman for Health; Member of the Scottish Parliament for the West of Scotland)

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Introduction

On 26 November 2013 the Scottish Government published their *White Paper on Independence*, a 670-page book which the Scottish National Party (SNP) called their blueprint for an Independent Scotland. It was expected to include the SNP’s detailed answers to the many, varied questions that independent experts, the UK Government and ‘Better Together’ campaign had raised.

However, it did not meet those expectations because the detailed answers were absent and it was little more than a wish list of what the SNP hoped they could deliver in an Independent Scotland. And this is not just my opinion - Atholl Duncan, Executive Director of the Institute of Chartered Accountants in Scotland, said of the White Paper: “It [is] not a business plan; it [is] a political manifesto”.

Prior to the White Paper’s publication, BMA Scotland’s Chairman - Dr Brian Keighley - launched a discussion paper on the Independence Referendum 2014, entitled *Implications for Health*. The BMA are remaining neutral in the run-up to the Referendum in September 2014, but the discussion document offers an excellent and detailed examination of the main issues the creation of an Independent Scotland would generate for the health sector and I encourage all readers to have a look at the full discussion paper, which is available at: http://bma.org.uk/about-the-bma/what-we-do/lobbying/scottish-parliament/scottish-independence.

Universities & Research

For me, there are three main health issues that the SNP has failed to answer. The first is that of the future of Scotland’s medical and scientific research. Funding for University research is currently distributed on a UK-wide basis by seven research councils, and the BMA argues that
‘Scotland punches above its weight in attracting funding, helping to attract medical academics from across the world to work in [Scotland’s] Universities and NHS’. In fact, although Scotland has around eight percent of the UK population, it receives around fifteen percent of UK research funding. So it is essential that these research streams are maintained in an Independent Scotland to keep Scotland’s first class reputation.

The SNP answers the question of medical research by saying that it will remain within a research funding system with the rest of the UK (P. 438). There is a major problem with this answer - why would the rest of the UK be content for their research funding to go to, what will then be, a foreign country’s University? We do not fund research at French or Swedish Universities now, so why would the rest of the UK fund Scottish universities?

**An Unrealistic Proposal**

This is a familiar strain of argument from the SNP – that we will be independent but everything will remain the same. But logically this cannot be the case. By leaving the UK the SNP will be leaving the UK, breaking up a 300 year-old union. To think that Scotland will then just be able to choose what it keeps, like the pound and the Queen, is not realistic. Under Independence the SNP will not be able to pick what they can keep and what they will lose, they are leaving the Union and will necessarily have to start afresh.

A second major concern about Independence is that of the future of workforce mobility. While health is devolved to the Scottish Parliament there is the same structure in medical education, training, contracts and pay which enable staff to move easily and seamlessly throughout the UK. The White Paper says they ‘see the same co-operation on medical training continuing on the same four-country basis as today’, however they give no basis for this assertion, have not attempted to get agreement on this with the other countries and, while it may be their intention, they cannot bind the rest of the UK government’s intentions or those of future Scottish Governments.

NHS patients also currently enjoy the benefits of a UK-wide NHS, travelling to areas of expertise in the UK for specialist treatment, whether Great Ormond Street Children’s Hospital or the Freeman Hospital in Newcastle for lung transplants which are not available in Scotland. Of course the SNP claim that this will continue as now, but while the NHS is devolved; it is still a
service with no boundaries. An Independent Scotland would need cross-border agreements such as those between EU states, which are not as straightforward. Furthermore, it is worth nothing that no two separate states have closer integration between their health services as exists within the UK.

**A Ticking Time Bomb**

The issues that I have discussed so far are the difficulties that the NHS will face under Independence; however there are a number of challenges currently before the NHS in Scotland that will be just as complicated whether we are in or out of the UK, such as the challenge of our increasing elderly population. A recent report revealed that Scotland’s elderly population will increase by 86% over the next 25 years which will be a huge challenge for the Scottish NHS to cope with. In addition there are the financial pressures that are being increased by the SNP’s priorities of free prescriptions, even for those who can afford to pay for them.

For me, all these challenges will be easier to meet as part of the UK. At the moment we have the best of both worlds, with the Scottish Parliament looking after our public services - including the health sector - and all the key decisions being made here in Scotland. But ultimately the reasons for staying in the UK go way beyond a narrow focus on health care. I believe that Scotland is safer, more prosperous and stronger as a member of the UK.

We still get the added bonus of being backed up by the strength and security of the bigger UK economy, the UK’s membership of International Organisations (such as the EU and NATO) and the UK’s armed forces. Independence is not just some theory or vision, and the feedback from the constituents I have spoken to remains robustly in favour of keeping Scotland in the UK family.
Independence: An Opportunity for Scottish Healthcare to Flourish

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The NHS is one of Scotland’s great success stories. We can be rightly proud of the care it delivers - day in and day out - to thousands of people across Scotland. As Health Secretary my focus is to ensure we continue to deliver this high level of care that patients expect.

There are stark differences between the NHS north and south of the border. In Scotland we are fortunate that by having a devolved health service we have not been subjected to Westminster’s privatisation policy that is having a profound and damaging effect on the NHS in England. Privatisation goes totally against the founding principles of the NHS: a health service in public hands, free at the point of need. In contrast, the mutual NHS model we have in Scotland is the right model for providing the very best care for patients.

In Scotland, we already have some of the safest hospitals in the world thanks to our Patient Safety Programme – praised by Don Berwick, adviser to President Obama. Waiting times are amongst the lowest ever recorded, and people in Scotland benefit from free eye tests, free prescriptions and free personal care. This government is continuing to invest in our NHS workforce, with more qualified nurses per head of population in Scotland (8.0 per 1,000 in Scotland), compared to 5.8 per 1000 in England. In addition, we have in place the £50 million unscheduled care action plan, to significantly improve access to A&E care, and a mandatory nursing workforce planning tool is now in place to ensure we have the right mix and number of staff in the right place at the right time.

One of the most significant reforms to the health service - Health and Social Care Integration - was recently passed by the Scottish Parliament. From April 2016, people in Scotland will now experience a joined-up, seamless transition between health and social care services – a landmark reform that the UK government is coming under increasing pressure to implement.
This is clear evidence that a Scottish health service independent from Westminster rule delivers high-quality, world-leading care best suited to the needs of the people of Scotland.

As *Scotland’s Future* makes clear, all these gains would be protected under Independence. Not only this, but with the full powers of Independence we would be in a position to do more to tackle the scandalous inequality in health between the richest and poorest parts of our society. It is shameful that children born in the most deprived parts of our country can still expect to live eleven years less than those in the wealthiest areas. Life expectancy should not be decided on where you are born, and Independence gives us the levers and opportunity to end generations of failure on this issue from Westminster.

We are doing what we can with the powers we have available, for example through a range of measures to tackle Scotland’s complex relationship with alcohol and to regulate tobacco. This country was the first in the UK to introduce the smoking ban in public places, legislate to impose a minimum unit price of alcohol and commit to plain packaging of cigarettes. However these measures will only go so far and the injustice of health inequality in Scotland can only be solved by tackling the root causes of inequality, and taking the fight beyond the NHS.

Health inequalities are caused by entrenched problems of poverty, educational under-attainment, unemployment and poor mental well-being. Yet despite our best efforts, extreme Westminster cuts and welfare reforms have made our attempts to tackle health inequality considerably more difficult. I firmly believe that only with Independence can we create a fairer society where we can really get to the fundamental causes of health inequality.

While I continue to be proud of all that we have achieved in Scotland, there is still more to be done. It is important that as we drive this continuous improvement, we protect the founding principles of our National Health Service. Our blueprint for the future of the NHS in Scotland is one which would see Scottish patients at the heart of services by delivering safe, effective, world-class care supported by the hard-working staff of our NHS. With Independence we will continue to deliver and invest in this vision, and with the full powers of Independence we will be able to face head-on the challenges of improving the nation’s health.
As an Independent country, we would be in a position to achieve the transformation to the nation’s health that successive UK governments have repeatedly failed the people of Scotland on.

With Independence, the NHS will be safe in Scotland’s hands.
If health was truly a devolved issue in Scotland, the referendum should have no bearing on the NHS whatsoever. However, health is much bigger than the NHS and the growing range of private health providers. Our welfare system is directly related to the health of the nation yet responsibility for this continues to rest at Westminster. As health professionals, we talk of seamless services and integrated care packages, none of which is possible when conflicting policies are driven by decision makers at opposite ends of the political spectrum. It is quite likely that the NHS in Scotland will still continue to be supported regardless of the referendum result but a ‘Yes’ vote would put the responsibility for the welfare of Scotland firmly and unambiguously in the hands of the Scottish Government. While there is no guarantee that this will lead to health benefits, it would certainly make the policy makers accountable to their own electorate and less able to scapegoat others. Essentially, things would have to improve to satisfy the voters.

The NHS is picking up the pieces of a flawed welfare system. Legitimate leave of absence from work can only be authorised by a Doctor, effectively creating the need to ‘pathologise’ every life crisis. If, for example, you cannot get to work because of flooding or subsidence in your home or unexpected child care problems, your Doctor has to present this as a health issue or your employer is under no obligation to pay your wages. We are using the health system to determine social welfare. Anomalies such as this will never be addressed while health and welfare are run in such a disparate fashion. In circumstances such as this, even a devolved NHS in Scotland remains subject to the welfare policies of the UK Government. In this regard, the referendum has the potential to allow health and welfare to match up to the benefit of the people of Scotland.

While it is far from perfect, the NHS appears to be valued in Scotland more than the rest of the UK. This is borne out by the attempts to retain the public sector profile in NHS Scotland in contrast to the increasing private sector elsewhere. Proponents of the private sector might
argue that health is better served in a competitive market but they often go on to undermine their own viewpoint for fear of political suicide with the standard follow up statement that “the NHS is safe in our hands”. The NHS is not about a philosophy of the standard of care, it is about a principle based on universalism. You either support that principle or you don’t. The quality of care is a separate issue based on finance and expectations. It seems as though the principle of universalism is stronger in Scotland or at least in parts of the UK that lean towards the left of centre. Of course, interest in the NHS is bound to be stronger in places where health is poorer and establishing the causal relationship is complex!

Alcohol consumption is considerably higher in Scotland than the rest of the UK, putting a huge pressure on the NHS. There will be many reasons for this and one can only speculate whether this would change and, if so, which direction it would go in, as a result of the referendum. Affordability is a significant factor in alcohol consumption yet poorer social groups are more likely to spend greater amounts of their income on alcohol. It provides a comfort, an escape, and a release... an opportunity to experience another psychological state for a period of time. The polls suggest that a significant group of the electorate feel the need for change and the challenge of true autonomy.

Would it not be ironic if Scotland’s relationship with alcohol became more like the rest of the UK once we had nobody else to blame for anything but ourselves?

I would drink to that!
The Impact of Independence on the Health Service

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Introduction

I strongly believe that our National Health Service is the best example of the positive case for remaining within the UK. As a Liberal Democrat, I believe our NHS is the finest example for continuing our home rule journey, building a stronger Scotland within the UK partnership of nations. As students and as healthcare professionals you have a unique practical insight into how devolution works in practice.

We know that Scotland benefits from devolution: we control our domestic agenda on issues like health and education whilst working together across the UK to share resources and have a stronger voice in the world.

An Historic Overview

It was a Scottish Liberal who set the blueprint for the universal National Health Service created by Aneurin Bevan in 1948. Three decades prior, Liberal Prime Minister David Lloyd George tasked Inverness-shire MP Sir John Dewar with investigating inadequate healthcare provision in the highlands. The report led to the creation of the Highlands and Islands Medical Service, paid for by a central government grant, guaranteeing doctors a minimum salary and travel expenses in return for treating all those in need of help. It was a radical step which contributed towards the creation of the universal health system we know today.

Whilst the National Health Service Act of 1946 created the NHS for England and Wales, it was a separate piece of legislation from the National Health Service (Scotland) Act 1947, which created Scotland’s NHS. Scotland controlled the domestic agenda on health from the inception of the NHS, and worked with the UK on the regulation of the medical profession, pensions and
the funding of excellent medical research in Scotland’s Universities and NHS. This was devolution at its earliest days and at its finest form.

**Universities & Research**

The BMA recognises that despite having 0.1% of the world’s population, Scottish research contributes 1.8% of the world’s citations and is ranked first in the world in terms of research impact per GDP. In 2010-11, Scottish Universities were awarded 15% of the UK’s research council funding for 9% of the population. In 2012, the UK-wide Medical Research Council established seven large-scale research investments across Scotland. This is a success story of devolution; our students at the forefront of some of the finest medical learning institutions in the world; Scotland’s reputation boosted in the world with the strength that comes with working as part of the UK partnership of nations.

**Better Together**

I think it is telling that, for whatever reason, we have not seen much divergence from the rest of the UK when it comes to medical education and training. Neither have we seen much divergence when it comes to the structure of the healthcare workforce, or the ways in which we determine pay and contracts. It demonstrates the existence and efficacy of the UK single market. We recognise working together makes sense and we recognise the economies of scale that come with being part of the wider UK partnership of nations.

We take decisions on the domestic agenda whilst working together to pool resources and share best practice. As healthcare students and junior clinicians, you have just begun your career in a public service which continues to inspire millions across the world. Continuing our home rule journey in the UK will give us a hand up in the world, using the strength and security of the UK to achieve more - and achieve more together.
As someone in their second tour of duty in the NHS I have witnessed the changes in the nature and functioning of the NHS first hand. Having also been employed by the engineering and finance industries in the private sector, I recognise that the most striking characteristic of the NHS in Scotland today is the corporatisation - not just of the health service itself - but of the culture and working environment. This direction of travel was set in motion decades ago but has been taken up with increasing fervour by successive Conservative, Labour and Coalition Governments.

Westminster governance has steered the NHS away from its original – but still popularly regarded – raison d’être of a national health care system toward a fractured, market-driven system where health care professionals compete with each other for business, and ill health is a commodity to be traded. The tax payer not only has to pay to put this system in place but has to pick up the tab where it is not profitable.

A key weapon in the assault on the NHS is PFI style contracts. Driven by Westminster Governments, these initiatives have been financially disastrous for the NHS customarily costing more than if the service or assets had been acquired directly. Even where it is ‘demonstrated’ value for money is ‘delivered’ the figures have often been manipulated and commercial confidentiality makes it near impossible to ascertain the veracity of information. A prime example is the Edinburgh Royal Infirmary where, being less than a third into the contract term, the initial costs set aside have already been used up and renegotiations of terms were only undertaken in order to avoid the implosion of the deal.

The corporations have feasted on guaranteed PFI profits which not only sucks money out of the health service but out of the UK economy as many of the companies financing consortia are registered in tax havens. While acute services have burst at the seams with services such as A&E and laboratories on their knees, health care professionals feel obligated to work
themselves to exhaustion to prevent services grinding to a halt; all in the shadow of a Health Minister who can now close hospitals at his own caprice.

At the core of this transformation is the tyranny of targets, central in providing the NHS with its darkest hour in the shape of Mid Staffordshire and here in Scotland with the Waiting List shame, where the Chief Executive at NHS Lothian oversaw the falsification of figures and withheld treatment to patients. It is also a significant factor in forging a workplace environment based on fear, intimidation and bullying.

The trumpeted UK safety net is, therefore, a myth. Economically, the pro-union campaign is arguing that we cannot afford current levels of social services, despite the ratings agencies contradicting this view. But the same ideologically indistinguishable UK parties have signed up to a strategy of dismantling that safety net anyway! For the NHS in Scotland, the only future voting ‘No’ will deliver will be that of the deluded 16th century quack bleeding the NHS close to death with incessant cuts while their remedy for recovery is to sharpen the scalpel and order more leaches.

What the referendum offers is an opportunity to decouple from this Westminster contrived destruction of the NHS and opt for an alternative strategy for health service provision based on need and not the prospect for tax dodgers to line their pockets. Note that the Radical Independence Campaign (RIC) emphasises that the referendum is for those people living in Scotland (whatever their ethnic, national or cultural origin or preference) to reject submission to the neo-con agenda of Westminster. It is not about an election of an independent nationalist government.

Publicly owned and administrated national health care in Scotland pre-dates the foundation of the NHS. The current Scottish Government has attempted to secure that and to militate against the worst features of Westminster policies, for example, progressive initiatives such as free prescriptions and care for the elderly. The NHS Scotland is not yet in the jaws of the beast as our health colleagues and fellow citizens down south are.

The impact of a ‘Yes’ vote - in RIC’s view - is that it will mark an end to the current destruction of accessible health care which will exacerbate the place Scotland has as the “Sick Person of Europe”. It opens up the potential to start building a civilised society with quality health care,
housing and education at its base. A ‘No’ vote shackles us to the current ruination of the NHS and closes the door to any alternative.

What gives RIC supporters cause for optimism is the fundamental characteristic about the ‘Yes’ campaign itself: broad and inclusive – as a health care system should be - with a vision of a healthier, happier society. This is in direct contrast to the narrow, distant and elitist nature of RIC’s political adversaries - particularly Westminster governments. For RIC supporters, a ‘Yes’ vote means another Scotland is possible.