

The Impact of the Referendum on the NHS in Scotland

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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!