



VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Deflecting blame for the NHS crisis

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In February, the BBC's week long "NHS Health Check" depicted the current troubles on the NHS front line.¹ In a television interview the health secretary, Jeremy Hunt, responded to stories about patients stranded for months in hospital or for hours on trolleys in overcrowded emergency departments.

Hunt asserted that such incidents were "completely unacceptable" with "no excuse,"² but strangely omitted his own leadership responsibility. In charge for four years with a very hands-on management style, he was also a cabinet minister in governments that drove through Andrew Lansley's disastrous Health and Social Care Act,³ cut funds available for social care,⁴ and presided over a widening NHS funding gap.⁵

As before,⁶ Hunt proclaimed his "passionate commitment" to patient safety. But preventing further decline in NHS performance needs more than rhetoric. It requires funding, staffing, and a helpful political environment.

As pressures mount, shifting blame to undeserving or marginal scapegoats has become endemic in the political, public, and press conversation on the NHS's woes. Recouping wasted millions from "health tourists" is one example. This approximate £300m saving is small at 0.3% of total NHS spending, before the costs we'd expend in the chase.⁷ And an alarming suggestion by the *Telegraph's* Allison Pearson,⁸ of scrapping NHS translation services because people should either "bring a relative or learn to speak English," would save far less, with untold opportunity costs.

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"The elderly" and "bed blockers" (that is, citizens with genuine health needs and entitlements) are serially targeted. So too are the "30% of patients in A&E" who "don't need to be there."⁹ This is despite the College of Emergency Medicine saying that it's "absurd" to blame patients and disputing that figure.¹⁰ Smokers and drinkers "should pay for their own treatment," a recent report concluded.¹¹ And Lord McColl said that we shouldn't blame "the elderly" but "grotesquely obese children."¹²

Also castigated are already overstretched GPs who won't open their surgeries or who drop out-of-hours work,¹³ and hospital doctors who Hunt says have a "nine to five culture"¹⁴ or are "avoiding management roles."¹⁵

Another canard is bureaucracy and management. NHS management costs are low compared with most systems.¹⁶ Many administrators merely support a politically willed internal market and the pointless complexity caused by Lansley's reforms.¹⁷ The BMA is allegedly "scaremongering"¹⁸ and NHS Providers "misjudged,"¹⁹ for highlighting NHS funding and staffing.

This hoopla is a sideshow distracting from the real causes. With a growing and ageing population, rising treatment costs, and a workforce crisis, successive governments have chosen to fund services inadequately and—through inept, ideology driven meddling—send the service into serial, distracting reorganisations.

Before dishing out blame, we should all reflect. A mirror sometimes helps.

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