EDITOR'S CHOICE

EDITOR'S CHOICE

Time to divide the spoils?

Trevor Jackson *deputy editor, BMJ*

You could be forgiven for thinking that it is open season on the NHS. Over the past few months, the media image has been of a service sick to its core, almost unrivalled in its incompetence and cruelty. From Mid Staffs to Morecambe Bay, from the “crisis” in emergency departments to the Liverpool care pathway, some egregious failings have certainly been on display.

The *BMJ* would have been remiss if it had not sought to document and interpret these. In their editorial (doi:10.1136/bmj.f4343), J Nicholl and S Mason seek to get beyond the “corridors of shame” headlines to the real reasons for sharp rises in numbers waiting longer than four hours at emergency departments. While the lay press has scapegoated general practitioners, out of hours services, NHS 111 services, and immigrants, Nicholl and Mason suggest some less emotive causes. These include the seasonal norovirus and flu epidemics, and acute hospital trusts taking their eyes off the ball after the four hour standard was removed as a target in 2011.

Three of the reviews commissioned in the wake of recent NHS failings see publication this week. Nigel Hawkes reports on the Neuberger review, which found that the Liverpool care pathway was well intentioned but poorly implemented and should be scrapped in favour of personal care plans (doi:10.1136/bmj.f4568). Zosia Kmietowicz covers the Keogh report into the 14 hospital trusts purported to have the worst death rates in England, and health secretary Jeremy Hunt’s decision to put 11 of the hospitals into special measures (doi:10.1136/bmj.f4602). And Jacqui Wise reports on the Cavendish review—an offshoot

of the Francis inquiry into failings at Mid Staffordshire NHS Foundation Trust—which calls for all healthcare assistants to receive basic training before they can work unsupervised (doi:10.1136/bmj.f4489).

Meanwhile, recent headlines from some quarters of the lay media have portrayed an NHS akin to a war zone and so weary of its 65 year service that the game is finally up. Which is, of course, what the enemies of the service would like people to think: time to divide the spoils and sell to the highest bidder.

As *BMJ* reporter Gareth Iacobucci reveals this week, the forces of privatisation are already at work (doi:10.1136/bmj.f4524). In the second part of his latest investigation, he describes how a growing number of hospitals are introducing a new category of private patient: the “self funded” patient. Tariffs for self funded patients are based on estimates of what it costs the NHS to treat them. The rates are considerably lower than those traditionally charged to private patients, but, as King’s Fund economist John Appleby comments, the difference between the two categories is immaterial. “Does this start to muddy the provision of public-private healthcare within the NHS?” Appleby asks. Will it have any negative effect on the NHS? If this treatment option continues to expand, where will it leave waiting lists for regular NHS patients?

Cite this as: *BMJ* 2013;347:f4592

© BMJ Publishing Group Ltd 2013