

## “Defining Mutuality; its place in today’s society” Ref 5/01.03.02

### Developing our Mutual Health Service

*A discussion document. We very much welcome feedback on this document.  
Please email your comments to*

#### **Introduction**

A mutual organisation is one owned by its members and run for the benefit of its members. Mutual building societies are part of the personal finance arm of a far wider Mutual movement. Mutuality is about empowering the individual member and generating bottom-up ideas for the development of the mutual organisation. As such “Save Our Building Societies” the pro-mutual campaign group have released a discussion document on the future of arguably the most important mutual organisation in the country; the NHS.

This discussion paper will discuss how the NHS can be better funded by a closer financial commitment of the user and their representatives in the service. See in particular sections marked #

Margaret Thatcher changed the funding arrangements from being needs driven to money-driven. The NHS used to say how much funding was needed. Mrs. Thatcher changed this to allocating a limited budget. Once this was spent there was no more money available.

#### **#Doctors should decide funding for NHS; not politicians**

The Funding of the NHS needs to be taken out of the hands of politicians. I suggest Doctors are the best people to set the budget. Politicians have different spending priorities from the rest of us. For example, national parliament buildings and prestige projects when the electorate would prefer the money spent on the NHS. Taxability limits the total amount of tax that can be levied on the population. Politicians are also reluctant to increase taxes for political reasons. Unless the NHS has its own funding independent of the Government, political spending choices may mean that there is not enough of the ‘cake’ left to meet the full needs of a National Health Service.

#### **#Develop a sense of “ownership” with compulsory personal NHS health insurance**

We should all be required to have our own personal NHS health insurance policy. This would give us a sense of responsibility and more importantly the feeling of “ownership” over the NHS. This is vital for the well being of the NHS. People are quite happy to have insurance policies to protect cars, homes etc. A central committee and council of doctors would estimate how much their various professions needed and set the cost of the insurance policy accordingly -free of political restraints. It can either be a flat rate policy or one with discounts available based on personal efforts to remain fit. Some might opt for the second type and be happy to meet a surcharge to cover extra administrative costs because overall they might save quite a lot of money. The Government would pay the premiums of the health insurance policy for those on low net incomes. Visitors to this country would take out a specially controlled insurance policy to prevent us being inundated by millions of people who are already ill.

#### **#How to end postcode medicine- How to allocate resources**

***The central doctors council would agree how much resourcing each type of medicine would receive as a percentage of the budget.*** Within the General population there are various types of citizen: young, old, disabled etc, with a wide range of health needs. The budget would be distributed according to the precise health needs of the population according to the type of citizen and their numbers within a particular area. Areas for example with an older population would score higher in terms of the resources provided for geriatric care and would perhaps receive less for maternity care. The endless tiers of management up and down the country involved in allocating resources for each type of medical specialty in each region would be unnecessary. It would all be done with percentages. More resources could be spent on health care instead of administration.

**For example:**

<b>Type of Treatment</b>	<b>Allocation</b>	<b>% of Budget</b>
Cancer treatment	20% of total budget	20B
Heart disease	15% “ “	15B

Maternity services	15%	" "	15B
<b>General Surgery</b>	<b>10%</b>	<b>" "</b>	<b>10B</b>
Other	40%	" "	40B

**B= UK Health Budget divided by 100**

**General Surgery is allocated 10% of total UK health budget = £C**  
**In financial terms £C is B multiplied by 10**

To calculate how much an **EXAMPLE AREA** would get for a branch of medicine such as **General Surgery** every person in a country would first be given a personal health allowance. The personal health allowance (P.H.A.) would be calculated by dividing the total health budget of a country by the total population. The P.H.A. would be added to the formula below.

**To calculate budget for General Surgery in an EXAMPLE AREA**

<u>Age</u>	<u>Weighting</u>	<u>Population of area</u>				<u>Budget</u>
1-20	2 points	x	10,000	x P.H.A.	=	+
20-40	2 points	x	20,000	x P.H.A.	=	+
40-60	2 points	x	20,000	x P.H.A.	=	+
60+	4 points	x	15,000	x P.H.A.	=	+
						Total £million

To differentiate between one type of medicine and another actuaries would work out personal weightings. One point in the weighting scale would be the tiniest of fractions. A person of 60+ might need a personal weighting of 4 points for general surgery, a weighting say of 8 points for Heart disease and a weighting of 0 Points for maternity services.

To assist the reader I have put actual numbers to the formula based on a notional country with a total budget of £500,000,000 and a population of 50,000,000

B would therefore be the Health budget divided by 100 =£5,000,000

The total national budget for General Surgery would be 10B = £50,000,000

A person is allocated a personal health allowance (P.H.A.) of £500,000,000 (total budget) divided by 50,000,000 (total population) = £10

**To calculate budget for General Surgery in an EXAMPLE AREA**

<u>Age</u>	<u>Weighting</u>	<u>Population of area</u>				<u>Budget</u>
1-20	2 points	x	10,000	x £10	=	£200,000
20-40	2 points	x	20,000	x £10	=	£400,000
40-60	2 points	x	20,000	x £10	=	£400,000
60+	4 points	x	15,000	x £10	=	£600,000
						Total £1,600,000

Therefore when calculating an areas total health budget it could be calculated fairly by formula according to the type of medical services required multiplied by population and the age profiles (weighting) of the area. Computers would replace endless tiers of management.

**#End the legal liability of the NHS: provide "Patient Guardians" instead**

Provide patients' guardians- professional medical people within the NHS who can intervene positively if something goes wrong. If people wish to use the NHS they must give up rights to sue the NHS. Why should two disabled babies, one through medical negligence that can be proved and one through fate have different levels of medical care? Why allow the legal profession to prey on the NHS? Scrap the community health councils and appoint a powerful branch of the NHS that liaises with patients and the NHS to ensure that patients receive the best care. The NHS really must be seen to deal with those who perform badly. Patients need impartial high-level professionals within the NHS to intervene to ensure breakdowns in service delivery are remedied rather than lawyers who simply alienate people.

**#Healthcare for those from outside the UK**

Many from the first world to the third seek to use the NHS. Doctors cannot be expected to discriminate. One cannot blame often-desperate people doing whatever they can to get the help they need. The bill for such treatment should be sent to the department of foreign aid and the Government should automatically reimburse that department.

**#Family Doctors given resources to match their workload**

All surgeries should be linked by email to the central council of doctors. **Budgets to doctors should be allocated according to patient age, disability etc, types of medicine needed.** Doctors with aged patients would have the extra demand on their resources recognised. The email information would not include the name of the patient.

### **#Organ transplantation: How to make more organs available**

Many refuse to allow their organs to be given up for superstitious reasons. *i.e.* 'What if a person is not really dead?' 'Why should I do it when someone else can instead?' 'Why should I be bothered?' etc **People not wishing to take part (excluding children) would sign a self-exclusion contract. However if they ever needed a transplant they would not be eligible for one.** Introducing the idea of self-exclusion (*i.e.* patients taking responsibility for their actions) is perfectly fair and encourages people to think very carefully about refusing to donate. For many the current easy, lazy and quick response to requests to carry a donor card is to thoughtlessly say No! If people wish to say No they must take responsibility for it. Very careful very public scrutiny would exist for the handful of carefully and publicly vetted and monitored doctors able to authorise organ removal. This would help allay the fears of the public.

Clearly this is a controversial issue and may need some further consideration. The concept of blood donation is another area, which needs further scrutiny. Only 6% of eligible blood donors actually bother to offer their time and blood to the NHS services.

### **#Hypothecated funding in the NHS - "That which causes a cost to the NHS, pays for it"**

Ring fenced taxes *i.e.* from cigarettes and other dangerous products would go straight to the NHS based on the amount of medical care a products causes. **Built in would be a positive mechanism to make it worthwhile for manufacturers to make their products safer.** Cigarette manufacturers would be encouraged to sell products with less tar, nicotine and carcinogens. The more dangerous the cigarette the higher the tax. Tar, Nicotine & Carcinogen taxes would directly fund cancer, heart and chest treatment. Taxes on petrol and cars would fund resulting medical treatment and a/e depts. Safer cars *i.e.* Volvos would carry less tax. Sports insurance would be required for dangerous sports to pay for medical treatment that results. The hypothecated taxes raised would reduce the level of the personal Health Insurance that everyone would have.

**Sugar taxes** could be levied to pay for dental treatment and to encourage manufacturers to use less sugar in foods and sweets.

**Alcohol Taxes** to pay for treatment and policing. The rate of tax is levied according to the percentage of alcohol in a drink multiplied by the size of the drink. **Local Police forces would receive significant amounts of new resources from this tax to police increasingly threatening town centres caused by drinking.**

### **Security of Hospitals. The safety of NHS staff is paramount. A new specialist NHS constabulary is needed to provide this.**

The new specialist NHS constabulary (similar to the British Transport Police) would be funded by the alcohol tax. This tax would also pay for state of the art security equipment. Serious or persistent offenders against NHS staff (with rare exceptions) would forfeit their right to a NHS health insurance policy and would be banned from receiving treatment from the NHS. They would have to go private.

### **#NHS staff pay and conditions**

All grades of staff would have an immediate and significant pay rise. You get the best from employees by really looking after them -not by penny pinching.

### **Lower rate of direct tax for NHS workers?**

Allied to this the Government should consider whether different professions in our society should be subject to different rates of personal taxation. In which case NHS workers would be taxed at a very low rate.

### **Local authority housing for all NHS workers**

A good way of improving the standard of living for health care workers would be to make all NHS staff eligible for immediate local authority housing when they work for the service. If housing association properties were used the rent level should be no higher than those of local authority housing through the use of a subsidy from the Health Insurance budget.

### **Notes: How to maximise housing stock for NHS workers and minimise rents**

*The most efficient way to keep rents low would be for Government start up grants for all new housing association schemes to revert to 100% from the current 50-60% (so that new developments are not subsidised by rents as they are at present). (This would actually save the Government money in any case because non-working tenants would claim less housing benefit to pay lower rents. Speak to the Joseph Rowntree Trust)*

*The amount of available social housing stock could be maximised by ending the right to buy, or if it is politically easier to do, convert all social housing providers into charitable housing trusts where the charitable status prevents the purchase of stock. More controversially exacting standards of behaviour could be required from existing tenants. For example if a*

member of a household committed a criminal offence, harassed their neighbours in any way, were noisy etc then the household would be evicted. This would be hugely popular by long suffering council and housing association tenants and estates would at long last become havens of peace and tranquility. Many homes would become available for NHS workers.

### **Stop raiding hard-pressed third world hospitals to provide NHS nurses!**

***The NHS would end the recruitment of staff from abroad except where staff fled their countries for their own personal safety (including refugees).*** In some parts of the world i.e. Southern Africa and Russia law and order has broken down and we should allow nationals from such countries make a new start here. Where we have used staff from abroad we should refund the countries they come from.

### **#Health Taxes on food to encourage healthier living**

***Fat taxes should be introduced to encourage people to eat better. Money raised should pay for dieticians, sports facilities for the obese etc. The Government should ban extremely unhealthy foods, reduce salt in foods by law and force burger bars to cook their food in more healthy ways; our young in the particular are currently eating very unhealthy food.***

### **The NHS should return to areas of medicine it seems to have abandoned**

For example back pain is a major health problem today but resources are inadequate. Many more specialists in back problems are needed. Currently patients do not know whom to believe when it comes to treatment for their backs. Osteopaths, chiropractors, physiotherapists all have their different take on the subject. This is not acceptable. In all areas of medicine patients must be able to rely on one lead doctor or therapist to advise on treatment and that person must be available in the NHS. The NHS should move back into branches of medicine such as dentistry, chiropractic, osteopathy etc that it seems to have abandoned and where patients have increasingly been forced to go to the money driven private sector to get treatment.

### **Private therapists & medicine in the private sector**

***This country is awash with therapists, counsellors, and hypnotists often encouraging an unhealthy self-indulgent attitude to problems. Often seen by particularly vulnerable people.*** Private Therapists and the like set their own often-exorbitant rates paid for by (often) desperate and vulnerable people on low incomes (if they are off work sick). Sometimes the therapist can have more problems than their client but have have svenglai hold over them. They set the charge, and then manipulate their clients into paying it. "You're worth it dear" etc. There is lack of control over them. ***They also have an unhealthy financial incentive to prolong the treatment. The NHS need to be more involved than it is at present. It should also be able to supervise at various levels and ways most health care in this country.***

Therapists should only be allowed to practice if they sit stringent NHS exams **and become part the NHS.** At present you can play around with someone's mind or feelings with the minimum of qualifications. When they treat someone they must do so as part of a treatment team headed or supervised by the family doctor and local health centres. (Some considered the NHS might make exceptions to treatment control). Extra resources would be given to the local health centres and doctors to allow for this extra work.

**Rates of pay and terms of employment and the treatment of patients for all alternative medical parishioners should be set and policed by the NHS.**

### **Psychological screening of health professionals**

The health service should ensure that employees are screened psychologically. This is particularly important for psychiatrists and therapists etc.

### **Ethical examinations**

Perhaps doctors need to sit 'ethical' examinations?

### **Mentoring to replace the social work culture**

***Today's society needs mentors, life coaches and role models. The concept of the 'social worker' is outdated and should be replaced by sound people from very different backgrounds and experiences to the traditional 'social worker'.*** The vulnerable and the weak should be empowered and led forward by the example and close support of exciting, talented, interesting, motivated people from large corporations, banking, and the media to name a few examples. To show the vulnerable what the brighter side of the world is.

What they might aspire to. Up not down. What they can make of themselves. Secondments and fixed term placements could be considered. The vulnerable and the weak need a leg-up not a leg-down into a course of self-pity, re-inforcing their view of their place in the world (at the bottom) and their low self-esteem and morale. At the moment it is a case of 'In the world of the blind the one-eyed man is king'. This really must stop and the weak and vulnerable must cease been perceived as a career opportunity for graduates with soft social science degrees.

**Spa centres** set up to provide breaks for people including NHS staff and public sector workers. Every doctor and nurse would be eligible for two weeks in a spa to recuperate on top of his or her annual leave.

### **#Mutual funds for local healthcare**

**Local communities should be able (and even encouraged) to raise extra resources for their medical services** in an organised way. Local mutual funds should be established for this purpose.

### **Paying to see a GP not recommended**

We suggest that it would not be helpful for patients to pay a nominal sum i.e. £10 to see their doctor. The money raised would be small compared to the real costs and it would generate administrative costs. Paying to see your Doctor would discriminate against the poor, encourage some not to see their doctor when they should, (particularly men) and perhaps most seriously of all there would be a danger that some patients might feel they had a right to 'get their moneys worth' from the doctor. This could put greater pressures on already overstretched GPs. Some patients might be encouraged to visit their Doctors more than they need "because they were paying". Doctors might find that there was a significant increase in time wasting patients. Delays in treating some patients might mean that later healthcare was more expensive as well as possibly less successful.

### **Supplementing the NHS workforce with Workfare**

The NHS is labour intensive. All benefit claimants should be available for work where they will not undermine the job security or wage rates of existing employees. The public sector is ideal for this. Improving cleaning in the NHS is a priority. The cleaning staff could be hugely augmented with workfare. Standards of work would have to be high otherwise benefits would be ended. The privatised cleaning contracts should be ended and existing cleaners could become supervisors. Disabled benefit claimants would be found employment such as in workshops producing equipment for the NHS.

*(Workfare could also be used to provide personnel for the other industries like the Railways? Selected companies could purchase workfare labour from the state.)*

### **An immediate end to discrimination of treatment in the NHS**

All discrimination of treatment in the NHS on the grounds of disability i.e. Downs Syndrome and age i.e. over 70s must be made illegal and against the law of the land. All discrimination is quite wrong. Those who suffer it are usually least equipped to fight back. People over 70 may have contributed more to the upkeep of the NHS than younger people. The way we look after those with Downs Syndrome is a good indication of the civilised nature (or not) of our society.

### **Aspirin**

Every home, shop and public building would be required to have an up to date bottle of Aspirin, with simple instructions when to use them. People would know that if they suffered chest pains they could find aspirin easily and this could be very helpful medically.

### **Medical aid**

***We should play a leading role in providing medical care for the rest of the world. Doctors might serve abroad on a voluntary basis.*** Reconditioned equipment might be given to other countries. We should build massive factories to mass-produce medicines for the entire world, at a peppercorn cost met by our country. In my view racism extends to our failure to stop the massive suffering in other countries. We should be honest with ourselves that to some extent some counties are not helped because of the colour of their skin as well as our lack of a 'World Vision'.

### **#Royal Commission on Medical and Gene Patents**

We should set up Royal Commission to debate how much we can allow companies to charge for for medicines. In theory a corporation holding patents on medicines or genes could blackmail a society into paying large sums of money before treatment can occur. ***We must for example not allow any company to ever charge us more for a drug than they would for another first world country.*** The Royal Commission should discuss whether it is permissible for a country to cancel or place restrictions on a patent in the national interest.

***The Greeks believed that knowledge already exists waiting to be discovered. Is it right that the first 'explorer' on the scene can hold the rest of mankind to ransom? In effect levying a form of 'danegeld' from a society in return for the use of discovered treatments or medicines.***

### **#The Future: What we might aspire to:**

- **We should expect to be able to provide the best health care in the world (not half way in the 'league') and**

lead breakthroughs in new treatments.

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- Patients with life threatening illnesses must be fast-tracked for immediate healthcare.
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- The best doctors in the NHS must be used to treat the more serious conditions. Not carry out easier treatments in the private sector to earn the salary they should already enjoy.
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- People needing treatment to return to work quickly should be fast-tracked.
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- All NHS workers and their families should be fast-tracked in terms of treatment.
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- We should provide centres of excellence and treat the whole person. Funded in the ways described.
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- In the long run a large increase in research budgets will lead to savings in the health service. (As well as giving today's sick people hope, which can be beneficial in it).
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- One day the original idea that health care costs would come down as the population becomes healthier may be realised. If we could cure cancers and killers such as AIDs, develop regenerative treatments for spinal injuries large savings can be made.
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- In the future more resources may be needed for care of the elderly so it is worth considering whether there are ways of first reducing illness among the general population, i.e. reducing smoking and obesity, always looking for the 'knock out blow' for any illness. i.e. a vaccine for HIV.
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- We should ring fence some resources for the 'quick cure' field of medicine.
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- We should set ambitious targets and aspire to be the best in the world in developing new medical treatments.
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- We should be confident that if we apply ourselves with sufficient determination these goals are achievable.
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- A properly funded NHS can be not only a national asset but also a world resource. Lets go for it!

Bob Goodall

