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“Defining Mutuality; its place in todays society” Ref 2/26.7.01

Developing our Mutual Health Service

A discussion document. We very much welcome feedback on this document. Please email your comments to mutuality@hotmail.com

“A mutual organisation is one owned by its members and run for the benefit of its members. People need to realise that Mutual Building Societies are part of the Personal Finance arm of what is 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 has issued a discussion document on the future of arguably the most important mutual organisation in the country”**

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

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

#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 in fact most people would prefer the money spent on the NHS. Taxability limits the total amount of tax that can be levied on the population.

#How to achieve this: a sense of “ownership” is urgently needed

We should all be required to have specific national health insurance. This would give us a sense of responsibility and more importantly the feeling of “ownership”. This is vital for the well-being of the NHS. People are quite

happy to have insurance policies to protect cars, homes etc. The policy would be paid for by the Government for those on low incomes. A central committee and council of doctors would estimate how much their various professions needed and set the insurance policy accordingly -free of political restraints. Visitors to this country would have to take out a specially controlled insurance policy to prevent us been 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 reach 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 type of citizen and their number 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 speciality in each region would be unnecessary.*** It would all be done with percentages. A large amount of NHS funds could be spent on actual healthcare rather than on administrative costs.

<i>For example</i>	Weighting	
Cancer treatment	20% of total budget	20B
Heart disease	15% " "	15B
Maternity services	15% " "	15B
General Surgery	10%	10B
Other	40% " "	40B

B= Health Budget divided by 100

General Surgery 10% of total budget

This is 10 multiplied by B =£C

each head of population would generate UK population divided by C

General Surgery budget for an example area

Age	Weighting	Number in area	Budget
1-20	2 points	x 10,000	xC = +
20-40	2 points	x 20,000	xC = +
40-60	2 points	x 20,000	xC = +
60+	4 points	x 15,000	xC = +

Total £million

When calculating an areas budget it would be calculated according to the type of medical service multiplied by the age profiles of the area.

#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 a professional 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 deperate 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 that dept should be automatically reimbursed by the Government.

#Family Doctors given resources to match their workload

All surgeries should be linked by email to the central council of doctors. Information would be automatically emailed to the council of doctors on a regular basis. 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 *immediately* make more organs available

Many refuse to allow their organs to be given up for superstitious reasons. *ie ‘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.

This system would quickly bring people to their senses and make them think very carefully before refusing to donate their organs. 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 put the fears of the public at rest.

#Hypothecated tax funding for the NHS

“That which causes a cost to the NHS, pays for it”

Ringfenced taxes ie from cigarettes and other dangerous products would go straight to the NHS based on the amount of medical care the products lead to. Built in would be a 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 such as the need for a/e depts. Safer cars ie Volvos would carry less tax (in proportion to their safety). 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 pay.

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 an 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.

Different rates of personal taxation for different professions

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

All NHS staff would be eligible for immediate local authority housing when they work for the service. If housing association properties was used the rent level would be no higher than those of local authority housing with a subsidy from the Health Insurance budget. *(The most efficient way to do this would be for the Government to increase start up grants for new Housing Association schemes back 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 of a lower Housing Benefit bill. 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, converting local authorities housing depts into Charitable housing associations, where the charitable status prevents the purchase of stock. Exacting standards of behaviour could be required from existing tenants, For example if a member of a household committed a criminal offence, harrassed 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 be made 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 ie 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 diaticians, 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

Many more specialists in back problems are needed. Currently patients do not know who to believe when it comes to treatment for their backs. Osteopaths, Chiropractors, Physiotherapists all have their different slant 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, chiropractice, osteopathy etc which it seems to have abandoned and where patients have increasingly been forced to go to the private sector to get treatment.

Private Therapists & Medicine in the Private Sector

This country is awash with Private therapists, counsellors, hypnotists often encouraging an unhealthy self-indulgent attitude to problems. Often seen by particularly vulnerable people. To repeat a quotation; “a drowning man will often clutch at a snake”. Private Therapists and the like set their own often exorbitant rates paid for by (often) on low incomes if they are off work sick. This in itself is unhealthy. Sometimes the therapist has more problems than their client but have a svengali hold over their prey. They set the charge, 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 incentive to keep the treatment going as long as possible. The NHS need to be more involved than it is at present.

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 someones mind or feelings with the minimum of qualifications. When such people treat someone they must do so part of a treatment team headed or supervised by the family doctor and local health centres. (some considered exceptions might be made to treatment control by the NHS). Extra resources would be given to the local health centres and doctors and lower caseloads given to them to allow for this extra work.

Rates of pay and terms of employment and the treatment of patients for all remaining Private alternative medical practioners allowed to practice should

be laid down and policed by the NHS.

Psychological scening of health professionals

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

Ethical examinations

Perhaps doctors need to sit 'ethical values' examinations?

Mentoring to replace the social work culture

Today's society needs Mentors, Life Coaches, Role Models and Personal Trainers. The concept of the 'social worker' is outdated and should be replaced by sound balanced 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, the media to name a few examples. To show the vulnerable what the brighter side of the world is. What they might aspire to. Moving 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 their annual leave.

#Mutual funds for local healthcare

Local communities should be encouraged to provide extra resources for their medical services. Mutual funds should be established to assist with this.

Paying to see a GP not recommended

We suggest that it would not be helpful for patients to pay a nominal sum ie £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 stretched 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 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 Railways which will soon hopefully be renationalised. 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 ie Downs Syndrome and age ie 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 must 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 all of the 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 countries 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 far we can allow companies to charge 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 annul 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 should 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. Patients with life threatening illnesses must be fast-tracked for immediate healthcare. The best doctors in the NHS must be used to treat the more serious conditions. Not wasting their talents and skills by carrying out easier treatments in the private sector to earn the salary they should already enjoy.

People needing treatment to return to work quickly should be fast tracked. All NHS workers and their families should be fast tracked in terms of treatment.

We should provide centres of excellence and deal with the whole person funded in the way described. In the long run research will not only give people hope but also lead to financial savings. One day the original idea that health care costs would come down as the population becomes more healthy may be realised. If we could cure cancers and killers such as AIDs,

develop regenerative treatments for spinal injuries large savings would be made. In the future more resources will be needed for care of the elderly so it is worth considering whether there are ways of first reducing illness among the general population, ie reducing smoking and obesity and then keep looking for the 'knock out blow' for any illness. ie a vaccine for HIV. We should divert some resources for the 'quick cure' field of medicine.

We should set ambitious targets and aspire to be the best in the world in developing new medical treatments. If we work hard enough to achieve certain goals I'm sure we can achieve them. A properly funded NHS can be not only a national asset but a world resource. Lets go for it!

“The development of Mutuality can hugely benefit our community in many different ways. The threat to mutuality -Carpetbagging ie helping yourself to a grossly disproportionate share of something built up by countless generations for purely selfish reasons is symptomatic of the rot and moral decline of this nation. One way of reversing this decline is to rediscover and develop the ethos of mutual self-help and bury the notion of carpetbagging....for good.”

Bob Goodall 26.7.01

