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## The Treasury's Black Sheep - The NHS

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In 130 pages of the Autumn Statement the Chancellor covered, as he was right to do, every major public sector programme: but there was one significant omission. A programme which now costs 8% of GDP - the National Health Service. Apart from the commitment to ring-fencing there was no single line in the whole report dedicated to the NHS. The omission implies that the health spend is simply a rescue programme together with a form of consumption. But it surely has a positive economic role and it will continue to be the black sheep of the Treasury's public sector until this role is defined and acted on.

The omission is a loss to patients and citizens. It means that the NHS has failed to develop an occupational health role and to make a contribution to the key problem facing so many people of how to stay in work. At present 18% of the adult working age population are out of the workforce permanently and another 7% are unemployed. This is the great health divide. Long term medical conditions affect those out of the workforce so that within a few years levels of disability are 50%. They are also far too often in a spiral of decline by which inactivity leads to worsening of health, poor diet and low activity. There is a great deal of misery and wasted human potential as well as higher mortality. If policy makers are serious about health inequality they have got to make a priority of assistance back into the workforce.

For a time there was an experiment with fit notes rather than sickness notes so as that GPs could point up the positives rather than signing people off into an option which guaranteed declining health for many. Now we have a parallel health service under contract with the Department for Work and Pensions which runs medical examinations and has limited access to the rehabilitation services run by the NHS.

The NHS should figure highly in the Treasury Green Book on costs and benefits if it reduces disease burdens. There is a major burden in increased welfare payments and loss of output. If the inactivity rate were the same across the UK as in the South East - around 9% - the net gain to the public sector would be £100billion in reduced support payments and increased tax revenues.

NHS England could give a lead in special investment programmes starting in the North West where there is a very positive economic upturn and in London where there is a paradox of a boom economy with very high inactivity. The programme could include counselling and a special 12 week back to work rehab programme. There could then be a follow up in the North East, Yorkshire and the Midlands. Eastern England and the South East already have higher rates of activity.

The NHS has already had success in reducing one massive social burden through a 30% reduction in teenage pregnancies. This was done through an integrated approach across pharmacists, education and health services. These new back to work programmes could be part of the special drive towards integration. GPs now have more power through the Clinical Commissioning Groups. They should use this to commission new programmes.

The shift in focus to long term conditions means that the NHS is going to be a quality of life programme as well as one with the aim of reducing mortality. It is time that it helped citizens to benefit from the economic upturn.

*Professor Nick Bosanquet, Emeritus Professor of Health Policy Imperial College, and Member of the Reform Advisory Board*