

Written by **Raven Clabough** on July 27, 2010

England Plans to Decentralize Healthcare

In a speech given in England on July 1, 2008, then-president of the Institute for Healthcare Improvement David Berwick, who is now Chief of the Centers for Medicare and Medicaid Services (CMS), praised England's National Health Service (NHS), indicating a desire to bring a similar system to the United States. He remarked, "Here, in the NHS, you have historically put primary care — general practice — where it belongs: at the forefront. The NHS is a bridge, it's a towering bridge, between the rhetoric of justice, and the fact of justice."



It seems, however, that England does not agree. Last week, the <u>New York Times</u> reported that England plans to decentralize its healthcare system. The overhaul would be the most radical change to take place since the creation of the program in 1948.

NYT reporter Sarah Lyall writes of the struggles the NHS has encountered since 1948. "Perhaps the only consistent thing about Britain's socialized health care system is that it is in a perpetual state of flux, its structure constantly changing as governments search for the elusive formula that will deliver the best care for the cheapest price while costs and demand escalate."

Finally coming to terms with the impossibility of maintaining central control over something as important as healthcare, the plan, which is not entirely hammered out, is to remove control of the \$160 billion health budget from the government and return it to local doctors.

Ideally, the plan will save \$30 billion by 2014 and "reduce administrative costs by 45 percent," explains Lyall. Likewise, the shrinking of the bureaucracy will result in the loss of thousands of jobs.

In a statement given by the British government outlining the plan for decentralization, the government admitted, "The current architecture of the health system has developed piecemeal, involves duplication and is unwieldy. Liberating the NHS, and putting power in the hands of patients and clinicians means we will be able to effect a radical simplification, and remove layers of management."

The decision to decentralize the NHS could not have come soon enough. In a July 9 <u>TNA article</u> written by Joe Wolverton, he addressed Berwick's praise of England's healthcare system and pointed to the inconsistencies between what Berwick said and what is true of the NHS: "That is an interesting endorsement considering that according to a recent study published in the respected medical journal *Lancet Oncology*, the five-year cancer survival rate in England is 45 percent compared with 66 percent in the United States. The difference when taking only women into account is 53 percent in England, 63 percent in the United States."

Likewise, I wrote an article on April 2 entitled "<u>England's Version of Obamacare</u>," which discussed some of the horror stories involving the NHS, including a man dying of thirst in an English hospital.

Smallgovtimes.com also addressed the cuts the NHS has had to make over the years in order to save money. Neal Boortz wrote:

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* Restrictions on some of the most basic and common operations, including hip and knee replacements, cataract surgery and orthodontic procedures.

* Plans to cut hundreds of thousands of pounds from budgets for the terminally ill, with dying cancer patients to be told to manage their own symptoms if their condition worsens at evenings or weekends. * The closure of nursing homes for the elderly.

* A reduction in acute hospital beds, including those for the mentally ill, with targets to discourage GPs from sending patients to hospitals and reduce the number of people using accident and emergency departments.

* Tighter rationing of NHS funding for IVF treatment, and for surgery for obesity.

* Thousands of job losses at NHS hospitals, including 500 staff to go at a trust where cancer patients recently suffered delays in diagnosis and treatment because of staff shortages.

* Cost-cutting programs in pediatric and maternity services, care of the elderly and services that provide respite breaks to long-term careers.

Clearly, the NHS had not earned any bragging rights.

An English Gallup poll published just today in the *Daily Mail* indicates that the public are unhappy with the NHS. "Four out of 10 people believe the NHS is 'getting worse', and the same figure would prefer to go private if they could.... And the number of people who think the NHS has been a failure has doubled since 1997."

Despite these figures, however, many appear skeptical at the plan to place control of healthcare with general practitioners. Lyall writes, "Many critics say that the plans are far too ambitious, particularly in the short period of time allotted, and they doubt that general practitioners are the right people to decide how the health care budget should be spent. Currently, the 150 primary care trusts make most of those decisions. Under the proposals, general practitioners would band together in regional consortia to buy services from hospitals and other providers."

General practitioners disagree. Dr. Richard Vautrey says that under the current system, there were "far too many bureaucratic hurdles to leap" and that "the communication between G.P.'s and consultants in hospitals has become fragmented and distant."

Others are concerned that the proposed changes would affect patient care and cut the healthcare budget, despite assertions from the government that neither will happen.

John Bowis, former U.K. Minister of Health, notes the positive effects of decentralizing healthcare, emphasizing the importance of "patients to be partners in managing their care."

The *National Review* notes the irony in England's recognition of "the importance of the doctor-patient relationship just as the United States is taking a sharp left turn toward more centralized government control over healthcare."

Grace-Marie Turner of the National Review writes, "Is the world turning upside down?"

Maybe not. Wisconsin's Republican Representative Paul Ryan recently indicated at a Galen Institute conference that Obamacare "will not stand."



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