

# Be careful what you wish for... an alternative history of the NHS

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In 2022, when the Covid pandemic finally blew over, the National Health Service, as it was then known, began to pick up the threads of delayed operations. Family medicine, that cornerstone of the 75-year-old service, and the powerful referral gate for negotiating priorities had all but been replaced by call centres and on-line advice. The wisdom of the time was that it was not reasonable simply to carry on operating using the waiting list that had existed when elective surgery ceased in April 2020. There would clearly be patients whose condition had worsened faster than others, and those whose circumstances put them at greater risk than others if surgery were delayed any further. It was not difficult to identify the sort of patients most at risk. Nor was it a surprise when the neighbourhoods from which these patients came were identified – the link between danger of delay and poverty was established and with this knowledge an active policy of 'fast tracking' patients from these neighbourhoods was implemented.

History records that the consequences were unexpected. In the absence of a 'means test' to see whether patients satisfied criteria for them to be fast tracked to surgery, or with no reliable intelligence about clinical need from the general practice surgeries, individuals were stratified for the risk of deprivation by postcode. It didn't take long before a few clinicians wondered what was happening to their control of their own waiting lists, and a few patients started to ask questions of their own waiting times. Once the code was broken, and it only took a bit of idle gossip from a member of the waiting list office to a surgeon friend who used to visit her office to pick up extra work, the 'postcode lottery' became a winner. Houses in these postcodes were bought up, used by more affluent people as surrogate home addresses or bought by landlords who rented them as 'homes of convenience' to people desperate for surgery. Within a matter of months, the private rented housing stock was taken up and the average cost of a home in these 'deprived' neighbourhoods rocketed.

The ones for whom the policy was originally designed still got their surgery, of course, because the comorbidities

which made them a worse risk than their more affluent new neighbours were unabated. Indeed, once it became public knowledge that an admission policy was targeting those with risk factors, there was a disincentive to get 'fit' for surgery. Tobacco and alcohol consumption actually increased – even though pubs in the neighbourhoods had been eclipsed by wine bars and the fast-food outlets by bistros – in a perverse twist of logic and belief that persistence of risky behaviour would expedite surgery.

For those who were not quick enough or were reluctant to move their money and possessions to a place where they never had any desire to live, there really was only one solution, and their surgeons encouraged them. There was a healthy private practice option. You could not insure for a pre-existing condition of course, but the cost of a paying for major joint replacement was equivalent to moving to the other end of town – without losing the choice of the good school. For another group of patients, there was the company health scheme, which had privileged access to hospital care through contracts which blossomed in the new world. Large monopoly employers, such as the armaments manufacturers in corners of the North West, signed large contracts with local hospitals to ensure the health of their own employees and their families. In return for their money the hospitals offered board positions to nominees of the industry.

The great 'levelling up' of the 2020s did not take an Act of Parliament or a radical redistribution of resources. The policy of the health care postcode lottery put up house prices and levelled the average prosperity across the boroughs. The Government managed to kill two birds with one stone without making much effort or fuss: the housing market and the money to be made from rentals dispersed the inhabitants of what were once known as Red Walls. The Government, as it explained at the subsequent general election, had delivered on its promise to keep the NHS free at the point of delivery.

## THE BICENTENNIAL/ANNUAL LMMBC DINNER HELD ON 7TH OCTOBER

