

Who is killing the NHS?

By John Kapp, 22, Saxon Rd Hove BN3 4LE, johnkapp@btinternet.com, 01273 417997.

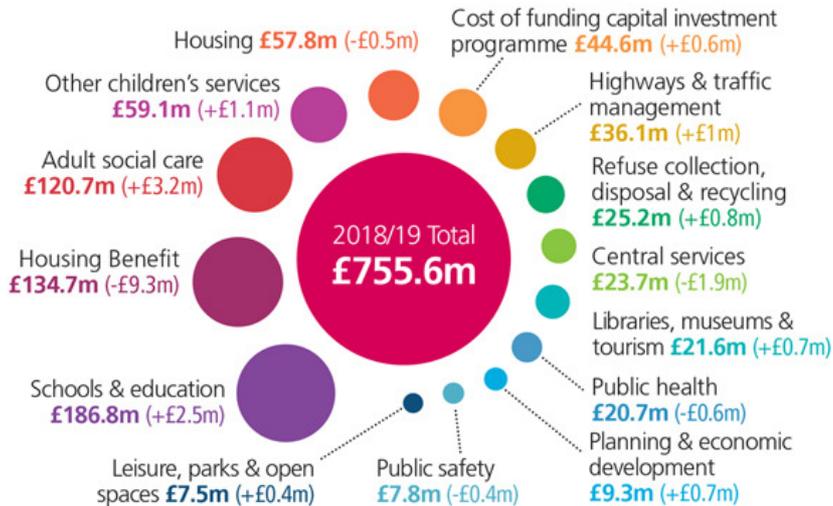
'Kill Lansley's bill before it kills the NHS' were the chilling wording on car stickers in 2011 from Andy Burnham when he was shadow health secretary. Something is certainly killing the NHS, but it isn't the Health and Social Care Act (HSCA) 2012, but the vested interests in the drug companies and the unions who have successfully subverted Parliament's intentions for the last 6 years. The purpose of the HSCA was to liberate the NHS by empowering GPs to commission NICE recommended treatments that work for patients, (such as talking therapies) and decommission those that don't, (such as antidepressants and antipsychotics). However, these vested interests have increasingly enslaved GPs to be their pill pushers, who in 2015/16 were forced to hit the jackpot of 1 bn monthly prescriptions annually, most against NICE guidelines, and the advice in patient information leaflets. Half the population are now on 3 drugs continuously, 2 to counteract the side effects of the first, but their toxicity is generally doing more harm than good, as proved by a study by Public Health a decade ago for the 60th anniversary showing that our nation was healthiest in 1944 when hardly any drugs were available. Their addictive side effects makes users into Long Term Patients, who keep coming back in a revolving door, overwhelming primary care. GPs were called to heal the sick, not poison those with low mood. As the main gatekeepers, they are killing the NHS by leaving in droves, thereby forcing the culture change that Jeremy Hunt keeps requesting. This is the inconvenient truth about their exodus, but it is an 'elephant in the room', as they feel too guilty, ashamed, and betrayed by being conned by a 'pill for every ill' to talk openly.

The HSCA also devolved two thirds of the total health budget (now over £70 bnpa) to the Health and Wellbeing Boards (HWBs) of local councils to fill the democratic deficit and enable the integration of health and social care. However, this objective has also been subverted, as can plainly be seen on the leaflets distributed to every household with their annual council tax statements in April. The breakdown of the budget for the forthcoming year is declared, but the health budget devolved to the Clinical Commissioning Groups (CCGs) has not been included for any of the last 6 years. For example, my leaflet in Brighton and Hove is reproduced in figure 1 (www.brighton-hove.gov.uk/budget/cost_of_our_services/).

FIGURE 1 BREAKDOWN OF BRIGHTON AND HOVE CITY COUNCIL'S BUDGET 2018/19

Services provided

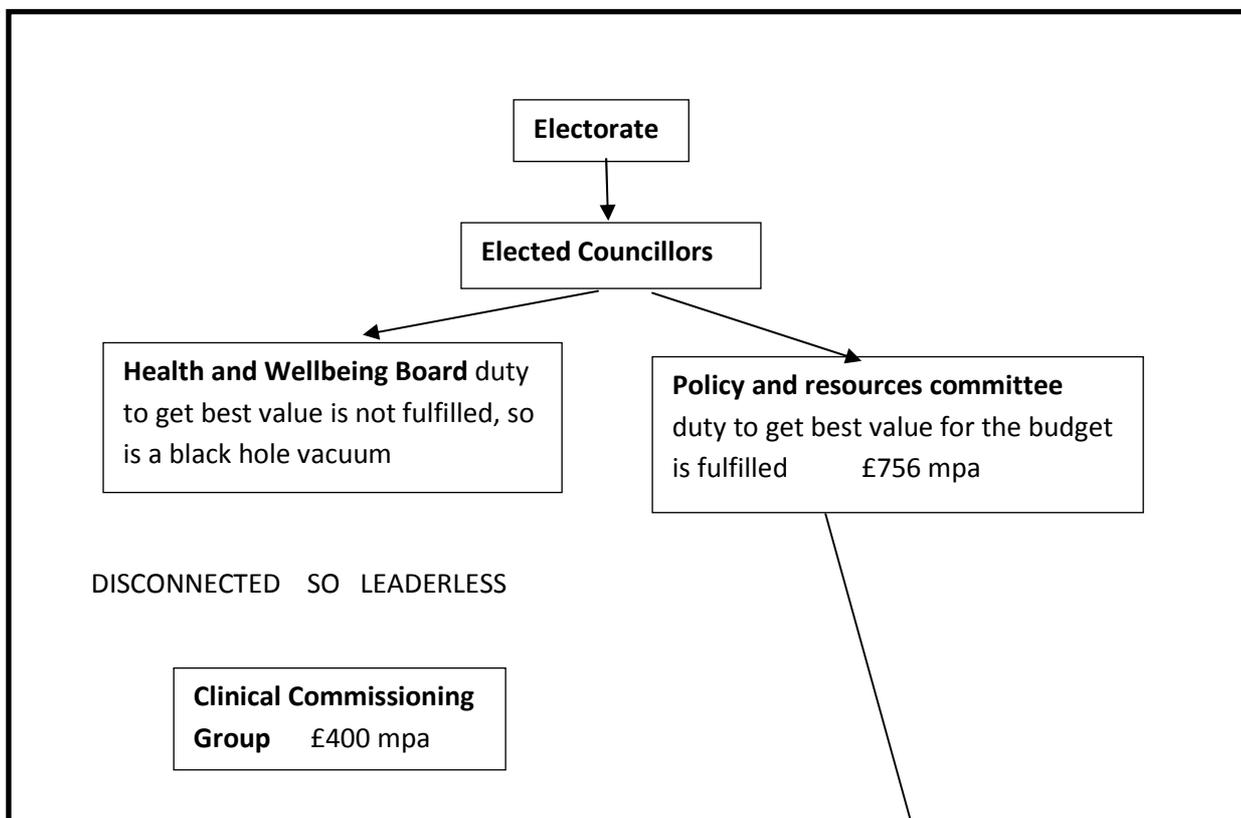
(figures in brackets show the change from 2017-18)

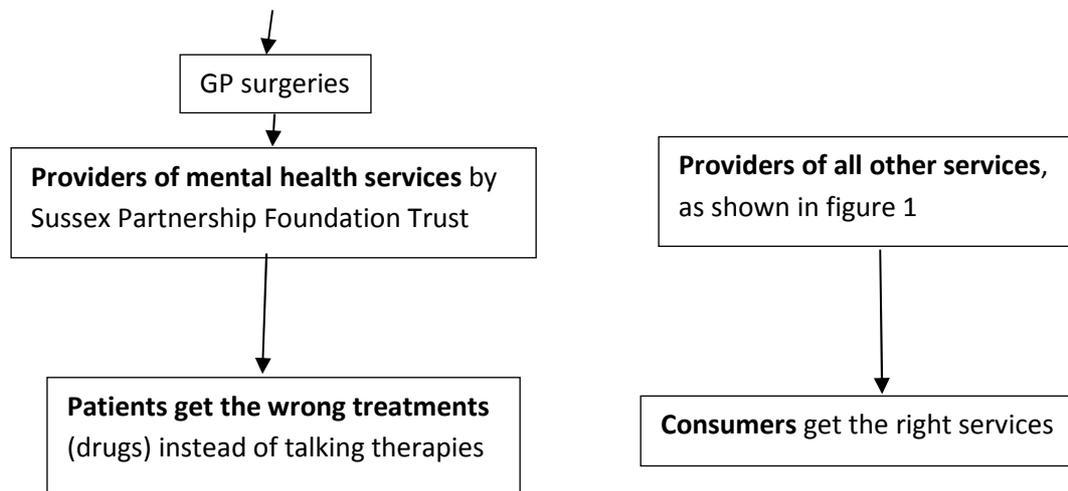


This shows my budget total for 2018/19 as £756 mpa, and also mentions: 'In 2018/19 £330 million is funded by government grants ring fenced for schools, housing benefit and public health. £52 million comes from housing rents, including housing benefit rent rebates, and is ring fenced for council housing'. However, it fails to mention the £400 mpa allocation to my CCG, so the true total budget is half as big again at £1,156 mpa. As a former councillor, I have been blowing the whistle on this repeatedly for years, including to the legal team. However, they have followed blindly what every other council does, which is to be in **denial** of receipt of all 220 CCGs budgets, having flushed them away into a £70 bnpa black hole. These leaflets are incontrovertible evidence of a scandalous **conspiracy**, that has gone on for 6 years which needs to be exposed and urgently remedied.

As Andy Burnham remarked in Nov 2013 (reported in the Health Service Journal) Parliament intended the CCGs to be the executive arms of the HWBs, so delegated to the HWBs the statutory duty for political leadership and directing the wise spending of this £70 bnpa on the latest NICE recommended treatments for patients. However, they are not fulfilling that duty, so this responsibility has also disappeared into the black hole, as shown as a **disconnect** on figure 2.

FIGURE 2 DIAGRAM SHOWING THE BLACK HOLE OF UNFULFILLED DUTY OF POLITICAL LEADERSHIP DISCONNECTING HWBs FROM CCGs





This disconnect leaves CCGs politically leaderless, which paralyzes them and prevents GPs from doing their job of clinical commissioning, giving them further justification for voting with their feet. Yet these same councillors who have been subverted to neglect their statutory duty over the £70 bnpa in their black hole, have also been manipulated to join the chorus calling on Jeremy Hunt to give them more money to solve the crisis, having conveniently forgotten that it is already in their bank account, waiting for them to draw cheques for psycho-social education, rather than drugs, which could save £7 for every £1 invested.

Everyone knows that street drugs are dangerous, but so is medication. In 2006, health secretary Patricia Hewitt tried to end the Prozac nation by launching the Improving Access to Psychological Therapies (IAPT) programme. Then antidepressant prescribing was 30 million monthly prescriptions annually, showing that 2.5 million were on them. Now IAPT treats 300,000 annually with good recovery rates of over 50%, but this hasn't stopped antidepressant prescribing rising at 8% pa, and are now taken by 6 million (1 in 10) which is 20 times more patients than IAPT treats. The shocking truth is that most of these 'treatments' are **not** evidence based, as they are against NICE guidelines, which say that talking therapies should be given for mild to moderate depression. This scandal has created an additional 3.5 million long term 'depressed' patients who are now overwhelming primary care (Patmore 2018). The World Health Organisation predicts that depression will soon become the greatest disease burden for all humanity. However, there is now overwhelming evidence that these drugs are actually **causing** the epidemic of depression through fake marketing, and the United Nations has called for a world wide revolution against them. (Puras 2017)

The Marmot report 2010 exposed the scandal that the rich suffer long term conditions 18 years later and die 9 years later than the poor. Parliament intended to reduce these health inequalities by passing section 75 of the HSCA, which was supposed to open up the market to Any Willing Qualified Provider, including Complementary and Alternative Medicine (CAM, such as yoga classes and social prescribing) by licencing providers. However, this has still not happened, and health inequalities have intensified because of the above failures. The Better Care Fund 2013 legislation called for Community Care Centres to treat the most vulnerable patients, personified as Rachel (65, depressed and in sheltered accommodation) and Dave (40, alcoholic and homeless). Funding started in 2015/16 at £3.8 bnpa, and is now £5.8 bnpa. However, no Rachel or Dave has been treated in Brighton and Hove, or anywhere else, to my knowledge, yet another scandal to add to the casualty list of this conspiracy.

What is the solution? Councillors on HWBs should take statutory responsibility for wise spending of the budget of their CCGs, and ensure that they are included in next year's leaflets. They should adopt a policy of **medication to meditation**, commissioning far more IAPT talking therapies and psycho education courses, and decommissioning harmful drugs. They should include meditation, as the NICE recommended Mindfulness Based Cognitive Therapy (MBCT) 8 week course is 100 times more cost effective than 1 to 1 CBT. These interventions should be provided in

Community Care Centres near GP surgeries, open 24/7 as mental A&Es, run by licenced providers recruited from the private, community and voluntary sectors, as described in papers published on section 9 of www.reginaldkapp.org. This action would give political leadership to the paralysed CCGs, empower GPs to return to an honourable profession, cure the epidemic of depression, and end the crisis in the NHS.

References

Patmore 2018 'Overdosed. Our dangerous dependency on antidepressants'. By Angela Patmore, Spectator 24.3.18.

Puras 2017 report on human rights to UN dated 6.6.17 by Dr Dairius Puras.

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