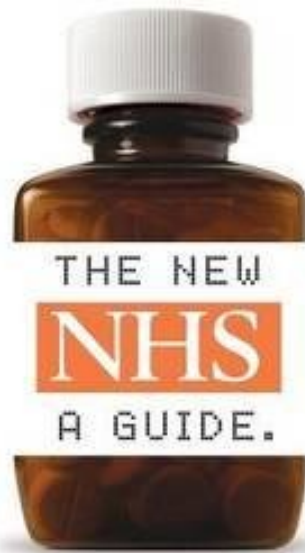


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The New NHS: A Guide

Alison Talbot-Smith, Allyson M. Pollock
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Alison Talbot-Smith and Allyson M. Pollock



"Alison Talbot-Smith and Allyson Pollock are to be congratulated for bringing clarity into an extremely confusing situation."

Martin McKee
Professor of European Public Health,
London School of Hygiene and Tropical Medicine

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Alison Talbot-Smith, Allyson M. Pollock : The New NHS: A Guide before purchasing it in order to gage whether or not it would be worth my time, and all praised The New NHS: A Guide:

1 of 1 people found the following review helpful. Brilliant survey of what Labour is doing to the NHSBy William PodmoreOur National Health Service used to plan and fund to meet patient needs, providing free and fair access for all. But things are very different now, as Dr Alison Talbot-Smith, a specialist registrar in respiratory medicine, and Professor Allyson Pollock, head of the Centre for International Public Health Policy at the University of Edinburgh,

explain in this excellent book. They have provided a careful and scholarly survey of the NHS's current workings. It follows Professor Pollock's *NHS plc: the privatisation of our health care* (Verso, 2004), in which she destroyed the government's rationales for its anti-NHS policy. They write, "The NHS is being radically transformed. It was originally conceived and built up as a tax-funded, centrally-planned, publicly-owned and accountable service, available everywhere to everyone equally, like schools or police services. The new NHS is to be a market, in which patients choose particular hospitals or clinics and in which doctors and hospitals compete for business, both with each other and with for-profit healthcare corporations." Until 2000, the government claimed that it would not privatise clinical services but The NHS Plan of 2000 proved this to be a lie. The NHS was to become a holding company, 'franchising' health services out to various providers. The government has destroyed the mechanisms for ensuring greater equity of resource allocation and service distribution. Privatisation means extra costs: setting up new bodies to regulate, monitor, inspect and audit; marketing services to attract patients; billing and invoicing; paying huge fees to unnecessary management consultants and lawyers; and, for the private providers, the overriding imperative of paying dividends. For example, surgery performed in private hospitals costs 40% more than in NHS hospitals, because of higher costs and the need to return a profit to the shareholders. The government imposed external regulation on the health professions, reducing the roles of the professions' own bodies. New contracts for GPs and consultants give the government more powers over how doctors work. The government's Medical Training Application Service for junior doctors is a disaster. The government has also tried to impose more 'flexibility' on all NHS staff's conditions. But the government has succeeded in one area - it has created 70% more managers. Public trust in NHS workers' service ethos is being replaced by litigiousness, fostered by private law and legally binding contracts. Most of the increased amounts of public money that the government boasts about putting into the NHS go straight through the NHS and out the other side to private companies. The total value of PFI-financed hospital schemes approved by the Labour government is £17 billion. PFI accounts for 98% (by value) of building schemes in the NHS hospital and community health services. Private borrowing is dearer, but the public sector runs the risks. In 2004, Labour lifted the ceiling on health administration costs, which had already doubled, cutting clinical care budgets so that there are fewer beds in PFI hospitals. PFI's spiralling costs and corruptions are obvious to everyone but the scheme's godfather, Gordon Brown. Many NHS trusts have large financial deficits, causing them to suspend or delay treatment or even close services. Community hospitals are being closed; there are major cuts in mental health services, palliative care, pain relief and speech and occupational therapy services. And now Brown proclaims that he wants to end all district general hospitals! Labour has forced local authorities to divest themselves of all their social service assets, including long-term care for the elderly, ending equal access to equal quality of care for older people. Much social care and long-term care is now charged for. All these cuts are worsening health inequalities. Patients' entitlements to NHS care are being curtailed. The NHS no longer provides comprehensive care. 'User fees', 'top-up fees', 'co-payments' and vouchers are undermining the NHS's goals. 'Choice' of service provider swiftly becomes 'choice' of level of service, a choice determined by ability to pay, not by need. Labour's 'reforms' are not producing a better or more cost-effective NHS. As the authors note, "The outsourcing of ancillary services, like hospital cleaning and catering, has yet to provide evidence that the profit motive leads to better service, or lower costs." In sum, Labour is destroying our National Health Service, one of Britain's greatest achievements.

Dr Alison Talbot-Smith, an experienced doctor and researcher, and Professor Allyson M. Pollock, one of the UK's leading authorities on the NHS, give a lucid and incisive account of the new NHS - which has emerged from a far-reaching programme of market-oriented changes. Providing an authoritative and accessible overview of the new NHS, the book describes: the structures and functions of the new organizations in each of the devolved countries the funding of NHS services, education, training and research and resource allocation the regulation of the new NHS systems and workforce the relationships between the NHS, the Department of Health, local authorities and regulatory bodies, and between the NHS and the private sector the future implications of current policies. This is an indispensable resource for those working in healthcare today as clinicians, academics, researchers and managers. It will also be essential reading for academics, students, and researchers in related fields, as well as the general public.

'The British National Health Service is undergoing unprecedented change. Disconnected policies are being developed at breakneck speed; Alison Talbot-Smith and Allyson Pollock are to be congratulated for bringing some clarity into this otherwise extremely confusing situation.' - Martin McKee, London School of Hygiene and Tropical Medicine
'Talbot-Smith and Pollock do an admirable job in view of the difficulty of keeping up to date in such a volatile policy environment.' - *bmj.com*
'This guide is easy to read and objective. One of the authors, Allyson Pollock, is well known for her recent publication *NHS plc - looking at the social, economic and political effects of changes in healthcare policy*. This book approaches the issues in the NHS from a different tack.' - *Nursing Standard*
Another blockbuster from Allyson Pollock - Paul Walker, *Health Matters*
Having worked in the NHS from 1965 to 1993 I felt that I was fully conversant with its workings - but no longer. Like Martin McKee (quoted on the jacket) I am confused by its growing complexity and wondering whether anyone - including those at the top really comprehends it but clearly the

authors of this book do -nbsp; and that is why its so valuable. Paul Walker - HealthmattersAbout the AuthorDr Alison Talbot-Smith first trained in Public Health medicine, working for the NHS in London and researching at UCL. She has recently returned to clinical medicine as a specialist registrar in respiratory medicine. Professor Allyson Pollock is Head of the Centre for International Public Health Policy at the University of Edinburgh and Honorary Professor at UCL. She was until recently Director of Research Development at UCL Hospitals NHS Trust. She trained in medicine in Scotland and public health in London.