

NHS Birthday Briefing 2011

Introduction

Nearly 60,000 UNISON members work in NHS Scotland. Along with many more in local government and the voluntary sector, they are key and committed players in the teams delivering the nation's health. All of our 160,000 members, their families and their communities benefit from the public health ethos of the NHS. UNISON is proud of our NHS – we care passionately about the future of the NHS as a publicly funded service, free at the point of delivery. Here we give a brief summary of some of the achievements of the NHS and the challenges facing it.

63 years of service

The National Health Service in Scotland was established on 5 July 1948 – the same appointed day as the NHS in England and NHS Wales – by the postwar Labour Minister of Health and Housing Aneurin Bevan. Bevan fought opposition from vested interests including the BMA to introduce the bills which founded the NHS on three essential principles which endure to this day: services would be provided free at the point of use; the NHS would be financed from central taxation; and everyone would be eligible for care.

Bevan had high hopes for the new service:

“When it is carried out, it will place this country in the forefront of all countries of the world in medical services...I believe it will lift the shadow from millions of homes. It will keep very many people alive who might otherwise be dead. It will relieve suffering. It will produce higher standards for the medical profession. It will be a great contribution towards the wellbeing of the common people of Great Britain.” (Aneurin Bevan, speech on second reading of the NHS Bill.)

The NHS is truly a ‘cradle to grave’ service, and has been a key factor in lengthening the time between the beginning and the end of life. Average life expectancy in Scotland in 1948 was 64 for men and 69 for women. In 2010, the average for men was 75 and for women 80.

It has been at the forefront of innovation in healthcare too, pioneering advances in medical treatment, surgery and imaging. In the fifties Professor Ian Donald and colleagues at the Glasgow Royal Maternity Hospital developed ultrasound scanning for unborn babies. The first kidney transplant in the UK took place at Edinburgh Royal Infirmary in 1960.

NHS in operation

The NHS in Scotland works on a partnership based model – rather than the competitive model used in the NHS in England – with market mechanisms (which will be reinforced should the current Health Bill pass). The partnership approach and the desire to move resources from secondary care to community settings have been essential and continuous features of the NHS in Scotland since the start of devolution, regardless of the governing parties in the Scottish Parliament.

KEY POINTS:

- **The NHS has been serving people for 63 years**
- **Scotland's NHS operates on principles of co-operation and partnership. Not competition or market mechanisms**
- **Despite promises of protection the NHS faces a real terms cut in spending over the next few years**
- **Prioritising 'frontline' over 'backroom' staff is a false choice**



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NHS in operation (cont)

Partnership allows for staff involvement in service design and redesign. There is scope for this existing model to be more fully utilised and expanded to help provide an even more fully patient-focused service.

The involvement and participation of staff in this way becomes ever more important during times of contracting budgets, as it is a framework that allows innovative solutions to come from staff who best understand the service.

The Scottish NHS model of co-operation allows for co-ordinated approaches in areas such as procurement. This not only has financial implications but affords scope for other initiatives like cutting workplace carbon emissions.

UNISON has always supported the idea that alongside the “staff voice”, the “patient voice” is also important. We have supported the election of Health Boards and look forward to this initiative being taken forward.

Challenges for the NHS in Scotland

The Scottish Government health budget is due to increase in cash terms – however, in real terms, Scottish Government illustrative budgets indicate this would mean a decrease from £10,772m in 2011-12 to £10,728m in 2014-15. This comes at a time where demographic changes mean an increase in demand in several areas – higher levels of long term conditions, increasing GP visits, and need for acute beds.

The drive to cut costs is already having an impact. Workforce projections for 2010-11 aimed at a loss of 3,790 whole time equivalent posts (2.8%). A no compulsory redundancy agreement is in place and reductions have been managed via a process of voluntary severance and not filling vacancies.

UNISON members have worked hard during this process in order to ensure that impact on patients is minimal – this has included the recasting of job families, and varying the skill mix in different posts. These changes are not without difficulties – not least the pressure on remaining staff to deliver on targets with fewer staff.

Everyone is frontline

It is the constant cry of those who would cut spending on public services that “frontline services will be protected”. In terms of popular discourse on the NHS this ends up meaning nurses and doctors.

The reality is different. Healthcare is delivered by a team, all of whose contributions is necessary. Without domestics, our wards, waiting rooms and surgeries wouldn't be clean. Porters make sure patients and supplies get to where they need to be. Without lab staff, tests wouldn't be done. Without occupational therapists it is difficult to assess the suitability of patients for discharge.

It is a seldom acknowledged fact that two thirds of NHS admin and clerical staff have frequent contact with the public. Describing them as ‘back room’ is wrong literally and metaphorically. Cutting back in areas such as finance or administration merely means devolving the work to those who are more directly involved in the patient journey – and people expect nurses to be nursing – not dealing with paperwork.



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