



CMS Bulletin

Ensuring the NHS delivers rising standards of healthcare

David Cameron outlined the Conservatives' vision for the future of the NHS in a keynote speech in Bolton

How, in a world of rapidly rising health-care cost and demand should we deliver the rising standards of healthcare people expect in the 21st-century within a taxpayer-funded, free-at-the-point-of-use system, in which treatment is provided to all on the basis of need not ability to pay?

We have to make the supply of health-care more efficient and we must also do something about the increase in demand for healthcare. I believe we in this Party have shown that we now have the credentials to achieve both.

Competition

The argument for more competition in the NHS seemed to have been won a long time ago. But the implementation of competition within the NHS has been damagingly unclear and inconsistent.

The NHS and independent sector hospitals were never competing on equal terms. When extra capacity was needed, private providers were waved in – but then pushed out again later on.

Such an unpredictable approach is never going to build the long-term variety of provision – or bring forward the investment – we need.

Only a stable, transparent and pro-competitive framework will attract the independent sector to invest in and expand the capacity of the NHS.

Choice

We in the Conservative Party are unambiguously clear that giving people greater control over their lives is a good thing.

Of course we're not expecting people to choose complicated operations from some medical menu. But we can create a

more user-friendly NHS, where patients have a choice over the doctor they see, and the hospital they're treated in.

Labour undermined the GP relationship with their catastrophic negotiation of the GP contract. We're going to restore the link that was lost by giving GPs the responsibility to manage the entire relationship that a patient has with the NHS.

Outcomes, not targets

Of course the thing that matters most to people when they become injured or ill is what will happen to them whether their pain will be relieved, whether they'll be able to live a normal life – in some cases whether they will live or die.

Outcomes. That is what patients focus on, and that's what the NHS should focus on. It sounds blindingly obvious but it's something the Government seems to have lost sight of.

The imposition of political targets has skewed the focus of the NHS away from what really matters and on to the minutiae of its processes and procedures. By endlessly specifying how the NHS should respond to every situation, the Government has assaulted the professional responsibility and sense of vocation of everyone who works in our health service.

So instead of being obsessed with processes, we will be obsessed with results: the health outcomes that really matter to people.

Public health

These three reforms – more competition, more choice, a focus on outcomes – are all about making the supply of health-care better and more efficient.

But we also need to work on the other side of the cost equation. We need to do all we can to reduce the demand for healthcare – and that means a much more effective approach to public health.

On almost every public health indicator, Britain has gone backwards in recent years. Obesity – up, alcohol abuse – up, drug abuse – up, sexually transmitted infections – up. None of this is inevitable. Other, comparable countries don't have our health problems.

Now our plans to reduce political interference in the day to day running of the NHS will enable us to change the Department for Health into the Department for Public Health with separate public health funding to focus on prevention of illness rather than cure.

That way, money for long-term change won't be siphoned off by short-term demands. It'll be used wherever there is a need for spending on public health, across government departments, at national or local level.

Conclusion

Our health service is crying out for the next stage of change. I believe we have shown that we are the ones to bring about that change, and that we have earned the right to call ourselves the party of the NHS today.

We believe in the NHS. We understand the pressures it faces. And we have a plan to make the changes it needs. So we are the party of the NHS today because we not only back the values of the NHS, we have a vision for the future of the NHS.

Extracts from speech on 20th August 2009



The Chairman's Voice

The Conservative Party Conference in Manchester is very soon and the CMS are holding a fringe entitled "Your

Prescription, who decides? Access to Medicine under a Conservative Government". We have a star studded line up including Mark Simmonds MP, Professor Helen Lester architect of QoF, the method by which GPs are rewarded for reaching quality standards, Hamish Meldrum, Chair of the BMA and Karol Sikora of CancerCare Uk and leading thinker on healthcare provision. I hope you can make it on Monday 5th October at 12.30 pm.

We also have an excellent evening meeting "Whistleblowing: Silence isn't always golden" on 2nd November. Speakers will be Anne Milton MP, PCaW (Public Concern at Work) and Colin Campbell an ex-Chairman of an NHS Trust.

In the autumn and winter we have a lecture series provided by the young professionals section which will include speakers such as Professor Chris Ham and Andrew Lansley MP.

We are also delighted to welcome Bernie Ribero, past President of the Royal College of Surgeons as a new Vice President of the Society.

In regard to policy we are continually providing input to the shadow team and I will pass things on to the team if you wish to email me at chairman@conservativemedicine.org.uk or you can visit our website www.conservativemedicine.org and take part in a survey on healthcare.

We, like all organisations, need fresh ideas, new members and above all funds so please join us if you are not a member. You can contact us via our membership secretary Justine Wilkins at membership@conservativemedicine.org.uk. It is only £40 per year, less for young professionals. If you do belong please do get in touch and make the organisation the voice of Conservative health professionals.

Some of you have asked why we always hold meetings in London. The main reason is that this provides by far the best attendance and it is much more likely that politicians will attend. If you have an idea for a regional meeting and feel like organising it, please do contact me.

You will see that the CMS is an active organisation but it will become a louder voice with your input.

Paul Charlson
Chairman, Conservative Medical Society

The challenge of the Bradley Report

There are more people with mental health problems in prison than ever before. Why does this happen? Where does the system fail these often vulnerable people?

The recent report produced by the Government by Lord Bradley gives a thorough analysis of all the stages of the judicial process where the needs of the mentally ill and those with learning disabilities are often not recognised. He makes a series of proposals for remedying these shortcomings.

Even if these needs are picked up, there is a great shortage of diversion schemes as alternatives to prison. The lack of these schemes damages both those with mental health needs and the rest of the prison population. It contributes to the present overcrowding and consequent lack of time and space for constructive rehabilitation programmes.

Publicity is always given to the very small number of mentally ill people who commit major violent crimes, but the real problem is amongst those who continue to commit low-level crimes through lack of suitable support, accommodation and treatment. They are often sent to prison for lack of any other provision.

The Bradley Report proposed a Health and Criminal Justice National Programme Board to consider how his recommendations could be implemented and to develop a national delivery plan. It is due to report in October.

The Report challenges the criminal justice services the NHS and social services to work imaginatively and constructively together. Although there is cross-party consensus that the needs of offenders with mental health problems and learning disabilities are currently not appropriately met, it is easy to side-line such needs.

There is now an exciting opportunity to create the resources and systems which will deliver constructive and supportive care rather than inappropriate imprisonment. I am sure the Conservative health and justice teams will rise to the challenge of the Bradley Report.

Fay Buglass

The CMS and Society of Conservative Lawyers are planning a joint meeting on the Bradley Report in February 2010. Information will be sent to members nearer the time.



Swine 'Flu' – did the Government get it wrong?

In 1959 I published a paper in the medical journal – *The Practitioner*, entitled "The Treatment of Influenza". This describes my experience of treating 100 cases in the 1958 epidemic.

The average duration of illness in those aged between 18 and 45 was two weeks in those between 45 and 65, six weeks and in those over 65, twelve weeks.

The reason for the increased duration with increasing age was the incidence of acute bronchitis, sinusitis and pneumonia and in those aged over 65, 60% with heart failure.

Those requiring antibiotics were treated with Tetracycline whilst febrile or suffering from cardio-respiratory distress. There was no mortality. Some of the patients over aged 65 had pre-existing chronic bronchitis and/or emphysema. All were treated at home and when necessary oxygen was given.

All the reports of the present swine flu epidemic indicate that swine flu has not produced similar effects. It has been 'mild'

with complications occurring in certain susceptible patients, during pregnancy or pre-existing medical conditions.

One asks therefore did the government over react when all that was required was to warn pregnant women and to ensure the availability of intensive care beds for those with complications.

The 'Tamiflu' treatment seems to have provided little real benefit and merely caused administrative problems for doctors, nurses and patients.

One beneficial action by the government was to organise a supply of vaccine for the winter. Should the epidemic change and become more virulent this is necessary for essential workers. Those receiving it will no doubt feel happier to have had it.

Should the whole population then be vaccinated?

What has been the cost of all these measures? These questions need answering.

*Dr David Tod OBE FRCGP
London General Practitioner, now retired*

Autism Bill update

Thanks to overwhelming political support and lobbying by Conservative Medical Society members the Autism Bill is well on its way to becoming England's first ever disability-specific law.

The Bill, championed through Parliament by Conservative MP Cheryl Gillan, is due to enter committee stage in the House of Lords this autumn. In a major addition to the Autism Bill, the national adult autism strategy, due at the end of this year, will now hold local authorities and NHS services legally responsible for providing support for adults with autism and make sure they have clear routes to diagnosis, assessment and support.

The Bill was drafted by the National Autistic Society on behalf of a coalition of autism organisations after the charity found at least one in three adults with the condition are experiencing serious mental health difficulties due to a lack of help.

Lord Freud, Conservative Shadow Minister for Welfare Reform, spoke out on the issue in the Bill's second reading and said change was needed to ensure more adults with autism could contribute to the workplace.

The Government has committed to fulfil the Autism Bill's original demands for better support for children via new regulations for Children's and Young People's plans.

*For more information visit
www.autism.org.uk/autismbill*

Our new CMS website www.conservativemedicine.org.uk

To raise the profile and efficacy of the Society, we're developing a website. ConservativeMedicine.org.uk seeks to promote the work of the CMS, as well as to stimulate debate and communication within the Society.

The website contains information about the work of CMS, current campaigns, a news section, and information on how to join or get involved. Central to all of these functions is the Blog feature which is available from the homepage- here you can debate the current topics of healthcare, but we need your help – your comments, and your views.

We'll be introducing polls, and building the website up over the coming months, so we'd love to hear from you if you're interested. Please do email me on richard.pinder@conservative-medicine.org.uk if you would like to find out more, or possibly become a contributor on the Blog.

National Consultation 2009

The CMS wants to find out what a Conservative government can do to help healthcare professionals, and we need your thoughts. Go to www.conservativemedicine.org.uk/consult to give your views in what is the CMS's first stage of a national discussion.



This year the Party Conference is being held in Manchester from Monday 5th to Thursday 8th October 2009.

The CMS at the Party Conference

Fringe Meeting "Your Prescription – Who decides? Access to healthcare under a Conservative Government"

The meeting is being held jointly with 2020health.org and will take place on Monday 5th October 12.30pm in Manchester Central: Exchange Room 2&3 (Conference passes required).

Speakers:

Mark Simmonds MP, Shadow Minister of Health

Professor Helen Lester, Professor of Primary Care Mental Health – University of Birmingham

Dr Hamish Meldrum, Chairman, BMA Council

Dr Karol Sikora, Medical Director – CancerPartnersUK

Refreshments will be served.

MEMBERSHIP ADMINISTRATOR

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If you are interested in joining the Society or have any queries concerning your membership, please contact Justine.

NOTICE BOARD

EVENING MEETING

Whistleblowing – silence isn't always golden

Evening meeting on Monday, 2nd November 2009 in the Macmillan Room in Portcullis House, Westminster.

In health and social care, more than in any other field, whistleblowing can be a matter of life and death. There will be three speakers:

Cathy James from Public Concern at Work (PCaW) the independent authority on public interest whistleblowing. They offer free advice to people with whistleblowing dilemmas and professional support to a range of organisations including the NHS.

Colin Campbell – as an ex-Chairman of two acute NHS Hospital Trusts, Colin has first-hand experience of the issues involved.

Anne Milton MP, Shadow Health Minister and ex-nurse, will be outlining Conservative plans to empower NHS staff to protect patients.

6.30pm: drinks/light refreshments
7.00pm: meeting

Members' guests are very welcome.

An application form for tickets will be sent to members by email (and by post to those without email).

For queries about the Bulletin email: bulletin@conservativemedicine.org.uk

For other information please email chairman@conservativemedicine.org.uk

Welcome to New Members

Dr Richard Harris-Jones MB BS FZCSEO Dip Occ Medicine
General Practitioner with Occupational Health.
Interests: occupational health and medicolegal issues.

Mr Barry Sweetbaum BS Finance, MBA
Interests: elderly care, learning disabilities, neurological conditions, dementia, community care/rehabilitation

Professor Robert Douglas BSc PhD DLSHTM
Respiratory Physiologist.
Interests: medicolegal issues.

Dr Dariusz Tereszowski-Kaminski MD PhD
Interests: health economics, impact on different healthcare systems upon state's economy and quality of medical services

Nadia Sclare
Healthcare and medical publishing (NHS Directory, NHS 247 website and Family Choice). Interests: medical issues.

Email addresses please:

to receive Email Express (published more frequently than the Bulletin) and advance notice of meetings send your email address to meetings@conservativemedicine.org.uk.

Whilst the Conservative Medical Society exists to spread Conservative principles and policies throughout the health field and all its members are Conservatives, it is also a forum for the development of views, new policies and is a source of advice to the Conservative party on all matters of health and social services. Hence the Bulletin does not purport in any sense to represent an official Party view nor even the collective opinions of the Society, but is published as containing facts and opinions which merit consideration by the Conservative party, the health professions and the wider public. Contributions to the debate may be published expressing views which differ from those of the Society.

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