

# EDITOR'S COMMENT

## Cost of health care



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As I write this Britain is on the verge of its largest upheaval in the National Health Service since its inception in 1948. I have retained an interest in the provision of health services in Britain not only because, like so many of us, I have worked in the system, both in hospital and in general practice, but also because my elderly mother and stepfather live in Scotland and so provide me with first-hand information about the system – its strengths and its shortcomings. The other reason I am so interested is because we are on the verge of implementing our own National Health Insurance system which, while not exactly the same as the NHS, does have the same ideals, namely the provision of high-quality health care to all, free at the point of service – which, of course, does not mean 'free'. And therein lies the rub.

The major reason for the NHS shakeup, which many say is unnecessary, is money – or the lack of it. In common with many European countries, Britain is having to review its public spending, which has finally proved to be unsustainable in its current form. The NHS has to save £20 billion (R220 billion at an exchange rate of 11 to the pound). Our proposed NHI, which will start in 2012 and be rolled out over 14 years, is expected to cost R128 billion in its first year, increasing to R376 billion by 2025.

The way that the British government is trying to make savings is essentially to try to cut out a lot of administration, leaving GPs in charge of commissioning services, which is also supposed to provide patients with more choice and hopefully end up with a more cost-effective service in the end. There is also an element of price competition being introduced, in the belief that this will drive service costs down. Our own experience of a largely private system, in which price competition was encouraged by removing the scale of fees, shows otherwise!

The system is immensely complex and I am no economist, but, because my mother and her husband are elderly, they have used the NHS frequently in the past few years and some of what they have experienced suggests to me that some of the problems lie in a changed approach to patient management. My stepfather was recently in hospital in Dumfries, Scotland, with serious pneumonia, secondary to a viral infection. He developed atrial fibrillation and by the time he was discharged he was in cardiac failure, which wasn't successfully controlled until intervention by their local GP in the tiny village they live in on the Mull of Galloway. So his first few days home were a nightmare of paroxysmal nocturnal dyspnoea and frequent trips to the GP. Since then he has seen the GP at least twice a week – fair enough – she is still trying to get his medication right. But what seems to be different from when I was practising as a GP in Scotland nearly 20 years ago is the number of investigations that she is sending off at each visit. INR is fair enough – he is on warfarin since developing AF, but his renal function is

checked at each visit and my mother tells me that they have three trips to specialists this week and my stepfather has been sent for an abdominal scan because they suspect an abdominal aortic aneurysm. He is 84 years old, with coronary artery disease and although before the pneumonia he was in very good health, I can see little point in confirming a clinical suspicion of an abdominal aortic aneurysm – what on earth is anyone going to do about it?

Looking from a distance at the level of medical intervention both have had in the past 5 years or so, it seems excessive – and Britain's population is ageing – so no doubt many GPs have many patients in their category, on whom they are spending enormous amounts of money in the name of meeting targets. For example, everyone over a certain age is called for an annual check-up – you can just imagine what that leads to in the elderly. They arrive at the GP feeling perfectly well and leave with a host of illnesses, having had many investigations and now face the remaining years of their lives taking often unnecessary medication.

Since my father, who lives in Cape Town, was discharged from nearly a month in hospital in October, where he nearly died, he has seen his surgeon twice for a follow-up of the below-knee stump – and that is it! He is 83 and diabetic, with coronary artery disease and other vascular disease. Admittedly his problem was surgical, but he is absolutely fine. If he was in Britain I am sure he would have been traipsing off to see the doctor at regular intervals over the past few months – no doubt with more investigations and probably a change in medication. And he is a private patient, where you might expect more intervention.

The proposals in the NHI do appear to be rational – as far as can be told from the little we know of it so far – but the money required is enormous. And the experience of the NHS suggests that it will only get worse in terms of expenditure. What seems to have happened in the NHS is not a rational approach to medicine, by either the doctors or the consumers. People in the UK expect 24-hour access to medicine – to the extent that they have now largely lost 24-hour access to GPs because it was abused so much and doctors seem to have started to take a more and more interventionist approach – not necessarily beneficial to their patients – and often at the behest of administrators who have decided on certain 'targets' for treatment, management and so on.

How are we going to avoid this? And, at least as importantly, how, without our record of over-administration, are we going to avoid massive administration costs in implementing and maintaining the NHI? Can we really afford this? We certainly cannot afford to leave our public health services the way that they have become. Would it not be better to concentrate at least initially on solving those problems rather than trying to introduce a grandiose scheme that may be doomed to failure before it starts because of its massive costs? Perhaps we need to look harder at what has happened to what was once a very workable system in Britain.

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