

DEMOCRACY WITHOUT POLITICIANS

THE FIFTH PILLAR.

In the explosive novel '**It Could Just Happen**' a terrorist plot destroys not only a government but causes a reset of how citizens must learn how to govern themselves.

There are no political parties and no professional politicians.

County Councils and Parish Councils combine to produce communities.

Each community have a randomly selected governing group who use the Edward de Bono Six Hat procedure to find the answer to complex problems.

The Chairman, assisted by a diverse group of advisors, provide questions for each community to debate and find answers for.

As the author of that book, I have been asked to provide further details (by way of a podcast) on each of the seven pillars of governance.

THE FIFTH PILLAR.

NATIONAL HEALTH SERVICE.

I was a sickly child and spent a lot of time visiting Great Ormond Street children's hospital. My father had been conscripted into the army shortly after war had been declared and my mother had to get by on the allowance that he sent home. Every trip to the doctors was a further financial burden when she was trying to live on a very meagre amount of money.

After the war, a socialist government swept into power and one of the first things that the new Health Minister, Aneurin Bevan did was to initiate the National Health Service in line with the report that had been produced by Lord Beveridge in 1942.

From birth to the grave, we were to get free health care. This would be paid for through taxation and through NI (National Insurance designed to not only cover health but to provide Old Age Pensions, Out of Work

Benefits and several other benefits should any constituent be unable to function and earn a living).

Since that date, infant mortality has reduced dramatically and both men and women's longevity has increased substantially, albeit, although they are living longer the last 16 -20 years of life are often spent dealing with ongoing health problems.

The population has grown since the birth of the NHS from 49.4 million to 67.22 million (2020) and the cost per annum has risen to an eye watering £192 billion in 2020/21.

There were obvious cracks in the system even before the Covid pandemic arrived in 2019. It seems strangely bizarre that whilst screen writers, directors and producers in the film industry could make films about such a phenomenon, the government and all its health experts had made no provision for such an eventuality.

Every year, the military are inspected to see that they have all the necessary equipment to be able to fight in the desert or the arctic, jungle warfare or urban conflagrations. Specialist units train in anti-terrorist or hostage situations on land or sea. Detailed action plans are produced for any eventuality where active service conditions might be experienced.

It might have been expected that the NHS would have foreseen the possibility of a pandemic and had a plan that could be rolled out in the event of such an emergency. Warehouses packed with PPE clothing and ventilators, buildings that could be rapidly converted to provide extra beds, extra staff that could be deployed from recently retired medical staff.

The subsequent lockdowns (put into place to safeguard the NHS from being overwhelmed) severely damaged the economy whilst the panic spending in the NHS was out of all proportion to the benefits. Apart from the shrewd backing of Astra Zeneca's vaccination research, the track and trace fiasco together with the purchase of PPE that turned out to be insecure has cost the country dearly.

If the NHS was struggling before the Covid pandemic it now faces a huge backlog (6.6 million on a waiting list) of seriously ill, with others painfully awaiting surgery.

The NHS is broken, and it doesn't just need money. There needs to be root and branch changes. Devolution saw the health service broken down into smaller divisions and I would argue that these divisions need to be broken down still further into areas of excellence. For example, the AE departments of general hospitals should be just that and not for minor

ailments. Medical centres, with GPs and Practice nurses dealing with everyday health problems. Special operational clinics to carry out hip and knee replacements and nothing else. Similar facilities for eye cataracts, cancer and dementia, small, autonomous maternity cottage hospitals, and paediatric clinics. Many of our inner-city shopping centres could be used where the space that is no longer being used for retail business. All urban developments should have provision for safe assisted housing for the elderly that can be processed into full care if required. Young people in our National Service (see next podcast) should be encouraged to take part.

Next to salaries, the biggest single expense for the NHS is that which is paid to big Pharma for drugs and medication. Allow me to dispel a big myth regarding the pharmaceutical industry – it is not in business to improve our health! It has one simple aim – to make substantial dividends for its shareholders. The senior management receives vast bonuses that depend on the amount of distributable profit they create.

History shows that there have been very few industries in the world that have prospered as the result of nationalisation, and as a rule, I would never suggest such a course of action. However, I see a great deal of merit in merging a nationalised pharmaceutical industry together with the research within our university system, with the initial aim of eradicating cancer, heart disease, and dementia, just to start the ball rolling.

And how should we pay for this new inclusive NHS?

A long-term, government NHS bond, for buildings.

A more speculative bond for the nationalisation programme of big pharma with profit from subsequent discoveries sold to the rest of the world – it has been done before Take for example the Magnetic Resonance Imaging (RMI) developed in Aberdeen University by Professor John Mallard which was a world beating development.

Everybody over the age of 20 yrs. to pay 5% of their income to use the NHS facility. This could be waived if the individual wished to purchase private health insurance (everyone has the right to make a personal choice). However, the medical cover purchased could not allow an increase in premiums as the holders grow older, with no cherry picking of healthy lives over impaired lives.

Finally, the Premium Bond lottery profits should all go to the NHS.

Accepting that this lottery benefits any number of good causes, none of them should trump the ultimate good cause of providing the best medical care available in the world.

Within our smaller groupings of devolved specialist clinics, absolute transparency with every aspect audited on an annual basis.

The medical profession must be regarded as one of the most important and worthwhile vocations to give your life to, and it should be rewarded as such. This should be debated regularly in our education system. We should not have to rely on foreign doctors and nurses as they are needed in their own countries.

This ambitious movement does not need battalions of highly paid administrative staff, business consultants and bureaucrats. The expertise should come from the doctors and nurses and surgeons and consultants together with the people that they minister to – the patients. Small groups using the De Bono Six Hat system described in 'It Could Just Happen'.

Whilst present evidence indicate that our present NHS is not a leader in world health care, we must aspire to turn it into a world leader and something that we can all be justly proud of.

Thank you for listening.

The written script for this podcast has been published on www.phoenixfilmandpublishing.co. discuss it with friends and family and let's hope that one day we might see some of the required changes take place.

My next podcast will deal with '**Diversity**', some radical answers to some very pressing questions.

