The destruction of the NHS

Preface

This paper began as a section in my paper, 'The Prevailing Insanity'. I have now enlarged this to encompass further information and an explanation of the degradation perpetrated before 2019 and again during the Covid chaos.

I wrote a paper, 'The gradual destruction of the NHS', 37 pages, in 2016 where I explained the then problems, especially great detail about the crises caused by the 2012 reforms. At that time I was still positive about the NHS but concerned about political interference. I thought that removal of political reforms and a genuine medical reformation (with removal of most of the management) would fix the system. This bird has flown. There is now no fixing of the NHS in its current form. It needs to be entirely eradicated and a new system rebuilt on the ashes. Sadly, this will not happen and further tinkering by politicians will ensure the complete collapse of health care. This collapse is already well underway.

Introduction

The NHS is being destroyed in its present form, farmed out to private enterprise, and is now hopelessly inefficient (18th out of 19th amongst developed nations; *The Kings Fund*, 26 June 2023 report). Due to adopting Woke policies[1] and unwieldy bad NHS management, Britons are dying from avoidable causes in far greater numbers than ever in history. Britain is already the worst at stroke recovery, cancer recovery and heart attack recovery. Many European nations have better health outcomes for a cheaper price. But worse is yet to come; which I will itemise.

The historic planned collapse of the NHS before 2023

Note: this history is in very general, subjective terms due to the space restrictions of a short paper.

Introduction

No health care system is perfect and never can be, but some perform much better than others. The NHS used to be a leading performer in the world, often ranked first. It was the first free at the point of delivery care system in the world (based on a monthly contribution, National Insurance), setting the example for developed nations. It originated with the Post-War Clement Attlee government in 1948 and was initially opposed by the Tories and especially by Winston Churchill.

For two decades or so the system worked extremely well. It was run by clinicians with a very small administration. Often a hospital would be directed by a single consultant with a small team of doctor-managers. When Riddington Young (see sources) started working at

[1] E.g. diversity managers and Directors of Life Experience costing millions.

the NHS the hospital 'phone books showed four administrators including: the hospital secretary, a treasurer and the Lady Almoner (Social Worker). The real administrative force was the matron who dominated nursing and the wards led by sisters. She ruled with a rod of iron. Nurses did everything. Before their medical duties, they cleaned the wards with bleach that were then inspected by the matron. Nurses had no degrees but were trained specifically on the job in nursing colleges.

The level of patient care in these years was outstanding. For some patients the food provided was the best they had ever had (post-war austerity continued into the 50s). I spent a week in hospital in 1958 and it was a very good experience (apart from the smell of bleach and iodine). Meals now are appalling and often microwaved.

The quality of care, where doctor-managers were focused upon patient experience, began to unravel in the 1970s when pure administration began to take over slowly. Despite other civil service posts requiring written examinations and high qualifications, these were not needed for managers to work in the NHS. Accountants, retail managers and a manager of a bus company became NHS CEOs.

The fundamental mistake made by consecutive governments is that health care is not a normal, commercial business enterprise; it does not function on those rules. Despite this, multiple governments sought to 'improve' the efficiency of the NHS by turning it into a business, or rather a series of businesses. This huge block became rich pickings for corporate take-over.

The Wilson government[2]

Barbara Castle

Many doctors trace the beginnings of the demise of the NHS with Barbara Castle[3] who was the Minister of Health 1974-76. She attempted to remove the elitist status of doctors and nurses.

Castle also introduced a minimum-hour working week for doctors which was, ironically, generally disliked by doctors. Doctors began to be treated like any other job instead of a unique caring, self-regulating vocation. It was the beginning of treating a hospital like a business. A few years later doctors went on strike for more pay for the first time.

The Salmon Report 1966

Until this point, the matron was the dominating controlling feature of hospitals. She took no prisoners, whether it was administrators or doctors. She ruled and kept order.

To destabilise the hospital hierarchy, matrons needed to be eradicated. This was part of the Labour Party's strategy to destroy the nurses and then take out doctors. Brian Salmon[4] managed to get rid of the matron, demoralised the ward sisters and forced the nurses into trade unions.

The Thatcher reforms [1979–90]. The Major[5] continuation [1990-1997]

The real changes began with Margaret Thatcher[6] who was determined to reduce the NHS and make it more efficient and business-like – even though it was already very efficient and good value for money. This was ideological change.

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[2] Harold Wilson, British Labour statesman, Prime Minister 1964–70 and 1974–76.

[3] British Labour politician. Castle became Labour MP for Blackburn in 1945 and remained in the House for 34 years.

[4] Director of the caterers J Lyons and nephew of the Tory Minister of Health, Sir Keith Joseph.

[5] British Conservative statesman, Prime Minister 1990–97.

The Griffiths Report (1983)
Roy Griffiths was medically unqualified being the deputy managing director of Sainsbury. Norman Fowler was the Minister of Health and the whole focus of the Thatcher government was the marketplace (Thatcher was the daughter of a greengrocer). Griffiths was stunned by the absence of a management structure in the NHS. His report suggested multitudes of administrators, preferably with experience of retail. Thatcher loved this idea. The incongruity of minor administrators telling clinicians and nurses how to run an operating theatre was lost on all of them. Griffiths recommended a Chief Executive Officer who would be non-medical and a complete autocrat (implemented in 1991).

Still reeling from the Salmon report, nurses now felt totally crushed. The Griffiths report marked the consolidation of the administrator revolution in the NHS. Charles Webster (Medical History professor at Oxford) likened Thatcher's perpetual revolution of the NHS based on this report to that of Chairman Mao. One result of this was waiting lists, massaged by continual management initiatives. The idealism of doctors was replaced by management practices. The NHS became a commercial concern. Very few of the CEOs imported from commerce had any medical experience. Some highly qualified clinicians that had effectively run public health services did not even get short-listed (e.g. Colonel Richard; the job went to an accountant).

Trusts
In 1990 Thatcher's plans to bring the market place into the NHS (avoiding government responsibility) emerged with the inception of budget-holding trusts and fund-holders. This was the beginning of the internal market system, further developed over time, which is the cause of many problems.

The destruction of mental health facilities
In an act of almost unbelievable stupidity Thatcher closed most, if not all, the dedicated mental health hospitals that were large units with multiple facilities to cater for all aspects of treatments. Some, such as the Rubery hospital in south Birmingham, sat in their own large grounds so that patients could help their recovery with assisted walks in large green areas. This was sold off for housing development.

The replacement was '*Care in the community*' (this is a repeated strategy that means eradication of a facility). Mentally sick patients were somehow to be treated by GPs, district nurses and a few small treatment centres, usually attached to larger hospitals. Leading nurses would travel around monitoring patients but in an ad hoc manner and there were never enough of them to do the job properly. Sick people could expect a visit every three months if they were lucky. Inevitably there were multiple horror stories of mentally sick patients roaming about the town in a bad state.

Consequently mentally ill patients ended up in normal hospital wards with other patients. This led to multiple problems and even attacks. When I was in Worthing hospital in 2008 for two weeks, no one could get any sleep because a single mentally ill patient screamed all night. Two patients entered my ward in the early hours of the morning disturbing sick patients. At 4am one morning I was woken up by a naked man with his penis next to my face rummaging through my belongings in a case. He later wandered into female wards harassing ladies. A cancer patient, who had been given only weeks to live, was physically harassed in the night by a mentally sick person and greatly disturbed. I had to calm him down. This was the result of closing dedicated mental health centres.

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[6] Margaret (Hilda) Thatcher, Baroness Thatcher of Kesteven, British Conservative stateswoman, Prime Minister 1979–90. She became Conservative Party leader in 1975 and in 1979 was elected the country's first woman Prime Minister;

The beginning of the internal market system
Dominated by business experience (which does not work in a care system) Thatcher began the long process of marketing hospital departments. Each department began to be its own empire competing for budget with others. It would have its own board and executives and would operate as a business, cutting front-line services to balance the books. This directly led to a massive increase in administrators. No longer were clinicians in charge but imported directors and CEOs took over from corporate business, mostly with no medical qualifications or experience. In reality this was preparation for the privatisation of every section of the NHS.

In general this meant that a prime motivation was finance and budgets but not care.

Other appalling schemes include Ken Clarke's[7] discredited fundholding scheme[8] (a financial expansion of the internal market idea) and the wholesale sell-off of NHS real estate and increasing public-private partnerships.

The importation of failed managers
During the 1980s private industry was getting rid of large numbers of middle managers for economic reasons. The redundant second-rate managers looked for jobs and found them at the NHS. Hundreds were taken on board. Unsuitable people, such as accountants and chain store administrators, suddenly managed health care.

This was the period when it was considered that a manager was a manager and could therefore move from one discipline to another being just as efficient, even without any experience. This proved to be catastrophic in many instances. For example, before I became one myself, I met a young girl at Royal Mail project controller. She was imported directly from university and her first project was the new distribution office at Canterbury. I asked her what her experience in this field was, she said zero. I asked her what her degree was in, she said ancient Scandinavian languages. As a young person she even had little life experience. The multi-million pound project was a disaster.

After Thatcher's forced resignation, John major became Prime Minister and generally continued the failed policies of Thatcher et. al.[9] regarding the NHS.

The Blair reforms [1997-2010]

The radical work begun by Thatcher was taken up by Blair (thereafter Gordon Brown) with a passion. Despite being a supposed Socialist, his reforms went much further than Thatcher's.

The internal market was rapidly expanded and codified. Beds were reduced and huge numbers of new managers and clerical staff were introduced. Some NHS departments were privatised and a hospital was privatised, Hinchingbrooke (Cambridgeshire), given to Circle Health on a 10-year contract in 2010 with no proper risk assessment. At a cost of millions, this hospital catastrophically failed within three years. By March 2013 it was already in a £2.2 million deficit. Circle was even accused of bribing GPs. It was an unmitigated disaster. The Care Quality Commission found multiple problems, including patients being told to soil themselves and staff leaving in droves and therefore placed the hospital in special measures. It was then the second worst hospital in the UK. The CEO, Ali Parsa, left before the final collapse in 2015 taking a contractual £500,000. The 2015 deficit was £14 million.

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[7] Secretary of State for Health (1988–90).

[8] A doctor's practice which was given funds to purchase healthcare services, e.g. hospital treatment for its patients.

[9] Health Ministers Keith Joseph, Ken Clarke, Normal Fowler etc.

The Blair government also tried to sell off certain hospitals altogether; the stupidity of this in a fast growing population (due to Labour immigration policies) was lost on politicians. Local communities fought tooth and nail to keep them. In my area, Chichester, Worthing and Shoreham were earmarked for elimination with Brighton being planned for expansion (despite being geographically unsuitable in the centre of a crowded town). Chichester cardiac patients would then expect to take over an hour to get to the nearest hospital. All hospitals were saved, except for part of Shoreham, and are now running at full capacity with more facilities being needed.

PFI (Private Finance Initiative)
This is another unqualified disaster that causes ripples to this day.

PFI (Private Finance Initiative) is a private partnership contract (in the 'Public-Private Partnership' scheme) that allowed private enterprise control of hospital infrastructure, and other public sector items, and managing the public facilities, in return for setting up the PFI (e.g. building a hospital). Funding was by sale of government bonds or bank debt. For example, the Queen Elizabeth Hospital in Birmingham cost £545 million and is a disaster.[10]

The goal was to privatise building projects thinking that this would be cheaper and more efficient; but the contracts were horrific and last 25-30 years. In the end a certain project would cost multiple millions of pounds more than if the government had kept the scheme in house. Furthermore, contracts meant that even necessary maintenance could not be done without permission from a distant corporation, that would often deny it. Hospitals began to suffer from water pouring through roofs and sewage entering rooms. This left many trusts with the burden of continual costs given to foreign companies for decades.

A National Audit Office report of 2011 showed that the use of PFI increased the cost of finance for public investments than if the government borrowed on its own account. Reports emerged of building projects that were shoddy and badly executed. In 2005 a government report condemned the PFI for Seacroft Hospital for jeopardising the lives of 300 patients and staff. In 2017 there were 127 PFI schemes in England's NHS. The British Medical Association stated that PFI debts are, '*distorting clinical priorities*' and affecting patient treatment.

In some cases trusts were struggling for money before the doors had even opened on a new project. Wards were then closed and services cancelled. In 2012 seven trusts were unable to meet the costs of their PFI requiring a £1.5 billion emergency funding package. Index linked PFI costs rose faster than the budgets of trusts. A report in 2017 showed that PFI companies had made pre-tax profits from the NHS of £831 million in the previous six years. All this waste is money diverted from patient care.

The coalition government reforms [2012]

The Health and Social Care Act 2012 was the worst reform of all and it completely changed the nature of the NHS. It followed the promise made by Tory Prime Minister David Cameron that there would be no top-down reforms made to the NHS by his government. When he made that statement, such reforms developed by Andrew Lansley were already in the planning stage.

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[10] The building complex is huge, covering three blocks. One way systems make matters worse. Transporting patients around departments equates to a very long walk – far more than is healthy and it really requires a golf buggy. Health care performance is poor with multiple scare stories merging. I have seen the poor quality of care with my own eyes. It is ranked low.

This most extensive reform of the NHS in history carried the following points:

- Responsibility for the health of citizens was removed from the Secretary of State for Health.
- It abolished primary care trusts and strategic health authorities. The structure was fragmented.
- It transferred commissioning funds to several hundred clinical commissioning groups, partly run by GPs.
- The plan had 212 CCGs replacing 152 primary care trusts, hence it was more complicated, with 40% more administration. This was despotically introduced without any pilot schemes, national clinical agreement or prior testing.
- A new executive, Public Health England was formed; later widely criticised.
- Increased internal competition and commercialisation was supposed to drive down costs. Costs went up.
- Essential services were closed to make savings.
- The cost of the reform was £3 billion of unnecessary expense to make things worse.

A BMJ paper[11] revealed that the reforms failed to deliver on promises. The reforms increased the marketisation of the NHS and contributed to a sicker population. The NHS structure was fragmented and driven into competition, closure of essential services, increase of neglect and a demoralised workforce.

Inevitably, management and clerical posts increased but patient care diminished. The number of beds was greatly reduced. Staff morale plummeted.

Repercussions of all these reforms

The key problem is trying to improve efficiency by treating health care as a corporate business. The more managers are introduced, the worse the NHS gets. Health care must be managed by clinicians with managerial skill.

I will limit myself to bullet points.

- Administrators are paid higher salaries than most senior doctors.
- Administrators generally have minimal academic qualifications and lack any Civil Service training.
- Managers wield excessive power.
- Administrators are despised by doctors. '*The internecine hatred, which exists between the administrators and medically qualified staff is not generally realised by the public … the problems that presently exist … can be blamed fairly and squarely on those officious officials, who of course, have absolutely no medical qualifications whatsoever.*'[12]
- Stories of managerial incompetence are legion.
- It is generally understood that the NHS would immediately improve if all the administrators were removed because they exert a negative influence.
- A massive increase in inefficiency.
- Poor recovery rates.
- Huge waiting lists (currently 7.4 million).
- Much of the NHS has already been privatised. This is hidden from the public since these businesses can use the NHS logo on their signs and letterheads. For example, the Blood Transfusion Service is now owned by an American hedge fund with a shady past.

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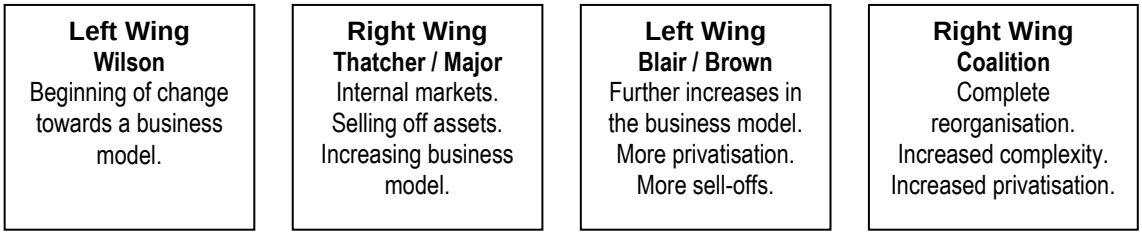
[11] BMJ 2017;359

[12] Riddington Young, op. cit. prolegomenon.

- Patient dumping: whereby a chronically sick patient (often mentally ill) is discharged from hospital too early and dumped on the streets or to a charity to reduce costs and bed-blocking. In one case a patient was dumped 9 days after open-heart surgery.



> The NHS is definitely vary sick … it is terminally ill and might soon be in its death throes. … It will certainly not be able to continue to exist as we know it. The cause of this illness is that it has a huge cancerous growth inside, sapping it if all of its strength. That malignant mass is the management system.

Riddington Young, op. cit. p219, (2008).

> You can easily run hospitals without administrators; it is easy and I have done it many times. You can also run hospitals without laboratories and X-rays; it is not so easy, but I have done it occasionally, You can even run hospitals without qualified nurses; it is extremely difficult, but I have done it on a few occasions. But you cannot run hospitals without doctors.

Dr. Albert Schweitzer.

Sources

- Personal experience and research.
- **Paul Fahy**, 'The gradual destruction of the NHS', 37 pages, (2016). This gives great detail about the crisis in the NHS caused by the Coalition and an explanation of NHS and pre-NHS health care history. I was more positive about the NHS seven years ago; now I believe it is finished (that was the purpose of the powers that be).
- **John Pilger** film, 'The Dirty War on the NHS'. Available on YouTube.
- **John Riddington Young**, et. al., 'The Hospital Revolution: doctors reveal the crisis engulfing Britain's health service', 2008.
- **The Daily Sceptic** (website), articles by the 'In-house doctor'.
- **Planet Normal** podcast (Alison Pearson and Liam Halligan); statistics by a senior NHS clinician whistleblower.

The repercussions of the Covid crisis

This was the nail in the coffin that not just brought the NHS to its knees but has brought about its inevitable downfall. This was nothing to do with a virus; the cause was government stupidity.

During the claimed pandemic (in fact there was none; excess deaths were fewer in 2020 than every year before 2009)[13] most hospital wards were empty. People filmed empty wards uploaded to YouTube and were then arrested for sharing this. Nurses and doctors were so bored that they took to performing flash-dances in wards and corridors for TikTok. This was a national disgrace. While citizens clapped for the NHS, staff were dancing with

[13] Institute of Actuaries.

no work to do. However, A&E, dialysis and respiratory wards were busy, made worse by government diktats.

The fearmongering generated by the government nudge unit, Spi-B, the Cabinet office and the Army's 77th Brigade produced a high level of panic and terror in the whole population.[14] In hospitals this led to multiple protocols that were completely pointless but increased the burden on nurses. These included: social distancing (thus removing beds); constant sanitation (despite no proof of fomite transmission); facemasks (despite being utterly useless in preventing a virus); PCR tests (despite being unable to diagnose any disease at all) and so on.[15]

However, the level of societal panic meant that sick people did not go to hospital. Government policies, focused on a Covid-only service, meant that most NHS functions were shut down. Routine clinics, elective operations, cancer monitoring, preventative scans and so on were terminated. This led to the current backlog of 7.4 million people, something that cannot be fixed in the current system. It also led to spikes in cancer and other conditions. People died in droves in 2020-2021 when they could have been saved if treated at the right time.

The Covid vaccines (which were never tested properly, were not formally authorised and used an experimental method) resulted in tens of thousand of adverse reactions and death in Britain alone. A good case can be made that globally 20 million people died so far from the vaccines and millions more seriously affected. The MHRA is monitoring the adverse reactions in the Yellow Card system but is not investigating any of those cases and doing nothing about the risk flags. This has now resulted in more excess deaths in 2023 than there were in 2020; yet in 2020 the government instituted lockdowns in a false attempt to avoid deaths but today is completely ignoring even more deaths. Healthy young people are dropping dead on sport's fields from heart attack; something never seen before. Excess deaths are currently running at between 600 and over 1,500 every week. This is unprecedented. Recent studies have shown that there is a direct connection between the vaccines and myocarditis (1 in 35 being affected).[16]

The result is that the NHS in summer of 2023 is overwhelmed by health problems and cannot cope. We have seen ambulances waiting in hospital car parks for hours and even days because there is nowhere for patients to go.[17] Cardiac patients have died in a car park, having waited many hours. The cost of hospitals being empty for months is coming back on them with a vengeance. Just as lockdowns fuelled inflation (there is no such thing as a free lunch), so also hospitals are paying the reaper.

Independent reports

For decades the NHS led the world in health care, often cited as the number one system. It rarely dipped below third. As more and more reforms brought about business models and privatisation like the American model (which is the worst ranked system in the world) so the NHS efficiency crashed. It is now the second worst in the developed world.

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[14] Laura Dodsworth, 'A state of fear' (book).

[15] See my many papers on the Covid crisis.

[16] The Daily Sceptic, Richard Eldred, 'mRNA Covid jabs have caused silent heart damage to tens of millions of people, according to a shocking new study', 29 July 2023.

[17] One ambulance was stuck in a car park for four days.

Civitas

International Health Care Outcomes Index 2022.

- UK health spending in 2019 of 10.2% of GDP is average in comparator countries.
- Life expectancy of 81.4 years in 2019 was the 17th lowest of 19 countries.
- Breast cancer survival rate of 85.6% was the 15th lowest of 18 countries.
- Colon cancer survival rate was the lowest of 18 countries.
- Lung cancer survival rate was the 17th lowest of 18 countries.
- Stomach cancer was the 17th lowest of 18 countries.
- Stroke survival was the worst of nine countries.
- Heart attack survival was rated worst of nine countries.
- Death from a treatable disease was the 15th worst out of 16 countries.
- Death of newborns was the 15th worst out of 18 countries.
- Overall the UK was 17th out of 19 countries.

The Kings Fund

Comparing the NHS to the health care systems of other countries: five charts, 2023.

- The UK has less medical equipment and fewer beds.
- The UK has fewer doctors and nurses.
- Patient outcomes are worse than average (18th out of 19).
- Volume of cancer, cataract, knee and hip surgeries fell more sharply in 2020 compared to 2019 than in other countries.

Summary

The NHS is now in freefall. It is in a state of collapse and can only be fixed by eliminating it in its current form and completely starting from scratch with a new structure led by clinicians. Every administrator and manager needs to be sacked and only reinstated if they can prove to a commission of clinicians that their job sustains or advances patient care.

Instead, the NHS plan is to trust that digital technology, AI, robots and virtual clinics will solve the problem. A proper structural reform based on clinicians is out of the question; instead trust is being placed in a new level of added management governing computers, AI and robots. More administrators and more costs. This is what we will now look at.

The NHS Long Term Plan

The plans outlined

- The strategies are explained in the following documents: 'The NHS Long Term Workforce Plan' (June 2023)[18] and the 'NHS Long Term Plan' (January 2019). These propose the abolition of traditional hospitals completely.
- Hospital beds and wards will be greatly reduced.
- There will be no guaranteed hospital treatment for all conditions except five (strokes, heart attacks, sepsis, anaphylaxis and major trauma).
- Treatment will usually be by community hubs or at home (Integrated Care Systems).
- A third of outpatient appointments will be avoided [despite an increasing population!].
- Those that need hospital care (emergency conditions) are treated with 'same day emergency care' without any overnight stay [how?].
- Inpatients are to be avoided wherever possible.
- Community urgent treatment centres will replace A and E.
- Digital access to services becomes widespread.
- Smaller acute hospitals will be built for rural patients.

Budgets

- Budgetary efficiencies [try not to laugh] will drive better investment in technology.
- There will be a personal health budget. [What happens when the limit is reached?]
- Budgets will be wasted on the Equality, Diversity and Inclusion plans in the most diverse institution in the world. Meetings will be conducted to discuss the wellbeing of staff. Plans to develop a clear employee value proposition will be promoted. The NHS Health and Wellbeing Framework will have ongoing reviews. Meanwhile the NHS makes staff work on 12-hour shifts, six days a week, whereby fatigue results in causing damage to patients.[19]

Digital technology

- AI and robots will perform many treatments. Technological innovations will include: speech recognition, robotic process automation, remote monitoring [requiring in-body surveillance] and AI. [So you will be sick at home, then be diagnosed by AI and algorithms (for which you need a computer or Smartphone), then treated by a robot, then monitored remotely (perhaps many miles away). Hard luck if you suddenly develop complications requiring immediate assistance.]
- There will be virtual wards controlled by robots and AI. Primary and outpatient care will be digitally enabled. [What does that mean?]
- AI will be used for: diagnostic support (including ophthalmology and radiology); clinical decision making; administrative automation; predictive health analytics; patient triage; preventative healthcare; drug discovery and design; data analysis.
- Robotics will be used for: robotic assisted surgery; automated dispensing; administrative processes; increased operational capacity and speed; transformation of service delivery.
- Remote monitoring results in: distant diagnosis by AI; care decisions; detection of escalation of a condition; blood pressure readings and oximetry; managing cardiac and respiratory disease.

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[18] England.nhs.uk

[19] E.g. dialysis nurses that are overtired cause 'blows' while inserting long needles into veins that cause painful internal bleeding, persistent bruises and a haematoma (solid lump of clotted blood). This is a regular occurrence caused by making staff work too many hours.

- Expansion of the Virtual Hybrid Learning Faculty. [A very poor form of training.]
- People with long term conditions will be cared for by inter-operable data, mobile monitoring devices and connected home technology.
- The digital leadership of the NHS (!) will be enhanced by the NHS Digital Academy programme. Digital leadership will be on every NHS board.
- All providers will be expected to advance to a core level of digitisation by 2024.
- Patient data (depersonalised) will be shared with industry to make innovations.
- The whole workforce must become digitally competent.

Genomics

- There will be a special target on genomics.
- The new Genomic Medicine Service will sequence 500,000 whole genomes by 2023/24. [Data is highly valuable and can be sold at high cost to private enterprises.]
- Test bed clusters will be introduced from 2020.
- Genomic innovations will be accelerated through a new Medtech funding mandate. These will then be exported globally.

Primary care

- GP surgeries (as they are now) will be terminated. The divide between primary and community health services will be dissolved. New contracts will be issued.
- Pharmacies will prescribe drugs and make diagnoses.
- GPs will be part of community hubs; current GP practices will be forced to work together and extend the range of services (Integrated Care Systems). There will be a range of staff including: GPs, specialist doctors, pharmacists, district nurses, community geriatricians, dementia workers, and AHPs (e.g. physiotherapists).
- Doctors other than GPs will work in primary care.
- There will be on-line digital GP consultations. Further diagnoses will be by AI.
- Initial treatment will be at a patient's home.
- Volunteers will bolster practices.

The MHRA

- The MHRA ceases to be a medical regulator and becomes a global Big Pharma enabler (according to CEO June Raine). Pharma funds 86% of the MHRA already.

Ambulances

- Patients will be treated by paramedics at home or taken to a hub but not a hospital.
- Hand-over delays will be eliminated. [Since this was written in 2019 these are now much worse than ever before. Ambulances are stuck in hospital car parks for hours or even days.]

Staff

- Medical workers will receive less training; especially direct recruits with a certain experience. Medical workers will need to become experts in digital technology. Nurses will be forced to become more flexible and more IT savvy. Current teams and care institutions will be broken up. Flexible teams will work across primary care and local hospitals.
- There will be a shift from a dominance of highly specialised roles to a better balance with more generalist ones.
- There will be electronic rosters and e-job plans.

WEF Flagship Report: 'The Top Ten Emerging Technologies', June 2023
This shows the new technologies that will impact medicine in the near future.

- SMART clothes and personal appliances linked to medical care.
- Generative artificial intelligence. Machine learning used to develop drugs.
- Designer phages (viruses invading bacteria).[20] It reprograms phages and redesigns our micro-biomes.
- The metaverse will be used to treat people with mental health problems. There are multiple metaverses in which people interact.
- Spatial-omics: slicing brains to investigate cellular architecture.
- Flexible neural electronics. Rewiring people by using circuits to interface with our nervous systems. Machines will have their own thoughts and will be used, for example, in prosthetic limbs.
- AI facilitated health care. Using more AI in health care to anticipate future pandemics.

Comments
These reports, written by committees, are pie in the sky thinking and not based on common sense or human experience. They trust that digital services will work fine and never break down. What happens in long-term power cuts (predicted for next winter due to energy shortages)? What happens when lithium batteries (which will be everywhere) explode?

Will patients stand for a robot performing surgery on them? Will old people with no computer be 'enabled' by a virtual ward and AI diagnosis? When blood test appointments went digital the ability to get a blood test worsened. The on-line system would fail. People without computers found that the 'phone number was never answered and could not get appointments at all. Accessing the system was more complex than simply 'phoning for an appointment as before. So people just turned up and overwhelmed the facilities, such as 40 people arriving at once.

What about respiratory patients? These cannot be dismissed in one day. How can severe respiratory cases be dismissed and go home?

How will primary care interactive hubs save time and money? Surely they will cost more. There will always be the same amount of medical care required and setting up new systems to cater for this same care will certainly cost more money. Unless these hubs are being set up to be privatised? Umm!

They claim to save millions of pounds; but like every other reform claiming to save money, they will end up costing more than today. All new IT systems end up costing more money. The last major NHS national IT reform under Tony Blair was scrapped after spending billions on it.

Focusing more work on community hubs based on GP practices is risky since GPs are retiring early and new GPs are often working part-time. Who will control all this new work? Will a new management system be necessary for this multi-disciplinary platform? This is not budgeted as far as I can see. Integrated Care Systems will have a regional director, which will mean a new NHS department. This is increasing over-bloated NHS administration even further.

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[20] Bacteriophage: a virus which parasitises a bacterium by infecting it and reproducing inside it. Bacteriophages are much used in genetic research.

The expectation to keep nearly all medical conditions out of inpatient care in hospitals is a forlorn hope. Experience shows that this is highly unlikely.

Since the Long Term Plan was published in 2019 NHS performance has collapsed. There is a 7.4 million waiting list. Ambulance response times are the worst ever. Recovery of key conditions is the worst in the developed world despite more than adequate spending (about mid-range within Europe, while other nations have a better record).[21] Staffing is still inadequate with 40,000 nurse vacancies. Doctors are not much better. Crises abound and malfeasance cases hit the headlines. Cancer cases are reaching an unprecedented crisis according to Dr Karol Sikora (leading oncologist). This is despite the massive promises of better cancer care by now in the document. The measured health of Britons is at its lowest ebb. Staff disgruntlement is exampled by unprecedented strikes of consultants, doctors and nurses. Yet management continues to grow with Woke non-jobs wasting millions every year. Much of the NHS is privatised with each sold section performing worse than when it was nationalised (e.g. the private Patient Transport service and what was the Blood Transfusion Service, now owned by an American hedge fund).

Every metric analysing hospital care was loudly predicted to be better by now (4 years after the Long Term Plan was published) but is actually far worse. Whether it is mental health cases, heart disease, strokes, young suicides, or maternity issues, every metric is far worse than in 2019. The plan is an utter failure thus far. Why should its future plans be any better?

The long-term plans are mere wishful thinking and a waste of money. But no doubt they will try to be initiated.

Quotes

> Genomics and artificial intelligence (AI) in particular will transform our ability to prevent disease, treat and manage disease, supporting a shift towards better prevention of disease and more personalised care outside hospital.
>
> To deliver the benefits of these [technological] advances, we need to upskill the workforce with core skills and increase the number of expert roles across digital, genomics.
>
> Upskilling the workforce is the key to unlocking the potential of science, research and technology to deliver the care of the future.
>
> In future, all newly qualified pharmacists will be independent prescribers.

NHS Long Term Workforce Plan.

> New diagnostic and treatment practices allow patients to spend just hours in hospital rather than being admitted to a ward. [Ed. What practices? How will a certain practice stop a chronically ill patient being admitted?]
>
> Under this long term plan, every acute hospital with a type 1 A&E department will move to a comprehensive model of same day emergency care. [Ed. If this were possible, why is it not being done now? Is it because it is impossible?]
>
> Under this long term plan, digital-first primary care will become a new option for every patient improving fast access to convenient primary care.

[21] Both Civitas and the King's Fund have proved this statistically.

> Outpatient services will be fundamentally redesigned. … We will therefore redesign services so that over the next five years patients will be able to avoid up to a third of face-to-face outpatient visits, removing the need for up to 40 million outpatient visits a year. [Ed. Will patients trust the diagnosis of a robot or a digital algorithm? Will AI see the medical signs in a person's eyes, gait, mood, demeanour, skin, pallor etc.]

The NHS Long Term Plan.