

Should We Defund the National Health Service?

Andrew Thomson^{1,*}

¹National Service, Carr Gomm, Edinburgh, Scotland, UK

*Correspondence: andrewthomson@carrgomm.org (Andrew Thomson)

Abstract

Despite record investment in Scotland's National Health Service, ever-increasing numbers of people remain in hospital despite being clinically fit for discharge. This paper curiously explores two of the whole-system problems ensuring discharges are delayed and argues that greater investment in, and contractual changes to, social care commissioning is required to support more people to live their best lives in their own homes. A more creative perspective is required to ensure better outcomes for the population.

Key words: National Health Service; social care; community care; funding; Scotland

Submitted: 1 April 2024 **Revised:** 25 June 2024 **Accepted:** 15 July 2024

Introduction

In the United States, “defund the police” is a movement that supports removing funds from the police service and reinvesting in alternative forms of public safety and community support, such as social services, youth work, housing, education, and healthcare. Activists who use the phrase may do so with varying intentions, but the fundamental premise of the argument is that investing in community programs provides a better crime deterrent for communities and hence results in better outcomes for people and families. Could Scotland apply this US-based logic to public services?

We are all familiar with the tropes that “more of the same will not do” and “we need to do things differently”, and yet when radical change is posited, like defunding the police, many of us quite naturally feel threatened and become defensive.

The National Health Service (NHS) is the publicly-funded healthcare system in Scotland, employing approximately 160,000 staff to provide primary and secondary healthcare to the six million people who live in Scotland.

With an open heart and a healthy spirit of curiosity, could we invest Scotland's £13 Bn public healthcare budget differently? Should we defund the NHS to improve people's lives?

One of the Problems

In the year ending 31 March 2023, over 660,000 days were spent in hospitals in Scotland by people whose discharge was delayed ([Public Health Scotland, 2023](#)),

How to cite this article:

Thomson A. Should We Defund the National Health Service? *Br J Hosp Med.* 2024.

<https://doi.org/10.12968/hmed.2024.0140>

Copyright: © 2024 The Author(s).

the greatest annual figure on record ([Macpherson, 2024](#)), at an estimated cost of £200 million.

The passive language we use centres the problem in a hospital bed and contemporary discourse suggests increased health spending is the solution. Perhaps by changing the language we might change behaviours, change attitudes, and perhaps even change how we consider the problem and invest in solutions.

Rather than publishing delayed discharge statistics, perhaps we should insist that the Scottish Government regularly publish the number of days people have been systematically held captive by the state without clinical reason. Publishing our state captivity statistics might shift the narrative towards a focus on our social care system that is deliberately designed to delay discharge and create overwhelming pressure in hospitals.

There are two key aspects to this social care system failure: insufficient remuneration and so-called “best value” framework contracts.

Providers do not Pay Workers Enough

Social care providers do not pay their workers enough.

Support practitioners undertake essential public services. They are registered with a professional body and require specialist qualifications, just like doctors or nurses. Practitioners are often lone-working; undertaking constant risk assessments; and working with the most vulnerable people in our communities. They are undoubtedly underpaid for the level of responsibility they have.

However, the system ensures that it is not quite as simple as employers paying their workers more.

Since the Scottish Government introduced the Adult Social Care Wage policy in 2017, the minimum wage payable to social care practitioners has been set by the Government and funded via statutory contracts administered by local authorities. By setting and funding a minimum salary, then that minimum is also the de facto maximum because no provider is funded to pay anything else. The system sets and enforces an insufficient wage.

To magnify this failure, the provision of statutory social care support is via a mixed market: 78% of the workforce is employed by a provider organisation and 22% is employed directly by the state ([Scottish Social Services Council, 2024](#)). The remuneration package of those undertaking equal work employed by the state is up to 55% higher than those funded via state contracts ([Community Integrated Care, 2024](#)). The system does not value social care workers equally.

The System is Designed to Have no Resource Capacity

If the system funded higher wages, then this would help providers recruit and retain more social care professionals, but, interestingly, this would not materially improve the ability of providers to accept referrals from hospitals!

Let's imagine that Mrs Smith is clinically fit for discharge from hospital and a social care assessment concludes that she needs routine support to help her live safely and well at home.

The first system problem is that we need a social care resource at short notice—generally the same day or the next day—to support Mrs Smith. But safely recruiting and comprehensively inducting a new worker takes several weeks. There is a fundamental system mismatch in resource availability timescales. The only solution is for the system to buy additional resources in advance to create capacity.

But the second system problem is that under the standard framework model of social care contracting—so-called “best value” commissioning—the system does not pay for any capacity. The system only pays for precisely what is commissioned, thereby enforcing a zero-hours gig economy for social care. The system of contracting social care support procures no capacity and hence guarantees that people are stuck in the hospital every day.

Solutions are Possible

The social care sector is often described as being in crisis, but we are experiencing system failure. Every day, outstanding practitioners, working for excellent provider organisations—like Carr Gomm—support people to live their best life. But this is despite the system. Not because of it.

The social care system must change. And solutions are possible.

The standard model of reactive social care commissioning should change to be proactive and preventative. Buying Care at Home capacity can prevent hospital admissions and expedite discharge. Proactively undertaking falls risk assessments reduces the risk of falling and therefore reduces ambulance call-outs and A&E admissions, reduces upset and worry. Proactively listening to what really matters to people impacted by isolation and loneliness leads to rekindled relationships and new connections, thereby improving life outcomes. Proactively supporting people to move more, including with exercises that a physiotherapist has recommended, leads to improved mobility, better health outcomes, and improved lives. Alas, our current social care system does not consider any of these interventions to represent “best value” and so does not invest in such work.

These examples illustrate what the social care system could do to be more proactive and preventative. But, of course, everyone tells us that we cannot afford this; there is no spare money.

But Carr Gomm does this. We work with falls specialists, we work in communities to develop connections, and we work with physiotherapists and health coaches to support people to move more. We do this because people tell us that it matters. We do this because people should be supported to live their best lives in their own homes and as part of their communities. We do this by fundraising to maximise our impact.

The defund the police movement in the United States provokes a discussion about how to invest scarce resources to achieve better outcomes.

Should we defund the NHS? This is the wrong question. A better question is how do we invest our scarce resources in improving our country's systems to work for us and not against us? After all, this is fundamentally about how we value people. These decisions affect you and me. These decisions affect our friends and neighbours. These decisions affect our families. Is there anything more important?

Key Points

- Over 660,000 days were spent in hospitals in Scotland by people whose discharge was delayed, costing around £200 million. We tend to consider this problem from a clinical perspective and assume that greater investment in the health system is the answer.
- The real answer is in the social care system, but this is a system that needs improvement.
- The minimum wage payable to social care professionals—set by the Scottish Government's Adult Social Care Wage policy—must increase to recognise the diverse responsibilities of these job roles.
- Social Care framework contracts must reform to buy social care capacity in communities, to ensure that people can be discharged from hospital when they are clinically ready.
- Charitable providers of social care—like Carr Gomm—already have a major impact in communities throughout Scotland and should be central to redesigning the social care system, including commissioning and contracting.
- How should we invest our scarce resources to support the most vulnerable in our society to live their best lives?

Availability of Data and Materials

All data included in this study are available upon request by contact with the corresponding author.

Author Contributions

AT was the sole author and was responsible for the design of the work, drafting and revision of content, and approval of the version to be published.

Ethics Approval and Consent to Participate

Not applicable.

Acknowledgement

Not applicable.

Funding

This research received no external funding.

Conflict of Interest

Andrew Thomson is an employee of Carr Gomm.

References

- Community Integrated Care. Unfair to Care: understanding the social care pay gap and how to close it. 2024. Available at: https://c-6.net/virtualdocs/unfairtocare2024_a4brochure/ (Accessed: 17 July 2024).
- Macpherson F. Doctors ‘deeply concerned’ for care homes over winter. 2024. Available at: <https://healthandcare.scot/stories/3542/hospital-discharges-care-homes-hospices> (Accessed: 17 July 2024).
- Public Health Scotland. Delayed discharges in NHS Scotland: Annual summary of occupied bed days and census figures. 2023. Available at: <https://publichealthscotland.scot/publications/delayed-discharges-in-nhsscotland-annual/delayed-discharges-in-nhsscotland-annual-annual-summary-of-occupied-bed-days-and-census-figures-data-to-march-2023/> (Accessed: 17 July 2024).
- Scottish Social Services Council. 2024. Available at: <https://www.sssc.uk.com/> (Accessed: 31 March 2024)