



VIEWS & REVIEWS

ACUTE PERSPECTIVE

David Oliver: Is the NHS at war?

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What else could explain such repeated economy with the truth from health ministers and the Department of Health's own "war information ministry" (or press office) when discussing NHS funding, efficiencies, and services? And the supposedly independent NHS England does too little to challenge the misinformation.

Propaganda includes confident but incredible assertions and denials, the burying of inconvenient truths, and "magical thinking" that ignores recent history.

NHS England, for example, has proposed £22bn (£31bn; \$34bn) of "efficiencies"¹—but economists, policy experts, and NHS leaders in their droves say that these cannot be delivered. The government's "up to £8bn extra investment by the end of this parliament," the most NHS England dared ask for, won't sustain even current service levels.^{2 3}

Nine in 10 hospitals forecast deficits, and clinical commissioning groups face serious financial hardship.^{4 5} Patrick Carter's review identified only £5bn of savings at best,⁶ and most recent savings have come from pay freezes, not from new ways of working. Everyone—including the ministers and communications teams who repeat the mantras—knows that there's a crisis and that the solutions proposed are inadequate.

As for inconvenient truths, take the huge cuts to social care.⁷ The health secretary, Jeremy Hunt, ignored them in his "25 year vision" for the NHS,⁸ as well as the £22bn savings and the cost of three years of reorganisation after the Health and Social Care Act 2012.⁹

The Department of Health, while pushing for a "seven day NHS," has glossed over the problems surrounding recruitment in primary care and some hospital specialties. And the independent National Institute for Health and Care Excellence's review of nurse staffing levels has been shelved¹⁰—just as Hunt announced, without irony, that the NHS should focus on patient safety.

Examples of non-evidenced magical thinking are legion. Take the projections for a 3.6% reduction in urgent activity in clinical commissioning groups, while emergency department attendance is spiralling.¹¹ Or the notion that giving a "care plan" to 2% of patients over 75 could deliver big, quick benefits. Or the push for telecare to "transform" three million lives, leading to the

end of care homes.¹¹ Or the Better Care Fund, with its big, undeliverable expectations and even bigger spin.¹²

Politicians will be politicians, of course, and spin doctors will spin. But it's come to something, in a still wealthy democracy with information freely available, that these charades continue despite having almost no credibility among the two million people working in health and social care.

If the tanks really were rolling in, I'd hope that those in Whitehall might let us know; but we're not at war. So, how about some straight talking about funding and performance pressures? The public and the staff can take the truth—and they need to hear it.

Competing interests: I have read and understood the BMJ policy on declaration of interests and have no relevant interests to declare.

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