

SPOTLIGHT ON...**proposed health reforms of the UK's three main political parties**

With the UK's next general election fast approaching, the future of the NHS is being fiercely debated at every level. But what are Labour, the Conservatives and the Liberal Democrats actually proposing?

the main themes

The unifying ideal throughout the proposals seems to be a **patient-led NHS** with all three parties putting a great deal of emphasis on **patient preference** and the '**right to choose**'. In addition, the recent buzz around the issue of **health inequalities** has resulted in every party paying a great deal of attention to the topic. Other common themes include the Liberal Democrats' (LibDems) and Conservatives' (Tories) proposals to revive **NHS dentistry** and reform the NHS dentists' contract in order to do so. They also plan to scrap central Government targets. **Abolishing all mixed-sex wards** is on the agenda for both the Tories and Labour. In no particular order, here is some more detail:

the Conservative Party

The Tories plan to **give patients more control** through patient-held records, in the hope that patients would be able to make more informed choices about their care. **Payment-by-results** would be implemented in GP surgeries as well as hospitals. An '**information revolution**' would aid transparency of the system: the online publishing of detailed information on the performance of all areas of the NHS and its staff would ensure that the NHS is accountable to its patients.

An independent **NHS board** would be charged with allocating resources fairly across the country. The focus on tackling health inequalities continues with a **Health Premium**, ensuring extra resources for the poorest areas with the worst outcomes. The renaming of the Department of Health into the **Department of Public Health** hopes to bring a new focus onto disease prevention. Palliative care services would be boosted by **per-patient funding**, as opposed to a general budget, and a £10 million per year budget for **children's hospices** after 2011. The introduction of a one-off £8,000 payment, as an **Insurance Premium**, for people entering retirement will allow them to fund potential future residential care without being forced to sell their homes.

the Liberal Democrats

The LibDems propose to abolish the **Strategic Health Authorities** and create **Local Health Boards** run by elected local people, thus enabling local people to have some control over their local services (eg save hospitals which are threatened with closure). The introduction of a **Patient Contract**, which would explain in detail the services and treatments that a person is entitled to, as well as explaining their rights with regards to access to medical records, would be expected to **guarantee high standards**. Patients with chronic conditions would be given a **Personal Care Plan** explaining how, where and when they will be treated and any extra support they will receive (eg social care), the idea being that informed patients can then make more decisions about the management of their condition.

A **Universal Care Payment** would be made to those over 65 who need help with caring for themselves. This would be allocated based on needs rather than ability to pay, with the aim of ensuring a minimum standard of care country-wide. To control the 'superbug' infection threat, a **zero-tolerance** stance would be enforced in all areas and patients given **compensation** if they suffer as a result of negligence in relation to 'superbugs'.

To improve access to GPs, patients would be allowed to **register at more than one GP practice**. A **Warm Homes Package** would be rolled out to help increase energy efficiency of homes and a **Winter Fuel Payment** of £250 would be given to disabled people, similar to that which pensioners currently receive.

the Labour Party

Like the other parties, Labour are planning to offer patients guarantees on aspects of treatment, such as waiting lists, but Labour intend to make these **guarantees legally enforceable**. There are plans to create a **National Care Service** to look after the most at-need in society and the offer of free, home personal care for those with greatest need.

The creation of at least 100 **GP-led centres** in the poorest areas is aimed at addressing widening health inequalities. The recently published NHS constitution informs both staff and patients what they can expect from the NHS. There is £100million directed to increase privacy and dignity in the NHS, with the **abolition of mixed sex wards** being a high priority and **financial penalties** enforced for hospitals that fail to work towards this.

New vascular checks and **extended ages for screening** breast and bowel cancer are planned to address public health needs. More psychological therapists will be employed to help treat mental illness.

(*BMJ* 2010;340:c684 (10 February), labour.org.uk, conservatives.com, libdems.org.uk)

16 year-old to become Britain's youngest sex-change patient

Bradley Cooper from East Yorkshire has become the youngest person to be accepted for an NHS sex-change operation in Britain. 'People might think I'm too young to make such a huge decision but I know my own mind and this is what I want.'

The trainee hairdresser, who calls himself 'Ria', has reportedly known for years that he was a woman, dressing as one since the age of twelve. He said that the operation would reconcile what he feels on the inside with who he is on the outside, finally bringing him 'peace of mind', particularly after years of bullying at school for being 'gay'. After researching sex-change operations himself and seeing his GP, Bradley was referred to a psychologist, who put him on a waiting list for the operation, satisfied that he knew his own mind and was eligible.

The decision has provoked outcry, particularly from the TaxPayer's Alliance, who say the NHS should spend money more wisely in the current economic climate, since the operation costs £10,000, but also from other sex change patients, who feel that Bradley is too young and impressionable to have the irreversible procedure. (dailymail.co.uk 2010; 24 January, telegraph.co.uk 2010; 24 January, newsoftheworld.co.uk 2010; 24 January)

rickets resurgence in the UK

Hours spent inside by children playing computer games or watching television are thought to be contributing to the resurgence of rickets in the UK. Associated with poverty in Victorian Britain and malnutrition in developing countries, rickets is caused by chronic vitamin D deficiency, resulting in abnormal growth and 'bow legs'. Dr Tim

Cheetham and Professor Simon Pearce, scientists from Newcastle writing in the *British Medical Journal (BMJ)*, call for Vitamin D supplementation in milk and other food products in the UK. 'I am dismayed by the increasing numbers of children we are treating with this entirely preventable condition.' There are currently more than 20 new cases of rickets per year in Newcastle alone.

People normally receive their Vitamin D from a small number of foodstuffs such as egg yolks and oily fish, or by synthesising it in the skin when exposed to sunlight. It is thought, however, that half of all British adults experience Vitamin D deficiency in the winter and spring; prevalence is higher in Scotland and the north of England, and amongst the Asian population. A recent study also suggested that Vitamin D supplementation could cut rates of bowel cancer, although not necessarily more so than an adequate natural intake.

Vitamin D supplementation of food products has already been successfully implemented in other countries. Moves to introduce it in Britain are currently opposed by both the Scientific Advisory Committee on Nutrition and the Food Standards Agency. (timesonline.co.uk 2010; 22 January, bbc.co.uk 2010; 21 January)

patient photos on Facebook

A nurse in Glasgow has been suspended after claims that she uploaded photos of patients onto Facebook. The photos, reportedly of individuals being operated on in theatre, were thought to be taken using a camera phone without the knowledge of other staff; patients are said to be unidentifiable in the photos. The nurse has been removed from her post whilst investigations are

underway. The incident has raised debate about the use of mobile phone photography in hospitals. (*bbc.co.uk* 2010; 22 January, *telegraph.co.uk* 2010; 22 January)

mother kills son with heroin injection

A 57 year-old mother was given a life sentence in January after killing her son as an 'act of mercy'. Frances Inglis from Dagenham, Essex, was found guilty of murder after injecting heroin into the thighs and arms of her 22 year-old son, Thomas Inglis.

Mr Inglis had long-standing brain damage after falling from an ambulance in July 2007. His mother first attempted to kill him with heroin a month after the accident, but he was successfully resuscitated and moved to a rehabilitation centre in Hertfordshire. Mrs Inglis was placed on bail for attempted murder and subsequently denied access to visit her son. 14 months later, however, Mrs Inglis visited her son using her sister's name and killed him with an injection of heroin. When nurses tried to enter Mr Inglis' room, the door was barricaded shut using oxygen cylinders. Mrs Inglis denied the charge of murder, stating that ending her son's life was an act of mercy. She considered that Tom would have wanted to die rather than continue living in such a condition, and that injecting heroin was the best way to allow her son a painless and peaceful death.

Judge Brian Barker told the court that 'mercy killing' is not a concept recognised in law - 'it is still killing'. The jury ruled that Mrs Inglis was guilty of murder with a majority of ten to two. She will serve a minimum sentence of nine years. (*telegraph.co.uk* 2010; 20 January, *bbc.co.uk* 2010; 20 January)

child's fictitious illness created by his mother

A mother was recently sentenced to 39 months in prison after fabricating her son's lifelong illness.

Lisa Hayden-Johnson's son spent the first six and a half years of his life being investigated by specialists from Bristol to Great Ormond Street; his supposed illnesses included cerebral palsy, cystic fibrosis, an allergy to sunlight, and diabetes. His mother also claimed that he couldn't swallow so he was fed through a tube.

Mrs Hayden-Johnson misled doctors, family and friends by forcing her son to sit in a wheelchair, making him breathe with the aid of an oxygen cylinder and spiking his urine with glucose. At the age of four he had a PEG tube fitted because he was seriously underweight. These fictions gained Mrs Hayden-Johnson and her son a large amount of attention and support, including meetings with Tony Blair and the Duchess of Cornwall.

Eventually it was uncovered that the problems Mrs Hayden-Johnson claimed her son suffered from were fictitious, the result of a form of child abuse called 'Munchausen Syndrome by proxy' where a parent (usually the mother) fabricates or induces illness in their child, seemingly simply to gain medical attention. In this case there were also considerable financial rewards with £130,000 claimed in benefits.

Mrs Hayden-Johnson's son is now eight and has been given a new identity. He is said to have been perfectly healthy since his removal from his mother. (*bbc.co.uk* 2010; 22 January, *timesonline.co.uk* 2010; 23 January, Abdulhamid I. Munchausen Syndrome by Proxy, *emedicine.medscape.com*)

mother cleared of attempted murder

Kay Gilderdale, a 55 year-old-woman, has been cleared of attempted murder after admitting to assisting the suicide of her daughter after a week-long trial. The jury of six men and six women took less than two hours to return their unanimous verdict.

Lynn Gilderdale, 31, was said to have suffered with ME for 17 years after contracting a virus aged 14. This left her severely ill and bedridden at her home in East Sussex, with her mother providing 24 hour care. She communicated using sign language, went through the menopause aged 20, and lost half her bone density from osteoporosis. She was fed through a naso-gastric tube and daily administered around 210mg morphine via a syringe driver to help manage her pain.

In December 2008 she persuaded her mother to help her die after saying that her 'body was broken': 'I want the pain to go – I don't want to go on'. Her mother provided Lynn with double her normal daily dose of morphine which her daughter administered herself. Lynn later awoke distressed at which point her mother administered a mixture of anti-depressants and sleeping tablets, as well as injecting three boluses of air to cause embolism.

Mrs Gilderdale was given a twelve month conditional discharge; the maximum sentence for assisted suicide is 14 years. The case sits against the backdrop of the newly published final guidelines on the situations in which someone would be prosecuted for assisting suicide. (*telegraph.co.uk* 2010; 26 January, *timesonline.co.uk* 2010; 25 January, *bbc.co.uk* 2010; 25 February)

child self-harm figures revealed

Figures released in January show that over 7,000 children in Scotland were admitted to hospital after self-harming in the last decade.

However, individual patients can trigger multiple episodes depending upon the different instances and aspects of health services they presented to. The Liberal Democrats health spokesman, Ross Finnie, who obtained the figures using Parliamentary Questions, described them as a 'desperate cry for help'. Finnie commented 'that there are long waits to access certain services, particularly services for younger and older people, and there is a lack of out of hours and crisis services in some areas'. He also said distribution of funding needed to change so that those at risk of self-harm were identified and helped in the community.

Shona Robison, Public Health minister, commented: 'we are aware of the extent of the issue of self-harming and are committed to tackling this'. She said a £5.5 million sum to boost mental health services will include funds for specialists to work with self-harm patients, leading to an increase in staff. This is planned to contribute to a reduction in the waiting time to see Child and Adolescent Mental Health Services (CAMHS) to no longer than 26 weeks by 2013.

Billy Watson, chief executive of Scottish Association of Mental Health, said self-harm should be taken seriously and is usually symptomatic of a deeper problem. He also commented on the need to promote a supportive culture in schools and to provide support for paid workers and parents. (*bbc.co.uk* 2010; 24 January, *scotlandonsunday.scotsman.com* 2010; 24 January)