

## **Ruth - Presentation**

### **Ruth Tudor:**

Hi my name's Ruth Tudor and I'm studying for a Masters in Social Science. I'm here today to talk about the Social Inequality of Charging to use the NHS something which has come up recently in the Guardian newspaper.

In 1948 Bevan had a vision for the NHS. He was the then Health Minister and his concept was that there would be an umbrella organisation that would provide services which would be free to everybody at the point of delivery. And he had two central principles for that. One was that it would be available to everybody and two that it would be financed entirely from taxation.

Health is important to all of us, without our health we can't do anything. We can't go to work, we can't study, we can't earn any money and it affects our family life as well. And to that end Maslow had a hierarchy of needs and at the very bottom of that hierarchy of needs was the need for food, sleep, warmth and these are psychological needs that every person really has to meet.

There are four ultimate questions. Do we want a healthy population? What constitutes a healthy population? Do we want to stop certain people using the health service? And how are we going to pay for it?

So there is an impact on charging on many different things. It impacts on money, it impacts on employment, it impacts on social class, deprivation, where you live, the politics of the area that you live in. It impacts on your education, your upbringing, general health and disability and also the age, your gender and your family size.

And there are wider implications to charging on the NHS. How are you going to access the NHS if you live in the city or whether you live in the middle of nowhere? There are different standards across areas. Everybody has a different ability to speak up for themselves. Sometimes illness can prevent access to education and if you've got no access to education then you're not as able to speak up for yourself as perhaps you might like to be. But there's the ability to access the service if you live in the middle of nowhere. Is there a bus service? Do you have a car, that kind of thing. Do you have somebody who can take you there? If you have multiple ailments, you know, where do you start? What is the most important thing to you to sort?

Obviously the bigger the family the higher the cost to the NHS. We are of course now living of course in an aging population so our life expectancy is a lot longer and then there is always the old chestnut that men are less likely to seek help than women. And so that can impact because by the time they do seek help they need more expensive NHS treatment.

So that takes us back to those four ultimate questions. Do we want a healthy population? What constitutes a healthy population? Do we want to stop certain people using the health services? And how do we pay for it? At the end of the day the cost of health services per person will not reduce because we change the way we pay for it. The only thing that will reduce is the number of people accessing these services. To reduce the total cost of a healthy nation the best option is to improve the efficiencies within the NHS through targeted health policies.

Thank you very much for listening to my presentation and I hope it gives you reason to think and I would also like to thank Patricia Briggs for her help in organising this presentation.