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### **Major new report calls for end to “frivolous use” of NHS resources**

- An end to cosmetic procedures on the NHS
- Fines for drunk patients
- End to “culture of entitlement”

People who routinely exploit NHS casualty departments by seeking treatment as a result of drink or drugs should be fined as part of a major new crackdown on the abuse of NHS resources, a report claims today.

It is further recommended that everyday drugs such as common pain killers and cold remedies should not be available on the NHS, and that cosmetic surgery and treatment for conditions such as acne should not be carried out by the health service.

The major new report, by the independent think-tank 2020Health, has called for a radical overhaul of NHS prescriptions, treatments and practices. “Responsibility in Healthcare” makes several dramatic recommendations for the future sustainability of the NHS.

The NHS will not be immune from efficiency savings, and continuing to treat risk factors for disease as the actual disease itself, or funding injury brought on by irresponsible behaviour, will make this very hard to achieve. The report goes on to highlight the need for a “cultural change” in the way the nation views its health.

Julia Manning, Chief Executive of 202Health and the report’s co-author, says:

“The universal healthcare system is at the core of our society, but too often it is treated with the same casual regard as calling for a taxi or booking a train ticket. We must encourage people to be more in control of their own health. It’s reassuring to know that the NHS is there for you, but that doesn’t mean you should be free to routinely end up there after a night out.”

Every year, the NHS spends eight billion pounds on avoidable health problems; including obesity related issues (£4.2bn), alcohol abuse (£2.7bn) and sexually transmitted infections (£1bn). The report argues that these are all areas where personal responsibility has failed, and the NHS acts a safety net for bad lifestyle choices.

Furthermore, type 2 diabetes-related treatments can cost the NHS up to 10 per cent of its budget every year, equating to nearly ten billion pounds. An aging population and an increasingly overweight youth will only add more pressure to the already overstretched health service.

More information should be provided to the public about the costs of NHS treatments, and the long-term benefits of more healthy choices in diet and exercise.

The Proprietary Association of Great Britain, which represents the manufacturers of over-the-counter medicines in the UK, reported in 2007 that £57m is spent in the NHS on consultations involving minor ailments, with primary care costs of £2bn. Manning says, "The NHS cannot afford to spend this sum of money dealing with minor ailments that people can cope with themselves."

The political consensus is that significant savings need to be found in public spending, but efficiencies alone will not yield the level of savings required in the NHS budget. According to Manning, "an entirely new approach to usage and funding of the NHS is required."

The report recommends that "disease mongering" is a drain on precious NHS resources. Acne, short stature and moderate increases in blood pressure are all areas identified by the report as conditions that are misleadingly portrayed as diseases in themselves, or given the same emphasis as actual diseases. Resources in these areas should be used to make treatments for disease more rapidly available to people who face serious illness.

The report says that a public review should be instigated to identify normal human variations for which treatment should not be paid for by the taxpayer.

Cosmetic procedures are another area that come under scrutiny in the report. Manning poses the question, "Is it really the job of the NHS to make people taller, thinner or better looking? Likewise, should there not be penalties for persistent alcohol abusers who clog up casualty departments and force those in genuine need to wait much longer?"

For Manning, the debate is about improving public health and public understanding around the issue. "This report isn't about cost-cutting. It's about seeing a more appropriate use of resources, and creating a more efficient and personalised system of care in our health service.

We desperately need better tools to inform the public and promote healthy choices. Personal accountability is key to weaning the public away from complete dependence on the NHS. The health service cannot remain as a substitute for taking responsibility for our health."

The report, which features contributions from several MPs, academics and doctors, concludes that innovation and cultural change should be at the heart of the NHS as we enter the second decade of the twenty first century. Online medical records, such as those proposed by the Conservatives, could lead to the public taking greater ownership of their health and foster a stronger understanding of the cost of care.

The report coincides with the Conservative's draft manifesto on the NHS, in which they pledge to allow dentists the right to fine people who consistently miss appointments, and stop paying dentists to carry out unnecessary appointments.

ENDS

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Notes to editors:

2020health is a centre-right Think Tank for Health and Technology.

### **Vision**

- More people enjoying good health

### **Mission**

- We want to improve health through effective commissioning, competition and technology
- We seek a level playing field between the public and private sector as they work to improve health outcomes
- We search for ways in which the workforce can take more responsibility in local healthcare
- We examine the consequences of healthcare decisions on society, lifestyle and culture

### **Work streams**

- Public health
- Technology
- Sustainable health

### **How are we different?**

We are the only centre-right, web-based think tank purely for health and technology. We are 'professional' led, ensuring all we do has the constant input of people working for and in the public services. Our unique emphasis is on giving people who work everyday delivering healthcare, the 'grass-roots', the opportunity to use their experience and expertise to direct our work. We recognise that bioethics and technology are inseparable from the future of healthcare and we will consider new technology and discoveries alongside service delivery. We will build on these policy ideas, harnessing the experience of our network to develop them into solutions and pledge that there will be feedback by relevant policy experts.