Scotland in the UK: The case for our NHS
As part of the UK, our NHS has the best of both worlds. We make the decisions about our healthcare here in Scotland and the money needed to pay for our NHS comes from taxpayers across the whole of the UK.

The best way to secure the NHS’s future is to remain in the UK. It is our most cherished public institution; there is no greater achievement than providing health care free at the point of use for all. Our NHS isn’t perfect, but it has recently been ranked the best health service in the world. In a ranking of 11 Western countries, the NHS was rated top overall, including best in the world on quality of care, access to care and efficiency. Why would we want to put this at risk?

However, as medical care becomes more expensive due to an increasingly elderly population, our NHS faces real challenges. Only as part of a strong and secure UK can we ensure our NHS is protected in future.

Although the nationalists appear reluctant to admit it, the Scottish Parliament has full control over our health service. Funding levels for the NHS are determined by the Scottish Government.

The case is clear. Scotland’s NHS is better-off as part of the UK:

1. Decisions about the NHS in Scotland are made here in Scotland
2. Our NHS is paid for by taxpayers across the whole of the UK, providing security for our health service
3. We have hassle-free access to specialist, cross-border healthcare based in the rest of the UK.
4. Our medical research is better-resourced as part of a larger UK research base.

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Our Healthcare is the best in the world Why would we put this at risk?

**QUALITY OF CARE**

1. UK
2. Australia
3. Switzerland

**ACCESS TO CARE**

1. UK
2. Germany
3. Switzerland

**EFFICIENCY OF CARE**

1. UK
2. Sweden
3. New Zealand

Source: Commonwealth Fund, June 2014
Part 2: The Best of Both Worlds

Funding for Scotland’s NHS is better secured as part of the UK. Devolution has meant Scotland has taken decisions unique to our circumstances. For example, the Scottish Parliament banned smoking in public places and provided free personal care for the elderly.

Scotland’s health has improved under devolution. That is a good thing. However, big challenges lie ahead for our NHS as our population ages and providing medical care becomes more expensive. Being in the UK means we are able to pool our resources across 63 million people rather than just 5 million. That gives us the strength and security we need to face the healthcare challenges of the future.

Being part of the UK protects the funding for our NHS in Scotland. Figures from the impartial Nuffield Trust show health spending in Scotland is £2,115 per head compared to £2,109 in Northern Ireland, £1,954 in Wales and £1,912 in England. This puts Scotland’s health spending at nearly £200 higher per head than the UK average. This higher spending in Scotland reflects greater need and the additional costs of providing services in areas of lower population density.

These distinct differences have been recognised and accommodated within the UK for a considerable time. Sir John Dewar’s report in 1912 led to the creation of the Highlands and Islands Medical Service, in many ways a precursor to the creation of the NHS.

This led to extensive support for the health needs in outlying rural areas, including the first air ambulance service being provided to the islands in the 1930s.

Part 3: Funding our NHS in a separate Scotland

Our NHS would be put at risk if we were to separate. Losing the back-up of the UK economy would put Scotland’s finances under severe strain.

The impartial experts at the Institute for Fiscal Studies (IFS) have shown that a separate Scotland would face between £3 billion and £10 billion of cuts or tax increases. That is, under the most optimistic scenario, equivalent to an 8% cut in public services or 9% increase in the basic rate of income tax. Some of these cuts would inevitably come out of our NHS budget. We don’t have to take such a big risk with our health service if we stay in the UK.

Public spending in Scotland is 18.6% higher than the UK average with health spending around £200 per head higher. This difference is only going to get bigger in the coming years. Scotland already has a higher number of over-65s as a proportion of our population than the UK average. By the 2030s, this gap is set to double. In fact, the only section of Scotland’s population set to increase is those aged over 65. For the UK as a whole the population at all ages is projected to increase. With growth in spending fastest in areas most heavily concentrated on older people and slowest in those areas most heavily concentrated on the young, Scotland’s public finances are set to be stretched even further in the years to come.

Age profile of total health and education spending
If Scotland goes it alone the future of our cross-border health arrangements with the rest of the UK would be uncertain. Some treatments are too specialised to be cost effective in a country of 5 million. However, as part of the UK, Scots have access to dozens of treatments that are unavailable in Scotland with no hassle and no charge. It is clear that specialist healthcare is easier to organise within one country than having two negotiate with each other.

Lots of Scottish patients make use of health facilities in the rest of the UK every year. Here are a few examples:

- 143 patients from Scotland received cutting-edge proton beam therapy at Clatterbridge Hospital in England over the last 8 years.
- 59 Scottish children have been sent to England for liver transplants in the last 10 years.
- 154 heart and lung transplants for Scottish patients have been completed in Freeman Hospital Newcastle over the last 10 years.
- 15 referrals to Birmingham Children’s Hospital for a rare form of eye cancer, retinoblastoma over the last 7 years.
- 7,304 Scottish patients have made use of Porton Down Rare and Imported Pathogens Lab in the last 8 years.

Specialist treatment is not the only form of cross-border care that would be put at risk. Thousands of Borders patients use services in England each year. In the last ten years, patients from the Borders have been given 21,899 outpatient appointments and 3,391 inpatient appointments in England. If we were to break away, patients in the Borders may be forced to use hospitals that are further away from them purely because their closest facility is now in a foreign country.

Our ambulance services are highly integrated with our English counterparts. In the last 8 years 22,205 cross-border ambulance journeys have been made by the Scottish ambulance service. The nationalists have not explained how cross-border accident and emergency services will be conducted. It makes no sense for a Scottish patient to have to travel to a hospital further away than their English counterpart just because it is in the same country.

Cross-border care is one of the best examples of working together across the UK. As part of the UK patients in the Borders can use their most accessible hospitals without worrying about whether they are in Scotland or England. Specialised healthcare is most efficiently spread across 63 million people rather than 5 million. We have control of our healthcare in Scotland but the close working relationships and security offered by our NHS within the framework of the UK means we are simply better together.
Scotland has a long and proud history of intellectual excellence and success in research, with particular strengths in the world-leading medical research supported by UK Research Councils and UK Charities. Scottish medical schools do consistently well in UK comparisons, holding particular research strengths in areas like cancer, heart disease and mental health services research. In life sciences and medicine, three Scottish universities were ranked in the world’s top 100 with 12 other UK universities.

In medical research, Scotland receives 13% of UK-wide medical charitable funding, around £143 million. It is clear that our medical research thrives as a part of this integrated UK system and would be put at risk if Scotland was to separate in September.

Sources funding Scottish institutions include the Medical Research Council (£66m), the Wellcome Trust (£46m), Cancer Research-UK (£28m), the British Heart Foundation (£4.8m) and the Arthritis Research Council (£2.6m). Top experts in the field of medical research have cited their concerns over separation:

- **Sharmila Nebhrajani, Chief Executive of the Association of Medical Research Charities:**
  “Scotland punches above its weight in life sciences and as a recipient of medical-research funding. My worry is the uncertainty and the risk to funding in that interim period, which could last some time. It may be that going forward, people would then think twice about setting up an institute in what became an independent country. It may mitigate towards grant funding.”

- **Medical Research Charity, The Wellcome Trust:**
  “Our future commitment, and the eligibility of Scottish institutions for trust support, would need to be reviewed. There is no guarantee that our funding would be maintained at current levels. The majority of the trust’s awards are provided by researchers to UK institutions; the funding that we provide overseas is largely focused at low and middle-income countries.”

- **British Medical Association:**
  “Funding for research in universities is currently determined on a UK-wide basis including the allocation of research grants from the seven research councils. Each year the research councils invest around £3 billion in research, with awards made on the basis of quality rather than by country of origin. Scotland is currently successful beyond its population share.”

Earlier this year, a letter signed by 14 leading experts, including a former Chief Medical Officer and vice-chairman of Cancer Research UK, Scotland’s first chief advisor on science and director of the Beatson Institute for cancer research, spoke out about the benefits of a UK-wide medical research system. They said:

“Growing out of our profound commitment to Scotland are grave concerns that the country does not sleepwalk into a situation that jeopardises its present success in the highly competitive arena of biomedical research. Life sciences research provides thousands of high technology jobs; it is now and can undoubtedly remain a cornerstone of the Scottish economy. We contend that Scotland’s research interests will be much better served by remaining within the common research area called the United Kingdom.”

Medical research is one of Scotland’s strengths, a strength that is best maintained as part of the UK. We can have the best of both worlds: a strong Scottish Parliament, with the guarantee of more powers, making the decisions on Scotland’s healthcare but also an internationally respected UK research community which delivers disproportionately high research funding to Scotland’s world-leading universities.
Part 6: Conclusion

The NHS epitomises everything that is best about the UK. We care for our vulnerable and sick free of charge. Separation would put an end to the pooling and sharing of resources that has underpinned the UK healthcare system for decades. A recent poll for Better Together revealed the extent of commonality across the UK with regard to the NHS. When asked whether the NHS should be free at the point of use rather than based on ability to pay, 90% of adults in Scotland agreed along with 90% in Wales and 87% in England. There is also an overwhelming majority in favour of the principle of government-provided healthcare across the UK.

The NHS should be free at the point of use rather than be based on ability to pay?

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It should be the government’s responsibility to provide healthcare for the sick through the NHS?

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Scotland’s NHS is better funded within the UK, we have hassle-free access to services in the rest of the UK and our medical research is fully-resourced. Under devolution we can steer Scotland’s NHS in the direction we want, backed up by the greater UK economy. Separation would only damage this balance and put our NHS at risk. It is clear to us that for the sake of the NHS, the UK is better together.