

Instant results improving the NHS¹

Peter Bowbrick

It is possible to produce instant, observable results on the NHS. Difficult with a fixed budget. Yes, it is difficult with an enormous complex organization where change takes years.

There is one way, though. Cut fraud and theft. This is probably taking one tenth to one sixth of the NHS budget. Not millions of pounds, not billions, but nearly one percent of the GNP. No doubt the NHS will squeal that the theft is nothing like as high, but how would they know? If they knew they would act.

How many people die when someone steals £1m? More than Shipman killed? Not by lethal injection, but by the less dramatic failure to treat people on time, failure to afford the right medicines, and closed wards. So how many lives will be saved if we can stop theft.

Anyone working in the NHS has a long string of stories of theft and fraud, but they will only tell you if they really trust you. Why? Because they know that nobody will investigate, let alone prosecute. And they know that the NHS is truly vicious to whistleblowers.

It is policy not to investigate. I found this out when I reported a possible fraud to my Strategic Health Authority. It was a serious complaint set down clearly and supported by evidence – I have spent years investigating corrupt public sector organizations. I heard nothing. Two weeks later I contacted them again and they said that they would not take any action.

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I contacted the Healthcare Commission who told me that my complaint would be passed onto the Central Fraud and Security Management Services. Nothing happened. I contacted them direct. Nothing happened. Five weeks later I contacted them again and they told me that my complaint had been passed on to the Regional Operations Fraud Team. Nothing happened.

So I tried a different tack. I wrote to my MP who passed my letter on to the Minister who told a civil servant to chase it up. The Regional Manager then opened my e-mail for the first time, and allocated it to one of his staff.

Eventually, after six months, an investigator came, an ex-policeman. He admitted that the system was overloaded to the extent that he could only deal with open and shut cases, ones that he could deal with in three days. The small cases. He could not spare the time to read the documentation in my case or in any other big case.

I told my MP, who told the Minister, who took no action. So it is UK Government Policy not to investigate.

Admittedly this was in England, but English overspending limits the money available for the Scottish NHS. And I have no reason to believe that the Scottish NHS is any better.

If you really want to stamp out theft you have to act instantly. If anyone does pluck up the courage to report theft or fraud, an investigator must call on them at home that night, while their memories are fresh – and before they change their minds. The investigators must pounce on the documents and other evidence before the criminals have the chance to hide it. This means having so many investigators that some are sitting around waiting for the phone to ring. Expensive, yes, but a tiny fraction of the cost of fraud.

Even more important, anyone who victimizes the whistleblowers should be charged with being an accessory or impeding the course of justice. And it would not do any harm to pay the whistleblowers 10% of the money saved.

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Just the threat of real action against theft would make some thieves think twice, and would increase the money available for health. The announcement that a new prison was being built for NHS thieves would help. And a string of prosecutions and litigation for the recovery of money stolen would bring the message home.

This would excite a population weary of spin: the government listening to the people and acting on what they say, immediately.

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Dr Peter Bowbrick is an economist who has worked as an international consultant, investigating inefficient or corrupt public sector organizations around the world.