

Health in Britain

problem meets solution

Jamie MacAlister

Our deteriorating health is an increasing burden on a state budget which can't afford to pay for it – faith in God offers a way out.

The number of UK patient instances requiring hospital consultant attention – termed consultant episodes by the NHS – has been increasing at a rate of 4% per annum over the past five years. Reducing the average amount of time people spend in hospital beds is the way the NHS has been able to stay within budget – but there's a limit to how far that can go. Meanwhile, the government is looking for cost savings in the NHS to help pay off the national debt.

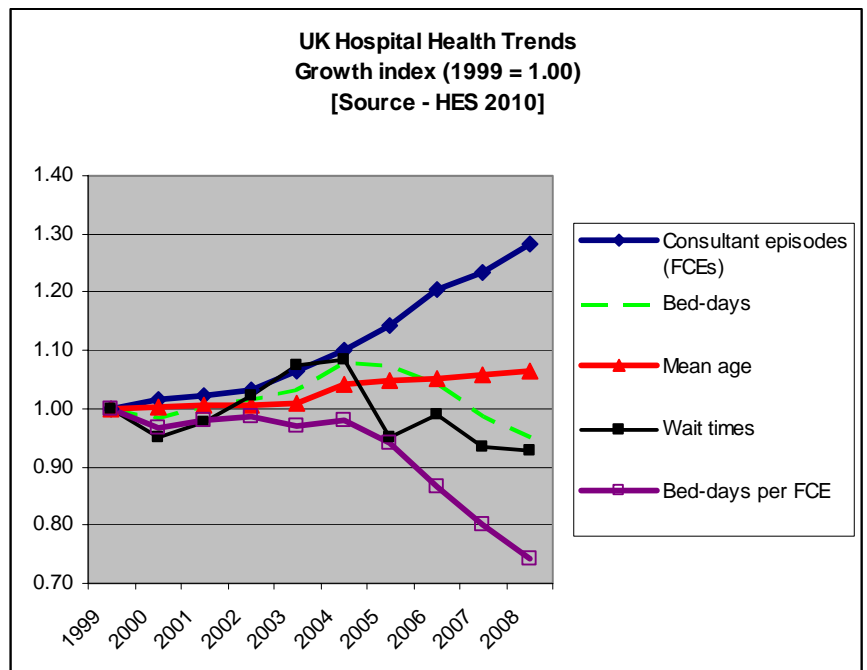
Consultant episodes (aka FCEs) have grown 30% in the last ten years, and particularly grown in the last five. While part of the reason for this is an aging population who tend to have more health needs, mean age of patients has only increased by 6% over that time, so certainly does not account for all the increase.

As the NHS has sought to cut costs by encouraging single day procedures and moving patients out of beds quicker, this increased need has been offset by a 28% reduction in the average bed-days per FCE, meaning that the NHS

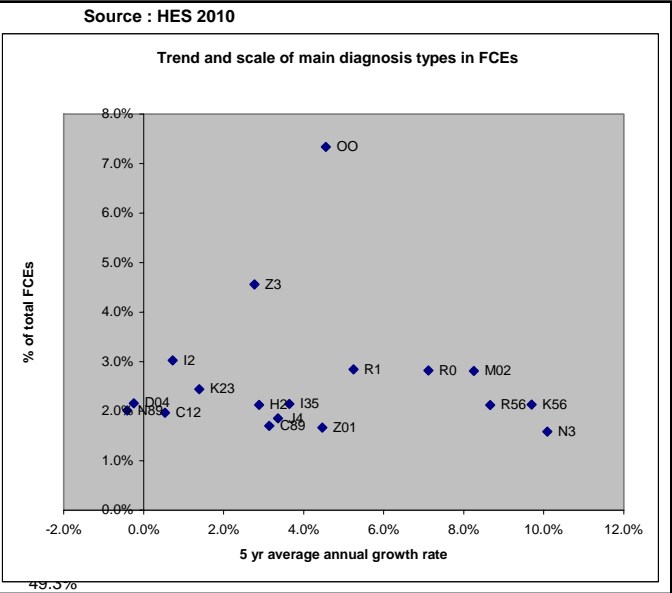
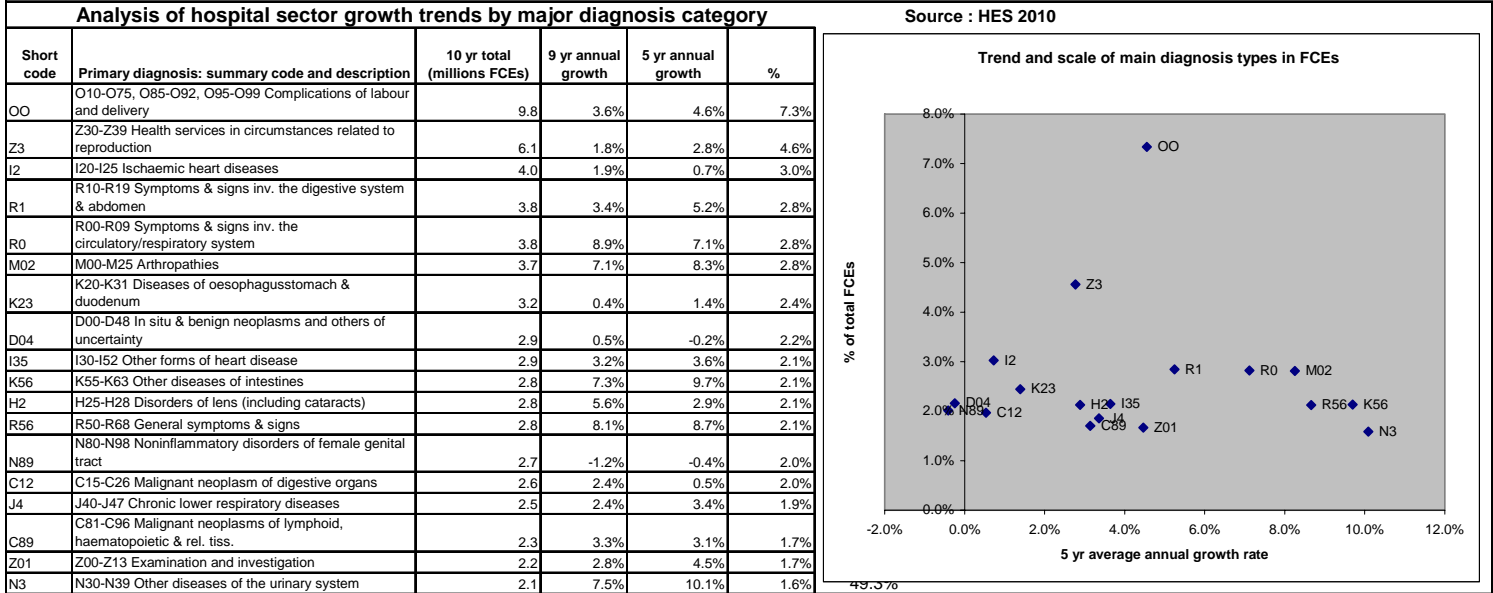
resource needed in terms of bed-days has marginally declined over that period. These efficiency measures have also helped average wait times for patients, although having increased by nearly 10% in the first five years, the net improvement over ten years is only about 8%.

So as the demand looks set to continue increasing, and there is a limit to the sorts of efficiency measures that can be done to offset it, we are left asking the question, what is causing this dramatic increase in demand for health services. After all, as we understand more about our health, we should surely be expecting to be getting healthier.

A closer examination of the types of diagnoses leading to increased hospital visits shows a group of smaller but fast growing problem areas: digestive systems, urinary, respiratory and arthropathies (joints – eg arthritis). Problematic births, reproduction, heart and cancer – the big users of hospital resource also continue to grow, albeit at a slower rate.



Speculating on the reason for this trend is the subject of another article. The point for now is that this doesn't look good for a government that is trying to find ways of cutting public sector costs.



Alternative lower cost therapies for dealing with these ailments are needed. One such alternative is demonstrating increasingly positive results, and in general, it doesn't cost anything (although that does depend on how you count "cost"). This alternative is faith – Christian healing in particular is on the increase. More and more churches are now offering effective healing prayer, sometimes with dramatic results.

Blonay has started to capture and categorise examples on a Christian Healing Database. Healings cover a full range of areas – God doesn't specialise. In the database, we see 14% of healings relating to mental illness (depression, epilepsy) which has also been another resource-hungry growth area for the NHS. 11% of healings relate to cancer, 14% to chest and digestive problems. 15% relate to backs, 7% blindness, 7% deafness and 6% joints.

Its early days for the database, but as our health sector creaks under the strain, this could be a way forward that we now need to start taking more seriously?

Jamie MacAlister is a management consultant and the founder of Blonay Business Planning, a firm which specialises in helping public, private and third sector management teams to plan for more effective organisations and to set up social ventures. Jamie is also a committed Christian.