

"Nor is it just particular illnesses that benefit from this perverse care law in which some categories over-perform while others are relatively neglected. Hospital has mojo in a way that primary care and fistula has not."

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The unheralded

Cancer has mojo. Certainly this is true for those charities associated with it. Cancer Research UK is a prime example, being the sixth largest charity in the UK with an income bigger than the National Trust's, as unseemly as that may feel.¹

Other illness types have mojo too, of course. What about *heart*? Well, the British Heart Foundation comes 15th in the list, packing a financial punch that few institutions can match.¹ Good grief, it even comes above Swansea University.

It's not just about charitable giving though. Cancer begets oncology suites and palliative care units, while coronary care units are now so long established that their presence can safely be assumed in pretty much any hospital worthy of the name.

Don't think it stops there either. Those cancer units need cancer medicines. And it turns out that those cancer medicines account for seven of the 20 highest-cost medicines used in the NHS in 2015 to 2016.² This contributed to the rise in cost of hospital prescriptions by a startling 82% in the 5 years leading up to then (contrast this with a rise of 4.6% in primary care prescription costs over the same period). Worldwide, this cancer drug gold mine generated sales worth \$107 billion.³

Nor is it just particular illnesses that benefit from this perverse care law in which some categories over-perform while others are relatively neglected. *Hospital* has mojo in a way that *primary care* and *fistula* has not.

According to the Office of National Statistics, the 'Offices of general practitioners' were funded to the tune of £12 billion in 2015, amounting to 8.2% of the total spent on the NHS that year.⁴ By contrast, hospital funding amounted to £71 billion, almost half of the total bill. And yet despite this large slice of the pie, the hospital sector still required a £2.5 billion bailout in 2016.⁵

Even so, hospitals remain under unprecedented pressure. A&E services are particularly under the cosh, apparently at least in part due to patients giving up on being able to see their GP.⁶ And yet the national GP survey records that

the proportion of patients failing to get a suitable appointment with their GP in 2015 was only 2.4% fewer than three years earlier.⁷ It says too that the proportion of those surveyed who gave up and went to A&E was only 0.7%.

So, if such small changes in the numbers of those giving up on their GP is enough to cause such turmoil at the hospital end, then perhaps the solution might be to spend a bit more on primary care instead? Just a share of the bailout would do.

Don't hold your breath about the government seeing the light on this though. Even the National Audit Office says it has

'... limited understanding of the pressures in general practice'.⁶

The irony is that we are open to all the unheralded conditions, including those with no label at all. Short-changing primary care short-changes so many people but especially the unlucky and the unloved.

So something else is needed entirely. We could do worse than to find an idea to associate with that has as much power as cancer, heart, or even hospital. And maybe then borrow some promotional tactics from the experts to pull on public heartstrings. I'd go for *heart of the NHS*.

Whichever it is though, we need to find our mojo.

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