

## UNIVERSAL DISCREDIT

The American Vice-President Hubert Humphrey is credited with saying that the moral test of a government is how it treats *'those who are in the shadows of life, the sick, the needy and the handicapped'*.

The growing disappointment and anger over how this country, one of the wealthiest in the world, is failing its weakest and most dependent citizens yet again, this time through the shambolic implementation of the Universal Credit system, is apparent not only in this issue of the *BJGP* but also across the media and the political arena. Caitlin Moran wrote in the *Times* that *'it reveals this country now has a political class so distant from the people it is supposed to serve that it launches policies that would actively destroy them. It is nationally humiliating to have a government so privileged that it introduces something so ignorant, so astonishingly badly administered and, yes, so cruel'*.<sup>1</sup> There have been furious exchanges over Universal Credit in the House of Commons.

The roll out of Universal Credit got off to a terrible start. In June 2018 the National Audit Office (NAO) published a report that found a quarter of benefit recipients received their money after a gap of, on average, 4 weeks, during which time they may have received nothing.<sup>2</sup> The NAO concluded that though some elements were working well, many claimants suffered difficulties and hardship during rollout of the full service, that the Department of Work and Pensions had been unresponsive to issues raised by them and, importantly, that the Department will never be able to measure whether Universal Credit actually leads to the target of 200 000 more people in work, because it cannot isolate the effect of Universal Credit from other economic factors in increasing employment.

Poverty matters because it blights and shortens lives. Graham Watt remarks in his editorial about the shameful persistence of the inverse care law, that the poor are not hard to reach, but they are easy to ignore. The needs of patients living in areas of socioeconomic deprivation, and of the practices that struggle to provide adequate services for them, have certainly proven easy to ignore in successive funding models for general practice. Two of our research papers, from Sheffield, reflect the difficulties that GPs and patients face in staying healthy under these circumstances. Watt closes by posing the question: is the NHS an instrument to

address social injustice, reducing unfairness in society, or is it not?

Last year the BMA published *Health at a Price*, which focused on reducing the impact of poverty.<sup>3</sup> The BMA certainly saw a strong role for the NHS in this regard, including promoting the idea of doctors as advocates, drawing attention to the health needs of patients in poverty, and making a number of suggestions including articulating health-based arguments for planners and commissioners of services to represent the best interests of patients, directly influencing decision-making, through local and national political activity and involvement with professional organisations, health organisations and charities, and local community activities. Why not go further and ensure that in medical teaching and training, the syllabus on the social and economic determinants of health includes the role of doctors and the health service in addressing the underlying causes of poverty? Might the Medical Royal Colleges make a joint statement of their concerns about poverty and health inequalities and their shared determination to do something about it?

Some other besetting problems of current practice are examined in this issue of *BJGP*, including complaints arising out of hours, the use of interpreters, the future shape of practices, the impact of financial and reputational incentives to improve performance, the continuing pressures facing GPs in these difficult times, and the use of practice waiting rooms to display health information. Two of our best-regarded playwrights, David Hare and Alan Bennett, have chosen to look at aspects of the NHS — including financial austerity and hospital closures — in their most recent plays. Everybody's talking but is anyone listening?

Roger Jones,  
Editor

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