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The NHS: Healing inequality since 1948

Marking 100 years since the end of the First World War, 50 years of the American Civil Rights Act and 200 years since the first human blood transfusion, 2018 is a year of many important anniversaries. This month, it is the turn of the NHS, which celebrates its 70th anniversary on 5 July.

This year is also the 40th birthday of Louise Brown, the world's first baby conceived through in-vitro fertilisation (IVF). Since then, IVF has resulted in 5 million births worldwide, and some 20 000 in 1 year in the UK alone (NHS England, 2018). Transforming the lives of so many is all the more remarkable given that the NHS is a publicly-funded service.

Despite the advances that have been made in the NHS's 70 year history (from organ transplants to robotic surgery), there have also been drawbacks—most notably the question of NHS spending, which has become a something of a Sisyphean task. The NHS now treats around 1.4 million patients every day, and as a result, its budget has risen from £437 million in 1948 to an estimated £110 billion in 2017/18 (NHS England, 2018). To meet the combined demands of an ageing population, a service needing investment, and an undercompensated workforce, cuts have to be made.

Unfortunately, many clinical commissioning groups (CCGs) have decided that IVF and other reproductive health services are not essential enough to save. Only 10% of CCGs meet guidelines from the National Institute of Health and Care Excellence (NICE) (2017) by providing three treatment cycles to women under the age of 40; indeed, 7 seven offer no IVF services at all (BBC, 2017). As a result, IVF is fast becoming a service governed by a postcode lottery and ability to pay, just like care was 70 years ago. This is not just an issue for the 1 in 6 couples in the UK who are affected by fertility issues every year (BBC, 2018), but also for same-sex couples. Cuts to these services also threaten to contravene the NHS's founding

principle of care for all, free at the point of delivery.

When the NHS first began 70 years ago, for many communities, it was born in a context of poverty, whereby location and social status determined access to care. As a result, women giving birth pre-NHS may have been denied access to facilities and treatments that could have reduced suffering and transformed outcomes. While this may no longer be the case for giving birth, getting pregnant has now become the issue governed by location or social status. If services must be cut, this should be equal nationwide, or those who lose the postcode lottery also lose their right to a family.

The NHS is an institution of which to be proud, and the unfortunate reality is that, in order to maintain the excellent services it has provided for another 70 years, tough decisions need to be made on where to spend and where to save. However, decision-makers should not lose sight of the NHS's founding principles, which provide equity and dignity to all—a truly priceless service. **BJM**

BBC. IVF: Patients face postcode lottery for treatment.

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