

A National Health Service Healthcare Commission report found that up to 1,200 people may have died needlessly at a Mid-Staffordshire hospital because of pressure for the Trust, which administers the hospital, to meet government-mandated targets. Here are a few examples uncovered by the report as cited in the London Telegraph:

Headline: **[“NHS targets ‘may have lead to 1,200 deaths’ in Mid-Staffordshire”](#)**

- “overstretched and poorly trained nurses who turned off equipment because they did not know how to work it”
- “newly qualified doctors left to care for patients recovering from surgery at night”
- “patients left for hours in soiled bedclothes”
- “reception staff expected to judge the seriousness of the conditions of patients arriving at A&E (ER)”
- “...the Commission found that mortality rates in emergency care were between 27 per cent and 45 per cent higher than would be expected, equating to between 400 and 1,200 excess deaths”
- “... people were often left waiting in A&E for hours covered in their own blood and without pain relief even though they had serious injuries. Others were left without food and drink, some received the wrong medication – or none at all – and blood and faeces (sic) were left on lavatories and floors.”
- “... staff members claimed care of patients had become secondary to government-imposed targets”
- “Patients in danger of breaching the (NHS mandated four-hour waiting) target were put in a ‘clinical decision unit’ which was a dumping ground for patients in order to ‘stop the clock’ on the waiting time.”
- “One (complaining relative) compared the hospital treatment to the “Third World.”

(*Telegraph*, March 17, 2009)

The National Health Service reversed government policy to all “tens of thousands of failed asylum seekers” to receive free health care under the government system, the Daily Mail reported on July 21, 2009.

Headline: **[“A million failed asylum seekers will get free NHS care in human rights U-turn”](#)**

- “The decision increases the numbers potentially able to use the NHS by tens of thousands. But the campaign group MigrationWatch believes it could open the floodgates to ‘up to a million’ illegal immigrants.”
- “This is possible because GPs (family doctors) can put patients on the books without checking if they are entitled to free care.”
- “Sir Andrew (Green, chairman of Migration Watch) said: ‘This is yet another capitulation to the immigration lobby. No wonder they are queueing up in Calais.’”

(*Daily Mail*, July 21, 2009)

A July 5, 2009, Daily Mail article says that reports show that National Health Service hospital and surgery mistakes are increasing and in many cases being covered up.

Headline: **[“11 serious errors a day in NHS surgery”](#)**

- “Eleven people are seriously injured during NHS surgery every day, it emerged yesterday.”
- “The number of major errors has risen by 28 per cent in five years, with more than 4,000 patients hurt in 2007/2008.”
- “A total of 722 objects were left inside patients during surgery last year – one every two and a half days.”
- “...many hospitals are routinely covering up such mistakes.”
- “Hundreds of other surgical mistakes were reported, including not removing or inserting tubes properly, using wrongly-matched blood, forgetting to give drugs on time, and not sterilising equipment properly.”
- “... many mistakes were not reported by the NHS – raising the possibility that the recorded number of medical mishaps is just the tip of the iceberg.”
- “Overall, there are around 250,000 mistakes causing harm to patients reported across the Health Service every year. More than 3,600 of those affected die as a result.”

(Daily Mail, July 5, 2009)

The National Health Service denied an injection to an 88-year-old British World War II veteran to treat him for age-related macular degeneration until he goes blind in one eye.

Headline: **[“War hero refused treatment by NHS”](#)**

- “More than 120 doctors have sent £5 cheques to Downing Street, made out to the Prime Minister, in the hopes of shaming him into helping former RAF bomber Jack Tagg.”
- “... he has been told that the NHS will only fund the injections, which could save his sight, after he has lost the vision in one eye.”
- “This is happening to literally millions of people. It’s appalling and something has got to be done about it,” says Tagg.
- “Politicians have devolved all responsibility to the local healthcare trusts and washed their hands of making the awkward decisions,” says Dr. Martin Rankin, in a letter to Prime Minister Gordon Brown.

(Telegraph, February 18, 2008)

In an effort to save £33 million, the “drug rationing watchdog” of the National Health Service, the misnamed National Institute of Health and Clinical Excellence (NICE), has issued orders to stop giving injections of steroids, such as cortisone, to patients who suffer from chronic back pain if the cause is unknown.

Headline: **[“Patients forced to live in agony after NHS refuses to pay for painkilling injections”](#)**

- “Instead the National Institute of Health and Clinical Excellence (NICE) is ordering doctors to offer patients remedies like acupuncture and osteopathy.”
- “Specialists fear tens of thousands of people, mainly the elderly and frail, will be left to suffer excruciating levels of pain or pay as much as £500 each for private treatment.”
- “The NHS currently issues more than 60,000 treatments of steroid injections every year. NICE said in its guidelines it wants to cut this to just 3,000 treatments a year, a move which would save the NHS £33 million.”
- “The NICE guidelines admit that evidence was limited for many back pain treatments, including those it recommended. Where scientific proof was lacking, advice was instead taken from its expert group.”
- Dr. Jonathan Richardson, a pain specialist, said: “The consequences of the NICE decision will be devastating for thousands of patients. It will mean more people on opiates, which are addictive and kill 2,000 a year. It will mean more people having spinal surgery, which is incredibly risky and has a 50 per cent failure rate.”

(*Telegraph*, August 2, 2009)

The Sunday Telegraph conducted an investigation which revealed that patients of the National Health Service were forced to wait outside emergency rooms in ambulances for hours, because the hospitals feared that by admitting the patients, they would violate the four-hour waiting time limitation imposed by the NHS. Rather than start the clock, hospitals refuse to admit patients, keeping them sitting outside.

Headline: **[“Patients forced to wait hours in ambulances parked outside A&E departments”](#)**

- “...thousands of 999 (UK equivalent to 911) patients are being left to wait in ambulances in car parks and holding bays, or in hospital corridors – in some cases for more than five hours – before they can even join the queue for urgent treatment.”
- “Experts warn that hospitals are deliberately delaying when they accept patients – or are diverting them to different sites – in order to meet Government targets to treat people within four hours of admitting them.”
- “Dozens of A&E units refused all 999 arrivals for periods of several hours, on hundreds of occasions, forcing crews to take desperately sick patients on lengthy journeys and shifting pressures to other hospitals, the documents show.”

- “Delays to patients arriving to A&E by ambulance are increasing in many parts of the country as hospitals struggle to cope with a massive increase in the number of emergency hospital admissions, since family doctors stopped providing routine out-of-hours care.”
- “Sam Oestricher, ambulance representative for trade union Unison, said ambulances were being treated ‘as mobile waiting rooms.’”

(Telegraph, May 30, 2009)

Under the National Health System, patients who go to hospital emergency rooms with symptoms that indicate cancer are forced to take a back seat to “routine” cases that have been referred to hospitals by GP doctors.

Headline: **“Patients with suspected cancer forced to wait so NHS targets can be hit”**

- “Patients rushed to hospital with suspected cancer are having their treatment delayed so that managers can meet Government targets, an NHS investigation has found.”
- “Hospital managers told researchers that treating desperately sick patients more quickly would reflect badly on their performance against Government cancer targets, which only cover those referred to specialists by GPs.”
- “Some A&E (ER) departments failed to recognize the risk of cancer in seriously ill patients. In cases where the disease was suspected, patients were sent home to wait six weeks or longer for diagnostic tests. Others waited weeks on wards before seeing a specialist or having scans, the report, which is endorsed by the Government’s cancer tsar, found.”

(Telegraph, June 7, 2009)

The chairman of one of the largest hospital trusts in Britain has resigned, after refusing to agree to National Health Service waiting targets.

Headline: **“Hospital chairman quits over dangerous targets”**

- “The head of one of Britain’s largest hospital trusts has resigned over his fears that patients’ lives are being put at risk by an obsession with government targets.”
- “(Chairman David Bowles) said strategic health authority (SHA) bureaucrats ordered him to guarantee that the trust would hit national targets for non-urgent patients, even though its hospitals were treating record levels of emergency patients. When he refused to make the commitment, warning that doing so would put the safety of patients at risk, he was threatened with suspension.”

(Telegraph, July 25, 2009)

The cost of the government-run National Health Service in Britain has skyrocketed, with expenses for administration leading the way.

Headline: **[“£1.2 bn bill for the bureaucrat army within the NHS”](#)**

- “Spending on NHS bureaucracy has almost doubled in four years, research shows. Nearly £1.2 billion went on administrators and clerical staff in Primary Care Trusts in 2007/8, a rise of 81 per cent since 2003/4. The total is nearly twice as much as the £700 million on the Health Service spent on anti-cancer drugs last year, with some patients being denied life-prolonging treatment.”

(Daily Mail, August 13, 2009)

Report says that many cancer doctors in Britain are refusing to disclose the existence of certain cancer drugs to their patients which could extend their lives, because the National Health Service does not cover them.

Headline: **[“Cancer doctors do not tell patients about drugs which could prolong lives”](#)**

- “The specialists feel so uncomfortable discussing treatments that their patients may not be able to afford that just one in five routinely disclose the existence of drugs which the health service will not pay for, according to charity Beating Bowel Cancer.”
- “Specialists said when they did alert terminally-ill patients to the existence of drugs which could extend their lives by months and in some cases years, the patients were often angry to learn that the NHS was unlikely to fund the treatment.”
- “Dr. Mark Saunders, a consultant oncologist, said, “When we are having conversations with patients about their treatment we want to offer them hope, not despair. It is very difficult to tell a patient that there is a drug, but the NHS won’t pay for it.”
- A 53-year-old lady with liver cancer says, “I have been treated for cancer for six years, but it just feels like the system has abandoned me – that they are saying that’s it, we are pulling the plug, you have had enough life.”

(Telegraph, May 5, 2009)

Doctors, nurses, or any other National Health Service employee who share their faith with a patient risk losing their jobs.

Headline: [“NHS staff face the sack if they discuss religion with patients \(please don’t tell St. Bart, St. Thomas, etc\)”](#)

- “A Department of Health document warns talking about religion with patients could be considered harassment or intimidation. The paper, published last month, does not state exactly what is acceptable, but it says action taken for misconduct could lead to dismissal. The news is particularly ironic for many hospitals, such as London’s St. Barts and St. Thomas, which were born, as were many hospitals, out of Christian charities.”

(*Daily Mail*, February 6, 2009)

National Health Service dentists who have completed their “annual work quotas” have stopped seeing patients.

Headline: [“NHS dentists play as patients wait”](#)

- “Health service dentists have been forced to go on holiday or spend time on the golf course this month, despite millions of patients being denied dental care. Many have fulfilled their annual work quotas allotted by the National Health Service and have been turning patients away because they are not paid to do extra work.”
- “People suffering from toothache have been advised to go to hospital.”

(*Times*, March 30, 2008)

When National Health Service workers began to give the wrong answer to the question of whether they would want to be treated in their own hospital, the question was quietly eliminated.

Headline: [“NHS staff ‘no longer asked if they would be treated in own hospital”](#)

- “The question, which revealed how staff viewed the care offered by their own section of the NHS, has been dropped with little fanfare from an annual poll of 160,000 workers. The decision to drop it comes to light just weeks after a damning report criticized deaths at one healthcare trust, where the majority of its staff stated that they would not want to be treated.”

(*Telegraph*, April 8, 2009)

The National Health Service's rationing arm ruled in 2008 to deny certain medications from Alzheimer's patients, affecting as many as 100,000 Brits.

Headline: **[“Ruling ‘denies treatment to 100,000 Alzheimer’s patients’”](#)**

- “Almost 100,000 Alzheimer’s patients face being denied NHS treatment which could delay the onset of their disease, the Court of Appeals was told yesterday. Sufferers are being refused a potentially life-changing drug, because the Government’s medicines watchdog has ruled that it is not ‘cost effective’ in the early stages. The National Institute for Health and Clinical Excellence (Nice) ruled four years ago that the drug Aricept, which costs £2.50 a day, as well as two others, Reminyl and Exelon, were too expensive except for patients whose condition has deteriorated.”

(*Telegraph*, April 15, 2008)

A British cancer patient died after she was shut out of the free NHS, because she decided to pay for extra drugs on her own.

Headline: **[“Cancer patient Linda O’Boyle dies after NHS ends free care over ‘top up’”](#)**

- “Linda O’Boyle and her husband Brian, both retired health workers, decided to pay for treatment in addition to that available on the NHS in order to prolong her life. Mrs. O’Boyle was told that meant she was considered a private patient and so had to pay for all her treatment. Government guidelines currently ban patients from mixing public and private care.”

(*Telegraph*, June 1, 2008)

The NHS rationing watchdog considered denying useful medicines for sufferers of Crohn’s disease and other irritable bowel diseases because they are too expensive.

Headline: **[“Nice could deny drugs to stomach patients”](#)**

- “Sufferers of crippling stomach conditions could be denied “life changing” medication under proposals from the Government’s drugs rationing body.”
- “The National Institute for Health and Clinical Excellence (Nice) is considering removing the drugs from patients and giving them only when their condition worsens.”

• “Nice claims that the drugs are too expensive for the quality of life that they provide.”
(*Telegraph*, October 10, 2008)