VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: The NHS doesn't need more "restructuring"

David Oliver *consultant in geriatrics and acute general medicine*

Berkshire

People are fond of saying that the NHS needs some sort of radical overhaul. On 25 June the Conservative leadership candidate Boris Johnson said that it "needs reform," as it was "not getting the kind of support and indeed the kind of changes and management that it needs."¹ The perils of constant structural reorganisation have been described beautifully in the Nuffield Trust's *Doomed to Repeat* report.² Politicians and lobbyists never learn.

Weeks before, Kate Andrews, associate director of the Institute of Economic Affairs (IEA), had asserted on Jeremy Vine's BBC show that the NHS was falling behind other systems and needed structural reform. The link was tweeted by the IEA, saying that "we really, really, really need to structurally reform the NHS."³

Andrews has made numerous broadcast appearances making the same arguments, but the IEA's ideological opposition to the NHS model,⁴ its small state, pro-market view of public services, and its funding sources⁵ are rarely mentioned on air.

Although she called for restructuring, she specifically meant changing the NHS model of funding and provision. She highlighted that, in some selected population or disease specific outcomes, the NHS performs worse than some other EU countries. This is a fair comment, based on some international comparisons updated yearly by the Organisation for Economic Co-operation and Development (OECD)⁶ and other research groups.⁷⁻⁹ But data can be cited selectively to suit most ideological lines. And population health outcomes are influenced not just by healthcare but by social policy and non-medical determinants of health: inequalities, welfare, housing, education, tobacco, alcohol and food pricing, and regulation.^{10,11}

Funding and provision models

Andrews's main point was that the NHS model of funding and provision has become a sacred cow, taboo in a serious political debate or public conversation. She argued that several other nations with different funding and provision models still provided universal, largely charge-free or reimbursable services to the population, often with better outcomes.

For her on-air comparison, however, she didn't pick other OECD countries that spend about the same as or less than the UK on healthcare. The 2017 OECD health statistics show that the countries she did cite (France, Germany, and Switzerland) all spend a considerably higher percentage of gross domestic product and more money per capita than the UK.¹² These differences have been sustained over many years.

Those nations also employ more doctors and nurses per 1000 population and have more beds.¹¹ They also use a so called "Bismarckian" funding model based on health insurance through individuals and employers, not the central or regional state.¹³ Germany and Switzerland in particular have very diverse, competitive, and consumerist service provision and a higher proportion of healthcare privately funded out of pocket. Meanwhile, the Commonwealth Fund repeatedly ranks the UK highly for equity of access and for people not being denied care for fear of cost.

I don't disagree with Andrews that our outcome data for some conditions are mediocre; that there's more than one way to provide a fairly universal, decent health system; or that the systems she cites have managed to avoid lurching from one high profile funding crisis to another. However, she did not choose to cite systems far closer to our own tax funded, single payer, "Beveridge" model, such as those in Scandinavia, Spain, or New Zealand. She didn't make the argument that, if we made a political decision to fund the NHS to the same levels as France or Germany, the crisis narrative might disappear. As Nigel Edwards of the Nuffield Trust has pointed out, it's a myth that no countries want to copy or learn from the NHS model.¹⁴

Make no mistake: the IEA would like to see a market in which multiple private sector health insurers and health providers derive profit from public healthcare provision. It certainly doesn't want increased government funding of services, and it wants to see more responsibility devolved to individual citizens for their own health and healthcare.

Our traditional political parties have been reluctant to go down this route because it would be unpopular with many voters. The public is generally supportive of the NHS, its funding model,

and its provision of care, free at the point of use and based on need.¹⁵

Of course, the NHS could be better—but this is equally possible within a tax funded, state provided system if it is adequately resourced and staffed. It doesn't need a major restructure, or a change in its model of funding or provision, to achieve that.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Boris Johnson tells Tory members NHS "needs reform"—video. *Guardian* 2019 Jun 25. <https://www.theguardian.com/politics/video/2019/jun/25/boris-johnson-tells-tory-members-nhs-needs-reform-video>.
- 2 Nuffield Trust. Doomed to repeat? Lessons from the history of NHS reform. 16 Oct 2018. <https://www.nuffieldtrust.org.uk/comment-series/doomed-to-repeat-it>.
- 3 Institute of Economic Affairs. @iealondon. *Twitter* 2019 Apr 25. <https://twitter.com/iealondon/status/1121307856974897155>.
- 4 Institute of Economic Affairs. NHS is in perpetual crisis and needs reform. 3 Jul 2018. <https://iea.org.uk/media/nhs-is-in-perpetual-crisis-and-needs-reform/>.
- 5 Coombes R. Think tanks should come out of the shadows. *BMJ* 2019;365:l2212. <https://www.bmj.com/content/365/bmj.l2212>.
- 6 Organisation for Economic Co-operation and Development. OECD health statistics 2018. Jun 2019. <https://www.oecd.org/els/health-systems/health-data.htm>.

- 7 Tikkanen R. Multinational comparisons of health systems data, 2018. Commonwealth Fund. 3 Dec 2018. <https://www.commonwealthfund.org/publications/other-publication/2018/dec/multinational-comparisons-health-systems-data-2018>.
- 8 Björnberg A. Euro health consumer index 2017. Health Consumer Powerhouse. 2018 Jan 29. <https://healthpowerhouse.com/media/EHCI-2017/EHCI-2017-report.pdf>.
- 9 Miller LJ, Lu W. These are the world's healthiest nations. *Bloomberg* 2019 Feb 24. <https://www.bloomberg.com/news/articles/2019-02-24/spain-tops-italy-as-world-s-healthiest-nation-while-u-s-slips>.
- 10 Government of Canada. Social determinants of health and health inequalities. 2019. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>.
- 11 Organisation for Economic Co-operation and Development. Non-medical determinants of health. 2019. https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_LVNG.
- 12 Organisation for Economic Co-operation and Development. Spending on health: latest trends. Jun 2018. <https://www.oecd.org/health/health-systems/Health-Spending-Latest-Trends-Brief.pdf>.
- 13 Physicians for a National Health Program. Health care systems—four basic models. http://www.pnhp.org/single_payer_resources/health_care_systems_four_basic_models.php.
- 14 Edwards N. Why has the NHS not been copied? (Spoiler: it has). Nuffield Trust. 11 Jul 2018. <https://www.nuffieldtrust.org.uk/news-item/why-has-the-nhs-not-been-copied-spoiler-it-has>.
- 15 Evans H, Wellings D. What does the public think about the NHS? King's Fund. 16 Sep 2017. <https://www.kingsfund.org.uk/publications/what-does-public-think-about-nhs>.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>