What should the health community be saying to our new prime minister?

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Even for people who have been conditioned to long waits—whether in airport queues, for passport renewals, or for Sue Gray’s report—many have found the Conservative Party leadership campaign interminable. But now the waiting is over. Liz Truss will be Britain’s new prime minister. So what should the health community be asking of a Truss premiership?

To answer this question involves resolving a paradox. The leadership debates allowed her to explain her policies at length, but we still know very little about what she will really do upon taking office. Entire areas were ignored, such as rural affairs. Others lacked detail, with police chiefs describing her law and order proposals as “meaningless.” Some responses seemed kneejerk, like her offer to “look at” abolishing speed limits. And key proposals changed during the campaign, such as whether she would offer “handouts” to help struggling families. A degree of ambiguity in an election campaign is understandable, allowing candidates to appeal to voters with widely divergent views. The difficulty arises when they win and must make hard choices. Then they must resolve their many uncertainties and contradictions and create something resembling coherent policies.

Few would envy Liz Truss. Her inbox will be filled to overflowing as her predecessor has spent most of the summer on holiday. Her staff are deeply demoralised, and few of her problems have easy solutions.

Worryingly, based on her performance to date—whether negotiating highly disadvantageous trade deals, failing to stop sewage flowing into rivers, or forgetting that in addition to being a leadership candidate she was also foreign secretary, being unable to decide whether the French president was a “friend or foe”—there seem to be few problems that she is not capable of exacerbating. And she will no doubt be mindful that while she gained the support of a majority of party members, she was not the favourite of the parliamentary party, with dissent already being voiced.

But she will also wonder what comes next. She will doubtless know the words attributed to Harold Macmillan when asked what his most troubling problems were: “events, dear boy, events.” She can expect many “events,” not least those generated by the Russian president Vladimir Putin and increasingly extreme weather as a result of the climate emergency.

Amid these many challenges, we in the health community must make our voices heard. We need to say clearly that the country is facing a major health crisis. Without a concerted response on a scale similar to that in the pandemic, large numbers of people will die unnecessarily and many more will suffer prolonged ill health. There is a real risk of a downward spiral of worsening health and declining prosperity, each reinforcing the other. The rise in drug related deaths, a clear indicator of levels of despair, is a warning. We all know that this winter will be harsh. But the UK is already experiencing death rates well above normal. The precise reasons are still being debated, but it seems likely that some are caused by continued covid infections, some by the long term consequences of covid, including increased cardiovascular disease, but much by the enormous pressure facing the NHS as it struggles with a decade of underinvestment. This against a background of years in which life expectancy gains fell behind those in comparable countries.

Many of the problems in the NHS reflect severe staff shortages. Here too, there are several reasons, some a direct consequence of policies pursued by governments. Truss was a member of, including Brexit and pension taxation, but also the UK’s failure, unique among industrialised countries, to bring people back into the workforce after the pandemic.

When the cost of living crisis is superimposed on this situation, the outlook for the UK is dire. While some problems, such as the loss of Russian gas, threaten many countries, the UK is especially vulnerable as it has failed to invest in renewables or gas storage capacity. It also faces threats to food supply, again reflecting global factors, such as climate change, but also national ones, in particular Brexit. Inflation is the highest in the G7 and the value of the pound is plummeting. Many people will have no choice about whether to “heat or eat.” They risk being unable to afford either.

Some have expressed concerns that Truss may not grasp just how bad things are. Her former colleague Michael Gove has described her economic policies as a “holiday from reality.” What little she has said about the NHS, such as the threat to divert billions of pounds to social care, has been described as “robbing Peter to pay Paul.” And her support for a prolonged dispute with the EU over the Northern Ireland Protocol has been greeted with widespread dismay in many quarters.

Yet these concerns overlook one of her greatest strengths—adaptability. She has changed her party allegiance and her attitude to the monarchy and the EU. She owes her success in the leadership campaign, in large part, to the fluidity of her opinions. Maybe she will surprise us and come up...
with a comprehensive package to safeguard health and the economy. We can at least hope.

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