THE BOTTOM LINE

Partha Kar: The NHS at 75—how do we help it survive?

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I owe a lot to the NHS. I don’t just mean my job, my career, or the opportunities it’s given me for wider roles beyond clinical work—I mean on a personal front.

I was born nearly 50 years ago in Wordsley Hospital, a small NHS institution based in Dudley, my parents’ home for a few years before we all returned to India. Fast forward a few more years and I moved back to the UK, where my relationship with the NHS resumed. Always there, like a comfort blanket ready to be wrapped around me when the need arose, the NHS looked after me and my family in times of need and oversaw the birth of my two wonderful children. I’ll always be grateful. But that blanket is now worn and full of holes.

Over its 75 years the NHS has been constantly buffeted by politicians and their ideologies. It’s faced discussions about its survival, its funding model, and—beyond election soundbites—how much politicians believe in its continued existence. It’s treated a growing population with comorbidities and dealt with rising costs of medicines and technology. It’s been led with varying success over the years, and now it’s in trouble. The service’s outcome measures, in terms of international comparisons, aren’t something to be proud of. Access to good care is subject to much variation, with differential outcomes based on the ethnicity of patients.

On the 75th birthday of the NHS we’re full of doubt, worry, and despair about whether it will see its 100th year. Yet the NHS also evokes unparalleled passion in society. It fills us with pride, showcasing something good in a country desperate to hold on to anything it can be proud of. We’ve arrived at a point where the NHS spends more time telling people not to go to hospitals, clinics, or GP surgeries, yet without necessarily any support to tackle issues such as deprivation, which affects people’s ability to self-manage their lives. The continuing narrative of the responsibility ultimately being with the individual—“eat less, move more, drink less, behave better”—is constant, despite little evidence to show that it works.

Changes at the societal level will come only from tackling deprivation at scale, through incremental changes that filter into the health system over decades, not months. We hear the cry for investment in X and Y, aiming to save money in the long term. But there’s no money to invest in the now, without stopping something else. That’s how tight budgets have become.

The NHS needs us

Does the system need a rethink? Regarding the principle of the NHS, not at all. Does it need investment? The answer to that is more nuanced. Most leaders know this, but they don’t make the case to the necessary paymasters. That’s not easy, of course, but arguing for the nation’s health is the job at hand.

To ease pressure on the system, and to reduce the ever increasing demand for services and funding, we need to move past the notion of tokenistic “bungs.” We need a focus on social care, funding, modernisation, and political action to tackle health inequalities. Only then might we have a chance of tapering the constant need for more money. With a properly drawn up workforce plan focused on retention, rather than gimmicks around apprenticeship and shortened training, maybe we’ll get to see an #NHS100 hashtag.

All of this will need an upturn in the economy too, as healthcare funding is intrinsically tied to the country’s economic fortunes. And perhaps we should look to learn from other countries’ health systems. We all owe a great deal to the NHS, and it’s time we returned the favour. If you’re in a position to take action and help, please try: does mitigating workforce issues always sit within “the system,” or can we do our bit at a local level?

In such times as these, the NHS needs us as much as we need it—and leadership is key to achieving all of this. We must think about what we need to do as leaders, and what’s within the art of the possible. That includes the bravery to speak up, to challenge political narratives, and not get sucked into the ethereal narrative of the “bigger picture.”

Competing interests: See www.bmj.com/about-bmj/freelance-contributors. Partha Kar is national specialty adviser, diabetes, and lead of the Medical Workforce Race Equality Standard.

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