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ACUTE PERSPECTIVE

David Oliver: The NHS won't make its 85th birthday without urgent treatment and longer term planning

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At the NHS's foundation in July 1948 it was the first health system in the world to offer medical care, free at the point of use, to an entire population. It aimed to give everyone the same access to care based on need and not the ability to pay, nor contributions to an insurance scheme: universal, equitable, comprehensive, centrally funded, high quality care for all.

When health services were devolved in 1999 to the Northern Irish, Scottish, and Welsh governments, all three stated their commitment to those founding principles, which were reiterated in the 2012 NHS Constitution for England.¹ And public support for these founding principles remains sky high. In the 2022 round of the British Social Attitudes Survey, of the 3362 people surveyed 93% said that the NHS should remain “free of charge when you need it,” 84% said that it should be “available to everyone,” and 82% thought that it should be “funded through taxes.”²

The Commonwealth Fund comparison of 20 national health systems still rates England highly on equity of access to care versus income,³ with care costs rarely being a barrier to access. And annual OECD tables show that the UK still has a relatively low percentage of household income spent on out-of-pocket healthcare payments or of financial hardship ensuing from care costs.⁴

Despite persistent lobbying from right wing, pro-market think tanks pushing for insurance/market based models, there's neither the public appetite nor a political mandate for this. And the disruptive, distracting challenges of a major shift in funding and delivery models would make previous legislative reforms look like blips. Besides which, several decent, functioning health systems in Europe and beyond rely on general taxation and considerable public sector provision, even if they tend to be less centralised or politicised than those in the UK.^{5 6}

Growing inequalities

But health and care services in the UK face an existential crisis as bad as at any time since the NHS was founded. The phrase “NHS crisis” was deployed by the Institute for Government in an excellent and data rich report last January⁷ and in this week's King's Fund report comparing NHS performance with that of a range of other high income nations.⁸ The covid pandemic and several years of low real terms annual funding uplifts since the 2010 election have merely accelerated and exposed serious underlying structural problems.⁹

These have been compounded by major cuts to social care, cuts to public health budgets, and a refusal to use public policy to tackle the wider determinants of preventable ill health across the life course.^{10 -12} Growing inequalities in health and healthcare access, with life expectancy and healthy life expectancy stalling, are adding to the challenges.¹³

We have more than seven million people on waiting lists for elective care, millions more probably missing from them, and the worst waiting times for decades.¹⁴ We have among the fewest hospital and intensive care beds per capita in the OECD, hospitals routinely running at full and unsafe bed occupancy, handover delays, overcrowding in acute care, and many acute beds occupied by people fit to leave but waiting for community services that don't have the capacity, funding, or staff.^{15 -17}

Primary care is in crisis, with fewer GPs now than in 2015, rising and unsustainable workloads, plummeting morale and retention, unmanageable list sizes in some areas, and international comparisons showing that GPs are busier and more dissatisfied than their peers in other high income nations.^{18 19} We have a workforce crisis across all parts of the health and care sector²⁰—and even before the growing vacancy rates we already had fewer doctors and nurses per capita than most OECD nations.²¹ Staff morale and satisfaction have plummeted as a result of having to work under these conditions.

Not inevitable

The public sees all of this very clearly. That same British Social Attitudes Survey² that continually shows support for the NHS's founding principles also shows the lowest satisfaction with health services since 1997, being reported across every part of the health system and even lower in social care. Thousands of respondents to the survey and to regular Health Foundation and Ipsos polls cite access to care, waiting times, short staffing, and under-resourcing as key concerns.

Clinical staff and operational managers could find common cause with all of that. However, our current position is not inevitable and never was. It's the result of serially poor or ducked policy decisions on funding, capital investment, workforce planning, social care provision, and public health interventions. We should challenge the prevailing narrative of defeatism and irreversible decline. The Institute for Government made it clear that New Labour's NHS plan in the late 1990s turned a seriously struggling service around—through concerted action on funding

and staffing with consistent, measurable, deliverable actions—and that we could turn it around again if we chose to.

Right now, as a functional, universal public service, the NHS is failing. It may not quite be in end-of-life care, or about to have its financial or political life support removed, but without immediate action and longer term thinking it won't see its 85th birthday.

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