THE NHS AT 75

The NHS at 75—a happy birthday?

Isobel Walker describes how the idea she had of life as a doctor in the NHS hasn’t matched reality

Isobel Walker foundation year 1 doctor

The NHS has reached 75, but the mood among staff isn’t celebratory. The past few years have been a period of decline for the NHS, as the pandemic and a population increasingly in need of care has meant that the strain on the health service has reached crisis point. If the NHS were a 75 year old patient admitted to a care of the elderly ward, we might consider what support could be put in place for it but, so far, robust solutions haven’t been forthcoming from the government, and staff and infrastructure are struggling to cope.

I have been working as a foundation year 1 doctor for nearly a year now. I love medicine, but the reality of my job is completely different to what I imagined as a first year medical student in 2018 when the NHS had its 70th anniversary. I first applied to medical school in 2016 when there was a series of strikes by junior doctors. I didn’t expect to be part of more strikes in my first year as a doctor, nor did I imagine that I’d see patients waiting over 48 hours in emergency departments for a bed—one of the many sad reflections of the pressures the NHS faces and which are slowly becoming normalised.

The legacy of the NHS, and the high regard the public has for it, should mean it’s tended to thoughtfully. Instead, it’s been repeatedly used for political point scoring and to boost election results. We’ve seen, for example, how little became of Johnson’s 2020 “mirage” pledge of “40 new hospitals by 2030.”

Watching the NHS be politicised and taken for granted, it’s easy to feel like it could eventually be taken away.

The founding principles of the NHS mean that care should meet the needs of everyone; be based on clinical need, not a person’s ability to pay; and be free at the point of delivery. Does the NHS still fulfil these goals?

Meeting the needs of everyone

Long waiting lists and growing demand have strained the ability of the NHS to meet patients’ physical and mental health needs. Only 2.4% of NHS trusts in England are meeting the cancer target for patients to be treated within two months of an urgent referral.

Waiting time targets for elective treatment have not been met since 2016. A 2022 survey found that 78% of 535 patients on a waiting list for mental healthcare sought help from emergency services as they waited for treatment, a delay which 43% said caused a worsening of symptoms. As waiting times lengthen, we have to ask, does this still count as meeting the healthcare needs of the population?

In recent years, the hostile political climate around immigration has also compromised the principle of care being provided according to clinical need, not ability to pay. The introduction of policies that directly target “overseas visitors”—a name given even though many of these patients call the UK home—has seen people charged for NHS treatment, effectively forcing them either to pay extortionate rates for the “universal” care that Aneurin Bevan intended to be “free at the point of need,” or to go without.

Furthermore, those with the advantage of being able to afford private healthcare are increasingly fast tracking their way to treatment. Although this care isn’t delivered by the NHS, it still means those on waiting lists for NHS treatment are effectively getting a second class service compared with wealthier patients. If you can pay, you can get quicker treatment.

Overall, the NHS has managed to defend the principle that it is free at the point of delivery, which is a huge achievement. Occasionally, I’ll see patients in the US raising funds for medical bills incurred because their child was critically unwell and think what an awful decision to have to make: risk your child’s life or lose your life savings and property. The NHS rids us of ever having to consider impossible decisions like this.

As a doctor who has been on the receiving end of treatment many times, I cannot be more grateful for the fact that the ongoing medical care I receive is at no upfront cost to me. I doubt I would have been able to complete my degree without it.

Am I hopeful for the future of the NHS? Of course I am. For it to have survived 75 years is testament to its importance to society: 84% of 2056 survey respondents representing the English public agreed it is “one of the best healthcare systems in the world.”

Yet I am also realistic. Healthcare workers are striking so that they are paid a wage that can keep them working in the UK and the NHS, and not feel forced to relocate to countries such as Australia for better pay. Deep down, I know I don’t want to move to the other side of the world, to an opposite time zone from my friends and family, but other healthcare staff will weigh this decision differently. If the NHS continues to haemorrhage staff, it will remain in a critical condition from which it may never recover.

I have also seen how much the pandemic affected the NHS and how the political discourse around it offers bluster, but no real remedies. I doubt that by the time we celebrate the health service’s 80th...
anniversary, we will be looking at the same NHS we have today.

Competing interests: Isobel Walker has worked on The BMJ Sharp Scratch podcast regular panel since 2020.

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