

# uk2020

## **The UK Health System**

“Time to break the political consensus surrounding the NHS”

Rt Hon Owen Paterson MP

24 October 2016

Royal Institute of Chartered Surveyors

12 Great George Street

London

SW1

CHECK AGAINST DELIVERY

FINAL

Thank you Kristian for that presentation of your excellent paper and thank you ladies and gentlemen for coming this evening.

I established UK 2020 in October 2014 to publish thorough research into key areas of public policy, with a view to new policy ideas being put into practice from 2020 onwards. We have not flinched from subjects just because they are widely regarded as controversial.

During my ten years on the front bench, and four years spent in Government as a Cabinet Minister, I became increasingly aware of how our public discussion can congeal into a political consensus.

It is not an exaggeration to say that whenever all sides of the House agree on an issue, we are not necessarily serving the people well.

Consensus closes down scrutiny, opposition, discussion and above all fresh thinking. We have seen consensus develop around a number of areas in recent decades.

My colleague Iain Duncan Smith set out to question the consensus over how to tackle poverty. It was accepted lazily that the only possible solution for ending poverty in the UK was simply a transfer of wealth through benefits. By building a group of little known charities who were actually helping people out of poverty, he established a credible body of research, through the Centre for Social Justice. Iain broke open a decades-long worldview that was failing to deliver on poverty and letting down our most disadvantaged citizens.

The recent referendum result on our membership of the European Union saw a great rebuttal of the political and media Establishment consensus that the UK's future was irrevocably bound within the European Union. Euroscepticism was once considered a fringe activity. But over the last ten years has grown as a groundswell movement to overturn the heavy hand of Establishment agreement.

It is clear that possibly the most unquestioned consensus in politics today concerns the National Health Service. It is an area of public policy that, like no other, a politician dare not touch.

Danny Boyle's striking opening ceremony to the remarkable London Olympic Games in 2012, celebrated the creation of the NHS as a critical event in our nation's history. It is inconceivable that any other country in the world would so value its health service that it would place it at the centre of such a national celebration.

The NHS towers above all else as the one common cultural unifier that we hold onto in this country. To take a critical tone toward the NHS is considered almost unpatriotic.

There are a number of elements to the consensus around the NHS:

- That the NHS is the only system in the world to deliver universal healthcare for everyone regardless of background
- That the NHS is one of the best healthcare systems in the world

- That a centralized state run monopoly of healthcare is the best and only way to run a universal healthcare system that is fair
- That the only alternative is the US private insurance healthcare system
- That any private activity is wholly incompatible with the ethos of the NHS. Only healthcare provided by the state can be regarded as good healthcare
- That any failings of the NHS can only be resolved by spending more public money
- That the system must not be changed fundamentally as it would be a betrayal – even if the outcomes are poor.

As *The Guardian* put it, “The only serious black mark against the NHS was its poor record on keeping people alive.”

Yet, while this consensus is received wisdom amongst colleagues, political advisers and the press, I had begun to wonder if there isn’t more dissent from the consensus than we realise.

Certainly newspaper headlines in recent months have been hard to ignore: our infant mortality rates, where it is safer to have a baby in Estonia; the difficulty of getting the medication or treatment you want; the shocking and unacceptable deaths in Mid-Staffordshire.

In fact there appears to be a contradiction. Many people will be effusive in their gratitude for the NHS in public – even writing to their local papers - but others will still write letters with shocking reports to their local MP.

So it was with this central contradiction in mind, that I commissioned research with one simple question: how do the health outcomes of the NHS compare with those of other health systems around the world?

When it was established in 1948, the NHS was one of only a handful of universal healthcare systems on the planet. Seventy years later there are now over 25 countries in the world with universal healthcare. How do we rank amongst them and others, and what lessons can we learn?

The presentation we have heard from Dr Kristian Niemietz this evening and the report we have published today is the result of that research. Across nearly all key indicators for which there is data, amongst the most prevalent cancers that affect almost every family in Britain, strokes, and respiratory diseases, the UK fairs poorly.

I was shocked to find that 46,413 people – nearly the population of the city of Durham - die every year in the UK because their particular condition wasn't treated by the best health system in the world.

Fearing that comparison to the best in every case looked like setting an unachievably high bar, the Editorial Board and I asked Dr

Niemietz to measure the UK's performance against the twelfth best performing country in each condition.

We were dismayed to find that 17,000 people die each year who would otherwise be alive if we performed as the 12<sup>th</sup> best country does in each category.

These findings were far worse than we had anticipated but this, sadly, is the true cost of consensus. International data on health is extraordinarily complicated, but we have only looked at those conditions that provide the clearest comparison of the health outcomes of different health systems.

But these are the brutal facts. All we have done is pull together figures already in the public domain, published on a regular basis by the OECD, Lancet and Eurocare. We have simply put them together and published them.

They are as hard for me to hear as they will be for the 1.5 million people who work so hard and with true devotion throughout the NHS across the UK. So, while damning, these figures are no slight on the tireless dedication of health professionals and staff of the world's fifth largest employer.

It is now up to the public, MPs, Peers, the Government as well as the media and the NHS itself, to decide how to react to this bitterly disappointing reality. There are various options.

First - ignore it.

Second - deny and dismiss these findings. Hold them up as heresy.

Third - accept the figures but resign ourselves to defeat; the problem is just too big to be resolved.

Fourth - blame our poor ranking on spending levels alone. While important, spending cannot be the sole reason for our poor performance. This report shows that there are countries who spend less than or close to the same as we do on health care as a percentage of their GDP, who go on to perform better than us in certain conditions: Australia, Finland and Israel being amongst them.

The fifth response – the one that I hope will be chosen, take these findings seriously. Have an honest, sober look at UK health outcomes; and with real urgency investigate why other countries do better than us.

This means that we must stop pretending that the choice is either the NHS or the US system. Almost every developed country in the world, except the United States, now has a universal healthcare system.

What is it that Australia, Belgium, Canada, Finland, France, Iceland, Israel, the Netherlands, Norway, Sweden, and Switzerland are doing to get the 12<sup>th</sup> best ranking across these conditions that we are not doing?

What can we learn from Iceland, the Republic of Ireland, Israel, Latvia, Slovenia and South Korea- who have better health outcomes on the most common prevalent form of cancer in the UK today, breast cancer?

What lessons are there for us in the Czech Republic, Estonia, Slovakia and Turkey and the other twenty-five countries that do better than the NHS on lung cancer survival rates? What can they teach us for the 44,500 new cases that will be diagnosed in the UK this year?

If we dared to break with the consensus that muzzles politicians and governments from speaking out, what insights could be won from as far afield as Chile or Canada, or any of the twenty two countries that out-perform us on survival rates of prostate cancer? Surely for those 43,500 people that will be diagnosed in the UK this year we want to have better news than just 'business as usual' – repeating the mantra “the NHS is the envy of the world”?

A proper debate about something as central to a country as the healthcare of its citizens, needs to face up to the facts.

We simply do not have the best healthcare system in the world. The sooner we debunk this myth and the misuse of the Commonwealth Fund to support this claim, as Kristian has explained, the sooner we can square up to reality and start improving the health outcomes of all our citizens.

It may be that what these other countries have to teach us is that a centralized state run monopoly on healthcare is not the best way to



deliver universal healthcare. This may or may not be the vital lesson to learn even from those Baltic states that left Soviet control and gave up on theirs, and now have better health outcomes in certain conditions than us.

We could possibly learn from other countries about mixed funding models, combining taxes, state insurance, private insurance, health pensions, and delivery that combines private, charitable and state run providers.

However, I am today deliberately not setting out any policy recommendations. This paper is simply a compilation of facts from around the world.

But I call on the Government to commission an urgent inquiry into why the health outcomes of the NHS fail to match other better performing health systems.

In the meantime, we at UK 2020 will continue our research. We intend to publish a second paper with suggestions as to how the UK health system could be improved so that our outcomes do match the best in the world.

It is my personal belief that we stand at the dawn of a great renaissance in healthcare with breakthroughs in technology, diagnostics, medical research, pharmaceuticals, and patient choice. In the UK we do not have to settle for these poor health outcomes and

watch as relatives die needlessly of illnesses that they would otherwise survive but for being treated in the UK.

It is time to break up the national consensus that blindly reveres the NHS, ignores the outcomes, and to open up the healthcare system to improvements based on empirical and international evidence.

Everyone of you can help us to do it. Until we do, thousands of our fellow citizens will continue to die prematurely.

Thank you very much.

ENDS

UK 2020  
55 Tufton Street  
London SW1P 3QL

[www.uk2020.org.uk](http://www.uk2020.org.uk)  
[info@uk2020.org.uk](mailto:info@uk2020.org.uk)

