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EDITORIAL: Is England's National Health Service broken?

In July 2024, England's Secretary of State for Health, Wes Streeting described England's National Health Service (NHS) as broken.[1] Current health service indicators all point to a system in crisis - with the waiting list for consultant led elective care in England having tripled from around 2.5 million in 2009 to 7.6 million in July 2024.[2] Waiting times in emergency departments have also worsened with the proportion of patients attending emergency departments waiting longer than four hours in England rising from less than 10% in 2014 to more than 40% in 2023.[3] Population health outcomes have similarly worsened. Improvements in life expectancy that had been seen in the decades before 2011 have tailed off. Prior to 2011, life expectancy increased by nearly three years every decade, but by 2014-2018 life expectancy trends was virtually flat.[4]

This crisis in the health system has been attributed to years of under-resourcing of healthcare, social care and public health, as well as other public services. This is against a backdrop of inflationary cost pressures, ageing hospital estate, and an ageing population demographic in England. Neither can the COVID-19 pandemic be blamed – prior to the pandemic life expectancy in the UK already compared poorly with most comparator countries.[4] Moreover, during the pandemic the UK saw relatively higher excess mortality as well.

There is a risk that the political rhetoric of a broken health system could demoralize overworked health staff and drive patients to private healthcare. It may also lead some to hyper-extrapolate and conclude that publicly funded health systems like the NHS are obsolete and no longer fit for purpose. Might a health insurance based model work better? Or a greater mix of private and state provision? Reality, however, is more nuanced. Many patients continue to be seen and treated daily by the NHS. Indeed, on an average day, nearly 1.3 million patients attend a general practitioner (GP) appointment and 275,000 attend a hospital outpatient appointment.[5] But, many still await appointments be it for a GP or hospital outpatients clinic. That said, there is no utopian health system, and all health systems worldwide grapple with the same challenge of managing patient demand and service supply with constrained resources.

However, is it purely a question of resourcing? With the exception of the United States, among OECD countries there is generally a positive correlation between health spending per capita and life expectancy at birth.[6] Similarly, greater health spending is associated with lower avoidable mortality rates, better accessibility of services and patient satisfaction. The UK per capita health spending in 2022 (US\$5493) was less than some of its European neighbours, France (US\$6630), Netherlands (US\$6729) and Germany (US\$8011), who spent marginally more and all had substantially lower rates of avoidable mortality. That said, the UK spent comparably more than Israel (US\$3444) and South Korea (US\$4570) who reported much better health outcomes and therefore achieved better value for money for what was invested in health.[6] So whilst health spending can lead to better health outcomes, how that resource is used also matters.

The British government commissioned a former Special Advisor, Lord Ara Darzi, to carry out an independent investigation on the state of the NHS in England.[7] The report echoes what many in the NHS already knew such as the problems of funding constraints, austerity, demand outstripping supply, worsening state of infrastructure, and the demographic tsunami of an aging population with more complex multimorbidity. Crucially, the investigation identified the issue of underfunding of public health and community services, often to shore up funding of hospitals. High cost acute hospital care was prioritised over disease prevention and better chronic disease management in the community. Had the latter been better resourced, the burden of acute hospital admissions, secondary care waiting lists, and emergency department attendances, could have been mitigated to

some extent. In essence, resources were not placed where it was needed and may have been more impactful.

So, is England's NHS broken? Not quite. But what should worry policymakers more is the state of primary care, community care and public health. Unless these three core components of the health system are strengthened, it would be difficult to achieve both better population health outcomes and a more sustainable health system. What then is the solution?

Darzi calls for the balance of investment and resourcing in health, and mode of healthcare delivery, to be shifted back to community based care, including public health and disease prevention.[7] However, repeated pledges over the years to boost primary care funding has not materialized [8]. Similarly, public health funding in England has been paltry for years and there have been further cuts in spending for public health services such as smoking prevention, sexual health and substance misuse in recent years.[9]

State-funded social care provision in the UK has also been in dire straits for years and the outlook remains grim.[109] Constraints in social care provision has direct consequences on the health system, such as by hindering patient flow through healthcare systems due to delayed or failed hospital discharges. This in turn worsens other healthcare performance indicators such as emergency department waiting times. The patient demographic involved is also likely to be key consumers of healthcare. Poor care may lead to ill health and exacerbations of pre-existing health conditions. That said, social care is not necessarily where greater health spending would lead to better returns on investment as there is likely to be diminishing returns on population health benefits that are realizable at the end of life.

From a public health perspective, the real prize where greater investment and effort will yield more public health benefit is through tackling the triple epidemics of tobacco, alcohol, and obesity, whose consequences will lock the health system into ever rising costs and demands for decades. For example, in 2022-23, 64.0% of adults in England were estimated to be overweight or living with obesity.[11] Without urgent action on these areas, the health service pains experienced now are likely to worsen over time. The health service transformations advocated by Darzi towards community-based care and disease prevention will take time to enact, and longer yet for results to manifest. That said, in the long run this change may be exactly the medicine the NHS has to take.

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