Alternative European Healthcare Perspectives January 2026

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There has been no shortage of things to write about in 2025. A review is provided of these newsletters for those needing a reminder. To put events into further perspective the BBC Reith lectures by Rutger Bregman are discussed. Commentary is also provided on Peter Thiel's Zero to One where in this 2014 book he lays out some useful lessons on entrepreneurship for us all to contemplate.

I then cover the announcement of the new US Security Strategy and what it may mean for Europe together with a review of Positive Tipping Points by Tim Lenton on how action can still fix the climate crisis (lest you think I am being overly gloomy) and by implication other things.

Finally, as usual, highlights of other things going on across Europe and elsewhere of interest to healthcare watchers are provided to conclude this month's newsletter.

A summary of my 2025 newsletters

Despite me being an AI sceptic it can produce reasonable summaries in no time. Thus, after uploading the complete set of 2025 newsletters into 'Freeform LM', it has produced a readable summary of the main themes, and little-known facts and issues of relevance to readers of the newsletters. However, that is mainly what it is, a list of key facts from the material that is input; what it does not do is provide any further insights based on its analysis of this material. For this purpose, I use my 'Own Intellect' to provide such a summary.

AI has summarised thus,

> *The Alternative European Healthcare Perspectives editions from 2025 focus on the interconnected crises facing European nations, driven by geopolitical instability, neoliberal economic failures, and internal strains on health and social care systems.*
>
> *The core message throughout the editions is that reading across policy from one country to another is not straightforward, and many perceived constraints on government action are false.*
>
> *Broad Themes are:*
>
> ***1. Global Instability and US Influence***
> *A major recurring theme is the detrimental global impact of US politics, particularly under the Trump administration. The US defunded the World Health Organisation (WHO), resulting in a 25% cut in staff, curtailing the scope of international cooperation on healthcare. Furthermore, Trump's pressure to reduce US drug prices led pharmaceutical companies to threaten price increases in the UK and EU, posing an estimated* ***£5 billion cost pressure for the NHS****.*
> *< the latest figure is £3bn but it is still laced with uncertainty as the US/UK Trade agreement appears to be built on sand>.*

The political chaos in the US, including government lockdown due to budget disputes, is frequently highlighted, alongside the projection of massive civil unrest in the US. (2.5m illegal migrants have returned and 600,000 deportations have occurred relatively quietly or unreported).

2. The Failure of Neoliberalism and Austerity *The publications consistently assert that* ***neoliberal austerity has failed*** *most people, leading to chronic economic and social crises in the UK. This framework notes that the UK suffers from* ***low investment (lowest in the G7)****, stagnant wages, and increasing inequality. This failure necessitates a wholesale reframing of economic policy, including rejecting the 'Treasury view' and recognising that the government creates the money it spends.*

3. Financialisation and Corporatisation of European Healthcare *European health systems, particularly the French one, are grappling with profound transformations driven by corporatisation and* ***financialisation****, where private investors prioritise consolidation and profit maximisation in sectors like medical biology and radiology.*

This trend risks eroding professional autonomy, care quality, and patient access. For example, the French pathology industry has seen substantial consolidation, offering high profit margins (rising to 32% by 2021), and large French nursing home chains, like Orpea, have been exposed for prioritising profits at the expense of resident care, requiring a state bailout.

4. UK Healthcare Performance Deficits *The UK's health system is repeatedly scrutinized for its failure to keep pace with European counterparts. The UK has a comparatively* ***high rate of mortality from treatable causes****. Progress on major NHS targets, such as eliminating year-plus waits and reducing diagnostic test backlogs, is limited or faltering. Furthermore, the UK is shown to be a* ***low spender on welfare and public services*** *compared to other European countries, contrary to popular media portrayals of 'High welfare, High tax'.*

5. Threats to Democracy and Punitive Welfare *The connection between economic failure and the rise of populism (such as the AfD in Germany or Reform in the UK) is a serious theme. This is exacerbated by the shift towards* ***'workfare' across Europe****, which treats benefit recipients as 'suspects' and uses punitive sanctions and algorithms to hunt for supposed fraud. Algorithms used for fraud detection in countries like France and the Netherlands have disproportionately targeted vulnerable groups, including single parents and disabled citizens.*

Little-known facts and issues highlighted:

*• **Financial Integration in French Public Health:** France established institutions like CADES (1996) to refinance social security debt and ACOSS (since 2007) for liquidity management using short-term market*

securities, making ACOSS the top global public issuer of European commercial papers by 2018. This ties the French health system to global capital markets through direct debt financing.

*• **EU Funding Diverted to Conflict:** The war in Ukraine is placing pressure on European social budgets, with **€100 billion diverted** to support Ukraine and nearby countries. Elsewhere, it is noted that the EU is paying for US missiles for Ukraine using money raided from the European Social Fund.*

*• **Welfare Abuse Algorithms:** The service responsible for family allowances in France profiled 32 million people using algorithms to identify potential welfare abuses, resulting in single-parent households accounting for 36% of administrative investigations, despite representing only 16% of beneficiaries.*

*• **Limited Impact of Prevention:** OECD research suggests that the impact of a healthier population on reducing health spending growth is modest, estimated at only **0.3% per year**, indicating why politicians may overlook prevention strategies when seeking large savings.*

*• **The Lastenausgleichsabgaben**: West Germany introduced this 'burden-balancing tax' (a one-off 50% wealth tax) to aid post-WWII reconstruction, serving as a historical example of a radical measure to reduce inequality and supposedly provide funds.*

*• **Lack of Management Redundancies in Europe:** Unlike in the UK, where NHS reorganisations occur frequently, there is **no widespread phenomenon of health redundancies in management** across Europe; instead, the problem is a severe and growing workforce crisis (shortages and burnout).*

*• **PFI as Fiscal Sleight of Hand:** The PFI model was fundamentally flawed because governments issuing their own currency could always finance investment directly, meaning PFI served primarily as **fiscal sleight of hand** to hide debt off the government balance sheet while privatising profits and socializing risks.*

*• **Immigration Motives in Europe:** While the UK appears to rely on immigration to increase economic growth projections, other European countries like Germany welcome migration primarily because they worry about **falling populations**.*

As I said above, this is a fair summary of the previous newsletters but applying a human brain, I would suggest some other broad themes:

1. There is a marked contrast between the Anglo-Saxon stress on rugged individualism, reluctance to pay for the childcare and medical costs of 'others', a belief in a low tax regime, and the Social Europe attitudes prevalent in the EU, but especially in the Northern European states who believe in human rights and fund better public services and levy higher taxes. The hostility to European values surfaced during the Brexit debate but now it is widening to hostility to Human Rights legislation in general, which puts the rights of individuals, to for example healthcare and benefits, above the rights of the rich to be able to avoid taxation. This tension is heightening as a result of both Trumps actions on human rights and the USA

Security Strategy. Britain has tried to bridge this chasm in thinking but is now facing a more marked choice as Trump defines his stance as 'either you are with us or against us'

2. The splits between European nations' stances on issues are widening and the unanimity that the EU liked to present is now fracturing into 'coalitions of the willing' on a range of issues. This is likely to affect rights to health and healthcare as achieving agreement on increasing budgets and promoting social issues above defence and pro industrial policies becomes more difficult.

3. The area that helps Europe protect itself from the rise of right-wing parties hostile to social spending is that European countries, in general, have better voting and pro-democracy legislation in place. This means most have forms of proportional representation which gives voices to minorities, but which can isolate them also; and avoid minority capture of governments facilitated by first past the post voting systems. Time may be running out in the UK to introduce proportional representation in advance of 2029 elections.

Rutger Bregman's BBC Reith Lectures

Bregman, a Dutch historian, is concerned not merely to commentate but to promote a moral revolution in the face of, what he sees is evidence of moral collapse amongst the elites of modern societies and threats from the far right. His hope rests on the example of small groups of committed members of the elite in past societies who fought long battles to defeat slavery, promote female emancipation, install civil and human rights for all, promote temperance and democracy itself.

He sees the need for action now to promote a decency agenda (decent housing, decent jobs, fairer tax and regulation of the big data companies) enrolling committed individuals in broad coalitions. Existing political parties he sees as promoting the status quo and not willing to challenge vested interests and to risk upsetting people.

Enrol now at his school for moral ambition.

Good Luck.

Zero to One by Peter Thiel

For a different perspective on how to get things done I have picked up references to an earlier work by Peter Thiel based on student lectures at Stanford University where he taught entrepreneurship.

Peter Thiel, for those that struggle to recall, was a joint founder of PayPal, and has gone on to be a leading investor in technology in Silicon Valley and owns Palantir. Palantir is the lead supplier for the NHS Federated Data Platform (FDP), a national data infrastructure contract worth around £330 m over seven years, and its role has become one of the most politically and ethically contentious issues in current NHS digital policy.

Take the trouble to read Thiel's book. You'll learn a great deal!

Four of the six founders of PayPal built bombs when they were younger. An enthusiasm for Star Wars and aversion to the Communist 'Star Trek' could take you a long way in Silicon Valley. And, that the primary skill of Elon Musk and Thiel himself (who is a lawyer by training) is as master salesmen. His book extols the virtues of planning distribution of your product above all else.

For large ticket items he would be the lead salesman. NHS executives and government ministers would be no match for master salesmen, gifted at promising the earth, in return for monopoly rights. Well worth reading for budding entrepreneurs and those interested in how things get done. And why reports of overspending to implement the NHS data platform will not be a worry to Palantir if they become a monopoly supplier.

So, what does all this mean for the NHS?

NHS England procured the Federated Data Platform in November 2023 via a competitive tender, awarding it to a consortium led by Palantir to provide a common platform for planning, operational management, resource allocation and population health analytics across NHS organisations. The published (but heavily redacted) contract runs initially to 2027 with a total value for that first period of about £182m and an overall headline value of roughly £33 m over seven years as more trusts join.

According to NHS England's own FAQs, the FDP is intended to let local and national NHS teams 'federate' their data so that each organisation retains control but can combine data for tasks such as elective recovery, bed management, vaccination planning and logistics.

Palantir provides the underlying software and services; a separate Privacy Enhancing Technology contract for de-identification and governance was awarded to IQVIA, which NHS England cites as part of its privacy safeguards.

NHS England emphasises that Palantir has no right to commercialise, market or otherwise reuse NHS data, including for training its own AI models or developing new products, beyond providing FDP services to NHS users. The FAQs state that Palantir 'cannot' use NHS data to develop or derive new supplier products and that identifiable patient data should only be used within strict NHS controlled environments, with role-based access and existing legal bases such as the Health and Social Care Act and data protection law.

However, the version of the FDP contract published in January 2024 was 'heavily redacted', with reporting that around 417 of 586 pages were blanked out, including much of the 'protection of personal data' section, prompting criticism that the public cannot properly scrutinise the precise data handling and governance arrangements.

The Good Law Project and others have launched or threatened legal action both over the secrecy of the contract and to ensure that patients can effectively exercise opt-out rights from having their data used on the FDP.

Palantir's selection has generated sustained opposition from campaigners, parts of the profession and civil society, who point to the company's history in US military, intelligence, predictive policing and immigration enforcement work.

Campaign groups such as 'No Palantir in Our NHS' and the Good Law Project argue that Palantir 'fails the trust test', citing its work with the CIA, US deportation operations and support for Israeli military operations.

They say such a firm should not sit at the heart of NHS infrastructure.

Critics also highlight governance and procurement concerns: allegations of favouritism and 'backdoor' access,

ministerial directions overriding confidentiality concerns during earlier Covidera pilots, and the redaction of most of the FDP contract.

Professional groups have raised worries about whether Palantir's software offers value for money, with one investigation reporting that fewer than a quarter of England's 215 hospital trusts were actively using the FDP by the end of 2024 and that many trusts considered the product not good enough for their needs.

NHS England and supportive commentators argue that a single federated platform will reduce duplication of local systems, improve operational control (e.g. beds, theatres, waiting lists) and ultimately deliver better care and productivity.

Project documents published in 2025 suggested NHS estimates that the FDP could deliver financial returns of about five times the cost of implementing the system, though these projections remain contested and depend on widespread uptake and effective use.

Opponents question whether similar benefits could have been achieved with less controversial or more open-source solutions and whether locking a core NHS function into a single US supplier increases longterm dependency and cost.

There is also a wider political concern that embedding Palantir, whose chair Peter Thiel has publicly argued that the NHS should be privatised and likened public support for it to 'Stockholm syndrome', sits uneasily with a publicly funded, universal health service seeking to maintain public trust in its stewardship of data.

Legal challenges focus on transparency of the contract, adequacy of privacy protections and the need for robust optout mechanisms for patients who do not want their confidential data used in FDPrelated processing. Activists have organised protests and campaigns calling on NHS England to cancel the Palantir contract altogether, arguing that continuing with it damages trust in health data systems and NHS England's own integrity.

For now, the FDP is being rolled out with central backing, additional consultancy support to drive adoption, and ongoing public engagement commitments from NHS England on data use.

The key practical questions over the next couple of years will be how extensively trusts actually adopt the platform, whether it demonstrably improves operational performance, and whether the governance and transparency arrangements are strong enough to sustain professional and public trust in the face of Palantir's controversial reputation.

The US Security Strategy

The newly released US Security Strategy is attracting a lot of criticism. It is written in a direct and easily understood style. It is refreshing for those brought up on Sustainability and Transformation Strategies. But it leaves little room for ambiguities. Perplexity Ai provides this summary:

"Criticisms of the new US National Security Strategy (NSS) from Europe and expert critics cluster around its tone toward Europe, its treatment of Russia and Ukraine, and the way it recasts burden-sharing and the EU itself.

Tone toward Europe and the EU – many European officials see the document as ideologically hostile, describing Europe as a 'struggling power' facing 'civilisational erasure' and accusing the EU of censorship and suppression of political opposition. Critics argue this frames the Union less as a strategic partner and more as a problematic polity to be corrected, undermining the political basis for transatlantic cooperation.

Russia, Ukraine and threat-framing – analysts note that the strategy downplays or omits Russia's responsibility for the war in Ukraine, instead criticising Europeans for 'sabotaging' peace and treating Russia more as a potential stabiliser than a primary threat in Europe.

European governments and many US experts regard this as misaligned with NATO assessments and fear it foreshadows pressure to settle the Ukraine conflict on terms closer to Moscow's preferences.

Burden-shifting and reduced US guarantees – The NSS is widely read as an accelerated burden shifting agenda, demanding that Europe assume day-to-day conventional defence while the US retains only high-end nuclear and enabler roles. European commentators worry that talk of allies needing to 'police their own part of the world and pay for it' signals erosion of US security guarantees rather than a negotiated rebalancing.

Undermining European integration and values – The explicit endorsement of 'patriotic' or far-right parties and the call to 'cultivate resistance' inside European states is seen as direct interference in EU member-state politics. Critics argue that questioning Europe's commitment to political liberty while backing forces opposed to EU integration turns the NSS into a quasiideological tract rather than a stabilising strategic framework.

Strategic autonomy and trust – Some European analysts interpret the strategy as confirmation that the US treats Europe instrumentally and is prepared to distance itself from the continent's security if interests diverge. This is used to bolster arguments for greater European strategic autonomy, but with concern that the NSS erodes trust and predictability just as Europe is being asked to rearm and take on far greater responsibilities.

European criticism centres on a handful of highly charged passages that are seen as ideologically hostile, intrusive in EU politics, and dangerously soft on Russia.

A core passage portrays Europe as facing 'a real and starker prospect of civilisational erasure', linking this to 'migration policies that are transforming the continent and creating loss of national identities'. EU actors regard this language as echoing 'great replacement' narratives and legitimising far-right culture-war framing in an official US strategy document.

Another widely cited line commits the US to 'cultivating resistance to Europe's current trajectory within European nations,' and explicitly praises 'patriotic European parties' as partners.

This is read in Brussels and many capitals as an invitation to intervene in EU domestic politics and to side with national conservative forces against EU institutions and centrist governments.

The NSS mentions the EU only once, grouping it with 'other transnational bodies that undermine political liberty', while otherwise speaking generically about

'Europe.' For EU institutions this is a direct delegitimisation of the Union's constitutional order and rule-of-law mechanisms, rather than a standard disagreement over specific policies. (for those that wonder where all this is coming from I recommend Richard Murphy in one of his blogs on James Buchanan)

Russia, Ukraine and 'stability' – The European Parliament and frontline-state analysts single out passages that focus on restoring 'strategic stability' with Russia, present Russia as a challenge to be normalised, and criticise Europeans for 'sabotaging' peace in Ukraine.

These lines are seen as downplaying Russian aggression and reframing Ukraine primarily as a conflict to be closed quickly, not as a security architecture that must be made durable.

Several sections depict Europe as a 'struggling' region in economic decline, suffering a 'lack of self-confidence' toward Russia despite a supposed hard-power advantage. Officials and commentators argue that this simultaneously belittles European choices and ignores the threat assessments of frontline allies who see Russia preparing for prolonged confrontation.

It's essential reading for those wondering what may happen to drugs prices, future links to the NHS, investment in the human sciences industry and future tariff wars.

The latest reports in the Guardian are not promising with the US/UK Trade deal described as written in sand. Any changes to the Agreement may have implications for the NHS.

Stay Alert.

Positive Tipping Points by Tim Lenton

For a more hopeful perspective on the future, I recommend this book from Professor Tim Lenton. Although it describes well the evidence for the negative tipping points that may affect the Greenland ice field and the sub-arctic gyre amongst 16 others as our climate changes, he is positive that he sees the rapid expansion of electric vehicles, hydrogen power, less meat eating, changes in farming practices, reforestation etc as gaining rapid momentum sufficient to change the climate for the better.

Again, Perplexity AI gives a good summary:

"Tim Lenton consistently pushes for targeted public policies that create 'super-leverage points' – small, well-designed interventions that unlock self-reinforcing transitions in energy, transport, food and social norms, rather than diffuse, incremental measures. These are mainly mandates, subsidies, standards and public investment decisions that rapidly change expectations and markets so that clean options become cheaper, easier and socially normal.

Lenton highlights policies that rapidly scale renewables and storage to tip power systems away from fossil fuels. Key elements include strong renewable energy deployment targets, support to drive down capital costs (e.g. contracts for difference, feedin tariffs), and planning and grid reforms that prioritise clean capacity and flexibility.

A central example of a super leverage point is mandating zero emission vehicles (ZEV), which can rapidly tip road transport markets towards EVs. ZEV sales mandates and phaseout dates for internal combustion engines combine with charging infrastructure investment and fiscal

incentives to push EVs through cost and adoption tipping points.

Lenton's work with colleagues identifies mandating green ammonia in fertiliser production as another super leverage point, because it creates an early, guaranteed market for green hydrogen and green ammonia. As green ammonia scales for fertiliser, unit costs fall, which then makes it viable for shipping fuel and green steel, triggering a cascade of further positive tipping points in industry and transport.

More generally, he advocates policies that make sustainable choices the easiest and cheapest options, such as making public transport cheaper than driving, reshaping urban planning, and removing perverse fossil-fuel subsidies. Standards and regulations (for example on building efficiency or appliance performance) are framed as deliberate triggers of social and market tipping points, not just incremental improvements.

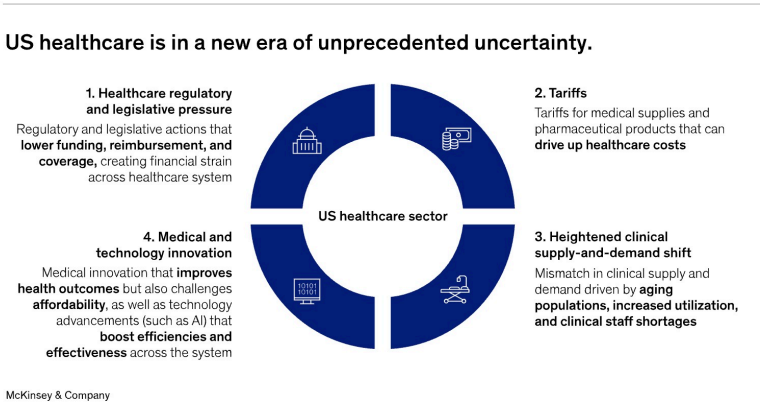
Lenton also stresses the need for international policy coordination that itself becomes a tipping point, drawing an analogy with the Montreal Protocol on CFCs and the ozone layer. He argues for stronger global governance on adaptation, loss and damage, and explicit integration of tippingpoint thinking into NDCs, global stocktakes and a dedicated summit on tipping points, so that diplomacy and public opinion can reinforce, rather than delay, rapid decarbonisation."

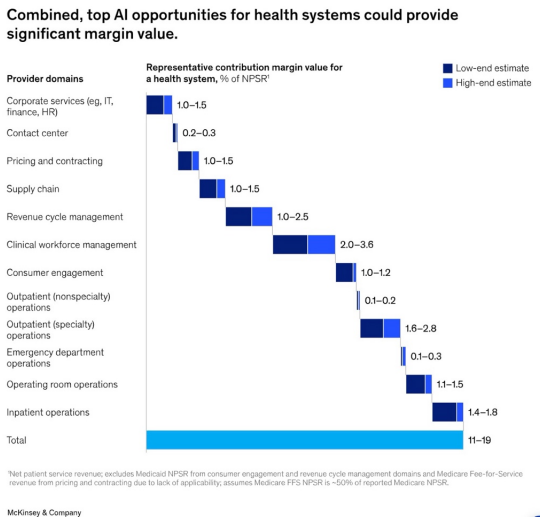
But there is surprisingly little intelligent press coverage of this last point. In my view there is still too little being done too late. The need for international co-operation is great but 'America first 'is the popular show in town.

Round Up Across Europe and elsewhere

McKinsey's is forecasting a gathering storm for Healthcare in the USA. McKinsey have always been good at describing the problem. They see four forces affecting healthcare for 2026 as summarised in the chart.

Their answer in a nutshell is AI and business restructuring. Expect to see a UK version of this chart showing the efficiencies to be extracted using AI:





Don't get too excited however as these improvements are on net revenue not gross revenue. Given the UK has little to boast about in that department it's likely that there will be no extra savings

over and above the assumed 2% efficiency savings.

Which leaves Business Restructuring.

McKinsey outlines its ideas here thus,

'Business restructuring. Question all activities, functions, and businesses of low value-add or weak competitive differentiation and consider outsourcing, divesting, and partnering with other organisations.

- Divest underperforming businesses with no path to deliver viable scale, strategic leverage, or return on capital (for example, a loss-making Medicaid business in a commercial-oriented payer, life and disability insurance in a health insurer, or long-term care in an acute-care health system).
- Spin off and seek external capital or partnerships for sub-scale businesses that could potentially grow but are stagnating under the parent organisation (for example, a fragmented set of diversified businesses acquired by payers or the sub-scale commercial insurance arm of a health system).
- Rationalise care and medical management functions within integrated delivery network businesses or across risk-bearing health system and payer partnerships.
- Outsource noncore, sub-scale, and non-differentiated administrative operations to higher-performing industry peers and vendors (for example, to gain scale in claims and back-office platform functions).
- Strengthen capabilities using captive centres(!) in international markets (for example, revenue cycle management, application development and maintenance, and corporate shared services).

Reimagining business models and innovation. Explore new ways to commercialise assets.

- Create new offerings and value propositions using AI (for example, a 'super app' that combines information from claims, medical records, wearables, and medical devices as a personal health agent; dynamic benefits and network configuration that enable personalised health plans for each member; direct-to-consumer personalised medicine based on genomics; and information and analytics products using enterprise data).
- Pursue strategic diversification through M&A into categories that provide a better fit with core capabilities and are more likely to benefit from favourable industry tailwinds and value pools in the future (for example, integration of gen AI clinical capabilities into physician clinical decision-making).

In conclusion McKinsey believes,

> *The level of industry uncertainty about how and to what extent the forces noted above will manifest, the impact on insurance coverage will shift, and the financial impact on the sector will be unprecedented. Participants must rethink how their organisations will create value in the future, make strategic choices, and act. Organisations that will thrive during this period of uncertainty will demonstrate agile decision-making and execution, adopt a technology-forward approach, and manage change across the workforce.*

Plainly McKinsey is influencing our own Wes Streeting. He is divesting himself of NHS England, Integrated Care Boards, and I'm sure he will be working his way down the full list.

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Expect to be spun off, outsourced, rationalised and commercialised in due course. There must be a lot of the NHS underperforming, working at sub-scale, and now working within networks providing opportunities for rationalisation.

The FT on the Coming Fight over the EU's Budget – The FT predicts two years of haggling over spending priorities amid growing doubts about the bloc's political direction and its ability to compete with the USA and China.

Unfortunately, the EU budget of €2trn over 7 years is only about 1% of the bloc's GDP. Over a third is spent on agricultural subsidies (down from 70% in the 1970s), and a further third goes to the poorer countries to promote cohesion. The Commission wants to cut these funds by 10%.

And, to pool agricultural payments and cohesion payments to allow local flexibility in their use.

What's new is a €409bn competitiveness fund, with doubled research funding €175bn, and €130bn for defence and security. The poorer countries don't expect much from this.

Germany, which has its own problems, is not keen on spending more and has rejected the proposed budget. There is scepticism on new levies being raised to fund spending, including taxes on electrical waste, handling fees for small packages from third countries (UK and China), and extra tobacco duties. Taxes on big companies are being opposed on competitive grounds.

France wants to increase joint debt levels and to levy EU taxes to increase EU spending. Countries are also expected to start repaying Covid payments (€168bn) over seven years and Germany is opposed to extending debt.

The Commission wants to link payments to performance and is likely to create conflicts with Hungary and others opposing EU policies. Hungary was expecting €800bn for projects and has only received €70bn.

It is expected that negotiations will go to the last ditch, in late 2026. If it doesn't go well, it may queer the French presidential elections in spring 2027.

It doesn't sound good and it is likely to cast further uncertainty during 2026 whatever the final outcome.

Healthcare productivity – productivity in healthcare is continuing to puzzle supposedly learned commentators.

The Institute of Fiscal studies in particular seemed to have convinced themselves that productivity growth was the key to improved performance, only to find that despite improved hospital productivity, waiting lists remain stubbornly high. The IFS clearly don't understand that with pent up demand and pressure (and financial incentives) to increase production that hospitals will prioritise the urgent and easy over the difficult and less urgent.

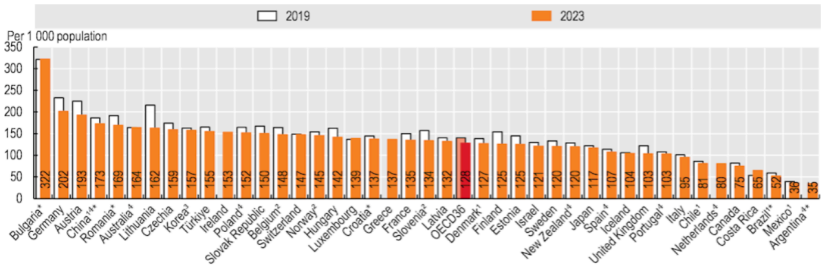
I was put on a waiting list because of the long waiting times as a means of securing likely treatment earlier than otherwise. Pre-emptive waiting in other words is now the policy to help patients get their treatment in a reasonable time.

But for all the talk the proof of the pudding is how much healthcare is delivered by systems per 1,000 population.

Here the OECD presents the latest complete statistics.

In the US they continual to puzzle over why healthcare costs are double those elsewhere despite massive investment in consolidation of delivery and in the advent of accountable care models of commissioning. The answer of course is because the private sector can.

Figure 5.22. Hospital discharge rates, 2023 and 2019 (or nearest year)



Note: Data are discharges for curative (acute) care unless stated. 1. Data include total discharges for inpatient care. 2. Data exclude discharges of healthy babies. 3. Data exclude discharges from certain facility types. 4. Latest data from 2021-2022. * Accession/partner country.

Source: OECD Health Statistics 2025.

Europe faces structural pressures affecting its healthcare productivity:
Nb attribution for the points made are linked.

- a workforce crisis: chronic shortages, ageing staff, 'medical deserts' in rural areas and persistent problems with recruitment and retention.
- Demographic ageing means more older, multi-morbid patients whose care is resource intensive, raising demand faster than productivity gains.
- Limited training capacity and difficult working conditions reduce the effective supply of skilled staff, so systems rely on overtime, agency work and international recruitment, all of which raise costs without proportionate output gains.

The UK would appear to be not doing enough with only 103 discharges per 1000 people, rather than over-providing as most commentators would have it. This is a third less than the France and half the German rate.

I keep repeating this: the best way for the UK to improve productivity, reduce waiting lists and improve performance to patients is for the NHS to do more. It is perverse that commissioners have always wanted the NHS to do less.

Steve Black in the HSJ would have it that the solution to complex problems is the application of more operational research staff. While the latest blog from Sam Freedman on the topic of how to get things done in government starts with the admission that most ministers don't know what they want to do.

It takes the Royal College of Emergency Medicine to point out the obvious: just do it. Urgent Action today.

The NHS doesn't collapse, it just keeps on getting worse, in the absence of government action.

The European Health Management Association is inviting submissions of abstracts for ideas on future proofing healthcare systems. Get your ideas in before 11th January. Your Continent needs you.

The European Observatory has published a host of country reviews of healthcare systems profiles in December 2025. For some reason they haven't got one for the United Kingdom. For that reason the UK does not feature in the 2025 review of European healthcare trends looking at all countries across Europe.

The foreword of the report is a good summary:

> *Europe's health systems continue to face immense public health challenges in a rapidly changing geopolitical environment. Epidemiological and demographic shifts, rising defence and climate related expenditures, high and/or growing economic inequality, and rapid technological change are putting European welfare systems under significant pressure. Without coordinated adaptation and transformation, these pressures risk deepening health inequalities and undermining the sustainability of care. As countries work to recover from recent crises and prepare for future challenges, strengthening health system effectiveness, accessibility and resilience have become even more urgent. The State of Health in the EU initiative, funded under the EU4Health Programme, continues to serve as a key source of evidence and inspiration for policymakers, researchers and citizens across Europe.*
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> *This Synthesis Report draws together insights from the latest 2025 Country Health Profiles to take stock of current reforms and highlight how countries are addressing four major interconnected health system challenges: preventing non-communicable diseases (NCDs), strengthening primary care, accelerating digital health transformation, and promoting affordable access to pharmaceuticals and innovation. These challenges cut across all Member States, calling for both national action and collective European solutions. In this edition, a renewed focus is placed on how countries are responding to these challenges – exploring the policy approaches and reform pathways shaping health systems across the European Union (EU).*
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> *The report shows that Member States are stepping up primary prevention through stronger public health policies, reforming primary care to become more integrated and people-centred, investing strategically in digital health infrastructures, and redesigning pharmaceutical policies to improve affordability and sustainability in line with key EU legislations such as on Health Technology Assessment (HTA) and the European Health Data Space (EHDS). Primary care remains a crucial gateway to the health system, yet challenges such as general practitioner (GP) shortages and accessibility concerns, including the affordability of*

medicines, persist. Short- to medium-term digital innovation can help improve coordination and efficiency, while in the longer term, effective public health policies can help ease the burden on primary care.

Together, these efforts demonstrate the creativity, determination and solidarity of European health systems in adapting to complex health, economic and demographic pressures and their commitment to build a strong European Health Union. Importantly, the report also shows how health systems can contribute to the competitiveness of the EU. It highlights innovation through pharmaceutical Research and Development (R&D) and investment in health-related information and communication technologies (ICT) as well as the potential to generate higher overall economic output from improved population health.

The UK couldn't sign up to that obviously.

Good Luck for the New Year

Database of editions of Alternative European Healthcare Perspectives 2025

2025	Key Issues
January	United healthcare, Trump's new Team, 'free to Obey', Losing faith with Deliverism, Major Trends in 2024
February	Trumps early steps, State of Play in Europe, Preventing Chris Ham, Bidenomics Failures, AI and the NHS, and Waiting lists in Europe.
March	Trump latest on healthcare; Mario Draghi and improving Europe. On the UK as per 'Get In', Field Marshall Alan Brooke and Sam Freedman. DHSC accounts 2023/24, German healthcare reforms and more on UK death rates and prevention policies.
April	Wilful Blindness; Ignorance and Bliss. Abolition of NHS England. Benefits cuts in UK vs Benefits for the disabled in Europe. Covid. On why the NHS has Queues.
May	Trump sours the world; The Unaccountability Machine; Public attitudes to Health in UK and EU; the Care Dividend. Cataracts.
June	Inactivity levels; Population planning; Waiting lists; The Unaccountability Machine and crack-up capitalism; Homelessness, Social Care Review; Assisted Dying, Rachel Reeves and German Plans
July	Trump floods the Zone, UK economy, lessons on Planning and for Wes Streeting, Long term care and Primary Care. Gatekeeping.
August	Trump impact on Healthcare, EU budget, NHS 10-year Plan, Neo-natal care. Rachel Reeves, Unmet needs in Europe and New Drugs benefits.

September	Recap on Covid, the World Economy and EU, Brexit, Doctors Pay, Reconfiguring Health Services, Access to New Drugs, Productivity, Politicians, Notebook LM, EU Waiting Lists, Nurses Pay, the French Pathology Industry.
October	Ursula von der Leyen. Spinoza, Stupidity, plans that don't work. Rachel Reeves Dilemma. Immigration. AI bubble. Assisted Dying.
November	The November Budget, East Germany, France. OHE Annual Lecture, The Good, the Bad and the ugly. Waiting lists. Workfare across Europe. The EU campaign for deregulation. Actuaries plan for Social Care.
December	Scanning US and EU healthcare developments, comparing tax rates, problems of international comparisons, verdicts on UK Budget, comparing welfare benefits. Planetary Health.

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