# Alternative European Healthcare Perspectives December 2025

Roger Steer

The premise for this newsletter is that an international perspective, derived mainly but not exclusively from Europe can help in understanding health care issues and in designing and implementing health policies. Now the author is not so sure.

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When we look at the latest news from the USA, which has defunded the World Health Organisation resulting in 25% of staff being cut, the scope of international co-operation and progress on healthcare is being cut. There seems little to be learnt from a country where the full coverage insurance cost runs to $25-30,000 per capita (for a 60-year-old self-employed person) and where the government is planning cuts to subsidies for 40 million people. For more read this, from John Lister, which summarises his recent book, *Wealth Versus Health*, subtitled *Trumps Global War on Health*.

Similarly for the EU, the war in Ukraine is leading to pressure on social budgets, not only at the EU level but at the national level as €100bn is diverted to support Ukraine and nearby countries most affected.

It's not just external wars, In France there is no effective government as agreement on the 2026 budget has still to be reached. Extant plans are to reduce healthcare funding by €5bn.

In Germany more people will be put into the compulsory state insurance scheme for healthcare. Major reforms are however expected in 2026, as prospects for the German economy continue to deteriorate, albeit improved by significant increases in government spending and investment in 2026 (it seems fiscal rules can be set aside).

In the Netherlands there was a general election in late October and a coalition government excluding the right wing has been formed. Healthcare has been a big issue with insurance premiums rising by 7% last year. Their system requires compulsory private health insurance. It works but at a cost. The Netherlands spends about 30% more per capita than the UK.

Italy, governed by fascists, is mired in high debt levels and its plans for healthcare are curiously similar to those in the UK: to decentralise responsibility to the local regional level.

In Spain, Social Europe reports a major uplift in the economy as a result of encouraging inward migration, digitalisation and green investments. There has however been a conscious plan to increase investment in public health with a 45% increase over seven years.

Which brings me to Denmark. This newsletter has covered in some detail in previous editions the superior and more expensive Danish health and social care system without any obvious interest from the UK government in looking to copy such policies. But lo, it seems the UK government is interested in Denmarks's controversial policies for dealing with unwanted immigrants. There is however a

delicate balance between attracting right wing racists to vote for you at the expense of losing other voters who are repelled by it. This summary indicates that reading across from one country to another is not straightforward and may well cost the UK Labour Party more votes than it may attract.

Viewers of the Black Swan on BBC4 will know that things run deep in Denmark. We may not want to go there. The documentary exposes the deep levels of corruption and collusion in criminality in Danish society, despite coming top in international league tables for perceived lack of corruption.

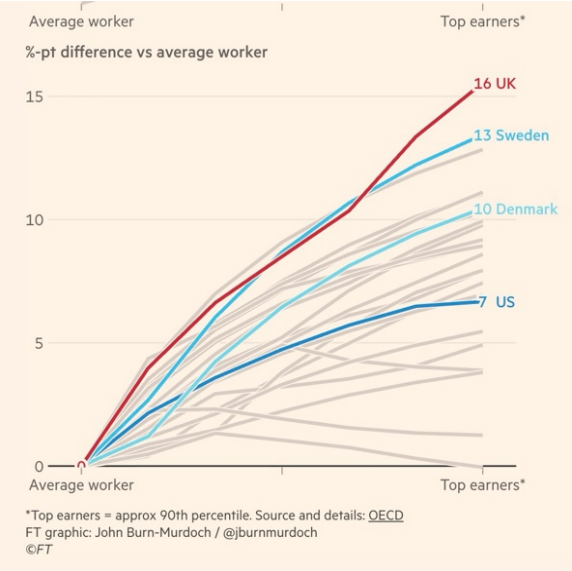
Smorgasbord is a term that has been used disparagingly about the UK Budget – more on that later. Apparently, Rachel Reeves had asked for the full range of options to be presented to her to choose from. Unfortunately, the real world isn't like that. Each country has a history, context and delicate political and social balance. You cannot have US direct taxation levels (more on that later) and northern European levels of public services.

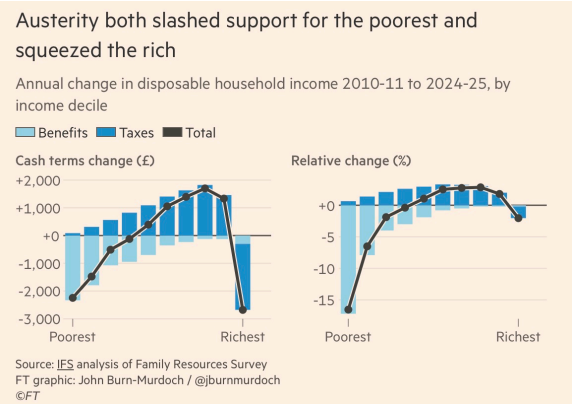
This is the starting point for this month's newsletter. I provide a commentary on the UK Budget and prospects for UK health and social care but try to put it in a realistic context with several perspectives coming into play: including whether legitimate comparisons are being made about direct taxation levels between countries, and about tactics for dealing with populist leaders who promise a lot and deliver little (apart from division and chaos).

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.

## Comparing tax rates between countries

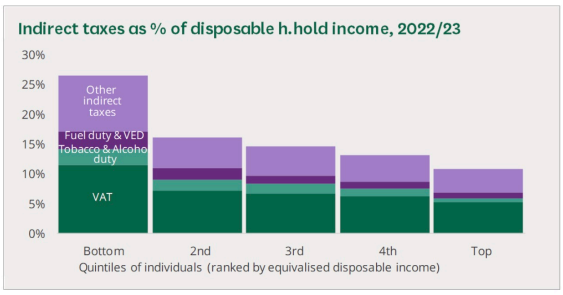
The seemingly interminable UK budget process has at least flushed out some data that illuminates the issue of how the UK may manage its affairs better. John Burn-Murdoch of the FT has produced a set of slides – that may appeal to his demographic – purporting to show that the average worker is under-taxed in the UK and it's the high earners that deserve our sympathy.




We are led to believe that a rebalancing towards taxing the middle earners would be good for the poor and rich alike.

But is this a fair representation of the reality. The taxes referred to are only income tax and social contributions, which constitute just 27% and 15% of tax receipts. The bulk of taxes are indirect, and these have a pronounced regressive distribution. The table below from the ONS shows a markedly lower incidence amongst high income earners and more than countermands the modest additional income taxes paid.




Source: ONS. Effects of taxes and benefits on UK household income: financial year ending 2023

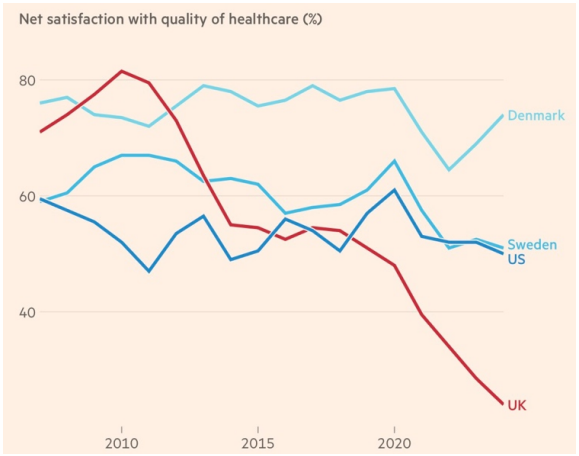
See Tax Statistics: An Overview from the House of Commons Library

In addition, we all know that wealth is what matters, and it seems that the top 10% of wealth holders now own about 50% of all wealth (it was just under 20% of total wealth in 2010) and the top 1% own 23% of total wealth (although it's all a bit hazy) or the equivalent of 70% of the UK population (according to Oxfam).

Richard Murphy would raise £55bn of taxes on the wealthy as follows:

- Investment income surcharge £18bn
- Capital Gains Tax £12bn
- VAT on financial services £8bn
- Corporation tax £3-6bn
- Ending corporation tax evasion £10bn
- Other £4bn

But in addition international comparisons of taxes do not take account of what countries deliver for their taxes and what citizens may have to pay for services, often at inflated prices, for private services not provided by governments.




Thus, although the UK may pay less income tax than Denmark or Sweden it gets less for it. Similarly, the US citizen pays an arm and a leg for its private healthcare system, which it pays for from higher post-tax income.

The moral of this convoluted story is that you have to have your wits about you in looking at and interpreting international comparisons of data, whether on taxation, health or whatever. Journalists, even journalists at eminent outlets, can mislead.

## To be fair it's not easy

In the Guardian of 25 November there was an obituary for Drummond Rennie, formerly deputy editor of the New England Journal of Medicine and the Journal of the American Medical Association. He seems to have a led a good life, but what struck me was these words reproduced in the obituary describing his intolerance for bad medical literature which he found littered with anomalies, errors and shortcomings,

> *there seems to be no study too fragmented, no hypothesis too trivial, no literature citation too biased or too egotistical, no design too warped, no methodology too bungled, no presentation of results too inaccurate, too obscure, and too contradictory, no analysis too self-serving, no argument too circular, no conclusion too trifling or too unjustified, and no grammar and syntax too offensive for a paper to end up in print.*

He acted when peer review was not sufficient to counter this and encouraged randomised controlled trials, punished wilful manipulation of the scientific record and promoted evidence-based medical practice. It seems that in talking about medicine we again have to be on our guard.

I have been reading *The Age of Diagnosis* by Suzanne O'Sullivan. Its subtitle is *sickness, health and why medicine has gone too far*. The book tells a story through what can be learned from Huntington's Disease (or the problems created by identifying incurable disease in families and individuals); Lyme disease and Long Covid (or the problems of diagnosing disease in people who may not have it); Autism (or the problems of uncovering the full scale of problems that have always been there but without an easy cure); the cancer gene (or the problems of identifying and intervening in cases that would not have been a problem); ADHD, Depression and Neurodiversity (or the problem of labelling individuals with diseases); and Syndromes without names (or the thousands of rare diseases now identifiable using genetic diagnostics without cures in sight).

It cautions against the risks of ever more specialist care for ever more uncertain and untreatable disorders. As an aside it puts AI diagnosis in its place and claims that increasingly general medicine informed by more doctors with the time and expertise to do what's best for the whole person is better than increasing the levels of specialists eager to over-diagnose and over-treat the incurable. I recommend it's conclusion that the route being taken by the NHS at present is doomed to generate more work with diminishing levels of efficacy; not to achieve higher efficiency or increased productivity nor to deliver value to patients.

And what is true of medicine itself is even more true of the claims of the ability to transform healthcare and much else from the management consultancy community.

**The National Audit Office** is always a good reality checker as this report shows from March 2025 on progress in the transformation of elective care plans by the NHSE:

- *NHSE has not delivered the total additional activity it aimed to for elective recovery. NHSE aimed to deliver 129% of 2019-20 levels of elective activity by 2024-25. So far in 2024-25 it has delivered 116%. Consequently, fewer people are leaving the waiting list than NHSE anticipated (paragraphs 1.5 to 1.12 and Figure 3).*

- *NHSE has made progress against, but will not deliver on time, elective recovery targets to end elective care waits of more than a year by March 2025. NHSE aimed, that by March 2025, people would not wait for more than a year (or only on a very small number of pathways, either in highly specialised areas or where patients chose to wait longer). The number of pathways where people have waited for more than a year has reduced by 35% from around 310,000 pathways in February 2022 to around 200,000 pathways in January 2025 (paragraphs 1.5 to 1.10 and Figure 2).*

- *NHSE has made limited progress in reducing long waits for diagnostic tests. The diagnostic recovery target is to reduce waits above six weeks for diagnostic tests to 5% of the diagnostic waiting list by March 2025 (the long-term standard is 1%). In April to January 2022-23, 28.7% of waits for diagnostic tests were above six weeks (monthly average). In April to January 2024-25, 22.3% of waits for diagnostic tests were above six weeks (monthly average), a 6.4 percentage point improvement (paragraphs 1.15 and 1.16).*

- *The outcomes the diagnostic and surgical transformation programmes sought to achieve have not yet been met.*

- *The diagnostic transformation programme aimed to build diagnostic capacity and meet the recovery target. As at January 2025, 22% of patients waited more than six weeks for diagnostic tests against the March 2025 5% recovery target. NHSE attributes around one third of the shortfall to reductions in planned revenue funding for CDCs and one third to additional unscheduled (emergency) diagnostic tests in NHS trusts, which reduces the capacity of CDCs to support elective recovery (paragraphs 1.15, 1.16, 2.6, 2.10 and 2.11, and Figure 4). "*

- *"The surgical transformation programme aimed to increase the number of surgical hubs and help achieve the overall outcome of increasing elective activity to 129% of 2019-20 levels by 2024-25. NHSE does not yet know what level of activity hubs have contributed to performance against this overall target, which averages 116% so far in 2024-25. NHSE attributes the shortfall in activity to wider issues including increases in non-elective activity and delays in discharging patients from hospitals. An NHSE-commissioned Health Foundation report found that, immediately post-COVID-19, recovery of elective activity was faster in trusts with surgical hubs than it would have been without the hubs (paragraphs 1.11 and 2.14 to 2.20 and Figure 6)."*

That report may have been the death knell for the last NHSE (or if not this report from the PAC addressing the failures of the NHS to meet targets), but it should have been the death knell for the transformation industry who constantly over claim in order to justify their fees. Similar exaggerated claims for planned savings and productivity improvements filled the Transformation and Reconfiguration plans and business cases of STPs to justify unaffordable new hospitals.

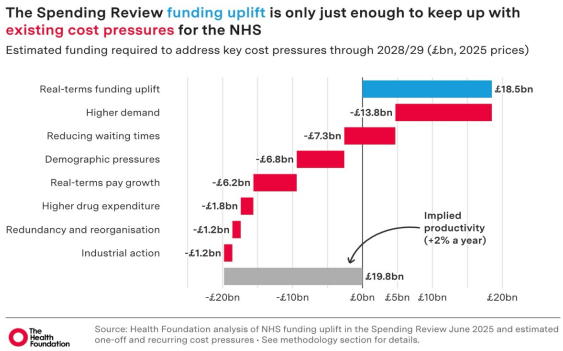
Everybody knows it, but it rarely gets called out.

As with international comparisons, purported medical science, and the promises of ever better diagnosis of illnesses readers are advised that plans emanating from the NHS about miraculous transformation in performance should similarly be treated with extreme caution.

## The UK Budget of November 2025

The big news story over the last month has been the Budget Statement from the Chancellor Rachel Reeves. For the NHS most of the big news was at the spending review in the spring, and whatever funding was earmarked then has already been whittled away.

The Health Foundation provides excellent background preparation for evaluating the budget.




The only way to balance budgets is to create a further 2% increase in productivity (or doing more with less), according to the Health Foundation, this despite the best way of increasing productivity being to do more with more.

The Kings Fund provides an excellent summary of the content of the Budget for the health and social care sectors. You would have missed these items if you relied on the Chancellor's presentation alone. In particular the trick of bringing forward funding to fund redundancies and the dumping of further efficiencies (2.8%) required for 2028/29.

**What was announced?**

**NHS**

- £300m new capital funding for technology in 2027/28
- Establishing 250 new Neighbourhood Health Centres, with 120 operational by 2030 and part-funded by private investment
- Bringing forward £860m of funding to pay for redundancies in NHS England and Integrated Care Boards over 2025/26 and 2026/27
- Further £2.8bn of efficiency savings requirement for government departments in 2028/29, which the NHS will be allowed to retain and reinvest
- New 'value for money' review of new care models in the NHS and 10 Year Plan, led by the Chief Secretary to the Treasury
- Prescription charges frozen for 2026/27

**Wider health**

- Removal of the two-child limit in Universal Credit from April 2026
- Increases to the National Living Wage and National Minimum Wage
- Soft Drinks Industry Levy extended to include milk-based and milk-substitute drinks (the 'milkshake tax'), and a lower sugar threshold at which the levy applies
- Increased duties on remote gaming and a new remote betting rate introduced from April 2027
- Alcohol duty uprated by inflation; tobacco duty uprated by inflation plus 2%
- Crackdown on illegal vaping including a licensing scheme for retailers to sell tobacco and vapes, and a Vaping Duty Stamps scheme introduced from October 2026 to help identify illicit products
- New review led by Alan Milburn on young people, health and work

**Adult social care**

- No announcements

For my part the issue is not what additional treats or obstacles have been offered by the Budget but the lack of coherent plans within which the budget is set. Where the priority was said to be growth the OBR has reduced growth projections next year to 1.5%, which is at least better than IMF growth projections for Europe, but it's less than most of the world.

And where the priority was said to be reducing borrowing, actual borrowing has been much higher than planned. And where the priority was said to be improving public services and reducing NHS waiting lists there has been precious little progress if at all.

There is an Industrial Strategy, published at the same time as the Budget, but it is addressed in such woolly terms it is difficult to feel reassured. '*Doing what we can*' to address high industrial energy costs (p28) is not reassuring to most people, and repeating the wish to be a world leader in Life Sciences is not consistent with announcements of cancellation of projects from some of the world's biggest companies. Nor is the aim for Free and Fair Trade as a main policy objective consistent

with the new world of tariffs and trading blocs.

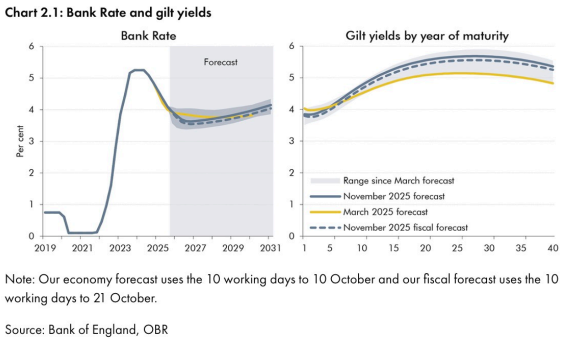
Nostalgia for Pax Brittanica is not going to cut it in a multi-polar world where the UK has cut itself away from its major trading partner, with Brexit being shown to have been increasingly damaging, and a policy of being craven to the US (the US owns about 25% of UK companies) is limiting the ability to develop new domestic industries.

The verdict on the Budget by Stephen Bush in the FT was,

> *a government whose approach in its first budget was wishful thinking has largely doubled down on that approach in its second. It seems unlikely that either this chancellor or this prime minister will get a third chance.*

In my view, although most people might be sympathetic to what the Chancellor and the Labour Government may want to achieve, there is little confidence that the scale of the problem or the shape of the solutions have yet been clearly identified or the means to secure them realised. That goes for both the economy as a whole and for the health and social care sectors. A budget should be a short-term plan along a clear long-term trajectory. It looks to me like a boat bobbing on very choppy seas.

For the best independent commentary on the Budget, I again commend Richard Murphy. He is the only one so far to have pointed out that the Office for Budget Responsibility (OBR) projection is for continuing high interest rates (chart 2.2 in the outlook). This is driven by the need to finance a growing trade deficit and to incentivise sterling holders to keep funds in the UK. This is not good news for the future, for mortgage holders, for investment or for the future of health and social care as interest payments will continue to put pressure on departmental budgets.



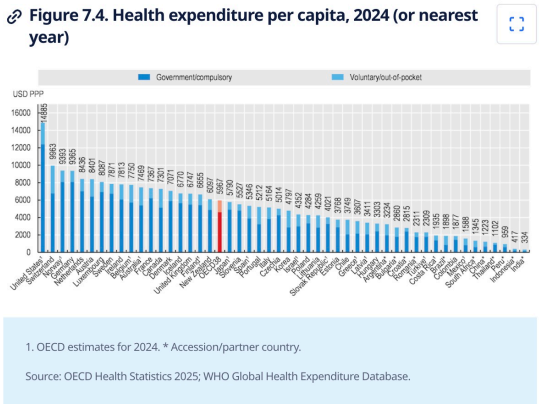

Note: Our economy forecast uses the 10 working days to 10 October and our fiscal forecast uses the 10 working days to 21 October.

Source: Bank of England, OBR

Such perceptive insights are however thin on the ground as most commentators fall into the camp of overtly hostile or lukewarm supporters. The right-wing press are particularly keen to portray the Budget as *'High welfare, High tax'*.

In fact, as I described earlier income tax is lower in the UK than many other countries, and I will repeat many of the points I have made in previous issues of this newsletter that spending on welfare is low in the UK when compared to other European countries.

## 5 Further international comparisons of UK health and welfare spend




1. OECD estimates for 2024. * Accession/partner country.

Source: OECD Health Statistics 2025; WHO Global Health Expenditure Database.

These are the latest figures, and the gap in health expenditure seems to have closed slightly between the UK and other advanced countries, but the UK is still

spending significantly less than other European countries.

The proportion of public expenditure devoted to the basic state pension is very much less in the UK than in other European countries.

It is not justified to claim as many commentators have that the triple lock is unsustainable. It could be better claimed that it is not bridging the gap in pension income fast enough.

**Public social expenditure on old-age pensions in OECD**

First-pillar state pensions and benefits as % of gross domestic product

| | 2010 | 2015 | 2019 |
|---|---|---|---|
| Greece | 11.1 | 13.7 | 13.1 |
| Italy | 10.0 | 11.7 | 12.8 |
| Portugal | 9.6 | 10.8 | 12.4 |
| France | 11.3 | 12.0 | 12.0 |
| Austria | 9.5 | 10.3 | 10.9 |
| Spain | 6.1 | 7.7 | 10.8 |
| Slovenia | 6.1 | 6.7 | 9.9 |
| Germany | 8.2 | 7.9 | 9.8 |
| Finland | 8.1 | 10.1 | 9.6 |
| Poland | 6.9 | 7.9 | 9.4 |
| Belgium | 7.6 | 8.4 | 9.1 |
| Japan | 8.2 | 8.1 | 8.9 |
| Czechia | 6.7 | 6.9 | 7.9 |
| Hungary | 6.8 | 7.0 | 7.6 |
| Turkey | 6.0 | 5.5 | 7.5 |
| Luxembourg | 4.2 | 4.9 | 7.2 |
| Slovak Republic | 5.5 | 6.1 | 7.1 |
| United States | 5.8 | 6.3 | 6.6 |
| Latvia | 8.7 | 6.6 | 6.5 |
| Lithuania | 6.5 | 5.4 | 6.4 |
| Estonia | 6.4 | 4.9 | 6.4 |
| Norway | 4.7 | 6.1 | 5.9 |
| Denmark | 7.1 | 8.0 | 5.8 |
| Colombia | 5.5 | 5.9 | 5.7 |
| Sweden | 6.5 | 6.5 | 5.4 |
| Switzerland | 5.5 | 5.9 | 5.1 |
| Costa Rica | .. | 4.5 | 5.1 |
| **United Kingdom** | **4.9** | **5.1** | **4.7** |
| Canada | 3.9 | 4.4 | 4.7 |
| Israel | 2.0 | 2.1 | 4.7 |
| Netherlands | 4.7 | 5.2 | 4.6 |
| Australia | 3.6 | 4.2 | 4.3 |
| New Zealand | 4.4 | 4.9 | 4.2 |
| Korea | 1.5 | 2.1 | 3.2 |
| Ireland | 4.3 | 3.2 | 3.2 |
| Mexico | 1.4 | 2.0 | 3.0 |
| Iceland | 1.5 | 2.0 | 2.9 |
| Chile | 2.6 | 2.3 | 2.8 |
| **OECD - Total** | **6.0** | **6.5** | **7.0** |

Source: OECD Pensions at a Glance 2023, expenditure on old-age pensions and survivor benefits

The table below shows that the UK has lower unemployment benefits that last a much shorter time than other countries in Europe.

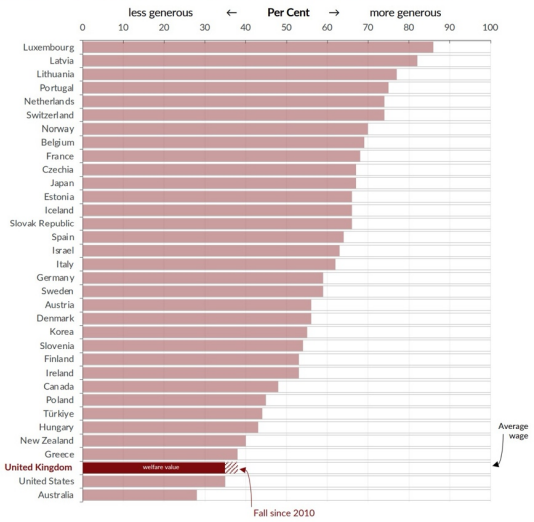
UK vs selected European countries

Title: Relative generosity of unemployment benefits after short-term job loss

| Country/area | Typical gross replacement rate in early unemployment | Key features (simplified) |
|---|---|---|
| United Kingdom | Around 17–20% of previous earnings after first 2–6 months. ox +1 | Flat-rate, largely means-tested benefits with limited duration and low contribution-based amount. gov +1 |
| Northwestern Europe (e.g. DE, FR, NL, DK, BE, SE) | Roughly 60–90% of previous earnings in first months, subject to caps. euronews +2 | Strong contributory insurance; benefits decline over time but last 9–24+ months depending on contributions. unedic +1 |
| EU overall (summary) | Replacement rates generally 50–90%, often decreasing over time, with minimum and maximum caps. eurofound.europa | Contribution conditions usually 6–24 months worked; benefit durations commonly 5–12+ months for standard careers. unedic +1 |

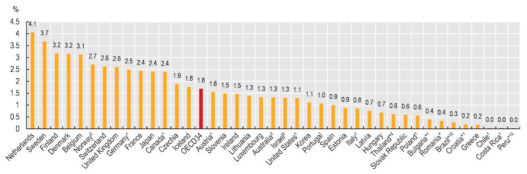
**Welfare in the UK is One of the Least Generous Across the OECD**

**Figure 2.4** Unemployment Benefit Replacement Rates Across OECD Countries, 2022




Notes: All figures assume a single household (above the age of 25 in the case of the UK), is unemployed for two months, is without any children and is eligible for housing benefit.
Source: NIESR Analysis using Database of Benefits and Wages (OECD, 2022)

**Figure 10.23. Total long-term care spending as a share of gross domestic product, 2023 (or nearest year)**



1. Countries not reporting spending for LTC (social). In many countries this component is therefore missing from total LTC, but in some countries it is partly included under LTC (health). 2. 2022 data.
* Accession/partner country.

Source: OECD Health Statistics 2025.

Although total long term care funding is slightly lower than other richer European countries the big difference is that the majority is self-funded. Only £23bn or less than 1% is state funded.

Looking at housing benefit payments,

although the UK spends a lot more than other European countries on housing benefit the major reason is the high cost of housing in the UK, and despite this most of UK rented accommodation is unaffordable for welfare recipients.

This article from the Guardian identifies that the high cost of housing is the main driver of poverty.

My conclusion is that when the Times headlines its Budget response '*High welfare, High tax'* it is merely talking about marginal differences in a parochial UK story intended to deceive the public on realities. The evidence above provides a broader context showing quite the opposite. The real question then becomes how truth and democracy can be reinforced over the forces of the rich, powerful media barons who seek to mislead us.

### Dealing with lies and threats to democracy

The newspapers are full of lies intended to undermine the government and to falsely portray it as a high spender on welfare. Surveys of public opinion in the UK show that the population want better public services and higher taxes on the wealthy, and to rejoin the EU. That it is proving difficult to convert public opinion into policies and action is the fault of the democratic system.

Fortunately Timothy Garton Ash has suggested a solution to this issue of a democratic deficit in an article in the Guardian on 25 November. He suggests a multi-pronged approach, which I provide without comment below:

> ***Proportional representation*** *A winner-takes-all two-party system, such as the US has – and the UK largely still has in Westminster, despite the recent fragmentation of its party landscape – may be helpful until a nationalist populist takes over one of the two big parties, as Trump has done. Then it's worse. It is better to have proportional representation, so the populists will be constrained by coalition partners, as in the Netherlands and much of continental Europe.*
>
> ***Electoral administration*** *A little nerdy perhaps, but this matters. The absurdly archaic US system, in which each of the 50 states has its own different procedures, is a standing invitation to partisan gerrymandering, voter suppression and all the other dirty tricks on which Republicans are plainly hellbent in advance of next autumn's midterm elections.*
> ***Public service broadcasting*** *The shared public sphere we need for democracy is everywhere being eroded by the simultaneous fragmentation and polarisation that results from the US capitalist version of the digital revolution. There are few easy remedies. If, however, you have a trusted public service broadcaster, as in Britain, Canada, Australia, Germany or Scandinavia, you should hang on to it for dear life, further ringfence its editorial independence, double its budget and increase its presence on social media. That Britain is doing the precise opposite by undermining the BBC, probably the world's most widely respected public service broadcaster, is just another example of the country's seemingly endless capacity for national self-harming.*
> ***Media ownership*** *Censorship is so old-fashioned. The modern authoritarian controls speech through ownership. In Turkey and Hungary, the leaders' oligarchic*

*cronies own the key media. At first glance, it may look like perfect media pluralism; behind the mask, the reality is entirely different. It's almost impossible to formulate a general rule on this. Foreign ownership, for example, has been a curse of British newspapers (think Rupert Murdoch) but a blessing for the defence of democracy in some post-communist countries (the broadcaster TVN in Poland, for example). It's horses for courses.*

***Independent judiciary*** *Obvious, but so vital. The judicial chaos in Poland today, where the governing coalition is disputing the legitimacy of judges appointed by the previous populist government, shows what happens when the rule of law has been lost. Germany recently saw a disastrous incident in which the candidacy of a left-liberal legal scholar for a seat on the constitutional court, already approved by the relevant cross-party parliamentary committee, was derailed by a group of rebel conservatives. Like the attacks on the BBC, this is precisely the wrong thing to do when you have populists at the gate. Unlike the US supreme court, the UK supreme court has kept its reputation for impartiality. But when the shadow justice minister, Robert Jenrick, waves a judge's wig in front of his party conference while denouncing left-wing activist judges, we see that the Trumpian threat is not far away.*

***Civil service neutrality*** *The Heritage Foundation's Project 2025, much of the substance of which the Trump administration is implementing, explicitly recommended the subordination of the administrative state to the executive. Perhaps most worryingly, this is already happening in the US department of justice, where hundreds of officials have either been sacked or have resigned. Indictments of outspoken critics, such as John Bolton, James Comey and Letitia James, have followed.*

***Constitutional monarchy*** *You laugh? But asked by Yascha Mounk on his The Good Fight podcast how we can best defend liberal democracies, the leading American comparative constitutionalist Tom Ginsburg unexpectedly singled out the advantages of having a constitutional monarchy. Anti-liberal populists claim to speak on behalf of the nation, but if you have a constitutional monarch who is the undisputed, non-partisan top representative of the nation, that space is at least partly occupied. I'm not suggesting that the US should bring back one of the heirs to George III (although a British royal spare is available in LA), but if you happen to have a constitutional monarchy, like Britain, Sweden or the Netherlands, do preserve it – for in practice it is, quite paradoxically, a bulwark of democracy.*

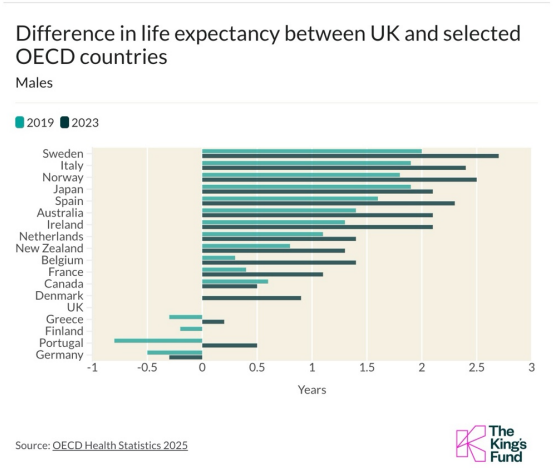
There are other tactics required to improve Democracy, but the prospect of a Reform-led government should be concentrating the mind of politicians on the subject. As in Trump's America democracy cannot be taken for granted.

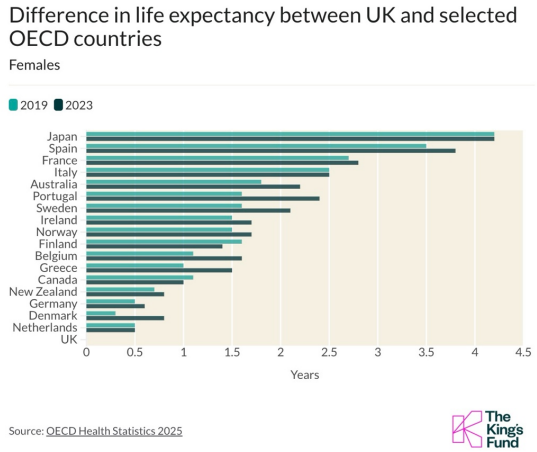
## Roundup from around Europe

**On integrating immigrants –** this publication from the **European Social Survey**, refers to the subtle art of integrating immigrants into societies across Europe. The paradox is that the more discrimination shown to visible minorities

the more the inevitable process of integration becomes delayed.

**Is the UK becoming the sicker man in Europe?** – the **Kings Fund** answers its own question by highlighting the deteriorating public health indicators in the UK, compared to other European countries.



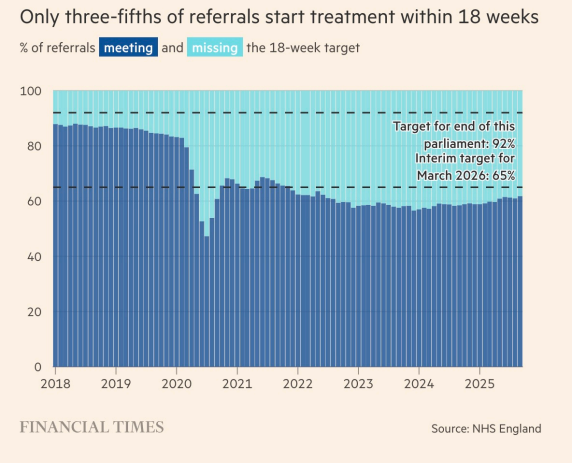

**The Institute of Government** has delivered its verdict on the Performance of the NHS and the government's plans in the form of its Performance Tracker. It's not happy reading for Wes Streeting.

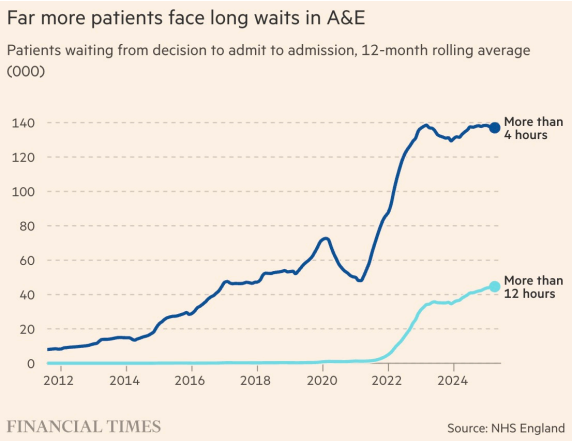
> *The government's record on the English NHS since the 2024 general election has been mixed. There have been minor performance improvements in hospitals, a fall in hospital staff turnover, and a substantial uptick in the number of salaried GPs.*
>
> *At the same time, there is evidence of increasing financial pressure in hospital trusts, industrial action by resident doctors is once again dampening activity, and the government has forced the service to focus time and money on abolishing NHS England (NHSE), reorganising integrated care boards and making redundancies, at the expense of a focus on improving performance.*
>
> *Time before the next election is running out and there is still a long way to go before voters notice a marked improvement in the health service.*

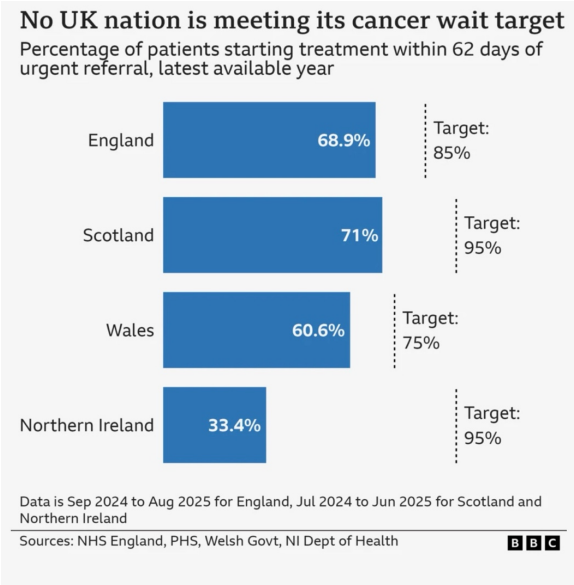
Again, it should not be beyond the capacity of the Institute of Government to colour its analysis with international comparisons.

It should not be a part of the role of an independent institute to avoid embarrassing UK politicians.

It is remarkable that in authoritative reviews of NHS reforms in the UK there is nothing said about international comparisons by which we can judge UK performance (if it were not bad enough-see below).


**Euro complacency** – these leading commentators discuss problems in the Eurozone. They predict continuing problems that will put pressure on Social Europe, including the prospects for health and social care. The prospects for European regulatory bureaucrats appear rosy, however, in that there seems to be plenty of jobs for the boys and girls.

**The European Health observatory** reminds us in the latest edition of Eurohealth in the article *Planetary Health as a Catalyst for economic transformation in Europe* how health and European action can improve the world for all. This should be set in the context of the COP 30 . The best that can be said is that there will not be too much time before COP31 in Turkey in 2026.

I've been reading **Nick Stern's** update of his earlier Stern Economic Review of Climate Change. The latest, *The Growth Story of the 21st Century : the Economics and opportunity of climate change* seeks to move the climate change debate on from achieving consensus on the facts to seeing the opportunities it will create. I fear it's always too little too late when it comes to international action.

Reading Tim Lenton's *Positive Tipping Points* is next on my list; it builds on the positive action that can be taken to save the world.

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**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 der |

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