

Alternative European Healthcare Perspectives

October 2025

[Roger Steer](#)

Things are kicking off. All is not well in state of the EU. Ursula von der Leyen was struggling to find the words to bring Europe together in her State of the Union address on 11 September. [Politico takes us through the competing tensions](#): she is accused of weakening Europe by selling out to Donald Trump via a [lopsided US trade deal](#); of abandoning farmers by endorsing an agreement with South America; of unravelling [policies to tackle climate change](#); and of [staying silent on Gaza](#). And that's just for starters. Not to mention the 50bn raid on the European Social Fund to fund US missiles for Ukraine.

The French government fell on 8 September to a vote of no confidence leaving President Macron faced with unpalatable choices for a new government.

He has appointed Sebastien Lecornu as the third Prime Minister in the past year, to have a go at assembling a coalition government. It is not expected to be any more successful than previous attempts. [The Spring Forecast for the EU](#) was for only modest growth and trade has taken a hit since. All eyes will be on revised forecasts to be presented in November.

Talking of November, 26 November is the date set for the Autumn Budget in the UK. The problem the UK Government faces is that Treasury thinking, Central Bank/Bank of England thinking and orthodox economic thinking will not solve the problem. In fact, they will make problems worse. The reflex responses are to cut government spending, keep high interest rates, and to rely on the private sector to rescue the government. None of that works.

But as Einstein is alleged to have noted;

'Insanity is doing the same thing over and over again and expecting different results', and 'Anyone who has never made a mistake has never tried anything new'.

This is the context for this month's newsletter. I reflect on the interconnected nature of the issues we all face (via Spinoza), on the laws of stupidity that cause people to continue to do

harm even though it doesn't advantage them or anyone else, on plans that don't succeed and on ideas being presented to Rachel Reeves for changing the existing trajectory.

As a digression I present charts on migration that expose what is really at stake in the migration debate across Europe.

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.

[Spinoza](#)

We don't learn much about Spinoza in the UK. But he was one of the early Enlightenment philosophers and seems to have influenced many of the [greatest thinkers](#) that ever lived.

Although brought up as a Jew he came, through a reading of the gospels (all 24 of them), to reject organised religion in favour of pantheism or the view that Nature is God and that the understanding of nature is a good and sufficient thing. He was particularly good at debunking the authorities, church authorities and others that would think for you.

He is also a good source of pithy quotes: he didn't publish much because of the dangers of putting down what he really thought.

See this [link as a good source of quotations](#).

I particularly like: "[Do not weep; do not wax indignant. Understand.](#)"

"Laws which prescribe what everyone must believe, and forbid men to say or write anything against this or that opinion, are often passed to gratify, or rather to appease the anger of those who cannot abide independent minds." ~ Baruch Spinoza

If you cannot link these to the state of the NHS and the issue of European healthcare then try harder and watch how reason [unfolds](#) a lot of mysteries.

Stupidity

A recent book review appeared for a "Short History of Stupidity" but evidently the interest is so high that my order will not be delivered until November. Never mind, a copy of the ["Basic Laws of Human Stupidity" by Carlo Cipolla](#) will suffice instead to help to explain our current predicament.

It's a short book but gets to the point.

Law 1: Always and inevitably, everyone underestimates the number of stupid people in circulation. This can be difficult to accept and appear ungenerous but for the fact that people once thought to be rational and intelligent turn out to be unashamedly stupid. That and the fact that in the course of daily activities stupid individuals appear suddenly and unexpectedly in the most inconvenient places and at the most improbable times.

Law 2: The Probability that a certain person be stupid is independent of any other characteristic of that person. It turns out that that the proportion of stupid persons is not attributable to sex, class, education, employment status, poverty etc. In other words, in whichever circles of society you move in you will always be confronted by the same proportion of stupid people, and always in accordance with Law 1, more than you think.

Law 3: A Stupid person is a person who causes losses to another person or to a group of persons while himself deriving no gain and even possibly incurring losses. Such people are difficult to deal with as they are not rational, like a bandit, or just self-evidently helpless but purely difficult to predict.

Law 4: Non-stupid people always underestimate the damaging power of stupid individuals. In particular non-stupid people constantly forget that at all times and places and under any circumstances to deal and/or associate with stupid people infallibly turns out to be a costly mistake.

One may hope to outmanoeuvre the stupid but because of the erratic behaviour of the stupid, one cannot foresee all the stupid's actions and reactions and before long one will be pulverised by the unpredictable actions of the stupid partner.

Law 5: A stupid person is the most dangerous type of person. A stupid person is more dangerous than a bandit. So, although the helpless and bandits with overtones of intelligence will add to the welfare of society both bandits and the helpless with overtones of stupidity add to the losses caused by stupid people to the welfare of society.

A stupid society is one where the stupid members of society are allowed by the other members to become more active and take more actions. In a country moving downhill the fraction of the stupid population may remain constant but the proportion of the bandits in power with overtones of stupidity will be increasing and amongst those not in power there will be an increase in the numbers of the helpless. Such changes in the composition of society increases the power of the stupid and makes decline a certainty. And the country goes to Hell.

We know from Spinoza that hell doesn't exist, but you get the point that Cipolla was trying to make. Transferring power to stupid people or bandits with stupid overtones is not a good idea.

Plans that don't work

It appears that governments of all shades, including our own, have a habit of believing their own propaganda. The great wave of entrepreneurial activity that a pro-market Thatcher government was meant to unleash turned out to be looting the proceeds of North Sea Oil and the sale of council houses and public corporations to fund tax cuts that

resulted in a long boom in house prices, deindustrialisation and rising inequality.

The Blair and Brown boom years were subsidised by an unprecedented and unsustainable expansion in bank lending which was halted by the financial crash of 2008. Austerity introduced by Cameron and Osborne made things worse and triggered blame being allocated to the EU, resulting in the Brexit debacle.

May, Johnson, Truss, Sunak and Starmer governments since have been long on promises just as performance has steadily deteriorated. This was not helped by the instability introduced by the first and now the second Trump government in the US and a loss of self confidence in the EU, following Brexit.

Forays into 'humanitarian interventionism' in the Middle East and Africa have created waves of refugees as people flee its consequences. Declarations on climate change have done nothing to stop rising temperatures and sea levels.

Demographic shifts caused by an ageing population and a declining working population has resulted in all governments relying on mass immigration to fill posts and pay future taxes.

More prosaically [successive plans for the NHS and social care](#) have resulted in the production of ever changing plans as the previous plans delivered disappointing results. There have been six major plans and ten reorganisations in England since 2000. Many turn out to be new attempts to approaches that have not delivered previously. Like care in the community (cost shifting to the benefits budget), prevention (denial), managerialism (shouting), or reliance on new technology (magic).

Often changes are reversals of previous plans to centralise/decentralise or to give /take away power to/from professionals. The only constant is the power of the Treasury to say no to investment and the [churn of ministerial appointments](#) (eight secretaries of state since 2018).

The latest version of NHS Plans, Wes Streeting's 10-year version has the benefit of it being vague and seemingly plausible. But

combined with organisational turmoil, either created deliberately in the case of ICBs, or as an unintended consequence of turning the financial pressure gauge to 11, it is unlikely to bring waiting lists down very quickly or to keep staff onside. As in the case of being chased in the woods by a bear though the trick is not to outpace the bear, but to be slightly ahead of the others in the wood running away from the bear.

Judging by the results of the cabinet reshuffle in September it will not be too much longer before vacancies arise and the talent barrel will be re-examined. By the time this plan gets found out Streeting might be the home secretary in charge of containing the baying masses in Epping. Such a role might be a better fit for his skill set.

Pleading the need to live within the NHS budget, without new investment, without an answer to social care, and after alienating managers and doctors, and with no improvements in waiting lists, his skill set in the NHS is becoming stretched.

The dilemma faced by Rachel Reeves

The significant announcement this month has been setting the Autumn budget back to 26 November. Any later and it would be the winter budget. Plainly she is buying time. Either to pull a rabbit out of the hat or to hope that something will turn up. The media is full of ideas and predictions, but the nub is that UK growth is disappointing for a government that hailed its coming with the slogan growth, growth, growth.

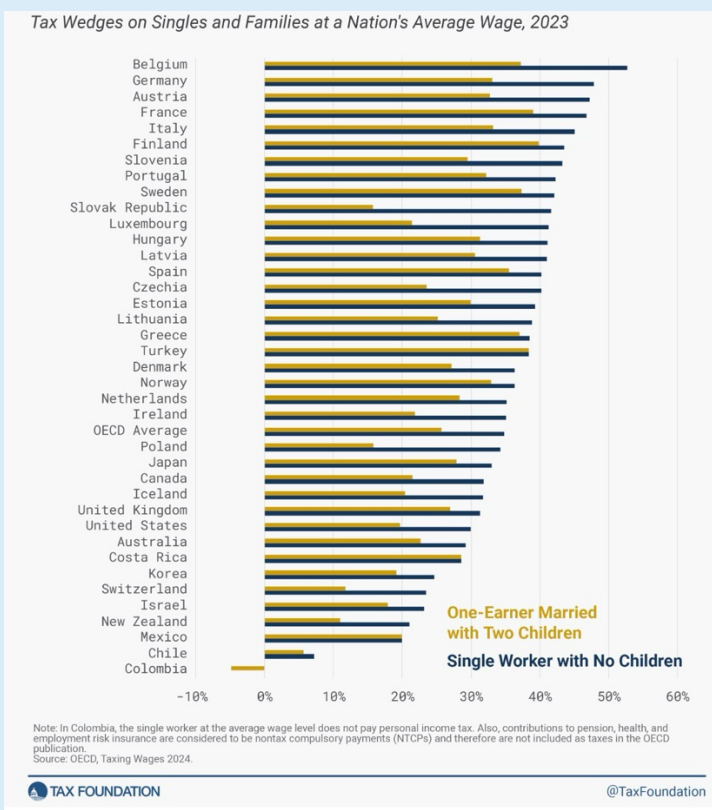
Like Angela Rayner's delivery of new houses there is only so long before the penny drops that whatever the minister was doing it didn't seem to move the dial, as the chart below shows.

After boxing herself into a corner on her pledge not to raise taxes for working people, despite taxes being lower in the UK than elsewhere in Europe and rising everywhere (see below), options in Reeves's mind are limited. But that is because she is imbued with the financial orthodoxy she learnt at the Bank



of England and is bullied into believing by the Treasury.

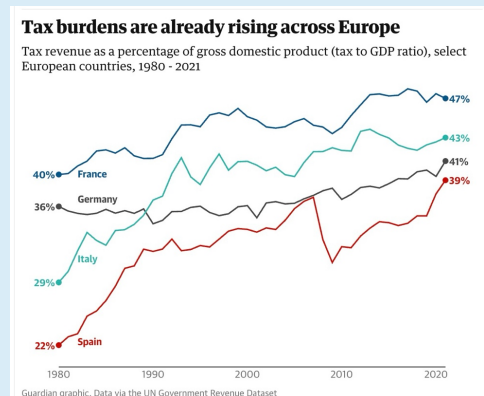
For instance, this chart below shows how much of an individual or family's income is taken as tax.



It dissolves the notion that the UK is overtaxed.

And the following chart shows that there is a tendency for taxes to increase everywhere (in Europe) as countries well-being is improved by redistribution and the improvement in public services.

The UK figure is expected to be 35% in 2024/25 after being 34% in 2018. Ref [OECD](#) chart



Reeves seems

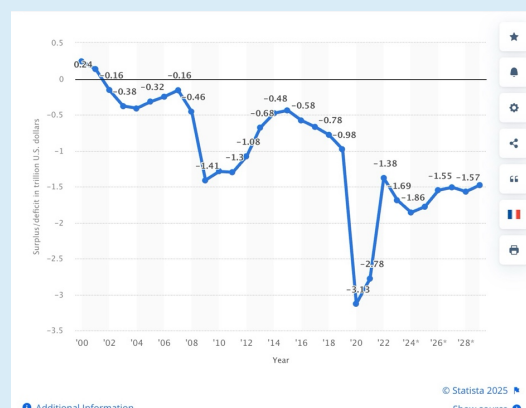
to

believe that a low tax economy and relying on the private sector to deliver is all that a government has to do. Thus, she continues to cap investments on positive public sector schemes that deliver widespread benefits to the economy and to the public in general.

The hidden assumption is that money in the hands of private citizens or businesses will result in better investment decisions. In fact, it results in higher house prices and in share buy backs and higher salaries to directors.

Europe has consistently higher public spending, better public services and higher taxation without any discernible drawbacks. The US, which has indulged in [the Laffer curve](#) nonsense that lower taxes result in higher GDP, now faces a fiscal deficit of almost \$2trillion, which makes Reeves's black hole look modest in comparison. The relatively higher GDP growth in the US is wholly attributable to running such deficits for a long time.

The chart below from Statista maps the US



fiscal deficit over the last 25 years and projected to 2028.

In [Public Net Worth](#) the authors argue that taking a different perspective to the economy looking at assets rather than liabilities and managing assets positively rather than fussing about liabilities would be a better approach in the UK.

Similarly Richard Murphy, who I have mentioned before, author of the [Funding the Future](#) blog, has published a wealth of advice on the issues involved in balancing the economy, raising tax revenues and applying Modern Monetary Theory to the UK economy. For example, he sees no need at all for the Government to be paying the Bank of England £50bn per year from government revenues to reverse Quantitative Easing.

It's just an application of sado-monetarism that is unnecessary and is not done in other countries. Somehow it bestows the tough mantle (supposedly) to apply pain to the economy to give confidence to markets, but all it does is exemplify Rachel Reeves's stupidity. It delivers pain but without any cause or benefit.

Equally we are told the Government is thinking of reinventing PFI to get the economy moving again. Personally, I am all in favour of investment-led growth but as Richard Murphy has argued PFI has now been thoroughly discredited: it was never a good idea in the first place.

Murphy argues,

First, the whole project was built on a false premise. Governments that issue their own currency, like the UK, can always finance their own investment. There was never any need to rely on private capital to build a hospital or a school. The claim that “there is no money”, implicit in all PFI projects, was political theatre, not economic reality.

Second, PFI was vastly more expensive than public borrowing. Contractors and financiers charged interest rates and demanded returns far higher than those

the government itself would ever have faced. Over the life of many contracts, the government has ended up repaying two or three times the original construction cost. The profits were privatised, the risks were socialised.

Third, the so-called “value for money” tests that justified PFI were rigged. Treasury guidance required an analysis of whether private finance really offered savings over public borrowing. The answer was always yes—because the models assumed enormous “risk transfer” to the private sector. In reality, the government could never let a hospital close if a contractor failed. The risks never went away; they simply stayed with us.

Fourth, the contracts themselves were inflexible and punitive. Most ran for 25–30 years. They locked public bodies into rigid repayment schedules and imposed penalties for even minor changes. A hospital that needed to reconfigure a ward could find itself paying hundreds of pounds just to move a plug socket. The deals served financiers, not patients or teachers.

Fifth, PFI was all about hiding debt. By shifting liabilities off the government balance sheet, ministers could claim they were investing without borrowing. This was pure fiscal sleight of hand. The liabilities were still real. They just appeared in a different column, one that was less visible to the public.

Sixth, the outcomes were poor. Because PFI bundled together construction, maintenance and services, contractors cut corners to maximise their margins. Cleaning, catering and upkeep often suffered. Many NHS trusts found themselves short of money for staff because their PFI repayments consumed so much of their annual budgets.

Finally, the model collapsed under its own weight. By the 2010s, the National

Audit Office, parliamentary committees and even some former ministers admitted that PFI had not delivered value for money. In 2018, the Tory government stopped new PFI deals. But the old ones still haunt budgets to this day.

So, let's be clear: PFI was never really about efficiency or innovation. It was about ideology. It allowed politicians to shrink the visible size of the state, hide public debt, and hand guaranteed profits to the private sector. The public will still be paying the bill for decades to come.

If we are serious about rebuilding this country, the lesson is obvious. The state must invest directly in its own future. Anything else is smoke, mirrors and private gain at public expense. And yet, Wes Streeting appears to be intent on reviving this failed model.

I was involved in building some of the PFI hospitals in the nineties and yes, we did get new hospitals built, but everyone involved knew the pitfalls of what we were doing. It is up to the current government to learn lessons, and not repeat the same mistakes.

For a more measured European report on PPP in the construction of hospitals [see this from the European Commission](#). In a nutshell PFI is not used in the rest of Europe, except in exceptional circumstances, but private operators can franchise services to help finance projects.

We will have to wait until November before we know what the new plans for the UK economy are – but it's not looking good.

6 [Ursula von der Leyen's State of the Union address](#)

It was fighting talk. Apparently, Europe will apply sanctions against bad Israelis, make Russia pay for the war in Ukraine, and continue to defy the US on regulatory issues involving the big data companies. According to the [politico discussion](#) the EU is becoming

more fractious. So, she has responded by appealing to the gallery. Or sounding good.

But commentators accuse her of inaction, presiding over disunity in Europe, not doing much on improving competitiveness, and of making a surprise turn to improving affordable housing. State aid is to be allowed to build affordable housing and the law on short-term lets tightened to protect tenants. She defended her trade deal (15% tariffs) with the US as the best deal possible, but the US is leveraging this rate to 50% if goods include any steel.

The conclusion however is that after Trump has overturned the international rules-based order it is leaving the EU as the paragon of a rules-based entity struggling to respond to a fight. Particularly as the nation states are going their own way.

What was not made explicit was that the costs of buying missiles for Ukraine from the US is being paid for from the social budget of the EU, including money set aside for improving healthcare. A figure was quoted in the speech of von der Leyen of the costs of support to Ukraine as €170bn so far. In practice this money comes from either national governments' welfare programmes or EU welfare funds.

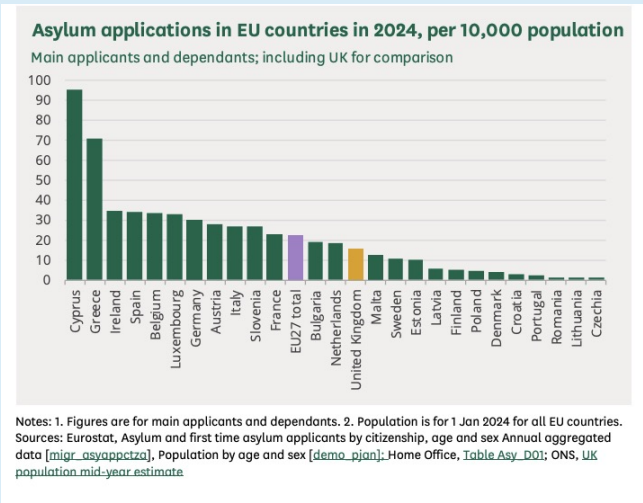
The priority should be making a deal with Russia. The US is happy to have the war extended if they are being paid to produce the missiles. Fighting talk does not represent a happy prospect for European healthcare. [Although European rehabilitation services will get a boost](#).

Immigration

The biggest political issue in the UK is highlighted as the uncontrolled numbers of migrants arriving on small boats. It has provoked huge national demonstrations and confrontations outside hotels being used by migrants. Reform and other right-wing organisations see this as a route to capturing political power as all mainstream political parties have either ignored the issue or deliberately encouraged immigration. As a

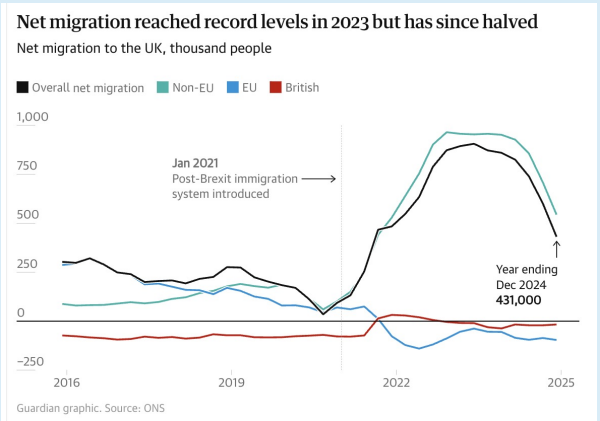
result, the minds of journalists and analysts have been stimulated to describe the issues more openly and to reduce the flows into more digestible charts.

The first chart taken from The [House of Commons report on asylum statistics](#) shows that the numbers of asylum seekers coming to the UK is not particularly high , compared to

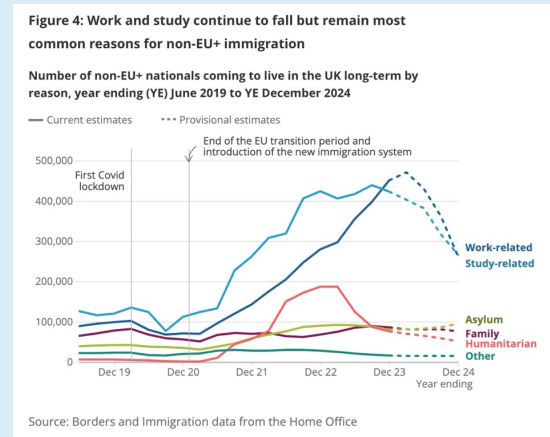


other countries in Europe.

[ONS](#) charts show both the alarming increases in immigration between 2021 and 2023 but

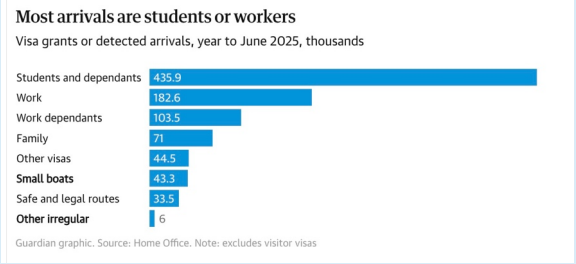


steep falls since. The second chart shows that



the overwhelming increases in immigrants has been because of those given permission to stay for work or study reasons. The numbers of asylum seekers are in fact a much smaller proportion.

Although this chart from the [Guardian](#) implies numbers are rising again in 2025.

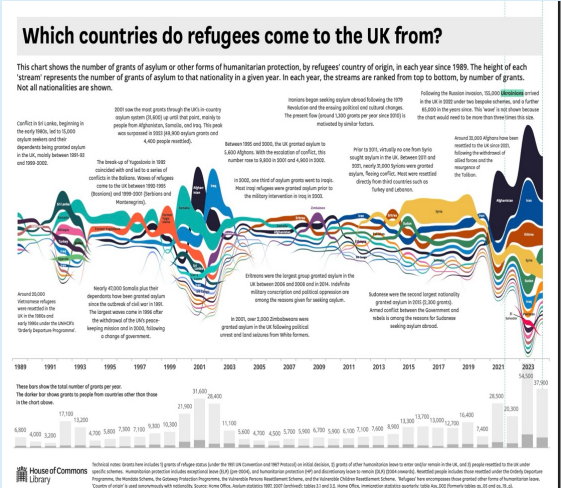


The next chart from the House of Commons Library shows how the increase in asylum applications is driven by conflicts in countries at war or British policy decisions to invite Hong Kong applicants and Vietnamese applicants.

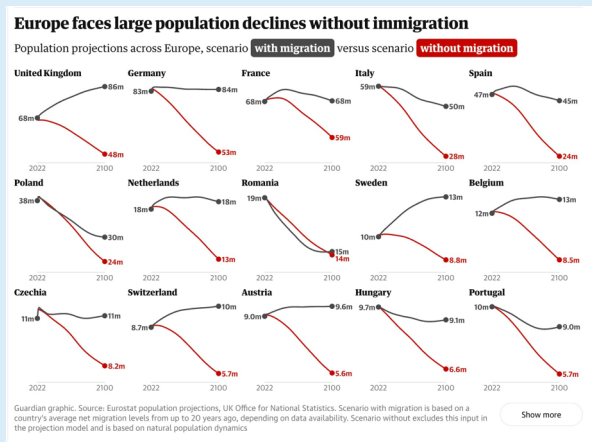
It also doesn't show the 155,000 Ukrainian refugees which dwarfs these numbers.

The [Guardian](#) in an article about Immigration and its link to population decline in Europe shows that some countries welcome immigration as a way to stem population decline and the future funding of pensions and social services.

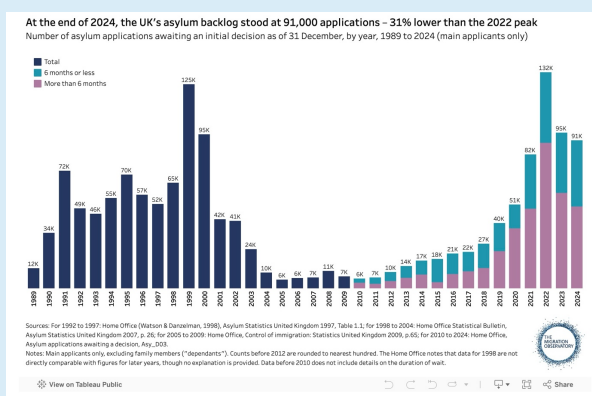
It does show important differences between countries, however. For most countries, immigration flows appear calculated to maintain populations whereas UK immigration appears to be about justifying economic growth projections. For example, Germany has been much more welcoming to migrants than the



UK but it is because they worry more about falling populations. The UK by contrast have been relying on immigration to increase economic growth projections needed to dig itself out of its economic hole.



Nothing in these graphs would explain why the UK immigration issue has escalated in importance. The answer seems to be that issue has been deliberately inflamed by the Home Office (presumably acting under the orders of the previous Conservative government) with its failure to process asylum applications. The excuses are related in [this report on the issue](#) from the Migration Observatory. It seems that it has been used to aggravate the issue in order to reinforce the policy of ['hostile environment'](#).



What we are now seeing in the UK streets is the manifestation of that policy; at the same time immigrants are being waved through on work and student visas (under which 25-50% remain) as a pro-growth government policy not discussed with the general public. No wonder politicians are distrusted.

The problem is that at the Fox and Duck in Sheffield where I have discussed these issues there is a distrust of official statistics, including numbers at demonstrations. Once you get distrust in politicians compounded by distrust in statistics then bringing reason to the debate gets more difficult. As the Guardian editorial of 15 September says,

With Reform topping the polls, wages growing slowly and the NHS not improving quickly, Labour cannot retreat into technocratic management. Voters want clear direction and meaningful change – not stumbles and poor judgement. Democracy does not fall in a single moment. It corrodes. But democratic collapse happens like bankruptcy: gradually, then suddenly. The stakes could not be higher. This crisis may not stop at Downing Street-it could engulf the entire political system.

And this is not just a UK problem but fuels the 'Bloquons tout' movement in France and the AfD party in Germany, amongst others.

Round up across Europe and elsewhere

The FT has produced two charts that show the differences between the EU and UK over time since Brexit.

This shows the UK with consistently higher rates of inflation and interest rates. Whatever advantage Brexit was meant to bestow it hasn't offered anything in these areas.

Gap between UK and Eurozone inflation at widest in nearly two years

Annual % change in consumer price index



FINANCIAL TIMES

Source: LSEG

High interest rates are good for banks however so that's alright.



On 15 September, I heard on **Radio 4 news** that Google are opening a huge data centre in England and Google's spokeswoman suddenly started talking about how AI would make nurses' lives easier.

For perspective on this, readers may be interested in this YouTube from **Majority report** asking whether the [AI Bubble is about to burst](#). The only way that AI can dig itself out of the hole (massive investment and little income) is if governments pay companies billions on the promise that it will cut government spending.

I do hope our senior politicians and civil servants are reading the [Wall Street Journal](#) and taking a sceptical view of the promise that rests on the assumption...

'ChatGPT will continue its explosive growth and be adopted by billions of people across the world, as well as major businesses and governments'.

The only problem is that the energy and water requirements of AI are unsustainable (and compete with government plans for building more houses and fighting climate change). And the product isn't anything that pays for itself (see last month's newsletter). Also see Margaret Heffernan's discussion of the [inevitability of AI](#). It's propaganda in her view. The polluter should pay.

The European Health Observatory has produced a good summary of several countries Health Plans: [the NHS 10-year plan](#); [The Path](#)

[to Universal Healthcare – Sláintecare & Programme for Government 2025+ \(Sláintecare 2025+\) and Sláintecare Implementation Progress Report 2024 \(Ireland\)](#); and [Hospital Reform in Poland](#).

The NHS 10-year plan is damned with faint praise.

Common concerns were that such an expansive agenda would be difficult to deliver properly or sustainably given the relatively modest increases in the budget announced following the plan; that details of contracts and timescales were limited; and that social care and public health services in England remained unreformed and underfunded, creating a difficult context. The emphasis on adopting innovation has the potential to increase costs.

In Ireland the review outlines plans to,

- Increase access to health and social care services
- Improve service quality for patients and service users
- Increase capacity of the health and social care service.

The Implementation Progress Report 2024 reported:

Improving access – increase in the number of community residential and acute beds; additional primary care centres opened; reduction in wait times; 95% of GPs have signed up to the Chronic Disease Management Programme; and 2,770 consultants (>50%) have signed the Public Only Consultant Contract.

Improving service quality – 81% of the population reported being in good health. National Men's Health Action Plan and National Mental Health Promotion Plan both published in November/December 2024.

Building capacity – 42% increase in WTE Consultants on the 2019 figure employed in the health service. The Acute Inpatient Bed Capacity Expansion Plan was published,

aiming to increase a total of 3,438 new acute beds and 929 replacement beds by 2031. Two more elective treatment centre sites were identified in Dublin.

Enabling reform – National Electronic Health Record Programme and the National Shared Care Record are progressing; the HSE App will have a wider roll-out in 2025; two virtual acute wards are operational; the HSE Health Regions commenced in April; the productivity and savings taskforce achieved its full €251 million savings target; and 16 projects were funded to test as a proof of concept in 2024 under rounds two and three of the Sláintecare Integration Innovation Fund.

There has been an expansion in the workforce with healthcare staffing increasing, with approximately 148,268 staff working in health and social care services by December 2024, representing almost a 24% increase over 2020 levels.

Ireland launched a comprehensive *Digital for Care - A Digital Health Framework for Ireland 2024-2030* in May 2024. The framework prioritises nationwide Electronic Health Record (EHR) implementation and aims to improve internet infrastructure in rural areas for enhanced telemedicine access.

The report on Poland mentions a law amending the regulations on publicly funded healthcare services and medical activity, that allows network hospitals, with approval from the National Health Fund (NFZ) to transition from providing full hospitalisation to offering planned, one-day or long-term care. This is interesting as it may point to a future expansion of the scope of hospitals in the UK to provide long term care. Such services were closed in the UK as a cost-shifting measure to the benefits budget.

[The Health Foundation](#) gives a platform for the ex-politician Sajid Javid to confront the fact that supply of health services in Europe is greater than in the UK, and they spend and tax more to sustain it. However, check his use of statistics as he's out of date on Germany, where huge economic problems have emerged despite

its tight monetary policies. Bizarrely he wants to nationalise GPs and to further centralise services. And to embrace technology because somewhere in California it works. His final shot is to call for a Royal Commission on funding. His verdict on the 10-year plan: It's missed the boat. More of the same of Streeting and Jeremy Hunt's policies is unlikely to do very much to prevent long-term decline.

The Guardian (20 September) [describes the chaos in ICBs](#) as no one knows whether they will be able to afford redundancy payments. Bear in mind that the definition of [redundancy](#) is that jobs will not exist in future.

Curious to know how other countries are managing the need for redundancies in healthcare I asked **AI**. This was the answer,

There is no widespread phenomenon of health redundancies in the management of healthcare in Europe; instead, there is a severe and growing [health workforce crisis](#), marked by shortages, high burnout, and a critical lack of available professionals. This crisis is driven by demographic changes, increasing demand, and the lasting effects of the COVID-19 pandemic, leading to significant challenges in maintaining and delivering healthcare services across the continent.

[Euronews](#) reminds us that Europe is continuing to recruit foreign workers to its health services. This may be good news for UK workers facing deportation under a future Reform government. [The Telegraph report is linked here](#) because many will not be aware of the incoming tide. Talk about shooting itself in the foot, the only rational explanation is to bring the NHS to its knees in order to finally destroy it.

A **WHO report** highlighted the increased use of foreign health workers (see link [here](#)).

Assisted Dying increasingly looks like the policy that might answer a lot of politicians' prayers. It cuts spending, relieves pressure and appears compassionate. The Nuffield Trust

have helpfully produced a [117-page report](#) looking at international experience and conclude with recommendations for the UK.

The recommendations cover a number of pages, but the essence is contained in the first section of recommendations:

Policymakers in the UK should anticipate that if assisted dying is legalised, there will need to be a range of new infrastructure and services required, covering activities such as regulation, training, data management and funding systems.

Policymakers need to take account of capacity for regulation and oversight functions on an ongoing basis, to allow for increasing numbers of people requesting assisted dying over time, and changes to requirements.

Policymakers need to consider what should be specified in law or regulations, and what can be managed within policy

and guidance, for example, in relation to training and staffing requirements, and steps in the process.

In other words, it will be costly and complicated to implement. That should kill it.

Apologies again for the depressing tone of another month’s newsletter. I continue to have faith in reason and understanding to find a way out of this mess but there seems to be a surfeit of stupidity, repetition of [plans](#) that have not worked and a wilful blindness to accept that the NHS needs to do more with more rather than less with less.

Politicians and managers should be looking to Europe. And, Europe should be trying to avoid being embroiled in a war with Russia, seemingly being paid for by the social funds and health budgets across Europe.

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.

<u>April</u>	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.	
<u>May</u>	Trump sours the world; The Unaccountability Machine; Public attitudes to Health in UK and EU; the Care Dividend. Cataracts.	
<u>June</u>	Inactivity levels; Population planning; Waiting lists; The Unaccountability Machine and crack-up capitalism; Homelessness, Social Care Review; Assisted Dying, Rachel Reeves and German	
<u>July</u>	Trump floods the Zone, UK economy, lessons on Planning and for Wes Streeting, Long term care and Primary Care. Gatekeeping.	
<u>August</u>	Trump impact on Healthcare, EU budget, NHS 10-year Plan, Neo-natal care. Rachel Reeves, Unmet needs in Europe and New Drugs benefits.	
<u>September</u>	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.	

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