Alternative European Perspective February 2025

Roger Steer

It was Lenin who said, '*There are decades where nothing happens; and there are weeks where decades happen*.' As a long-time observer of healthcare trends, I certainly know what he means as regards the decades when nothing happens (in the UK).

Here we are in early 2025, in the first week of Donald Trump's Presidency, and in dramatic signing-off ceremonies, we are seeing the era of multinational co-operation governed by the rule of law, institutions, and respect for the human rights being swept aside.

The economic basis of the trade boom that has benefited the world since WW2 is being put in peril by a return to mercantilism. The UN remains but it seems is now to be seen as a tool for US ambitions under Trump 2.0. The funding for the World Health Organisation, the Human Rights Council and the International Criminal Court are either being cut or to be continually withheld.

On healthcare, Trump is targeting $5.3-5.7 Trillion of cuts to healthcare; meaning Obamacare and the removal of access to affordable healthcare provided for within the Affordable Care Act for over 20 million US citizens.

According to the Guardian on 22nd January,

> *"The consequences of more people going uninsured are really significant, not just at an individual level with more medical debt and less healthy outcomes, but also has ripple effects for providers," Sabrina Corlette, a research professor and co-director of the Center on Health Insurance Reforms at Georgetown University, said.*
>
> *Commercial insurance has already proved difficult to navigate for millions, as people with insurance have been almost as likely to experience medical debt as those who are uninsured. In fact, people with health insurance may now represent the majority of debtors American hospitals struggle to collect from, according to medical billing analysts.*
>
> *"Premiums go up for the people who do have health insurance. For the people without health insurance, it's financially devastating," Corlette said. "The result is medical debt, garnished wages and liens on people's homes because they can't pay off their bills."*

Trump's instructions to Robert Kennedy Junior are to remove 'corruption' from health agencies, to return these bodies to 'evidence-based science and medicine', and 'to end the chronic disease epidemic'. Unfortunately we don't think he was referring to the corruption within the accountable care industry; or to the views of scientists on the benefits of vaccines and fluoridation, or to radically change the US

diet away from ultra-processed foods; but at least RKJ has made the right noises on the latter issue. We'll soon find out how far that takes him.

As they used to say about Mussolini – at least he made the trains run on time. By which was meant, that putting his unpleasant fascist trappings aside, at least the population saw a bit of movement to address issues long frozen in deadlock and represented real improvements.

Except of course Mussolini took credit for reforms to Italian railways that predated him, and the trains didn't always run on time, but foreigners received the benefit of cut-price rail tickets (as Jean Paul Sartre found) which boosted his image internationally.

In fact the latest news (according to the Independent) is that Trump is moving quickly to place the NHS back into trade talks with the UK or rather that is what is feared after warnings for years from Corbyn , and Unison amongst others.

All of which is in stark contrast to the speed of movement of Wes Streeting. Following the news that the review of social care will produce its findings in 2028 he has now announced further delays to the new hospitals programme (up to 2040) while we continue to wait for the 10-year plan (or more likely a vague version of wishful thinking) taking us to well past the likely tenure of his government. (The HSJ has an early draft highlighted by Roy Lilley on 27th January which bears out fears of further lowered expectations).

All of which in turn will be contingent on the UK's economic performance (poor) and the appetite for risk taking of its Chancellor of the Exchequer (nil) and the ability to do business with Donald Trump (Yet to be announced).

Rather than engage in further speculation, I examine the state of play in healthcare in Europe in 2024 and try to highlight issues relevant to the UK.

I have avoided drowning the reader in slides by taking a recent letter to the FT by Professor Sir Chris Ham as my text to show that taking a European perspective gives different answers to what has become UK common sense.

As usual I draw attention to other matters to have caught my eye from across Europe and elsewhere: why the Health Select committee is right to highlight the invisible costs of inaction; further speculation on why Bidenomics failed to win re-election; AI and much else.

State of Play in Europe

The European Commission published Health at a Glance -Europe 2024 in November 2024. It -describes itself thus,

> *This 2024 edition of Health at a Glance: Europe comes at a critical juncture, providing valuable analysis and insights to support decision-making across European countries. This year's thematic section examines two interconnected priorities: (a) promoting healthy longevity, and (b) addressing health workforce shortages. These challenges are fundamental to managing the shifting balance between demand*

and supply capacity in European health systems.

The report highlights the following,

Urgent action is needed to address health workforce shortages in Europe

• The European health workforce faces a severe crisis. Twenty EU countries reported a shortage of doctors in 2022 and 2023, while 15 countries reported a shortage of nurses.

Not only is there a shortage of staff but it comes at a time when needs are increasing, and the workforce is itself ageing because careers in health are less attractive to the young.

In recent years the shortfall has been bridged by the importing of foreign workers, up to 50% in some countries, but this is not a long-term solution.

The report recommends:

1. Increasing pay and improving working conditions
2. Increasing training and education programmes
3. Optimising staff and use of technology.

The UK government seems to be concentrating on the latter, but all three prongs require attention. My suspicion is that it has been lack of career opportunities that have been driving staff away so there is a danger that narrowing professional scope and diluting professional skills will only add to the problem. The fact that nurses still must pay for their own training is surely counterproductive.

Promoting healthy longevity can reduce the burden on health and long-term care systems

- "Europe is facing a profound demographic shift, with the proportion of people over age 65 in the EU projected to rise from 21% in 2023 to 29% by 2050. Life expectancy at age 65 now exceeds 20 years, but more than half of these years are impaired by chronic illnesses and disabilities. This is particularly the case for women who live several years longer than men, but most of these years are lived with health issues, so there is almost no gender gap in healthy life expectancy. A substantial portion of the disease burden in old age among both women and men can be prevented by addressing key risk factors throughout the life course. For example, up to 45% of dementia cases could be avoided by addressing 14 modifiable risk factors, according to the 2024 Lancet Commission on dementia prevention. Insufficient physical activity contributes greatly to the development of cardiovascular diseases, depression and many other diseases in old age. Only 22% of people aged over 65 engage in sufficient physical activity. Obesity rates – a risk factor for numerous chronic conditions – also tend to rise with age, peaking at around 20% among those aged 65 to 74 years across the EU in 2022.

- Effective policy action is imperative to promote healthy longevity by prioritising disease prevention, including by means of vaccination, supporting mental health at all ages and empowering individuals to manage their own health. The costs of inaction – both in terms of reduced healthy life years and economic burden – are too high to bear. Projection models indicate that a concerted "healthy ageing" scenario could slow the growth of health spending as a share of GDP in the coming decades and help contain long-term care costs, while reducing the demand for health and long-term care workers."

The problem is that the costs of inaction are never laid at politicians' doors who only seek advantage from further delay and inaction, i.e. avoiding taxes in the hope that unregulated business will fill the gap.

Progress in addressing lifestyle risk factors has stalled, with persistent socio-economic disparities

• "Lifestyle risk factors such as the use of tobacco and related products, harmful alcohol consumption, poor nutrition, lack of physical activity and obesity account for a substantial share of the total burden of morbidity and mortality in EU countries. In 2021, approximately 1.1 million deaths in the EU, equivalent to nearly 21% of all deaths, were attributable to the combined impact of smoking, excessive alcohol use and high body-mass index.

• Despite ongoing efforts to curb unhealthy behaviours, risk factors remain prevalent across the EU. In 2022, 18% of adults were daily smokers. One in five adults reported heavy alcohol consumption on a monthly basis. Moreover, over half of adolescents consumed inadequate quantities of fruit and vegetables, while only 15% met the WHO-recommended levels of physical activity.

• Poor nutrition and physical inactivity have contributed to the rising prevalence of overweight and obesity among adolescents and adults in the EU. In 2022, over 20% of 15-year-olds were overweight or obese, with rates exceeding 25% in Malta, Greece and Romania. Socio-economic inequalities play a significant role, with adolescent obesity rates over 60% higher among those from low-affluence families compared to their high-affluence peers. Among adults, over half were overweight or obese in 2022, with a 14 percentage point difference between those with low and high levels of education.

• Environmental risk factors, such as air pollution and climate change, pose growing threats to public health in the EU. In 2021, fine particulate matter (PM2.5) exposure alone caused over 253 000 deaths, with the highest mortality in Central and Eastern Europe. The EU has set ambitious targets to reduce air pollution and greenhouse gas emissions, aiming for a 55% reduction in premature deaths due to PM2.5 by 2030 compared to 2005. Based on

current progress, the EU is on track to achieve this goal."

Never mind European Drugs companies are leading in developing new drugs to tackle obesity; and soon all our cars will be made in China, so we won't have to worry about industrial pollution anymore.

EU countries have made gradual improvements in health crisis preparedness, but significant challenges remain in building public trust and combating AMR

• "Health crisis preparedness levels appear to have improved slightly since the pandemic began, with average self-reported adherence rates to WHO International Health Regulations among EU countries increasing from 75% in 2020 to 78% in 2023. Disease surveillance, laboratory capacity and human resources showed the highest scores, while gaps remain in risk communication and preparedness to radiation emergencies and chemical events.

• Public trust in government institutions plays a pivotal role in ensuring effective crisis response. In 2023, more than half of the population in 19 EU countries expressed confidence in their government's emergency preparedness capabilities. However, trust levels varied significantly. Finland, the Netherlands and Denmark recorded the highest score, with two-thirds or more of their citizens expressing confidence in their government's ability to handle crises.{ Which is just as well as Denmark faces having Greenland annexed by the USA}. In contrast, only about one-third of the population reported confidence in Latvia, Portugal and Greece.

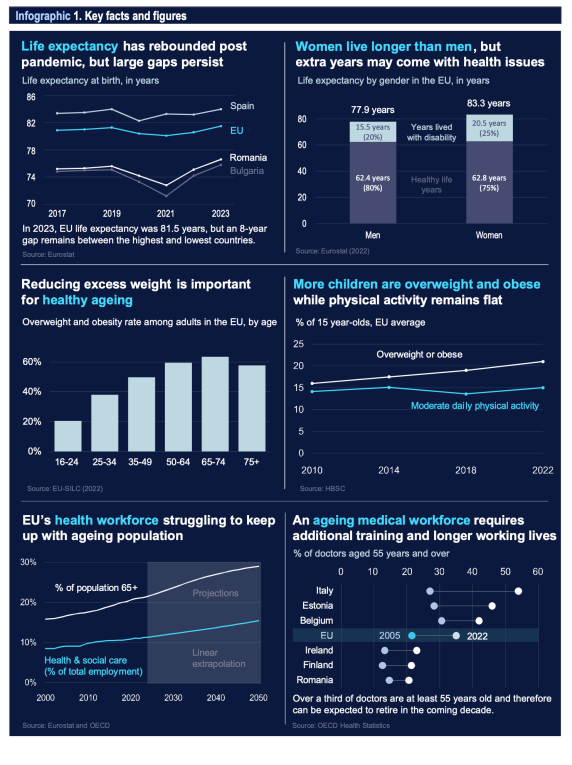
• Antimicrobial resistance (AMR) remains a major public threat, with antibiotic-resistant infections occurring in the EU resulting in approximately 35 000 deaths every year and direct costs estimated at EUR 6.6 billion. In 2022-23, 32% of tested bacterial isolates were resistant to key antibiotics, a rate which exceeded 50% in Romania, Greece, Cyprus and Bulgaria. Antibiotic consumption in the community – a key driver of AMR – varies almost fourfold across EU countries, highlighting the need for improvements in antimicrobial stewardship to optimise antibiotic use.

- Vaccination remains crucial for protecting populations, particularly older people, against infectious diseases. By late 2021, nearly 90% of people aged 60+ in the EU completed their COVID-19 primary vaccination course, with most countries exceeding 75% coverage.

  However, subsequent uptake of the first booster dose in early 2022 varied sevenfold across countries, and the second booster dose saw even greater disparity, ranging from over 75% in Ireland and Denmark to less than 5% in Bulgaria, Romania, the Slovak Republic and Lithuania. Influenza vaccination rates initially rose during the pandemic's first year, but fell in 2021-22, albeit remaining above pre-pandemic levels. Vaccine hesitancy and access issues remain major barriers, with public perceptions of vaccine safety varying from 94% to 60% across EU countries."

The problem is that the European population is distrustful of the close relations between the European drugs companies and its senior politicians. See the Corporate Europe Observatory for more on this. Trust has to be earned not taken for granted. The following infographic puts pictures to all these themes; but the report itself shows that an EU picture hides a widely varying scene between the wealthy European nations and the mainly southern and eastern European countries.

The pictures also reveal that the cause of European harmonisation has far to go. With more questions being asked rather than obvious answers on how to speed harmonisation.



Hamming it up

Hidden behind this rather bland discussion the facts speak for themselves. And they put a rather different interpretation on the way forward than the cosy UK consensus reflected in this letter to the FT on 26 January 2024 from Professor Sir Chris Ham.

Letter: Doing more of the same will not cure an ailing NHS

From Professor Sir Chris Ham, Emeritus Professor of Health Policy and Management, University of Birmingham; Co-Chair of the NHS Assembly, Solihull, West Midlands, UK

JANUARY 24 2025

Camilla Cavendish is right to argue that reform of the NHS is essential ("Starmer is attempting to 'do a Blair' on the NHS", Opinion, January 11). In recent years, hospitals have increased their share of funding much faster than other services and the growth in hospital specialists has outpaced that of general practitioners.

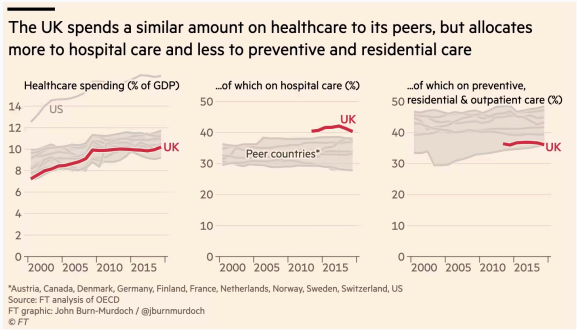
As the FT's John Burn-Murdoch has shown (Data Points, June 3 2022), the UK spends about the same on healthcare as its peers but less on prevention and care outside hospitals.

The pressures faced by hospitals, and the harm suffered by patients in overcrowded hospital emergency departments, demand a reversal of these trends. Hospitals should focus on patients with acute conditions requiring the expertise of specialists, with other care provided by general practitioners and neighbourhood health teams.

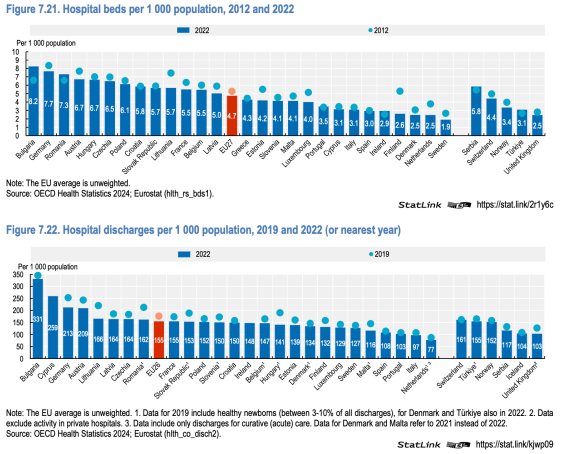
Reforming the threadbare safety net that is publicly funded social care is an urgent part of the solution, alongside concerted action across government to prevent illness. Doing more of the same is not the answer.

Professor Sir Chris Ham
Emeritus Professor of Health Policy and Management, University of Birmingham;
Co-Chair of the NHS Assembly
Solihull, West Midlands, UK

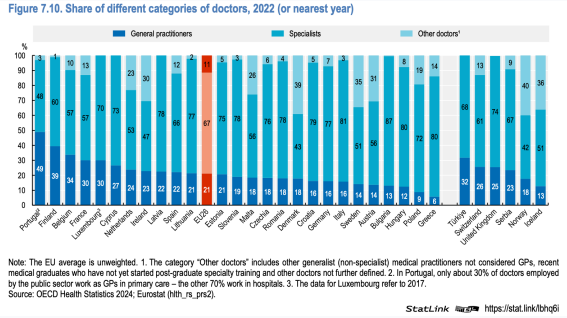
For the benefit of non-FT subscribers, I have provided the graphic by the normally reliable John Burn-Murdoch which seems to have befuddled Sir Chris's thinking.

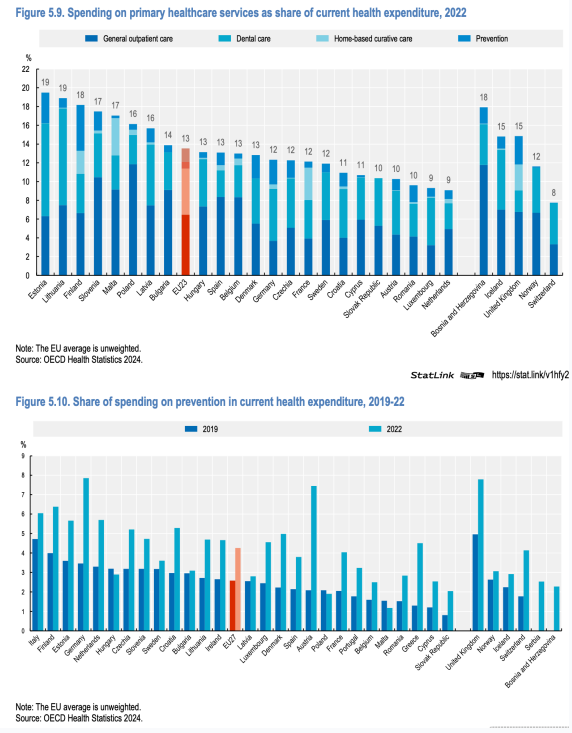


In fact, according to the latest figures in the European Commission report drawn from 2012, 2019 and 2022, the UK is delivering significantly less acute care, within an ever-shrinking number of beds.

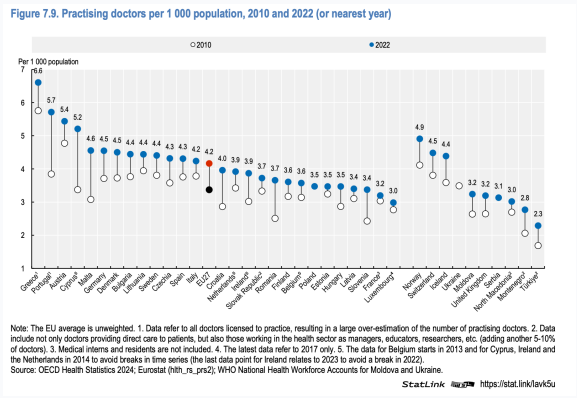


Not only that but the charge that the NHS is under-investing in preventative care and primary care is not borne out by the latest figures:





Bear in mind that the UK still has significantly less doctors than other European countries, despite recent increases.



So, unless these figures from the EU are wholly misleading it looks like the UK is delivering significantly less with significantly less resources. Which is not surprising, is it?

Rather than address the obvious shortfalls in inputs of doctors, dentists, nurses, key diagnostic equipment, capital spending, use of pharmaceuticals, hospital beds, intensive care beds and A&E capacity; leading to unacceptable delays in admission to hospital, record waiting lists, and low levels of care delivered by international standards; and worst outcomes (all demonstrated in this edition and multiple previous reports) it seems that the appeal of continuing to sit on our hands is hailed as the way forward, even if it is couched in radical terms of doing more preventative care (even though the UK is already doing more preventive care than other countries).

Perhaps what is really meant is doing more to prevent care; at least that is what it feels like for many people out there.

Ham and Cavendish continue to attempt therefore to stop investment in more acute

care, while we all wait patiently for the promised land of the lack of need for healthcare. There is no chance that this will be or ever has been a successful strategy, other than to justify lack of action.

Now that the UK has left the EU it seems that information is not so readily available to expose the truth with many graphs and charts lacking UK comparative data. It also seems that effective scrutiny of UK plans is being denied with secrecy, obfuscation and managed consent to the unacceptable the prevalent tactics to secure so-called 'all party consensus'.

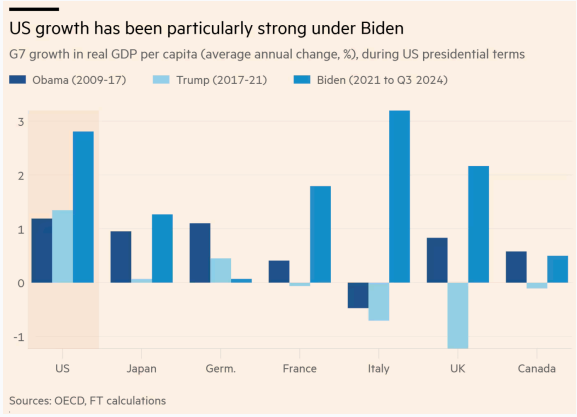
The clinching fact for me was spotting in my notification of the new GP charges in France a reference to the fact that there are 1 million GP appointments per day in France and I sought to check how many in the UK. It is 1.4million. Mind you if you charge 30 Euros (at least) per visit this may dampen demand. It is a myth that the UK doesn't provide enough primary care. The problem is that it is being asked to do more than the number of GPs are capable of. Similarly, it's a myth that the acute sector does too much as the table above shows.

UK Health Select Committee

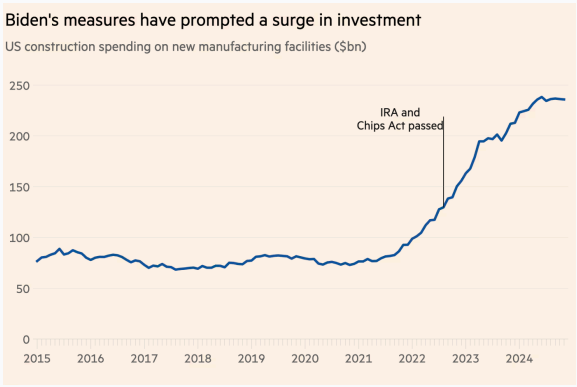
Thankfully the new Health Select Committee is asking the obvious questions. In its first session on 8th January it addressed the costs of inaction on Social Care Reform. The proceedings were enlivened when the question was put to Sir Andrew Dilnot, author of the early recommendations to cap costs for social care, as to what should be done. He was diplomatic but it amounted to saying, do the bleeding obvious. He identified political will as the key issue and the leadership of the Prime Minister as paramount. He has obviously already given up on Wes Streeting and Rachel Reeves. Nonetheless it was obvious that the committee had been well coached to toe the Treasury line that doing the obvious was impossible. But it will not be too long before the evidence is compelling.

On Why Bidenomics failed

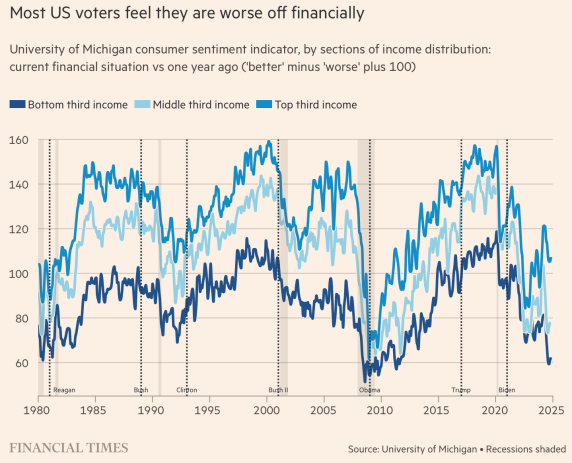
As I mentioned last month there was much consternation in Labour circles that 'deliverism' on 'growth, growth, growth' didn't ensure a return to power for the Democrats. The FT summed it up in this chart drawn from an article of 18/19th January weekend edition '*Bidenomics boosted growth but left working Americans feeling worse off*'.



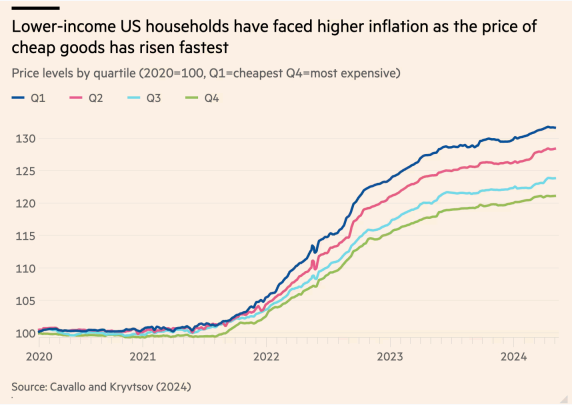
Investment was also particularly strong.



But not only did it not filter down into feeling better off for most people.



It was based on reality:



According to the article,

> *Despite a sturdy jobs market and stimulus cheques, many of the poorest Americans still feel worse off than when Biden entered the White House. Low-income households spend more of their income on essentials, which jumped the most in price, according to research by Oxford Economics. The irony of Biden's presidency was that lower- and middle-income households suffered the most.*
>
> *Despite the Biden administration's focus on "middle-class Americans", it has been corporate America that has really boomed, particularly as enthusiasm over artificial intelligence pushed equity prices higher.*

All of which is chastening for Rachel Reeves who has sought to ape Biden in pushing for growth in the corporate sector and investment as the key to re-election. It isn't. It just makes the rich richer. There will have to be a new strategy if Labour are to be re-elected. It would be nice to think they would start with the NHS and do something about the shortages of staff, beds, equipment and make tangible improvements to catch up with our European neighbours. Instead, the Prime Minister has made announcements on AI.

AI (Artificial Intelligence) and the NHS

The Prime minister announced plans on 15 January to so-call 'turbo charge' the use of AI in the UK and the NHS in particular. He has accepted the 50 recommendations made by Matt Clifford, AI advisor to the government, in the AI Opportunities Action Plan.

To sum up, Clifford argues the government must: invest in the foundations of AI; push hard on cross-economy AI adoption; and, position the UK to be an AI maker, not an AI taker. As others have said when I discussed AI in earlier newsletters the AI industry has invested billions in developing AI models and they are desperate for pay back. The ordinary consumer is not prepared to pay for this, for what amounts to an enhanced search engine they get for free now, so this leaves government as the mug to pay for it all. Rather than fall for the sales talk a

better strategy may be to become a free rider and wait for the coming shakeout in the AI industry. It is by no means clear what the future of AI will be.

The Labour government was once tarred with a reputation for foolhardy use of other people's money by investing in the infamous ground nut experiment in the 1940s. It would be a pity for Labour to over-commit on a technology whose use is both unsustainable in energy terms and as yet unproven in ready application.

Even if they may choose to ignore the sceptics, they might not be able to ignore the markets. Only yesterday there was a market crash in the AI industry after Deepseek, a recent Chinese entrant to the market, made available an AI engine, 30 times cheaper, more efficient and written in open source code. This threatens, as with Microsoft and Google in previous generations, to capture the market and leave a lot of sunk cost in the AI industry (spoiler alert: I downloaded the app and it's just as bad as the others).

If I was the NHS Chief Executive, I would be repairing the roofs rather than volunteering to invest good money in AI, until the way forward becomes clearer. The NAO report linked above recommends reviewing the benefits of repairing and maintaining buildings rather than new build: a clear message to the New Hospitals Building Programme where the price of a new hospital has risen to £1-1.5bn.

7 Round Up across Europe

Ursula Van Der Leyen hasn't been heard from in January. She has had severe pneumonia. It was taxing to get agreement to the new European Commission. It was helped by a process that did not allow sufficient scrutiny . But she has never been a big fan of scrutiny. I'm not sure if Donald Trump will aid her recovery. But at least she can be assured that she will still be in post when he has to stand down. If he stands down.

The WHO and the EU - Euronews asks whether the EU can step up to replace the US in funding the WHO. The deadline is May 2025 for decisions to be made. If the EU cannot find the $1.25bn, the Chinese might.

The EU is facing 20% tariffs. Euronews reports on EU plans to search for new markets. The whole Commission is to visit India. The EU has a trade surplus with the US of $131bn and the US takes 20% of EU exports.

'*The Americans want the Europeans to take more responsibility, particularly in the area of defence and security. The Trump administration's big demand is to stop paying for Europeans' security*," one senior EU official said, adding that it can be done but "*on economic terms that are favourable to Europeans.*'

According to this official, the Europeans should tell the US, '*We are dealing with the border with Russia, the reconstruction of Ukraine and our security, but we cannot do that with a trade war from the United States*.'

A silver lining for the EU – if not for the storm clouds of climate change – may be that Joe Biden's flagship US Inflation Reduction Act tax incentive programme for green industries could be scrapped by

Trump. The new US President has ordered US federal agencies to 'immediately pause' the spending of money from the Inflation Reduction Act. The threat of European industries relocating to US soil to take advantage of the IRA might then recede. Watch this space.

One of the biggest selling products the US imports is of course anti-obesity drugs. Cutting your nose to spite your waistline is the phrase that comes to mind.

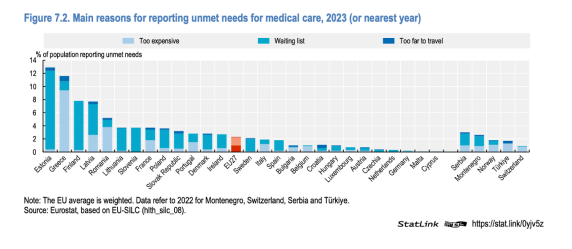
Towards an EU Health Union - the linked article from the EU Health coalition is full of good ideas for spending EU money on health initiatives. I applaud this recommendation,

> *The Commission and Member States should initiate a discussion on how certain healthcare expenditure could be classified as investment rather than operational expenditure for the purpose of budgeting and accounting, to enable new forms of financing and funding models. The European System of Accounts should be reviewed and adapted for this purpose.*

I suggested this to Rachel Reeves. Perhaps it might get a re-look before the 10-year plan is finalised.

Optimism is hard to come by however as funding for EU health is reduced to help pay for war in Ukraine. It is hard enough getting agreement to these recommendations in one country let alone 27. It could only work if there was money on the table. But the whole of the EU budget is less than the budget for the NHS. The EU will have to wait for the next seven-year funding cycle starting in 2028 before new impetus will be achieved. And the US might be looking for more money to fight wars in Ukraine instead.

The Health Foundation has published a discussion on whether UK government plans for reducing waiting times is realistic. This is where the European Commission report discussed earlier comes in. The table below is a good reflection of the problem of waiting lists in the Europe. Given that the UK has around 7m people on waiting lists, and 2m elderly people with unmet care needs, it means that even though an estimate has not been provided for the UK in this table you just know they appear towards the far left of this chart.



Waiting lists are a planned feature of the UK system not a temporary aberration. Tinkering is not going to fix this; what is needed is a change in values. Unfortunately, the UK is becoming less European and more Americanised. Healthcare is now a commodity to be rationed, not a service to be planned and provided when you need it.

Elsewhere in Europe the Prime Minister of Serbia has resigned /been driven from office. The President says he has never seen such rage. If it happened every time there was evidence of corruption and

unnecessary deaths perhaps there would be less of both.

The German elections are looming in February and the far right are exploiting the immigration issue in the lead up to elections. The likely new Chancellor is offering immigration controls.

The EU is preparing for war with the USA over Greenland. Which is an appropriate place to conclude this month's edition. See you next month, if we are lucky.

Database of Previous newsletters 2021-2024

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