An Alternative European Perspective

Roger Steer

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Just as the rains came to calm the apocalyptic visions of a European continent on fire, amongst images of the Loire and Rhine reduced to a trickle, so we all awaited the torrent of good ideas and fresh insights on the health crisis in the UK from ambitious candidates to be the next Prime Minister.

This newsletter examines what may be in store for the UK. You will not be able to say you haven't been warned.

As usual I continue to contrast and compare the UK with European countries, in particular on staffing issues, Covid management and other things to have caught my eye over the last month.

Finally, a summary is provided of selected European publications on healthcare over the last month.

1828

I have Private Eye to thank for drawing attention to Liz Truss's support for the 1828 group of neo-liberals. They are very coy about why they are called 1828 (does anyone know?) but helpfully they produced a manifesto, published by the Adam Smith Insititute in 2019, The Neoliberal Manifesto A freer and more prosperous Britain.

It's a thin document whose main policy relating to healthcare appears to be to advocate social health care insurance as an alternative to the NHS following the examples of Switzerland, Belgium, the Netherlands, Germany and Israel.

More on those countries later, but it starts with the old canard that ownership, and direct control, are not vital to a health care system providing a basic level of healthcare for all.

This became accepted wisdom for Thatcherites and Blairites alike in their quest for what works: the idea that market mechanisms could drive up standards through competition, individual choice and incentives to innovate. That theory isn't holding up well.

Nevertheless according to the 1828 manifesto it entails '*accepting that sometimes even a country's most cherished institutions have an expiration date'.*

All this while the unacceptable face of capitalism has reared its ugly head again in the form of the very utilities that were nationalised in the eighties.

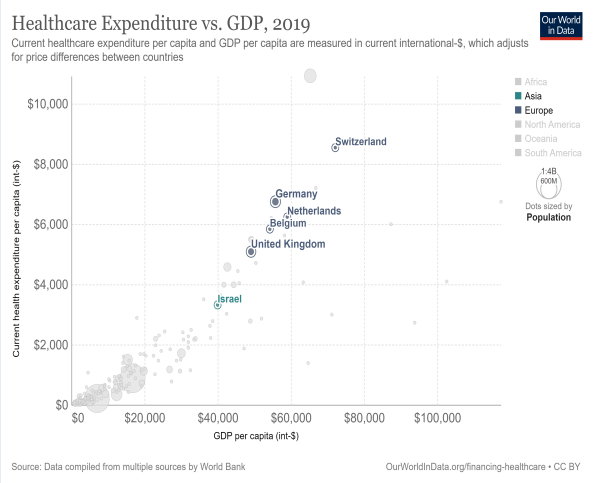
> *It turns out that despite rewarding shareholders and senior executives royally the leaks still haven't been repaired or sewage treated, water is due to be rationed, energy costs are shooting through the roof and shortages are to be expected. The railways are in crisis and the telecommunications industry is dragging its heels to wire up the country for internet access.*

France meanwhile is due to nationalise completely EDF, the UK's biggest electricity supplier (and has capped energy prices at 4% increases since 2021: in France that is), and most of the railway operators in the UK are nationalised operators from Germany or the Netherlands.

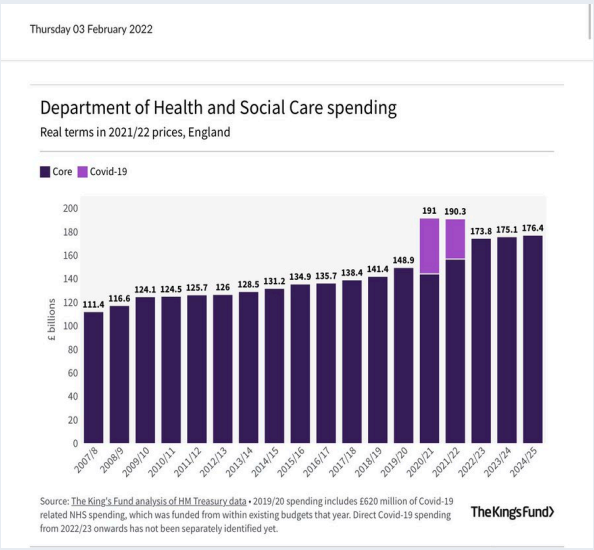
Just as the tides of history are reinforcing the need for ownership and control to lie in the hands of the state, Liz Truss is due to be rowing the NHS in the other direction.

But is there anything to be learnt from the countries identified as having something to teach the NHS?

The following graph shows the one thing that these countries have in common: they spend more than the UK.



Comparisons in 2019 are used as the excess UK Covid expenditure of £50bn distorts comparisons in 2020. This is now being exploited by right wing commentators to claim the NHS spends too much. Instead attention should be drawn to the criminality and corruption involved. No such blip in spending took place in France.



With the exception of Israel, all the European countries identified as providing lessons for healthcare in the UK are richer and spend a larger proportion of their income on healthcare (and social care too it turns out).

Israel in comparison does well provided we ignore the problems they have in identifying its citizens, and ensuring access to healthcare. Unless Conservatives plan to simultaneously relocate poor people to refugee camps while offering access at ever more remote locations I cannot see this as offering much to voters.

For those wanting to know more about the healthcare systems in the other countries cited I provide links below together with their notable features:

Switzerland

The country has very high levels of doctors and nurses compared to the UK, high levels of localism and a high level of self-employed GPs and Specialists. This does not come cheap.

Belgium and here

It's more generous than the UK but it's very complicated with a lot of out-of-pocket payments. Insurance only covers 25% of costs.

Netherlands and here

All hospitals are private but also non-profit. Not exactly an advertisement for the free market then. The system seems to run for the benefit of insurance companies while 84% of the population take out additional insurance.

Germany

It is costly, highly fragmented and complicated with complex governance structures. I don't imagine they close many A&E units.

More on Liz Truss

I am also indebted to Health Policy insight, written by Andy Cowper (well worth the subscription) for supplying more indication of the past of Liz Truss. It seems she worked as Deputy Director of Reform, a UK pro-market right-wing

think tank, and in 2009, before becoming an MP, called for cuts in the pay of doctors.

But it seems that Liz Truss has a weakness for US think tanks with dubious links to billionaires. All of which is very useful for negotiating trade deals, which funnily enough will be negotiated in secret, thanks to Truss.

For those that don't detect a sinister dimension to this I suggest you read Democracy in Chains, by Nancy McLean. The plan is to institute irreversible constitutional change so as to entrench the power of the multinationals and billionaires, or be compensated otherwise.

Is Rishi for the NHS?

All bets are off on Rishi Sunak being elected to become PM by the Conservative Party membership who are still smarting from his role in bringing down Boris, and from Britain's dismal economic performance.

But it seems that he may be offered the position of Secretary of State for Health. Although he appears to have laughed at the suggestion.

Far more likely is that he will return to merchant banking. It pays better than the NHS. Not that he is short of a few bob.

According to the Times Nadhim Zahawi, the current Chancellor, is considered the alternative should Sunak say no. Which might encourage him to set a bit more aside in next year's budget?

Staffing Crisis

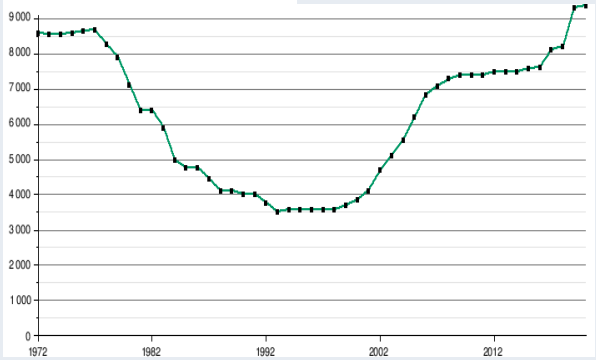
Much has been written over the past few weeks on the supposed intractable issue of ensuring healthcare services are properly staffed in the UK, France and elsewhere in Europe.

I pointed out however, in recent editions of my newsletter, that in France at least, the shortage of doctors was contrived by a deliberate policy of not training enough doctors.

As this Wiki page reveals, there were a number of reasons for cutting trainees:

- *To limit the number of prescribers in order to reduce social security spending;*
- *To limit competition so as to guarantee working professionals a sufficient amount of work to live;*
- *To limit the number of students in courses with many internships, the quality of which would be reduced by an overcrowding;*
- *To limit the number of students to maintain a certain prestige of the profession and to "restore order" in medical schools after the events of May 1968;*
- *To limit the number of students so that it does not exceed the capacity of educational institutions: capacity of classrooms and lecture halls, number of professors*

Evol Evolution of the annual numerus clauses in medicine sincesince1972



The restriction was abolished in 2020 but the damage was done.

It is particularly grating therefore, knowing this, to read in last week's Sunday Times that the UK government is restricting medical schools by placing a cap of 7500 places that will be funded. This seems like spitting in the eye of the recent all party report on Staffing that recommended the following,

> *In the absence of an independent mechanism to assess the increase necessary, we accept the recommendation of the Medical Schools*

Council and the Academy of Medical Royal Colleges that the number of medical school places in the UK should be increased by 5,000 from around 9,500 per year to 14,500.

The Sunday Times says 85% of potential entrants are rejected and quotes Karol Sikora as saying,

It is heartbreaking that we are having to turn away bright British students with straight As who want to be doctors. We have a moral obligation to train more British doctors. We should be self-sufficient in the NHS.

Heartbreaking is not the word I would use for this. The minister responsible deserves a special place in hell reserved for the likes of Dan Poulter MP who as a junior minister reduced the intakes in the early 2010s.

Make no mistake this is a contrived crisis.

To emphasise my point look no further than the recent Parliamentary report on the staffing crisis in the NHS. It makes a number of telling points.

On the scale of the problem

As of September 2021, the NHS was advertising 99,460 vacant posts: for social care, it was 105,000. New research by the Nuffield Trust suggests that the NHS in England could be short right now of 12,000 hospital doctors and over 50,000 nurses and midwives. The number of people on a waiting list for hospital treatment rose to a record of nearly 6.5 million in April 2022, and the 18-week target for treatment has not been met since 2016. Yet demand on the health and social care sector continues to grow relentlessly with an extra 475,000 jobs needed in health and 490,000 jobs needed in social care by the early part of the next decade.

On international recruitment

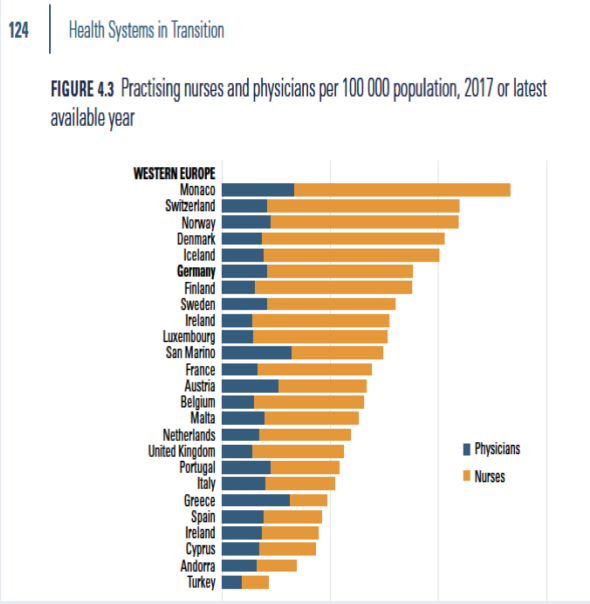
The NHS is dependent on the service of highly qualified and dedicated overseas staff. One in seven current NHS staff reports a non-British nationality. 47% of new GP trainees are international medical graduates. Just over 50% of new registrants to the GMC register are international graduates. This level of international recruitment is not sustainable in the context of a global shortage of health professionals, and it is abundantly clear that more needs to be done to bolster domestic recruitment into the NHS.

On the lack of government action

The Government has shown a marked reluctance to act decisively. The workforce plan promised in the Spring has not yet been published and will be a 'framework' with no numbers, which we are told could potentially follow in yet another report later this year.

I do not regard lack of action as an excuse; I regard this as the deliberate policy.

The contrast with Germany is especially stark. Germany is not immune from international healthcare market pressures but Germany acts as a good benchmark.



Not only does Germany employ significantly more doctors and nurses but it has increased numbers steadily over the years:

TABLE 4.4 Health care workforce (practising) and graduates per 100 000 population, 1995–2018

	1995	2000	2005	2010	2015	2018	CHANGE (%) 1995–2018
Physicians	305	325	340	371	414	431	+41.3
of which GPs	69	72	72	69	70	71	+2.9
Dentists	72	75	77	81	86	86	+19.4
Pharmacists	55	58	58	62	64	66	+20.0
Midwives	n/a	21	23	26	28	29	+38.1
Nurses	n/a	999	1 065	1 152	1 265	1 322	+32.3
Physicians graduated	12.6	11.2	10.8	12.1	11.3	11.5	-8.7
Dentists graduated	2.6	2.3	2.0	2.6	2.8	2.7	+3.8
Pharmacists graduated	2.2	2.4	2.2	2.3	2.5	2.7	+22.7
Midwives graduated	0.74*	0.72	0.75	0.73	0.81	0.76	+2.7
Nurses graduated	41.5*	40.4	44.4	45.1	54.5	52.9	+27.5

Source: OECD, 2020d

Notes: *Data from 1996; n/a: not available

Foreign doctors comprised 12.4% of practising doctors (35.4% in the UK) and comprised 15% of the workforce overall in Germany (12% in the UK!).

Numbers in training in Germany are as follows.

TABLE 4.5 Number of students and graduates in health care professions at German universities

STUDENTS	2000/01	2005/06	2010/11	2015/16	2017/18	2018/19
Medicine	80 200	79 847	80 574	89 998	93 946	96 115
Dentistry	13 218	13 335	14 446	15 085	15 151	15 251
Pharmacy	13 201	12 069	12 719	15 548	15 894	15 986
Health sciences/ health management	-	8 876	17 188	35 919	40 409	42 100
Nursing science/ management	-	2 612	3709	11 805	12 311	11 743
Non-physician health professions/therapies	-	3 022	4 360	10 561	11 164	11 374
GRADUATES	**2000**	**2005**	**2010**	**2015**	**2017**	**2018**
Medicine[a]	9 165	8 870	9 894	9 215	9 928	9 563
Dentistry[a]	1 533	1 504	1 721	1 875	1 762	1 759
Pharmacy[a]	1 842	1 847	1 891	1 817	1 806	1 811
Health sciences/ health management[b]	-	850	2 478	5 287	6 590	6 817
Nursing science/ management[b]	-	346	628	1 461	1 809	1 939
Non-physician health professions/therapies[b]	-	154	781	1 482	1 816	2 137

Source: GBE-Bund, 2020h

Notes: [a] Graduates from universities [b] Graduates from universities of applied sciences, with bachelor or master's degrees

These numbers do not seem to be out of line with UK numbers once the increased population in Germany is taken into account but achieving an accurate comparison is a feat that eluded the researchers from the European Health Observatory in their 2022 version of the country report for the UK.

What we can see is that Germany identified staffing issues early as a potential problem and in 2013 the national public sector recruitment agency worked to do more to recruit foreign workers, targeting Vietnam, Mexico and other countries[1]. Legislation was passed in 2018 to help in the recruitment effort and meanwhile public sector pay bargaining in place in Germany helps in the retention of trained staff with pay rates for qualified and trained staff generous by UK standards.

From a UK perspective it is obvious that the German system does not operate under the same pressures as the UK system with recruitment to vacancies being automatically funded; employers are proactive in training staff and filling vacancies (as opposed to relying on vacancies to meet budgetary targets) and relatively generous pay to trained staff provides easy retention. Work pressures seem to be much less in Germany according to feedback from international recruits.

What is difficult to accept in the UK is that training and education, firmly in the hands of the HEE, cannot train more staff; that reliance on foreign staff should not be reduced; and that government action to back recruitment with automatic funding and more generous terms and conditions for trained staff would not improve retention.

Government inaction and Covid

The theme of UK government inaction versus personal responsibility is a persistent one espoused by the current (for not much longer) Prime Minister. As if to underline the theme he is in Greece at present with strict instructions that he should not be disturbed. French ministers by contrast have a fortnight's holiday and are not allowed to be further than 2 hours from Paris.

[1] According to the DW website.

The proper balance of Government and personal responsibility was an issue addressed head on in the BMJ in February.

In the view of the authors of the article, stress on personal responsibility is an excuse for government inaction. They go on to identify reasons why individuals cannot be expected to manage risks.

1. *First, and most obviously, we simply cannot act to avoid risk without clear information about the existence of risks, what the risks are, and the contexts in which the risks are greatest. Instead of providing this basic information, the government consistently peddled a false narrative that the risk of Covid was past; that however high infections went, it was of no real concern, and that the UK was in a new "post-pandemic" reality. Given that adherence to pandemic measures is linked to perceptions of risk, this misleading messaging has, inevitably, undermined behaviour that would reduce transmission of Covid-19.*

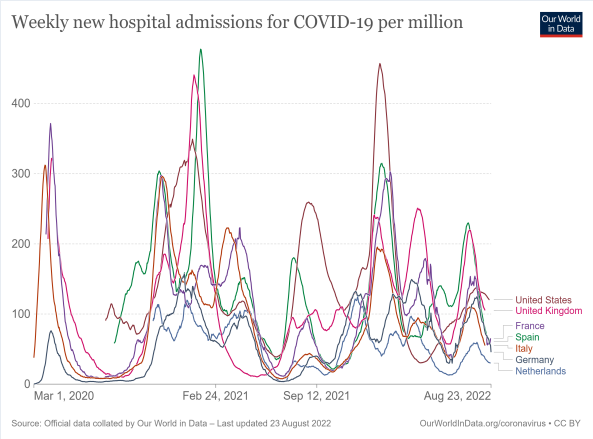
2. *Secondly, for people to take responsibility for reducing their risk they need to know what they can do to mitigate risk and how effective those actions are likely to be. In fact, just telling people about threats without explaining how they can be dealt with is disempowering; it often generates fear and can lead to fatalism or denial. By contrast, showing how threats can be overcome is empowering and important in generating appropriate action. Once again, the government has failed in its responsibility on this; not only in what it has said and failed to say, but also in its actions. Despite advice on its own website to wear masks in crowded enclosed spaces, government ministers are failing to wear masks in high risk settings such as the chamber of the House of Commons.*

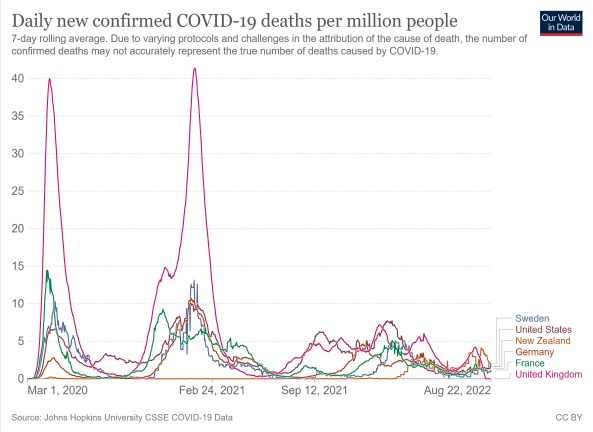
3. *Thirdly, even with full information, people cannot "act responsibly" if they do not have the resources to do so. That has been clear from the start of the pandemic. A study conducted in March 2020 showed that people on lower incomes were just as motivated to self-isolate when they had Covid as those who were financially better off, but they did so less often and the main reason was that they simply could not afford to.*

4. *Fourthly, individuals live in social and work environments that can act either as barriers or enablers of behaviours to reduce the risk from Covid. However great their motivation, people cannot act responsibility if environmental barriers don't allow it. For instance, it is no good to suggest that people avoid stuffy spaces if there is no programme to improve the quality of ventilation. That is why SPI-B made it clear that central government had a responsibility to coordinate "multi-layered, multifaceted approach to long term behaviour change" in homes, public spaces, educational facilities, businesses, and hospitality and leisure facilities.*

5. *Finally, the exclusive focus on individual responsibility neglects the crucial importance of social responsibility. Societies can only function if people look out for each other as well as themselves. Indeed research has found that a sense of shared identity and community has been shown to be crucial to adherence, mutual aid, and wellbeing during the pandemic. In stressing the personal to the exclusion of the social, the government is promoting a fractured, selfish culture that is to the detriment of everyone.*

The latest data on Covid admissions to hospitals still shows regular waves of hospital admissions sweeping countries, which although currently at reduced levels, remain significant and is sufficient to cause a rising backlog of cases.





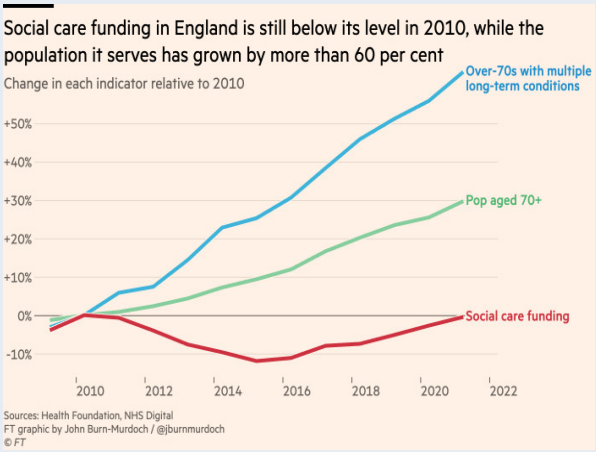
The better news is that despite government inaction the numbers of deaths in the UK has almost been eliminated at about 2 deaths per million per week (107 last week). The bad news is that over 200,000 people in the UK have died of Covid (or at least with Covid on the Death Certificate) and over 2 million across Europe.

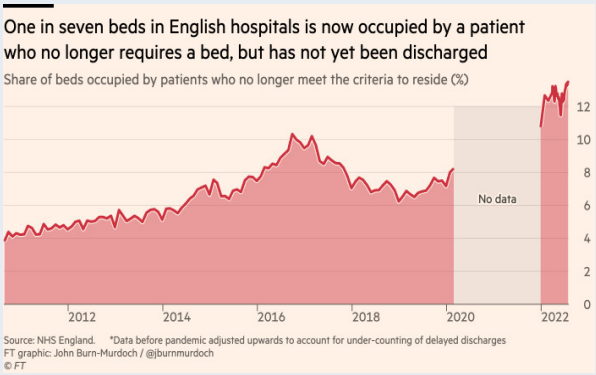
There are also plenty of warnings to expect further waves of infection as the more infectious Omicron variant achieves dominance and children return to school in classrooms that remain unventilated and where a significant number are not vaccinated. We are not out of the woods quite yet. In particular as Independent Sage emphasises, the Covid-created backlog of normal NHS cases continues to rise, the bottleneck in social care has not been resolved, and staff shortages are getting worse. The activity tracker from NHS providers shows performance getting worse not better.

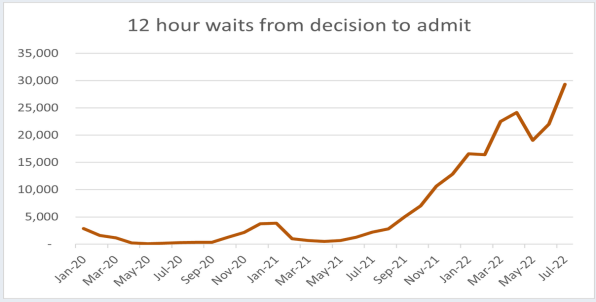
The French Government seem to be following the UK government path though so don't think that the rush to deny risks is just a UK thing.

7 The importance of Social Care

This newsletter has identified the shortfalls in social care in previous editions. It comes as no surprise therefore to encounter these slides from the FT.







It's not for nothing that Tony Blair's Institute can claim that there are three months to save the NHS. You don't have to swallow the whole package to support the sentiment.

Summary of information across Europe

The weekly WHO update reports increased levels of Covid infection (although at a much reduced rate) but also delivers the good news that vaccine effectiveness against severe infection is good even with the Omicron variant. The message to the world is to become fully vaccinated and take the boosters as they become available.

The European Health Observatory hit the beach in August after delivering their reading matter at the end of July. There is a wealth of good stuff in their report Lessons Learnt from the Covid Epidemic. I don't imagine Boris Johnson is reading it in Greece, but if he meets any of them there he might do well to ask about it.

> *The article on resilience to economic shocks might cause George Osborne to lose sleep. It concludes, Austerity is not an appropriate response to budgetary pressure because it undermines resilience; this might bolster a new Health secretary to build better for the next time.*

The European Centre for Disease Prevention and Control reports that there are no new variants of concern and is de-escalating warnings of the spread of earlier variants as a result of their disappearance.

The EUobserver reflects the fickle finger of media attention on matters healthcare **but reminds us that the drought in Europe may be the worst in 500 years.** This may not be the time to pooh-pooh the need for resilience in our systems. Or to argue with experts on climate change.

Corporate Europe **in this podcast** gracefully links concerns about environmental pressures revealed in the Club of Rome Report of 1972 '*Limits to Growth*' with a review of the progress of the EU since then. They highlight how corporate interests have dominated.

Liberation mentions en passant that 23 A&E units have closed in France with 42 having temporary closures (with a further 331 at risk). You can see why a clinician was asked to do the job of Health Minister. There is a curious lack of explanation – probably because staff have all gone on summer holiday. Unfortunately the Minister denied it a week before. So it's not just in the UK that politicians lie.

Eurointelligence continues to cast doubt on the leadership qualities of Chancellor Scholz in Germany as well as in an article from 22 August discusses the deal by which Greece will repay its loans from the troika. It looks alarming but if inflation continues as it is, this may turn out to be the best deal in history.

Nigel Edwards at The Nuffield Trust writes on the collapse of UK dentistry and the clues that it holds for changes to come in the NHS. And still there are people who deny the drift towards privatisation.

Meanwhile **Politco** reports that the UK Covid Inquiry has cost over £85m already. You would think that a lot of backs are being covered here. You could buy a lot of nurses for that.

Conclusion

As I write, the UK still doesn't know who its next Prime Minister will be (although it doesn't take much political acuity to predict); or who its next Health Secretary will be.

France has a hung Parliament struggling to agree a programme;

Germany a weak leader needing to invent a new business plan for Germany which had relied on cheap energy from Russia to power its industry – till now.

Italy is facing fresh elections and the return of Berlusconi as King maker; the Netherlands has had the same Prime Minister since 2010 but the office is much less powerful than in the UK or other European countries.

The EU in the meantime seems to be expanding with its latest Council meeting not even mentioning the UK and instead is focussed on eastward expansion.

The Czechs are the current holders of the presidency of Europe. It is not a good start that a previous Czech Prime Minister is being investigated by the French for money laundering .

But the UK (Londonograd to its Russian friends in high places) cannot be too snooty.

The Economist article on Londonograd refers to the forthcoming book, Butler to the World: How Britain Became the Servant of Tycoons, Tax Dodgers, Kleptocrats and Criminals.

The view from Europe, despite being ravaged by fire, drought and disease, is that at least it's not as bad as in the UK. Coverage of UK strikes and the hike in energy prices is particularly thorough on French TV. As is their coverage of the untreated sewage pouring into La Manche!