Alternative European Healthcare Perspective April 2025

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I try to keep a realistic perspective here, not driven by pre-conceived ideas and those that we are led to believe by others as being politically correct. Those working in healthcare are focussed on the here and now, jam today rather than jam tomorrow, deliverable promises and not pie in the sky.

It seems bizarre that a Labour government has been drawn into war mongering in the Ukraine in an effort to relieve the USA of the burden of sustaining its long-term strategy of annoying the Russians.

Whether other European countries are drawn into this is betrayed by the slogan 'coalition of the willing'. Britain is reliving its imperial fantasy of delivering its civilising mission or western hegemony as its now known; France and the EU Commission see the Ukraine crisis as a way to deliver their long term strategy of European integration and the creation of a European army; and Germany sees the opportunity to justify breaking from its self-imposed fiscal straightjacket to indulge in military Keynesianism to counteract the slump in the German economy.

For the rest of Europe, it depends on what's in it for them. Many remain unconvinced.

What makes it even more bizarre is that to fund this adventure, to help Donald Trump rebalance the US economy, the UK is re-launching the failed austerity policies of the previous Conservative administration. Thus, government spending will be cut, savings imposed on the disabled and the unemployed, and NHS England targeted for abolition.

Despite the new Labour Government's mantra 'growth, growth, growth' there hasn't been any (yet), what little growth projected has been halved for the year ahead, further spending cuts (see the Spending Statement 26 March) will take more demand out of the economy and prospects for improvements in the NHS and Social Care will recede. In Europe the funds set aside to develop healthcare policies have already been diverted to fund the war in Ukraine.

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Rather than go over the detail of this, which fills our newspapers every day seemingly, I will try to give a bit of perspective, to help explain why this may be happening.

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So, I will recap on the Margaret Heffernan theme of 'wilful blindness'…

… taking in extracts from her blog, and a review of her recommended further reading *Ignorance and Bliss: On Wanting Not to Know* by Mark Lilla.

Other topics covered will be the issue of disability benefits and how Europe deals with these issues, lessons drawn on the fifth anniversary of Covid, and a letter to the FT from leading economists.

As usual I recap on articles, reports and news from across Europe and elsewhere that can help inform and guide those in the NHS and the health and social care industries.

Wilful Blindness

Wilful blindness is a legal doctrine whereby '*knowledge can be inferred if the defendant deliberately blinded themselves to the existence of a fact*'.

It was used to prosecute in the Enron affair, and it casts an explanatory shadow over events in the Catholic Church, Nazi Germany, BP, the BBC (over Jimmy Saville), the News Corporation and within our armed forces, and into our most intimate relationships.

I was first introduced to the term in 2013 while reviewing Heffernan's 2011 book at the same time as the Francis Report on Mid Staffs Hospital came out.

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> *My judgement at the time has been vindicated that her book had greater long-term relevance to the NHS than the Francis Report.*

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It is a sign of the times that the targets and terror approach which caused the Mid Staffs problems is rearing its ugly head again.

In the meantime, Heffernan now provides a blog *On the Level*, the February 2025 edition of which recaps on her original book but also introduces another concept '*Chatshit*' – the belief that talking about a problem is a substitute for action. I commend the blog on Substack.

Ignorance and Bliss

Heffernan also refers in this blog to the book by Mark Lilla, *Ignorance and Bliss*. For my part much was gleaned from the chapters under the theme: on hollow men. One chapter commences after the quote from Thomas Hobbes, '*it is a foolish custom, by which a man enabled to speak wisely from the principles of nature, and his own meditation, loves rather to be thought to speak by inspiration, like a bagpipe.*'

This quotation came to mind in watching Liz Kendall justify cuts in benefits to the disabled.

His other quotation, '*Arbeit macht frei*', isn't any more flattering.

Lilla speaks of the many paradoxes of the human quest to hide truths from ourselves, and of the willingness to believe in prophets who purport to hold the gateway to truth; or to childish simplifications deriving from the past, having passed, but recently misunderstood.

The book itself is littered with telling quotes, cultural references (befitting a Professor of Humanities from Columbia University) and much amusement.

It is divided into sections:

- On Evasion (or how humans continue to avoid truths about themselves and the world, avoid arguments, and tend to give up trying to understand the world and to change it);
- On Taboo (or how we construct barriers to accepting truth and doing something about it, but also how this may be for the best it you cannot live with it);
- On Hollow Men (or how history generates characters who deliver short cuts to the truth and systems of thought that can live after them. It is associated with the Great Man Theory of History, religious creeds, the power of the bagpipe and inspiration over reason);
- On Innocence (or a warning against following curiosity, seeking to understand, and to apply knowledge to the problems of the world);
- On Nostalgia (or the continued pull of a golden past, whether of the Brexit

variety, the pre-Lansley NHS, and how the ability of story tellers to manipulate imagined pasts invented the Scottish kilt and Lewis Carroll conjured in Alice Through the Looking Glass '*jam tomorrow, jam in the past -but never jam today*').

The author's parting shot is to show the difference between Homo viator (man as an eternal traveller) and Homo fugiens (man as a refugee): man, who either is full of hope or full of fear.

What does this mean for the NHS?

To me it is a warning against 'Wilful Blindness' or the evasion of uncomfortable truths; of the need to confront taboos even if you might be uncomfortable with it, and of not falling for 'Hollow Men' who purport to tell a simplistic story as though obedience to the line described exempted the listener from the duty of discernment and critical thinking. Realism is a better guide to action than faith in the three shifts or a call for jam tomorrow rather than jam today. And looking back to 2000 may not help too much in 2025.

The likes of Wes Streeting, Liz Kendall and Rachel Reeves would do well to read and digest these learned words. Read the book for yourself, you will not regret it.

So, what have the great unlearned in this Government been up to?

Abolition of NHS England

Nobody expects the Spanish Inquisition is the phrase that comes to mind. Although reorganisations are not new things, and Labour has done this before, only then it was the abolition of the NHS Executive (see 2000).

Top Level Reorganisations of the NHS since its inception
1946: Establishment of NHS Act
1968: Ministry of Health and Ministry of Social Security joined to form DHSS
1974: Establishment of Regional, District and Area Health Authorities
1977: Health Service Boards established
1982: Abolition of Area Health Authorities 1982-85: Introduction of general management
1985: Creation of NHS Board at the Dept of Health 1989-93: Establishment of NHS Trusts
1989-95: Creation of GP Fundholding & Commissioning
1989-95: Setting up NHS Management Executive (later NHS Executive) 1990: Replacement of FPCs (Family Practitioner Clinic) by FHSAs 1991-97: Reconfiguration of Health Authorities
1991: Restructuring of NHS Organisation Boards and actually established of 57 NHS trusts
1994: Reorganization of RHAs (Regional Health Authorities) 1994: Abolition of FHSAs & incorporation into Health Authorities
1995: Reconfiguration of Acute Services & Trusts
1996: Abolition of RHAs, incorporation into NHS Executive
1997: Abolition of GP fundholding, replacement with 481 PCGs (Primary Care Group) 2000: Abolition of NHS Executive, incorporation into the Dept. of Health
2000: NHS Executive actually abolished
2001: Abolition of NHS Executive Regional Offices, move to Regional DHSCs (Directorate of Health & Social Care) at Dept of Health
2001: Replacement of larger health authorities with SHAs (Strategic Health Authorities) 2001: Replacement of PCGs with PCTs (Primary Care Trusts)
2002: Creation of Foundation NHS Trusts and abolition of NHS regional offices
2002: Creation of Health and Social Care Trusts 2005: Merger of 300 PCTs into 100 larger PCTs
2006: Merger of 28 SHAs into 10 larger SHAs. PCTs reduced to 151
2006: Reorganization of Dept. of Health to split NHS and DH responsibilities
2012: Health and Social Care Act abolishes of PCT's & SHAs; decentralization of budgets to GPs & Consortia. Establishes Clinical Commissioning Groups. NHS England created as an independent body and Public Health moved to local authorities. Regional offices recreated under NHS England.
2022: Health and Care Act: Replacement of CCGs with Integrated Care Systems and Integrated Care Boards
2025: Abolition of the NHS England

Source: NHS Managers Net 20th March 2025. For an alternative timeline see the Nuffield Trust version.

Thousands of staff are to be given early retirement, redundancy payments, or relocated in the Department of Health, Integrated Care Boards (ICBs) or in Amanda Pritchard's case allowed to have her proper job back.

For many it will be a merciful relief, but for others less so. But once the initial shock has passed, it becomes more obvious that something was rotten in the state of Denmark.

NHS England was never at arm's length from government; they neither led the NHS nor followed Ministerial diktats. They talked a lot amongst themselves, filled in a lot of forms and helped ministers answer stupid questions. The latest set of Board papers of an NHS trust that I reviewed recently had 571 pages.

The quality of the graphics used in meaningless presentations has soared under their watch. The compliance industry had expanded many-fold.

Senior managers I have talked to in recent years spoke of cuts in budgets, responsibilities and scope all driven by the whims of ministers rather than lack of things to do.

But they were not allowed to do anything. It was not to last.

I believe senior managers were playing a game of brinkmanship with the minister with the minister now calling their bluff. These managers would have warned of the chaos that would ensue if the back-loaded efficiency measures in 2024/25 plans were given the go-ahead. It seems that full rein has now been given to that chaos.

On Wes Streeting's head and Jim Mackey's head – he's been appointed NHS England Chief Executive to oversee the demise – the responsibility now firmly rests.

Mackey will make sure the budgets will be balanced. When the pips begin to squeak, he will direct the wrath at Streeting. The problem is that Mackey joined the NHS in 1990, and hence did not witness what it was like in the 1980s, the last time but one since austerity was tried and failed. And life in Northumbria, from whence he emerged, is no preparation for the more contested spaces of Middle England. The latest generation of NHS managers have been lulled into a false sense of security that 'chatshit' is a substitute for action. They have been in Mackey's own words '*extending and pretending*' for years.

I wish them both well (Mackey has his exit strategy (in that he is on a two-year secondment and can always return to Newcastle) is aready in place so he doesn't need any advice but if I were Streeting I'd be hoping for a reshuffle soon. Unless he can come up with a convincing plan in the next few weeks it will turn nasty. His buffer has now gone.

Cuts in benefits to the disabled

Benefits for the disabled receiving PIP payments are to be cut by £5bn starting in November. The BBC summarises it as,

> *…changes will make it harder for people with less severe conditions to claim disability payments. Extra benefit payments for health conditions will also be frozen for current claimants and nearly halved for new applicants.*

According to the Guardian:

> *Just over 370,000 people who currently claim Pips will lose them, while another 430,000 who would have been eligible for the benefit in the future will not now get it. On average these people will lose £4,500 a year.*
>
> *A further 150,000 people will lose their access to carer's allowance – equivalent to one in 10 unpaid carers. The charity Carers UK said they were the "first substantial cuts to carer's allowance in decades" and would cause "huge anxiety for hard-pressed carers and their families who need every penny they can get to pay their bills.*
>
> *The average individual Pip loss of £4,500 a year, combined with the loss of £4,250 a year in carer's allowance, could mean some households lose at least £8,740 a year as a result of the changes. More than a million unpaid carers already live in poverty.*
>
> *Meanwhile, 2.25 million people who claim universal credit will be affected by the decision to freeze the health element of the payment, with each losing £500 a year on average. A further 730,000 future recipients will lose an average of £3,000 a year.*

Liz Kendall has been doing her best to justify this plan to reduce benefits to the disabled. Costs are alleged to have spiralled in recent years due to the consequences of long Covid

on the mental health of the young. The old line used against the NHS, that spending trends are unsustainable, and therefore further cuts are justified, whether you like it or not, is being used.

The total spent on social benefits in the UK seems a lot:

- In 2024-25 the government is forecast to spend £303.3 billion on the social security system in Great Britain. Total GB welfare spending is forecast to be 10.8% of GDP and 23.8% of the total amount the government spends in 2024-2025

- Around 55% of social security expenditure goes to pensioners; in 2024-25 GB will spend £165.9 billion on benefits for pensioners. This includes spending on the State Pension which is forecast to be £137.5 billion in 2024-2025.

- In 2024-2025 GB will spend £137.4 billion on working age and children welfare. This includes spending on Universal Credit and its predecessors, and non-DWP welfare spending.

- In 2024-2025 GB will spend £90.4 billion on benefits to support disabled people and people with health conditions, and £35.1 billion on housing benefits.

A European perspective would be helpful but since the UK left the EU it has been difficult to provide like-for-like comparisons. The chart shows EU expenditure on what are termed 'social protection benefits'.

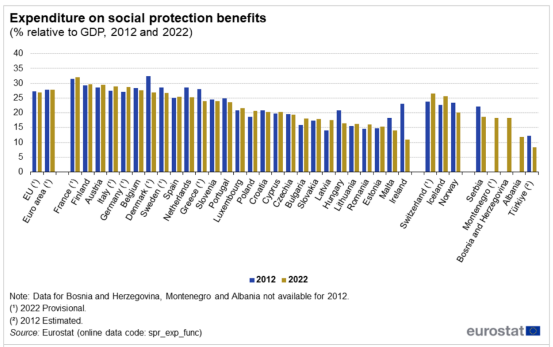


Figure 2: Expenditure on social protection benefits, 2012 and 2022 (% relative to GDP)
Source: Eurostat (spr_exp_func)

The UK rate of spending on social benefits at 10.8% of GDP sits at the bottom of these comparisons, but healthcare expenditure is included as a social benefit in the EU chart whereas the UK doesn't, rendering such comparisons more difficult.

A lot of things get swept up into social protection benefits. So, to compare the benefits targeted at the disabled a certain amount of disaggregation is necessary. Luckily Eurostat is up to the task. In the table below we see that the benefits targeted at the disabled across Europe is 1.9% of GDP and can vary from 4.0% to 0.6%.

Old age and survivors plus sickness/health care are predominant functions in all countries

As noted above, benefits for old age and survivors accounted for the highest share of EU expenditure on social protection benefits in 2022, at 46.3%. This pattern of the old age and survivors' function recording the highest share of total expenditure was repeated in each of the EU Member States except for Ireland where the sickness/health care function was the largest (44.4%).

Expenditure on social protection benefits by function
(%, 2022)

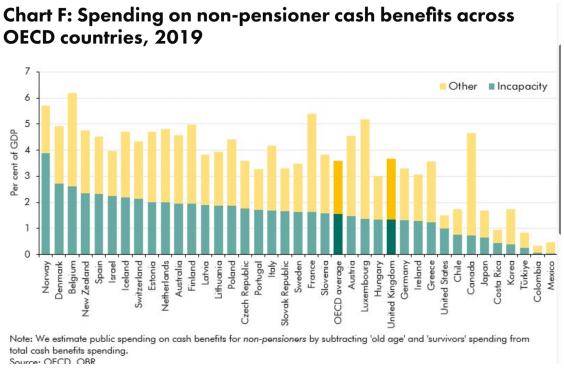
	Old age and survivors		Sickness/ health care		Disability		Family/ children		Unemployment		Housing and social exclusion	
	(% of social protection benefits)	(%, relative to GDP)	(% of social protection benefits)	(%, relative to GDP)	(% of social protection benefits)	(%, relative to GDP)	(% of social protection benefits)	(%, relative to GDP)	(% of social protection benefits)	(%, relative to GDP)	(% of social protection benefits)	(%, relative to GDP)
EU	46.3	12.4	30.2	8.1	7.0	1.9	8.6	2.3	4.1	1.1	3.9	1.1
Euro area	46.1	12.8	30.6	8.5	6.7	1.9	8.2	2.3	4.4	1.2	4.0	1.1
Belgium	47.0	13.0	28.0	7.7	9.8	2.7	7.4	2.1	3.8	1.1	3.9	1.1
Bulgaria	50.3	9.1	27.3	5.0	9.3	1.7	8.8	1.6	2.9	0.5	1.4	0.3
Czechia	46.6	9.9	34.7	6.7	5.9	1.2	8.5	1.6	2.8	0.4	2.3	0.5
Denmark	39.3	10.6	22.9	6.1	17.4	4.7	10.8	2.9	3.1	0.8	6.6	1.8
Germany	41.8	12.0	33.5	9.6	7.1	2.1	11.8	3.4	3.3	1.0	2.5	0.7
Estonia	41.3	6.4	30.6	4.7	10.6	1.6	12.4	1.9	4.1	0.6	1.0	0.2
Ireland	31.4	3.5	44.4	4.9	5.5	0.6	9.4	1.0	4.0	0.4	5.4	0.6
Greece	61.7	14.8	22.9	5.5	3.8	0.9	5.6	1.3	3.7	0.9	2.4	0.6
Spain	48.9	12.4	30.1	7.7	6.3	1.6	5.8	1.5	6.5	1.7	2.3	0.6
France	44.3	14.1	31.1	9.9	6.3	2.0	7.0	2.2	5.6	1.8	5.7	1.8
Croatia	41.4	8.4	36.9	7.5	8.7	1.8	9.1	1.9	1.9	0.4	2.0	0.4
Italy	56.5	16.3	22.9	6.6	5.3	1.5	5.4	1.6	4.8	1.4	5.1	1.5
Cyprus	47.0	9.5	34.5	7.0	3.5	0.7	4.6	0.9	4.5	0.9	5.8	1.2
Latvia	42.9	7.5	33.1	5.8	8.5	1.5	10.5	1.8	3.1	0.5	1.9	0.3
Lithuania	41.3	6.7	31.7	5.2	8.0	1.3	11.7	1.9	4.7	0.8	2.7	0.4
Luxembourg	39.9	8.6	28.1	6.1	11.2	2.4	14.8	3.2	2.9	0.6	3.1	0.7
Hungary	48.3	7.9	31.4	5.2	5.0	0.8	10.5	1.7	1.5	0.3	3.2	0.5
Malta	48.3	6.8	33.9	4.8	3.5	0.5	6.0	0.8	4.8	0.7	3.2	0.4
Netherlands	41.5	10.5	36.7	9.3	8.6	2.2	4.7	1.2	1.8	0.5	6.7	1.7
Austria	49.5	14.6	28.2	8.3	5.4	1.6	9.2	2.7	5.6	1.7	2.2	0.6
Poland	51.6	10.7	25.7	5.3	4.7	1.0	15.6	3.2	0.9	0.2	1.6	0.3
Portugal	55.0	13.0	28.7	6.8	6.7	1.6	5.3	1.3	2.9	0.7	1.4	0.3
Romania	53.5	8.6	27.8	4.5	4.9	0.8	11.9	1.9	0.4	0.1	1.5	0.2
Slovenia	44.5	10.6	37.0	8.8	5.3	1.3	7.5	1.8	2.6	0.6	3.2	0.8
Slovakia	45.2	8.1	31.6	5.6	7.5	1.3	10.8	1.9	3.7	0.7	1.4	0.2
Finland	45.8	13.6	23.7	7.0	9.0	2.7	10.2	3.0	5.2	1.5	6.2	1.8
Sweden	46.1	12.3	29.0	7.8	8.8	2.4	10.0	2.7	2.8	0.8	3.2	0.9
Iceland	29.9	7.6	36.1	9.2	10.7	4.0	10.2	2.6	3.7	1.0	4.4	1.1
Norway	38.6	7.8	29.8	6.0	16.0	3.2	10.9	2.2	1.9	0.4	2.9	0.6
Switzerland	46.9	12.5	32.7	8.7	8.0	2.1	5.8	1.6	2.1	0.6	3.5	0.9
Bosnia and Herzegovina	49.1	8.9	33.4	6.1	8.6	1.6	4.8	0.9	2.0	0.4	2.2	0.4
Montenegro	43.8	8.0	36.9	6.7	6.7	1.2	7.5	1.4	3.6	0.7	1.4	0.3
Albania	56.8	6.6	22.7	2.7	10.3	1.5	6.3	0.8	2.4	0.3	0.6	0.1
Serbia	50.9	9.5	32.2	6.0	4.9	0.9	6.9	1.3	2.2	0.4	2.9	0.5
Türkiye	56.6	4.8	31.3	2.6	3.3	0.3	6.6	0.6	1.1	0.1	1.0	0.1

Source: Eurostat (online data code: spr_exp_func)

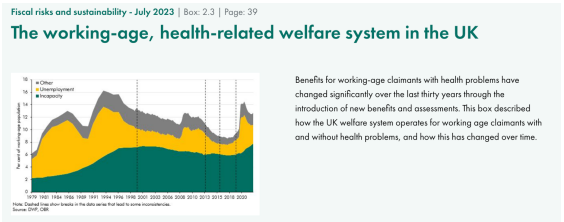
eurostat

Table 1: Expenditure on social protection benefits by function, 2022
Source: Eurostat (spr_exp_func)

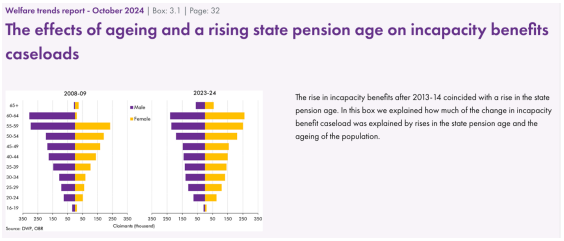
The UK is at roughly the OECD average when looking at comparisons of incapacity benefits amongst OECD countries (in 2019).



The Office for Budget Responsibility (OBR) has a responsibility for highlighting trends in public expenditure and has produced several further charts.



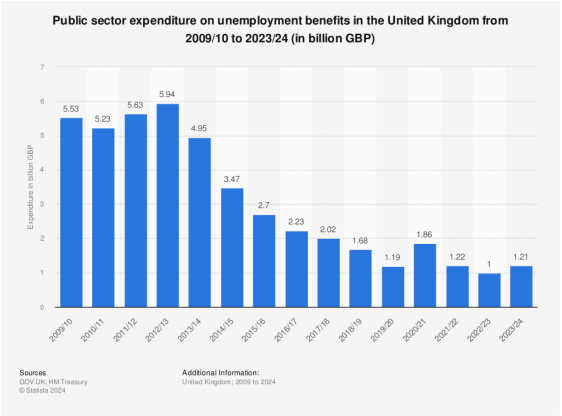
This chart shows a recent rise in disability payments but is distorted by changes in pension age. In other words, because more people are of working age the numbers of disabled have increased in the grouping graphed.



The various trends are discussed by the OBR here. But it is not clear that the UK has an unaffordable burden of disabled people (despite claims to the contrary) nor that by comparison with other European countries that benefits in aggregate are unaffordable, nor that payments for the disabled are out of the ordinary. The discussion in the Institute of Fiscal Studies report cited by Kendal in her announcement admits that '*even if health-related benefits grow as fast as official forecasts suggest, the UK's 2028 health-related benefit spending would still be similar to the 2019 levels for comparable countries such as the Netherlands or New Zealand*'.

There may well be a problem with young people who cannot find jobs and have discovered that the benefits for disability are higher than for unemployment. But the European Right to a Job for young people would address that problem more effectively than harassing the vulnerable young. The fact that Europe has not suffered from an increase in youth unemployment following Covid should be the alarm bell to action from ministers, not addressing an allegedly unsustainable surge in benefits payments that are the symptom of that youth unemployment.

Furthermore, the other side of the coin, the collapse of the value of unemployment benefits, seems to have escaped the attention of government ministers and many commentators.



What do leading economists think of the Government's cut and grow policies?

The background to the pressure on the NHS and social benefits derives from the economic policies of the Chancellor of the Exchequer, Rachel Reeves. Wes Streeting and Liz Kendall must sometimes feel like the patsies put up to defend these policies. They all might like to reflect on a letter to the FT on 21 March from

a long list of eminent economists who point out,

> *The increases to public investment announced last October only cancel out the cuts planned by the previous government. The rise in capital spending will maintain public investment at around 2.5 per cent of GDP over the next five years, which still falls short of the OECD average of 3.7 per cent over the past 25 years.*
>
> *The last 15 years have taught us that the UK cannot cut its way to growth. Spending cuts now would further undermine both growth prospects and fiscal sustainability, storing up even greater problems with government borrowing costs further down the line. Achieving growth will require rebuilding public services; investing in skills, R&D and the strategic, climate-safe industries of the future; and boosting demand by strengthening the social safety net. It would therefore be a profound mistake to change course and introduce new cuts to spending or investment. We recognise that global turmoil has created new fiscal pressures, both on defence and in the form of higher government borrowing costs, but this should not deter the UK from pursuing the economic strategy needed to deliver your missions.*
>
> *Ultimately, substantial additional tax revenue will be required to meet these spending needs. You will rightly be searching for options that recognise ongoing pressures on working people and ensure that those with the broadest shoulders pay their fair share of tax, as well as enhancing overall economic growth. While there will be no easy choices, the government should be looking at all options to balance these objectives. We urge the government to continue to chart a course away from austerity and make the bold policy choices to truly kick-start growth and deliver the economic stability, prosperity and resilience this country needs.*

For advice on how tax could be raised Reeves could read the works of Richard Murphy which he laid out in Taxing Wealth 2024.

If Reeves cannot persuade Sir Vernon Bogdanor, then she has surely lost the argument. As he points out in his letter to the FT of 24 March 2025,

> *It is an evasion to pretend that there could be a rapid increase in the rate of growth which will pay for these improvements [in defence and public services]…Since I doubt that there are sufficiently large economies in public spending to be found after fourteen years of austerity, the only alternative is to raise taxes.*

Does wilful blindness spring to mind?

Five years after Covid

The Covid Inquiry is still trundling forward. Already it has buried itself in so many documents that it is unlikely that very much more will be discovered, and even if it is whether anything will surface. But some journalists have tried to mark the fifth anniversary with some important lessons, including the heavy toll on the disabled. The Observer of 23 March noted,

> *Disabled people were 11 times more likely to die from Covid 19 than non-disabled people. Instead of addressing the inequalities that contributed to that horrifying statistic, the government is pressing ahead with plans to slash disability benefits, driving more people into poverty and making the country even less prepared for future pandemics.*

The Government promised to learn from the pandemic but appears to be suffering from Covid amnesia, forgetting the devastating cost of an underfunded health service and public services cut to the bone.

Robin McKie, Science editor of the Observer, provided 10 lessons from Covid:

1. Give the NHS some slack. The NHS cannot continue to operate at full capacity all the time.
2. Trust in people
3. Get the advice right
4. Each pandemic is different
5. Try to keep schools open
6. Think of the wider impacts. Lockdowns were not suitable for every country. The poorer the country the worse the impact on the poorest people.
7. The results of the impact of social distancing are still not yet in
8. Psychological costs needed to be considered
9. Care for the Care homes is vital
10. Science needs to be defended.

I well remember Amanda Pritchard saying that Covid meant how important it is to double down on the existing NHS plans. Her fate was sealed in many eyes at that point.

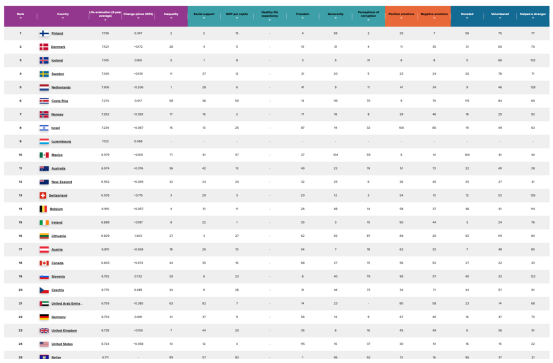
Round-up from Europe.

Things are not going well in efforts to corral the coalition of the willing. The risk is that some countries, including the UK, will be left with a disproportionate commitment.

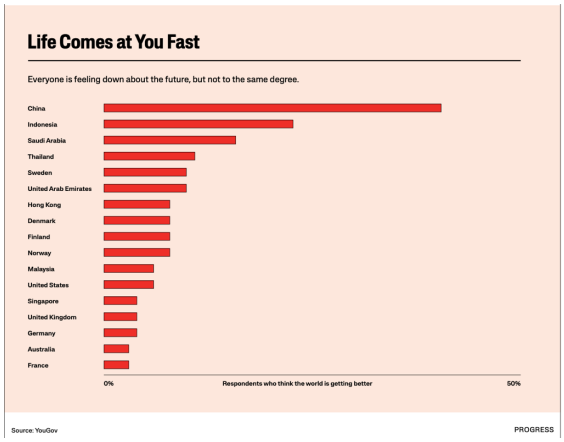
National Audit Office – a series of reports have been issued by the National Audit Office. These may have precipitated the decision to abolish NHS England. The NAO was obviously not too impressed with the way the wind was blowing:

- commentary on the DHSC accounts for 2023/24 – the NAO qualified the accounts and drew attention to failures to deliver promises on access to care, and to achieve savings on procurement;
- lessons learnt From PFI – alarmingly the NAO highlights at the end that the NHS has not prepared for when PFI projects come to their end; and,
- management of the elective care transformation programmes – the NAO say, '*Nowhere near targets*'.

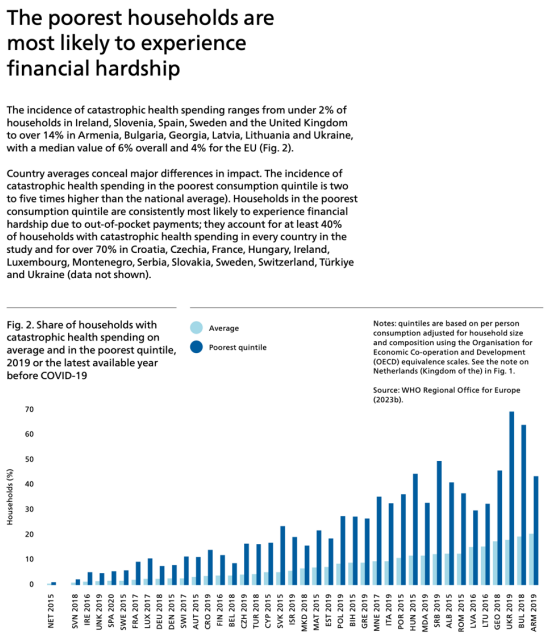
World Happiness Report – but before we get downhearted let's rejoice in the fact that the UK came 23rd in the world happiness league (see table below), above the United States and France but below Germany and a lot of Europe. Our mark has slipped a bit and it's worrying that we came 91st in the world for helping a stranger. Remember that next time you are treading over people begging in the street. The marking looks a bit suspect to me (Belize 1st for freedom, and Israel 13th for social support!) but it's something to talk about in the pub.



Positive Feelings about the future –for those who prefer to see the world positively rather than in accordance with expert reports an alternative was highlighted in the recent edition of Jacobin.



This again shows the UK at the back of the pack for feeling positive about the future, but some may find solace that France is ranked lowest. But we need to remind ourselves that no matter about concerns for the future and the impact on our feeling of wellbeing, the UK still shows near the top for security from catastrophic health bills.



Queuing

There is an interesting blog on Linked-In here on the problems in A&E. The author rightly calls for more beds and improvements in discharge procedures. But it doesn't address the social care issue. That's the reason that other countries do not have the same problems in A&E. They have more beds and somewhere to discharge patients.

Fig 1: Key metrics across Europe's seven largest care home markets

	Germany	France	UK	Italy	Belgium	Spain	Netherlands
Care Homes	13,500	7,400	10,800*	5,400	8,300	5,600	4,900
Beds	900,000	595,000	414,000*	321,000	150,000	385,000	123,000
Beds per 1,000 people aged 65+	54	48	42	19	66	43	71
Total market size (€bn)	€ 35.80	€ 26.20	€ 21.80	€ 14.50	€ 8.30	€ 5.70	€ 3.10
Private market size (€bn)	€ 14.30	€ 6.00	€ 17.80	€ 3.50	€ 2.70	€ 1.40	€ 0.50
% of market that is private	40%	23%	82%	24%	33%	24%	15%
Market consolidation (top 5 operators)	11%	17%	13%	8%	25%	13%	5%

Source: Savills

It is a shame this message was not put across in the BBC Panorama programme in which Streeting rules out significantly more resources for social care or the NHS.

Social Europe reminds us of the details of the £500bn investment plan in Germany to kick start their economy. That's the way to do it. Instead, we have Rachel Reeves trimming benefits to the disabled.

The EU Health Data Space is the initiative to improve access to data in Europe**.** In the UK it's called something else. But it's the same thing. Donald Trump however is opposed to GDPR and is attacking rules on data privacy and the integrity of official data. tps://www.isms.online/information-security/what-trumps-whirlwind-first-few-weeks-mean-for-cyber-risk/ (as if to prove my point access is being blocked to this on hyperlinks).

Eurohealth is devoted to the European Cancer Plan describing how extra resources are being channelled into improving outcomes. In the UK by comparison cancer targets are being watered down.

As Bob Dylan pointed out The times they are a' Changin. Luckily the Nuffield Trust helps to spell out what those changes may be, post-Brexit. In its exemplary report Health in the UK after Brexit it identifies the major ways in which the UK is diverging from EU policy . They conclude:

> *The UK has no single strategy for health and Brexit*
>
> - *Five years on from leaving the EU, the UK is taking a very variable approach to divergence in law and regulation. In many areas, it has been sticking with the EU law it inherited, or even actively*

mimicking its larger neighbour. But in procurement, staff training and AI, it has taken different choices – though the extent of difference is often overstated. For migration, medicines and funding, meanwhile, the UK has struggled to find a new equilibrium.

- *In all these areas, constant change in technology and in EU law and policy means that Brexit is not a policy issue that can be resolved but an ongoing source of tension and pressure. For sectors that often involve international trade, including AI, divergence will create an intrinsic cost from companies complying twice. This creates a standing disadvantage set against any intrinsic benefits.*
- *The UK's different strategies in important areas of health policy would complicate any fundamental move to realign with the EU, even as this is a preferred approach in other policy areas.*

You cannot say you were not warned.

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
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.