

The UK Health System

An International Comparison of Health Outcomes

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Thank you very much for inviting me to speak to you this afternoon, and thank you all for coming.

When I established UK 2020 in October 2014, our aim was to publish thorough research into key areas of public policy. We have not flinched from subjects just because they are widely regarded as controversial.

During my ten years on the front bench, and four years spent in Government as a Cabinet Minister, I became increasingly aware of how our public discussion can congeal into a political consensus.

It is not an exaggeration to say that whenever all sides of the House agree on an issue, we are not necessarily serving the people well.

Consensus closes down scrutiny, opposition, discussion and above all fresh thinking. We have seen consensus develop around a number of areas in recent decades.

My colleague Iain Duncan Smith set out to question the consensus over how to tackle poverty. It was accepted lazily that the only possible solution for ending poverty in the UK was simply a transfer of wealth through benefits.

By building a group of little known charities who were actually helping people out of poverty, he established a credible body of research, through the Centre for Social Justice. Iain broke open a decades-long worldview that was failing to deliver on poverty and letting down our most disadvantaged citizens.

Perhaps the most unquestioned consensus of all in politics today concerns the National Health Service. It is an area of public policy that, like no other, a politician dare not touch.

Danny Boyle's striking opening ceremony to the remarkable London Olympic Games in 2012, celebrated the creation of the NHS as a critical event in our nation's history. It is inconceivable

that any other country in the world would so value its health service that it would place it at the centre of such a national celebration.

The NHS towers above all else as a common cultural unifier that we hold on to in this country. To take a critical tone toward the NHS is considered almost unpatriotic.

There are a number of elements to the consensus around the NHS:

- That the NHS is the only system in the world to deliver universal healthcare for everyone regardless of background
- That the NHS is one of the best healthcare systems in the world
- That a centralized state run monopoly of healthcare is the best and only way to run a universal healthcare system that is fair
- That the only alternative is the US private insurance healthcare system
- That any private activity is wholly incompatible with the ethos of the NHS. Only healthcare provided by the state can be regarded as good healthcare
- That any failings of the NHS can only be resolved by spending more public money
- That the system must not be changed fundamentally as it would be a betrayal – even if the outcomes are poor.

As The Guardian put it, “The only serious black mark against the NHS was its poor record on keeping people alive.”

Yet, while this consensus is received wisdom amongst colleagues, political advisers and the press, I had begun to wonder if there isn't more dissent from the consensus than we realise.

Certainly, newspaper headlines in recent years have been hard to ignore: our infant mortality rates, where it is safer to have a baby in Estonia; the difficulty of getting the medication or treatment you want; the shocking and unacceptable deaths in Mid-Staffordshire.

In fact there appears to be a contradiction. Many people will be effusive in their gratitude for the NHS in public – even writing to their local papers - but others will still write letters with shocking reports to their local MP.

So it was with this central contradiction in mind, that I commissioned research with one simple question: how do the health outcomes of the NHS compare with those of other health systems around the world?

When it was established in 1948, the NHS was one of only a handful of universal healthcare systems on the planet. Seventy years later there are now over 25 countries in the world with universal healthcare. How do we rank amongst them and others, and what lessons can we learn?

The results of that research – undertaken by Dr Kristian Niemietz – were published in October last year. They showed that across nearly all key indicators for which there is data, amongst the most prevalent cancers that affect almost every family in Britain, strokes, and respiratory diseases, the UK fares poorly.

I was shocked to find that 46,413 people – nearly the population of the city of Durham – die every year in the UK because their particular condition wasn't treated by the best health system in the world for that condition.

Fearing that comparison to the best in every case looked like setting an unachievably high bar, we also measured the UK's performance against the twelfth best performing country in each condition.

We were dismayed to find that 17,000 people die each year who would otherwise be alive if we performed as the 12th best country does in each category.

These findings were far worse than we had anticipated but this, sadly, is the true cost of consensus. International data on health is extraordinarily complicated, but we looked only at those conditions that provide the clearest comparison of the health outcomes of different health systems.

But these are the brutal facts. Our research simply pulled together figures already in the public domain, published on a regular basis by the OECD, Lancet and Eurocare. We have simply put them together and published them.

They are as hard for me to hear as they will be for the 1.5 million people who work so hard and with true devotion throughout the NHS across the UK. So, while damning, these figures are no slight on the tireless dedication of health professionals and staff of the world's fifth largest employer.

It is now up to the public, MPs, Peers, the Government as well as the media and the NHS itself, to decide how to react to this bitterly disappointing reality. There are various options.

It would be easy simply to ignore our findings, dismiss them as heresy or simply resign ourselves to defeat.

Equally, we could simply blame our poor ranking on spending levels alone. While important, spending cannot be the sole reason for our poor performance. This report shows that there are countries who spend less than or close to the same as we do on health care as a percentage of their GDP, who go on to perform better than us in certain conditions: Australia, Finland and Israel being amongst them.

But the better response – and the one which I hope will be taken – is to take these findings seriously, using them as a vital opportunity for an honest, sober, critical look at UK health outcomes and a springboard for urgent further investigation into why other countries do better than us.

We must stop pretending that the choice is either the NHS or the US system. Almost every developed country in the world, except the United States, now has a universal healthcare system.

What is it that Australia, Belgium, Canada, Finland, France, Iceland, Israel, the Netherlands, Norway, Sweden, and Switzerland are doing to get the 12th best ranking across these conditions that we are not doing?

What can we learn from Iceland, the Republic of Ireland, Israel, Latvia, Slovenia and South Korea- who have better health outcomes on the most common prevalent form of cancer in the UK today, breast cancer?

What lessons are there for us in the Czech Republic, Estonia, Slovakia and Turkey and the other twenty-five countries that do better than the NHS on lung cancer survival rates? What can they teach us for the 44,500 new cases that will be diagnosed in the UK this year?

If we dared to break with the consensus that muzzles politicians and governments from speaking out, what insights could be won from as far afield as Chile or Canada, or any of the twenty two countries that out-perform us on survival rates of prostate cancer? Surely for those 43,500 people that will be diagnosed in the UK this year we want to have better news than just 'business as usual' – repeating the mantra “the NHS is the envy of the world”?

A proper debate about something as central to a country as the healthcare of its citizens, needs to face up to the facts.

We simply do not have the best healthcare system in the world. The sooner we debunk this myth, the sooner we can square up to reality and start improving the health outcomes of all our citizens.

It may be that what these other countries have to teach us is that a centralized state run monopoly on healthcare is not the best way to deliver universal healthcare. This may or may not be the vital lesson to learn even from those Baltic states that left Soviet control and gave up on theirs, and now have better health outcomes in certain conditions than us.

We could possibly learn from other countries about mixed funding models, combining taxes, state insurance, private insurance, health pensions, and delivery that combines private, charitable and state run providers.

The report which we published a year ago deliberately did not set out any policy recommendations. It was simply a compilation of facts from around the world. It is now time that we went further. I want UK2020 to produce a further paper, comparing – without any pre-conceived view – the different healthcare systems internationally and making recommendations for our own. Any help or advice which any of you can provide would be gratefully received.

We stand at the dawn of a great renaissance in healthcare with breakthroughs in technology, diagnostics, medical research, pharmaceuticals, and patient choice. We do not have to settle for these poor health outcomes and watch as relatives die needlessly of illnesses that they would otherwise survive but for being treated in the UK.

It is time to break up the national consensus that blindly reveres the NHS, ignores the outcomes, and to open up the healthcare system to improvements based on empirical and international evidence. Every one of you can help us to do it. Until we do, thousands of our fellow citizens will continue to die prematurely.

Thank you very much.