

# Losing Our Religion

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Does NHS reform mean the end of free healthcare?

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# Losing Our Religion:

## Does NHS reform mean the end of free healthcare?:

John Spors suggests that we must challenge our traditional views about the NHS to safeguard the principles on which it was founded

A recent poll from the British Humanist Association revealed that nearly two thirds of people in the UK do not regard themselves as “religious”. However, ask the average person about reforming the NHS and you will receive a response bordering on evangelism. Perhaps Baron Lawson of Blaby (former Chancellor of the Exchequer) was right when he famously called the NHS “the national religion”.

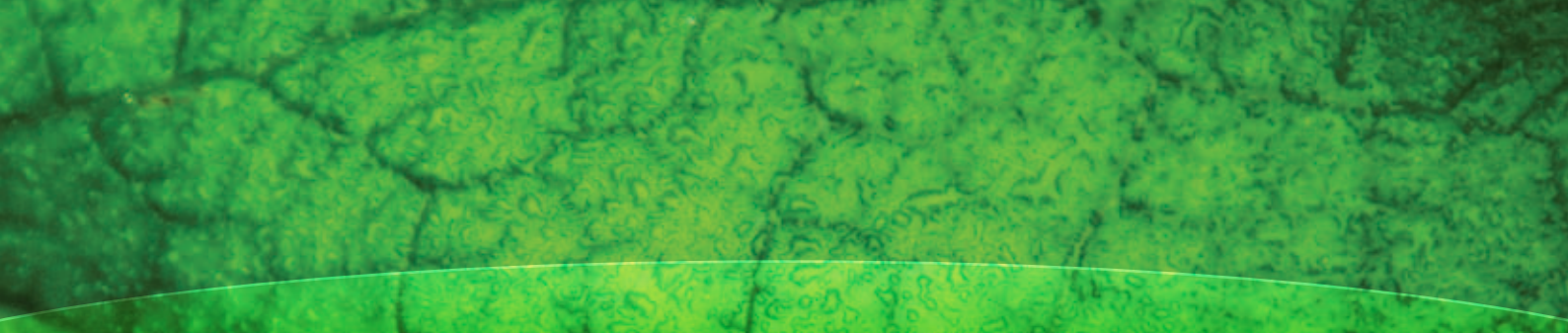
It is time the debate moved to the values underpinning the NHS, and how we guarantee the principle of free healthcare at the point of delivery in the UK, rather than defending the creaking three-letter brand, which has evolved to become a kind of religious institution. Until we have distinguished the difference between the principles and values behind our desired healthcare system and the NHS itself as a healthcare delivery mechanism, politicians and policy makers will never be able to achieve the required healthcare reform in the UK.

So why are we so opposed to reforming the NHS? Because the NHS has become a symbol of free healthcare, rather than a mere provider of healthcare services. Today, Health Secretary Andrew Lansley MP finds himself in a complete quagmire because of this symbolism. The Opposition, in the style of religious leaders, evokes passions in the public that the Government is not only reforming the healthcare system, but also challenging their fundamental beliefs. Labour leader Ed Milliband MP, in his speech to the RSA, demonstrated this beautifully claiming “*The NHS is vital to the well-being of our nation.....The NHS is an institution which each generation has a responsibility to pass on to the next in better condition than they found it.*”

To achieve real healthcare reform in the UK, we need to clearly separate the NHS as a mechanism for delivering healthcare from the underlying principles and objectives of a healthcare system. Are we so blinkered in the UK that we envisage the NHS as the only possible delivery system for free healthcare? Do alternative providers necessarily mean the end of free healthcare in the UK? Simon Jenkins of the London Evening Standard sums up current attitudes to the NHS: “*I have long regarded the NHS as adorable, frightfully British and infuriating....In between (service delivery at the emergency and local GP ends of the spectrum) is a purgatory of flatulent bureaucracy, of extravagance and delay, in which patients go mad or get lost.*”

In *International Profiles of Health Care Systems, a review of 13 healthcare systems* (June 2010), the Commonwealth Fund looked at five parameters of healthcare systems - quality, efficiency, access to care, equity and the ability to lead long, healthy, productive lives. The Netherlands was ranked first overall across these parameters. In the Netherlands, the system is financed by a dual system of funding. Short-term care is funded by private obligatory insurance, whilst long-term care is covered by state controlled mandatory insurance. Hospitals in the Netherlands are mostly privately run and not for profit, as are the insurance companies. Crucially, patients dissatisfied with their insurer can choose another one at least once a year.

Imagine if the UK had a free healthcare system based upon insurance premiums. The Government would give everyone a set allowance every month with which to purchase healthcare and citizens could choose to remain with the NHS or pick an alternative provider. The alternative provider, apart from providing a nationally agreed set standard, would have to offer further incentives or an “NHS plus” to encourage people to spend their allowance with them. Crucially, this system is still free at point of access, but adds in the element of choice and competition.



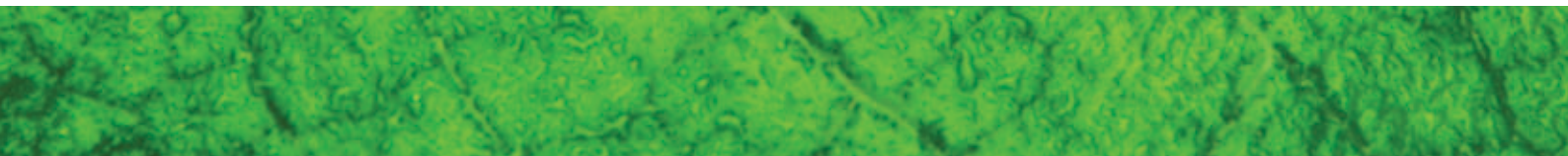
Some of the most prominent issues facing our healthcare system today are exacerbated by the fact that we have a rigid structure in the NHS. Take the issue of “postcode lottery prescribing”; it is considered a problem, because it is deemed to be inequitable that there should be unequal access to services in a state-funded healthcare system. An insurance-based system would certainly not eliminate this problem; however, by introducing choice of provider, this would surely make variation more transparent and individualised. Variation is not necessarily a bad thing; and tailoring healthcare services to local demand is recognised as a key determinant for delivering improved health outcomes.

There are, of course, the obvious criticisms: that an insurance-based system would favour the rich, who could afford the more expensive premiums, and that letting private providers into the NHS would slowly dismantle the free healthcare system. There is also the danger of a “brain drain” as staff seek out the opportunities offered by alternative providers. Any free universal healthcare system would have to put in place protections and the minimum guarantees of quality and innovation for those who could only afford the basic premium. The system would be a launch pad for improving quality of healthcare, rather than a shallow race to the bottom.

This article in no way offers an alternative system to the NHS, nor does it seek to over-simplify or undermine the complexity of the task in hand. It is designed to instigate debate and thought about how we could reform the healthcare delivery system in the UK, whilst maintaining the principle of a universal healthcare system, free at the point of access. My own personal view is that delivering high-quality care, healing the sick and ensuring that this service is universal, and free at the point of delivery, should be the bedrock of the UK healthcare system. We are currently slavishly wedded to the NHS, a 3-letter religion, which is crumbling under the financial and other pressures imposed upon it. Atheist Richard Dawkins once said, *“I am against religion because it teaches us to be satisfied with not understanding the world.”* It is time we in the UK seek to understand the problems associated with the NHS, look beyond the NHS as the only mechanism capable of service delivery, and find alternative ways to preserve its founding principles, before it is too late.

*John Spoons, HJCL, April 2011*

**HJCL is an independent healthcare policy and public affairs consultancy which specialises in market access and HTA issues. If you have any comments or questions about this article, please contact us by email: [john.spoons@helenjohnsonconsulting.com](mailto:john.spoons@helenjohnsonconsulting.com). All content © 2011 Helen Johnson Consulting Limited**



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