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The future of the NHS: no longer the envy of the world?

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The future of the NHS: no longer the envy of the world?

The UK's National Health Service (NHS) is one of the most comprehensive public health-care systems in the world and has provided free, high quality care to millions of people since its inception. It was established on July 5, 1948, with the National Health Service Act based on the bold assumption within the 1942 Beveridge Report that a post-war UK would have "a national health service for prevention and for cure of disease and disability" that "will ensure that for every citizen there is available whatever medical treatment he requires, in whatever form he requires".¹ The NHS replaced a patchwork system of voluntary public and private hospitals and independent practitioners with a universal health system funded by general taxation. At its foundation, it was underpinned by three core principles: that it should meet the needs of everyone, be free at the point of delivery, and that care should be provided according to clinical need, not the ability to pay.² That the UK was such an early adopter of universal health care is remarkable considering what Richard Titmuss termed the "residual" nature of the other pillars of the British welfare state. Other than the NHS, the British state provides only fairly limited benefits for those who cannot obtain needed services from the free market.^{3,4}

Grand claims were made on behalf of the NHS at its foundation, with Aneurin Bevan once claiming it would "make Great Britain the envy of all other nations in the world".⁵ The special status of the NHS in the affections of the British people does not, however, render its current organisation, or even its founding principles, immune to challenge. A sense of crisis has never been far away.⁶ 7 years of some of the most severe budget constraints in its history have seen inexorably rising demand outstrip available resources.⁷ A growing number of commentators have argued for fundamental reform, with some proposing that funding through general taxation should be abandoned in favour of hypothecated taxes or social insurance.⁸ However, if more money is needed then someone must pay, and given that those who are ill are often those who can least afford to pay, the central question is who pays for whom?⁹ Future funding should reflect current and future demand pressures and with resources matched to population needs, not the other way round.

The existing funding gap relies on efficiency gains, to be realised through increases in productivity. Although there have been productivity gains, they are not of the magnitude required to narrow any gap in financing.¹⁰ Even if the funding gap is met and efficiency gains

are realised, the NHS faces substantial risks, including labour force shortages, the looming crisis in social care, and the impact of Brexit. Strikingly, 2018 began with the recommendation that all non-urgent inpatient elective care should be deferred until January 31st.¹¹ Notwithstanding the direction set by the NHS 5 Year Forward View,¹² the advent of accountable care, and the combination of responsibility for both health and social care under a single Secretary of State for the first time, political exigencies give rise to a general short-termism and an absence of strategic leadership.

Throughout the past 70 years there have been several landmark NHS commissions and reports. In the 1950s, the incumbent Conservative government questioned the continued tax-funded financing of the NHS. The economic analysis within the 1956 Guillebaud report produced by Brian Abel-Smith and Richard Titmuss dismissed claims of inefficiencies, showing only a marginal increase in health-care spending since 1948.¹³ The 1979 Royal Commission on the NHS led by Alec Merrison exposed the complexity of NHS bureaucracy, leading to the abolition of the Area Health Authorities.¹⁴ Its conclusions still resonate today, despite multiple large-scale reorganisations of the NHS, the latest of which—the 2012 Health and Social Care Act—was criticised for creating additional complexity without associated benefits.¹⁵ The 1980 Black Report shed light on growing health inequalities across the population, and geographical variation in the quality and quantity of services remains the norm.^{16,17} The 2004 Wanless Report argued the benefits of funding the NHS through general taxation, albeit at increased levels.¹⁸ The 2016 House of Lords Select Committee on the long-term sustainability of the NHS has proposed an independent inquiry into how the system is financed, among other recommendations.⁷

Taking stock of the latest developments in the NHS and the work of previous commissions, *The Lancet's* joint Commission with the London School of Economics (LSE) on the Future of the NHS will focus on big questions facing the NHS. From the challenge of securing sustainable funding and the impact of the NHS on the wider economy, to the difficulties in supplying a suitable skilled workforce to meet the changing health-care needs of a population beset by widening inequalities. The Commission will address the imperative to provide consistent and high-quality services, the changing public perceptions and expectations of the NHS, and the role of technology in health-care services. Furthermore, the Commission will focus on the many lessons that can be learnt from the different structures and incentives in place across England, Wales, Scotland, and Northern Ireland. It will formulate evidence-based

recommendations for improving the design and implementation of health policies and the quality of health policy making. In its work, the Commission will look to international experience and evidence.

The challenges that face the NHS are complex and wide ranging,¹⁹ and the Commission will draw on expertise across many disciplines and backgrounds. With this in mind, we have convened an interdisciplinary group of more than 20 Commissioners from all constituent countries with policy, management, and clinical backgrounds. An open invitation to submit evidence to the Commission has begun and is accessible via the [Commission's website](#). To ensure the perspectives of diverse NHS stakeholder organisations are heard, an evidence hearing will be held in London, UK, in September, 2018 which will be streamed online for the public, with further details also available via the [Commission's website](#). The Commission will release an interim paper in 2018 focusing on health-care financing in the UK and beyond, with the final Commission report being published in 2019.

Determining how best to deliver high quality care free at the point of need has proven a challenge since the establishment of the NHS, irrespective of which political party has been in government. Performance measurement has been an increasing focus in recent years, with the aim of improving health outcomes. The downside is the narrowing focus and short-term thinking this can breed while the NHS creaks under the weight of reporting requirements.²⁰ A deeper understanding of the health of the NHS requires us to take the longer view. As the service celebrates its 70th year, the LSE–*Lancet* Commission on the Future of the NHS presents a timely opportunity to do so.

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