



EVEN FUNDING THE NHS PROPERLY WON'T SOLVE ALL THE PROBLEMS CAUSED BY AUSTERITY

By Jaimie Kaffash,
editor of GP magazine Pulse

Illustration by Álvaro Bernis

“GPs will be named and shamed over failure to see patients face to face”. “League tables laid bare how few GPs see patients face to face”. “Pets have more of a chance of getting treatment within hours than their owners booking same-day GP appointments”. Rarely a day goes by without another headline criticising GPs in the national press. The criticisms are varied, and often contradictory; they get criticised for long waiting lists but also for failing to provide enough face-to-face appointments, which take longer than phone or video consultations, therefore increasing waiting times. They get criticised for giving too many antibiotics, thus contributing to antimicrobial resistance, but also for failing to give antibiotics to patients who request them.

It’s not just the press. In England, the government is just as hard line. Various health secretaries seem to have delighted in the idea of naming and shaming poorly performing GP practices, and have introduced increasingly impossible targets without any financial support to follow. Labour seem to be happy to continue such rhetoric, with shadow health secretary Wes Streeting saying the “something-for-nothing culture has to end” in general practice.

Such criticism has its harms. We very rarely used to see abuse directed towards GPs, but now we run stories about violence towards doctors and their staff on a weekly basis. Patients have every right to be upset at the state

of general practice – and GPs themselves are more upset than anyone. It is unacceptable that patients have to wait for weeks, or that they are unable to even get in contact with their practice, or that they can only get an appointment with a non-medically qualified member of staff.

Yet this is not through lack of effort from GPs or their staff. In 2021, when *Pulse* asked 1,400 GPs about their workload on a single day, we revealed they were working 11-hour days on average. Around half said they were providing unsafe care. Since then, things have got much worse across the NHS. When we do our next workload survey, I can say with certainty the results will be even more frightening.

And don’t be fooled by statistics around GPs being predominantly part time; in general practice, this normally means a 40-hour week spread over three days or similar. I wouldn’t advise being the last patient at the end of a 13-hour shift.

The fact is, demand is outstripping supply by some distance. The population is living longer but, as a result, is older and in more need of healthcare.

At the same time, austerity across all public services has increased demand on general practice, which is the first port of call for many who have nowhere else to turn. The decimation of social care budgets is the most obvious factor. But there are others: cuts to local government spending has seen the end of many public health programmes, including substance misuse

and sexual health clinics. Even cuts to social housing causes medical problems, most tragically seen in the case of two-year-old Awaab Ishak, who died in 2020 as a direct result of black mould in his flat.

But the even bigger issue is supply. In 2015, the then health secretary Jeremy Hunt promised to increase the number of full-time equivalent GPs in the workforce by 5,000 by 2020. Between September 2015 and November 2022, we have lost 1,972 full-time equivalent GPs.

They are understandably leaving the profession, sick of being demonised in the media and by the government despite working to the point of burnout. And every recruitment initiative has failed miserably. (As a side note, as health secretary, Mr Hunt did very little to help GPs. After leaving the role, he had a Damascene conversion, becoming a champion for general practice. Now he has the power again to do something as chancellor, he has become strangely quiet.)

Funding is obviously an element to the crisis in general practice. Despite the government’s protestations, it had reduced real-terms funding for general practice on an annual basis post 2010. Only in the past few years has it provided funding in line with inflation, and only just.

Chucking funding towards general practice and the NHS in general will help, of course. It might build hospitals, GP practices and provide existing staff with the pay rises they deserve. The striking nurses and ambulance staff – and potentially junior doctors – generally have the support of GPs, many of whom wish for the BMA’s GP Committee to take similar action.

But while funding might enable the pay rises that will retain some staff, it won’t cure all the ills caused by years of austerity across the board. It won’t overnight magic up GPs, consultants, nurses and all the other people who are needed to staff any shiny new buildings.

In many of my editorials, I have pondered the concept of the NHS collapsing. Ask me 10 years ago, and I would have defined a collapse of the NHS as being GP practices closing in droves, patients simply unable to get through to their GP, ambulances queuing up for A&E, 48-hour waits for the emergency services, two-year waiting lists for hospital operations and an unhappy workforce that was having to regularly strike. Welcome to the NHS in 2023.

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How much does the NHS cost the UK compared to healthcare spending in other countries?

Britain’s healthcare is in crisis but a spokesperson for the Prime Minister said the government is “confident” it is “providing the NHS with the funding it needs”. So is this true? Here’s how the NHS compares with the rest of the world

By Michele Theil, Big Issue reporter

UK

£3,536
per person
on healthcare

The Department for Health and Social Care has been allocated a budget of £180.2 billion for 2022/23. Of this, £152.6bn will be spent on the NHS. This is down from the £157.9bn spent on the NHS in 2021/2022, and the £156bn in 2020/2021, when there was the small matter of a raging pandemic to contend with.

This spending represents around 45 per cent of overall government outlay on goods and services in the UK. Per person, the UK spends £3,536 on healthcare.

USA

£8,951
per person
on healthcare

Despite the reputation of healthcare in the US being poor and heavily privatised, the country shells out quite a lot of money on it. The US government spends \$10,921 per person on healthcare, which equates to £8,951 – three times as much as the UK, despite having nearly five times as many people.

The higher spending is due mainly to higher drug prices and higher salaries for doctors and nurses. So, they may get the same care – or even lesser care – but it costs more.

Switzerland

£7,925
per person
on healthcare

The healthcare system in Switzerland has a reputation for being outstanding. In 2019, the country spent £7,925 per person on healthcare, more than double the amount the UK spends.

Switzerland has a universal healthcare system, paid for by individuals through contributions to public health insurance schemes. All residents and non-residents are required to pay enough for basic cover, which will take care of 80 to 90 per cent of healthcare costs.

Germany

£4,460
per person
on healthcare

Germany spends on average over £4,460 on healthcare per person. German citizens and legal residents are all entitled to free “medically necessary” healthcare, funded by taxes. But everyone living in Germany must also have state or private health insurance, which covers hospital treatments, outpatient medical costs, prescription drugs and pregnancy.

Health insurance in Germany costs from around £185 per month to £820 a month, depending on your personal circumstances.

Ireland

£4,450
per person
on healthcare

The Irish government spends on average around £4,450 per person on healthcare, almost £1,000 more than the British government.

Healthcare in Ireland is delivered through a mix of private and public bodies. A new national health service was established in 2005, which is still in the process of being set up as an alternative to the large private healthcare market.

Hospitals in Ireland have long faced serious overcrowding issues, but the number of patients waiting on trolleys has reached record highs in 2023.