

The NHS: How did we get here? My presentation at the Ro...

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I am speaking at the [same Royal Society of Medicine](#) conference as [Professor Stephen Hawking today](#). I make no pretence that I will offer anything as notable as he does, and am in any case sharing a panel discussion with at least four others and so have just four minutes at most to introduce my theme on how the NHS reached its current state. This is what I propose saying:

We have an NHS for three reasons.

The first is human compassion: I suggest that it is our natural pre-disposition to wish to relieve suffering in others.

Second, after World War 2 a unique confluence of sentiment, circumstance, political will and Keynesian economic thinking allowed a radical transformation of health care provision in the UK.

Third, people liked the outcome and are deeply reluctant to let it go.

That, however, has not stopped people trying to abolish what has worked so well. The result of their efforts is an NHS in crisis.

This crisis is not necessary: it is the result of the deliberate attack by neoliberal politics on the NHS. Neoliberal politics and the economics that underpins it assume three things.

Firstly, it says that all human beings are simply rational economic actors, reducing all decisions to an assessment of personal advantage.

Secondly, it says that only markets can in that case respond appropriately to the reality of human decision making because they alone allocate resources on a strictly competitive basis.

Thirdly, and consequentially, it argues that the size of the state must be shrunk because it has no role in supplying services that the market might deliver more

efficiently in accordance with the spending wishes of consumers, including healthcare.

Neoliberals do, however, know three further things.

The first is that people don't want to give up the welfare state: they really rather like it.

Second, they won't as a result directly vote for neoliberal programmes.

And so, thirdly, neoliberalism has to be delivered by subterfuge. The irony of this — which implies that people don't rationally know what neoliberals think they rationally want — is apparently lost on those promoting the cause.

Austerity is part of that subterfuge. It shrinks the size of the state. It happens to also shrink the economy. And it cannot also theoretically and practically work. But so what? Shrinking the size of the state is what matters. And so NHS budgets are cut.

Breaking up national services into small, vulnerable, local services is also part of the subterfuge. Vulnerability is key to competition. Who cares about inefficiency, cost and not meeting need? The option to fail must be built in to the system: competition demands it. So we get NHS localisation and fragmentation.

And the myth of informed patient choice is the third obvious subterfuge when most patients clearly want expertise and guidance and not to be left on their own to decide their fate.

As a result I stress that the NHS is where it is because of political subterfuge that is designed to undermine its very existence.

This subterfuge is being delivered by politicians too frightened to admit to the reality of their programmes.

They are also too indifferent to society at large and to those who now suffer as a result to admit that their actions are driven by a political dogma that can only serve the interests of the tiny minority in society who can ever have sufficient resources to exercise anything approaching choice in a supposed health care market.

They may think that they have been subtle about this. But there can be no subtle response. The NHS is on the frontline of political warfare and the casualty list — I use the term wisely - will grow unless neoliberalism is defeated.

That's why we're here.

And there is an alternative.

We restore the NHS by cancelling the 2012 Act.

And we pursue economic policies that are based on a true understanding that money is always available for public services if we want them and the resources exist to deliver them, which is true right now in the UK.

We can have the NHS we had.

We can have the NHS we need.

But we need to challenge the economics and politics that deny us that NHS.