Funding the Future

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Is the NHS really in crisis because of money — or because we are asking the wrong question altogether?

In this video, I argue that the central failure of the NHS is not underfunding alone, but the way illness itself has been turned into a consumer product. Chronic conditions now dominate healthcare, patient demand has exploded, and pharmaceutical profits shape treatment pathways, often at the expense of prevention, patient agency, and genuine cures.

I explore why GP consultations have doubled, how medical intervention can itself create harm, and why lifestyle-based prevention is systematically sidelined. I also ask the question no politician wants to answer: who benefits from a system that manages illness rather than reduces it?

This is a political economy critique of healthcare, not an attack on doctors or patients, and it challenges the idea that simply spending more money will necessarily fix the NHS.

This video is longer than average - but it's worth watching all the way through.

https://www.youtube.com/watch?v=klPS9VzTglY?si=8cI3yk3seCZZspgv

This is the audio version:

https://www.podbean.com/player-v2/?i=bxnw8-19f7441-pb&from=pb6admin&share=1&download=1&rtl=0&fonts=Arial&skin=f6f6f6&font-color=auto&logo_link=episode_page&btn-skin=c73a3a

This is the transcript:

What is really wrong with the NHS? That's the question I want to ask because I'm going to put an idea to you. I don't think that everything that is wrong with the NHS is just about money. Money is important when it comes to healthcare. We know that we could spend a lot more on it and produce better outcomes, but what I'm going to suggest to you is that we aren't really asking the right questions about the NHS, and the biggest one of all is the question that nobody seems to ask, which is," Why are people sick? And who benefits from their illness?" That's what this video is all about.

Every NHS debate has the same broad themes. We always seem to start by saying, "Are we funding the NHS enough? And are we allowing properly for medical inflation in the increase that the NHS has got this year?" And then we move on to other things like, "Is the NHS allocating its resources correctly between hospitals, GPs, and social care and so on?" And of course, inevitably, the question is raised, "Is NHS management efficient enough?" And I'm not disputing that all of these are important questions, but they all miss something fundamental.

The question we never ask is the most important, which is, "Why are people turning up in record numbers at the NHS?" And I'm not talking about record numbers because our population has grown. I'm talking about the fact that people are turning up more often per head of population. Why are so many people ill in other words? And that gives rise to another question, which is, "Are the treatments being given actually making people better?" These questions aren't asked, and that silence matters.

Now, let me be clear about what I am not talking about. Let me be absolutely abundantly clear that I'm not talking about accident and emergency services in this video. Nor am I talking about crisis and extreme medical events like heart attacks, broken legs, and everything else. And I'm not talking about end-of-life care, or even early life and maternity care, because these are essential, universally needed, highly valued by patients, and are not attractive to private providers because the profits inherent within them are always going to be low. They're core to the NHS and quite simply, by and large, they work well. They could work better if some of the things I talk about in the rest of this video were to happen. But the reality is, these are not the issues of concern. Nobody thinks that this is going to be done by anybody but the NHS in the future.

So let's just talk about some facts, some of which represent good news and others of which just represent the reality of the NHS as it is. We do, for example, have a population that is larger, and therefore the total number of deaths amongst those in the population is also increasing. That's an inevitable fact. The baby boomers are reaching the end of life. It's going to happen, it's inevitable, we can't pretend otherwise, so we will spend more money on that, but there are other reasons why spending could be falling.

For example, the proportionate birth rate is declining; therefore, less is being spent on early life care proportionally.

And some genuine medical emergencies are now declining in severity; for example, people now survive heart attacks when at one time they rarely did, so there are reasons for celebration in some of these things, or at least to recognise reality in others.

We should also recognise that NHS funding has grown. So we could then say there should be no crisis then, but we know there is. So why is it that the NHS is under such pressure? And my answer is that the real pressure point is something quite different, and that is patient demand.

Broadly speaking, GP consultations per patient on a GP's list have doubled this century. They were roughly three per patient per annum, and they're now heading for six per patient per annum. This will vary between doctors, it will vary between practices, and it will vary by parts of the country, but the fact is that people are seeing their doctors far more often. It's not that we are hypochondriacs; something else has changed, and as a result, waiting lists have also exploded.

And, if we see doctors more often, GPs will refer more people to hospitals because uncertainty will require that they do so. GPs can't do everything; they have to get second opinions, and that is why they make referrals to hospitals. It's not because they're lazy, it's not because they don't know, it's because there is detail that requires exploration.

But there's another reason why GP consultations have risen enormously, and that is because the management of chronic health conditions has now come to dominate their lives and NHS activity. That's why I made all those points about the emergencies and inevitable life events which create NHS demand, which we aren't talking about in this video: chronic conditions are, and precisely because they are chronic, ongoing medical situations, this is about ongoing medicalisation of life as it is.

Healthcare has now become a consumer product. I don't think it's possible to overstate the importance of this. Until the 1990s, the idea of healthcare as a consumer product didn't really exist, and then the Tories introduced something called the Patient's Charter early in the 1990s, declaring that every person had a right to service from a doctor who was going to meet their needs, whatever might happen, and that Patient's Charter changed expectations.

Patients acquired a right to intervention even when the best clinical option might be to do nothing, and the pressure on a doctor to do something became extraordinary, or the patient complained. As a consequence, demand for interventions grew exponentially. That one thing, created by John Major, changed the whole focus of emphasis inside healthcare. It became consumer-driven.

Demand for drugs increased.

Demands for tests increased.

Demand for interventions increased.

Demands for referrals increased, and the number of false positive test results that were created as a consequence then created the need for yet more interventions. A false positive is when you have a test for something, and the test comes back saying you've got it when actually you probably haven't. In some cases, the rates of false positives are very high, for example, with regard to prostate cancer.

Demand became self-reinforcing, and medical harm did as a result rise. I have to emphasise this point. Medical intervention can itself create medical harm. The compensation for that medical harm now costs the NHS billions of pounds a year; the biggest focus is upon childbirth, but by no means is that the major part of all claims when they're added up. All sorts of claims have risen, and that's partly because, and we can look at the data on this, the number of people who are admitted to hospital because of a medically created crisis is between one in twelve and one in ten of all admissions. In other words, one person in every twelve to one person in every ten who turns up in hospital is there precisely because, almost certainly, their drugs failed them and created a problem rather than a cure. This is not a marginal failing. This is a systemic failing, and that's creating additional demand as well.

So, let's just ignore money for a moment. Let's pause the funding debate and let's ask instead, " Do all these people really need all of these medical interventions? Are outcomes genuinely improving as a result of them? Or are we expanding illness as a product in its own right rather than reducing it?" And that's the point I want to emphasise here. Are we expanding illness as a product rather than having the NHS try to reduce it? Because it seems to me that, in fact, the NHS is manufacturing its own crisis by creating long-term chronic illnesses to manage.

We have to then ask, "Why is it doing that?" And I want to use some examples, and I've taken some medical advice before doing this. I should add that I'm married to a retired GP.

The first example in question is statins. These are the most prescribed drugs in the UK. Most people who look like me, of my age, with this colour hair will be on a statin, and statins are prescribed to manage cholesterol. Cholesterol is easy to measure, and it's found around damaged hearts. So a theory emerged that cholesterol must cause heart attacks. There is actually no proof that this is the case, and anyway, correlation is not causation. Firefighters are always found at fires; that does not mean they cause the fires. Likewise, cholesterol may be found when a person has had a heart attack; it doesn't mean that the cholesterol caused it. In fact, the evidence suggests that while statins help after a heart attack to manage the risk of a further recurrence, the way they are given out as preventative medicines to large numbers of people in the population is questionable.

It has been estimated that, on average, a person might increase their life expectancy

by three days if they take a statin during much of their later life, and I have friends who've been on these things since their forties, and I think they'd be a bit shocked to know they've added three days at the end of their life when they might already have dementia anyway. So the point is, do they work? We don't know. What we do know is that cholesterol is not the enemy. Around 90% of all cholesterol found in our body is produced by us in our bodies. What we also know is that the organ that uses the most cholesterol is the brain, and low cholesterol is actually linked to dementia, diabetes, and some cancers, and so the trade-off matters. You get three extra days of life, you take the risk of these other things.

But in the meantime, the NHS has parted with £100 million a year to buy statins, which are admittedly a very cheap drug in themselves. But prescribing them is the real cost. There is GP time. There's repeat prescription time. There's pharmacy cost. There's side effect management. There's hospital admissions arising as a result of unnecessary taking of statins, and none of that is counted. This is a real cost; now, I'm not saying give up your statin without medical advice. Please don't presume that I'm a doctor because I'm not. I'm just saying this is what a calm analysis of the crisis within the NHS suggests to be a problem.

Follow the money. Statins generate enormous pharmaceutical profits. They might be cheap, but there's a massive profit margin within them. And repeat prescriptions become predictable revenue for the pharmaceutical companies, so they love them. Chronic dependency is, in fact, the most profitable thing that they can create. And remember, they're profit-driven businesses and therefore the fact that they've got the country hooked on statins is not accidental, it's deliberate.

Let me look at a second example. Look at type two diabetes. Type two diabetes is fundamentally different from type one diabetes, and I know that not all forms of type two diabetes are the same, so this is a general overview, and again, it's not medical advice. Don't do anything as a consequence of this video without going to see your doctor, who will probably tell you that what I'm saying is a load of rubbish. But type two diabetes is largely about something called insulin resistance. Insulin is part of a messaging system. A person with type two diabetes does not have a shortage of insulin; what they have is an inability to pick up the message from insulin. So what do we do? We prescribe more insulin, and in fact, there are risks to this.

There is an obvious alternative to giving type two diabetes sufferers insulin. We could instead tell people who've got type two diabetes that the condition they've got is curable. They don't need that excess insulin to send a message to their body. What they need to do is change how their body behaves, and that means they should consume less sugar, less ultra-processed food, less alcohol, take more exercise, be out in the light more because the light helps the body absorb the goodness out of food and resists the sugar overload that comes otherwise.

Overall, the message to people with type two diabetes is, "If you want to be better,

change your lifestyle." But is that what patients are told? No, it isn't. By and large, instead, some, but not all, patients are made insulin dependent, usually for life, with repeat prescriptions, with escalating interventions, and this again sustains pharmaceutical profits. And incidentally, it keeps politicians very happy because those pharmaceutical profits and all the activities around them feed into GDP. But at the same time, that growth does not measure an increase in well-being because, in fact, the patient is no better. They might be worse, and their agency has been removed. They've just become a cog in the medical pharmaceutical industry, and that is really worrying when, in this case, a great deal of this illness is reversible.

We could manage chronic illness by eliminating it, in this case. We don't because that would remove the pharmaceutical industry's profit stream, and that's again, something that really scares me, as did something else I saw recently, and that was on cancer treatment.

There was a programme, Stand Up to Cancer, on Channel 4; they do them quite often, and they invited us to join a patient in their surgery meeting with a doctor about their breast cancer. The woman in question had been diagnosed with a lump in her breast. She'd had a lumpectomy. The lump had been removed. She went to see her surgeon, and her surgeon was able to tell her, "You are now cancer-free," but then, deeply confusingly, the patient was prescribed radiotherapy, and she was told she would have to take a deeply toxic drug for up to five years to manage the risk of cancer.

And you could see her confusion; at one point, she was absolutely delighted, "You are cancer-free," and then she's immediately told, "Well, despite the fact you are cancer-free, we're going to blast you with drugs for five years. And with something deeply toxic called radiotherapy, which really is not good for your body's immune system," and her confusion was rational, and nothing was done to alleviate it.

Why did a doctor want to continue the intervention when, apparently, the disease that the person was suffering was cured? Because continued intervention keeps the patient in the system. It generates pharmaceutical demand. It normalises dependency. This, in my opinion, was not patient-centred care. It was pharma-system-centred medicine designed once more to keep the person taking the drugs. Whether there's a benefit or not was not discussed; what the side consequences were was not, as we saw on the screen, discussed; it might have been elsewhere, but was not on screen.

Why were the natural interventions that can manage cancer risk not discussed? And they're remarkably similar to those, by the way, for type two diabetes: cut out the ultra-processed food, cut out the sugar, cut out the alcohol, take more exercise, go outside more, do more cold water immersion. All these things have proven medical track records of success in preventing cancer of the sort that the person in question had recurring. But that wasn't mentioned; it was just "You will take a drug." The alternative was not discussed.

In that case, why is patient agency so weak? And why does the government stay silent? Because surely the government should want to cut costs by asking these questions. But they don't because pharmaceutical activity boosts GDP, and GDP growth is what governments want above all else. And chronic illness sustains growth, bizarrely, and regulation would reduce profits.

So the NHS has become a delivery mechanism for what is, in effect, pharmaceutical industrial policy. Patients are just the cogs in the machine. We were once the subject of healthcare, but we are now just units of demand to consume the products created by the pharmaceutical industry, supplied to us via the NHS. The NHS is, in fact, being used to manufacture and sustain chronic illness rather than to try to cure it.

We could, of course, have a different NHS.

We could have an NHS which tried to prevent excess treatment.

We could present patients with alternatives.

We could talk about managing symptoms rather than providing uncertain chronic management programmes.

We could, as a consequence, have an NHS which was much smaller.

We could have an NHS which was more effective.

We could have an NHS focused on genuine need.

We could deliver better outcomes.

But we could only do all of that if the government acts and actually asks the question I suggest, which is, "Why are people turning up to ask for healthcare?" They aren't: they're turning up to get another dose of their chronic illness management system.

So to challenge this, we need stronger regulation of pharmaceutical companies.

We need an honest discussion of treatment efficacy.

We need investment in prevention and not pills.

And we need to restore patient agency whilst rejecting GDP-driven health policy.

The NHS is not failing because of money alone; it's not helping with the system we've got, but it's failing because illness has been commodified, prevention has been sidelined, profit has replaced care, and until we confront those facts, no funding model or increase will be enough. Big pharma will always want more, and that's true whether we have a continuing NHS model or, frankly, a move towards a private-based system,

where, as we can see from the USA and other systems, the degree of medication will only increase.

We are living in a world which is asking the wrong question about healthcare. The question is not "How do I manage my chronic condition via medication?" It is, "How can I cure my chronic condition by changing my lifestyle?" That is the simple change that is required to manage the crisis in the NHS, and so far, no politician is talking about it, and they should be because this is about the political economy of power.

I'm interested in the power of being with the patient. Our politicians are interested in the power being with the big pharmaceutical companies. The NHS sits between the two, and the NHS should be supporting the patient, but at present, it's supporting the big pharmaceutical companies. We need to change that balance of power. Patients must come first, and if they did, we'd have a very different and much more successful NHS as a consequence.

What do you think? Do you think there are better ways of managing healthcare? If so, have a look at the poll down below.

Poll

[poll id="278"]

Taking further action

If you want to write a letter to your MP on the issues raised in this blog post, there is a ChatGPT prompt to assist you in doing so, with full instructions, **here.**

One word of warning, though: please ensure you have the correct MP. ChatGPT can get it wrong.

Comments

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