

The NHS at a crossroads

Crisis equals threat plus opportunity



The NHS is at a crossroads. Simon Stevens, NHS England's Chief Executive, says we need a new plan based on a 'triple integration': primary and specialist services; physical and mental health; healthcare and social care.¹ *The Five Year Forward View*,² launched last October, is a collaboration between six leading NHS groups including Monitor, Health Education England, the NHS Trust Development Authority, Public Health England, the Care Quality Commission and NHS England.

But achieving this integration against shrinking budgets in real terms will be almost impossible. Financial pressures are powerfully squeezing the ability of the NHS to deliver. The Nuffield Trust has shown that because of population growth, ageing and cost increases, by 2020–21 the NHS will require some £30 billion (25%) more than it is getting now just to maintain services at their present level.³ But while real average NHS spending has increased by at least 3% per year since 1951, this has fallen to 0.75% per year since 2010. The major driver of this fall has been the UK's national debt.⁴

Britain's new government will need to contend with a public sector net debt that has risen from £697.5 billion (or 47% of National GDP) on 1 January 2009 to £1468.5 billion (79.6% of GDP) by February 2015. This national debt matters. It must be serviced with regular interest payments, diverting money from frontline public services.

Even at rock-bottom interest rates, the Government will spend almost half as much on interest in 2014/2015 as on the NHS (£52 billion⁵ of £113 billion⁶). As the national debt escalates, courtesy of £100 billion+ annual deficits, and interest rates inevitably rise, we may end up spending more on government debt than on health.

This will result inevitably in a growing gap between need and supply. But there will be a huge opportunity in the next five years for charities, corporates and communities to provide health and social care services both in the community and through healthcare institutions.

Might this be a gap that the church could help fill? Over the last few years we have seen an explosion of compassionate Christian initiatives seeded through churches but professionally delivered: foodbanks, debt counselling, crisis pregnancy centres, drug and alcohol rehabilitation, street pastoring. Is this the dawn of new opportunities in healthcare provision where Christian doctors might play a leading role?

Britain's glorious Christian history has had a profound influence in shaping our language, culture, laws and institutions. Christian involvement in healthcare has a long pedigree in the UK and elsewhere, stretching back

to the monastic hospitals of the medieval period. Many major hospitals which provided the foundations for the NHS were originally set up by Christians. Just in London there are St Bartholomew's, St Thomas', St Mary's and St George's. Similarly many of the country's leading medical schools began with Christian initiatives.

But anyone observing events in Britain today would be clear that we are living in a post-Christian society and working in a post-Christian health service. The mountains of our culture – those institutions which shape its cultural trajectory – parliament, the judiciary, the universities, schools, media and entertainment – are now increasingly occupied by people who hold to an atheistic worldview and the values of secular humanism.

I believe the 2006 analysis *Breakdown Britain*⁷ accurately attributed our country's cultural decline to the 'five pathways to poverty': family breakdown, educational failure, economic dependence, indebtedness, and addiction. These cost us £102 billion per annum. But this breakdown of Britain and its five 'drivers' are merely symptoms of a more general spiritual malaise – a loss of Christian faith and values – of Christian belief and behaviour. What is missing is the sense of accountability, responsibility, human dignity and empathy that has its roots in a Christian worldview.

The real problem with Britain is that, like a dying rose, it has been severed from the very roots which were responsible for its, now fading, bloom. Christian values cannot be manufactured. They issue from Spirit-filled lives. The sweeping political and social reforms witnessed in nineteenth century Britain and culminating in the welfare state in the twentieth century, started with Christian revival in the eighteenth century.

Britain's Christian values were revived in the sixteenth century by the Reformation, and by the seventeenth century Puritanism that drove the Pilgrim fathers and the non-conformist movement. This continued in the eighteenth century evangelical revival under Wesley and Whitefield (and parallel Great Awakening in America). This led both to the nineteenth century social reform catalysed by the likes of Wilberforce and the Clapham Sect and also to the world missionary movement, beginning with Carey in 1793, which profoundly shaped the Christian culture of the British Empire.

Is it time for the church once again to step into the gap? Can we grasp this opportunity? Can we pray for a new move of God's Spirit amongst his people? Is Jesus calling us again both to preach and to heal?⁸

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references

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