
Post-Brexit: should UK healthcare become more European?



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There are few who doubt that Brexit – whenever and however it happens – will have an impact on the NHS. There will be implications for access to, or cost of, drugs and other physical resources, as well on its ability to maintain sufficient workforce capacity and skills. What is unclear is whether that impact, will be as daunting as the Y2k threat appeared in December 1999, or as contained as the Y2k reality in January 2000.

Dealing with the Brexit challenge should be seen as an opportunity to do things differently, including looking at what lessons the NHS can learn from other European health systems. Much as it is lauded, the NHS is not ranked as the best healthcare system in Europe. It has never made even the top 10 of the 35 countries graded by the Euro Health Consumer Index, many of which are seen to be more user-friendly and community-based.

One area we can learn from others is in general practice. It is seen as one of the ‘crown jewels’ of the NHS, emulated by European and North American countries but the numbers of full-time equivalent GPs in England fell slightly in the 12 months to December 2018. In Europe, one response to this – which also addresses the need to make the service more user-friendly – is to place more power in the hands of the individual. In Estonia, for example, people carry identity cards, which use blockchain technology so they can access, or give health professionals and others access, to health and other information about themselves. Whilst the UK doesn’t use identity cards, we do have other alternatives – not least harnessing the power of smartphone technology and the potential of the NHS app – that could achieve the same ends.

Similarly, as well as incentivising clinicians to achieve improved outcomes, countries such as Switzerland are incentivising their population to adopt healthier lifestyles. This is already happening in the UK’s private healthcare insurance market – but greater benefit could be gained from taking the same approach across the NHS as well. There are other lessons to be drawn from Kinzigital, a private integrated care company, in Germany which has shown the benefits of extending GP appointment times, offering a wider choice of non-drug based interventions, and triaging to make good use of non-medical staff such as case managers and physician assistants.

Even without Brexit, the NHS needs to think long and hard about how it can best meet the demands of an ageing population and a population that expects the service to fit round it, and not vice versa. To address this, we should look beyond the current political rhetoric and be open to the positive lessons we can draw from our European neighbours.

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