



EDITORIALS

NHS is picking up the pieces as social safety nets fail

Health professionals have a duty to speak out

Selina Rajan *research fellow*, Martin McKee *professor of European public health*

London School of Hygiene and Tropical Medicine, London, UK

The United Kingdom is the fifth largest economy in the world. For almost three years, this has been repeated endlessly by politicians and media commentators celebrating the country's achievements and looking forward to an even better future outside the European Union. In May 2019, the same fact featured prominently in two important reports that present the UK in a less positive light.

Nothing Left in the Cupboards, by Human Rights Watch,¹ describes a country in which tens of thousands of families lack enough food to live on. The second report, by Philip Alston, the UN special rapporteur on extreme poverty and human rights,² also examines food poverty but goes much broader, covering the many ways in which successive British governments have been "dismantling the social safety net." Neither report makes comfortable reading for the British government. The Human Rights Watch report talks of "a grim picture of the grinding reality that teachers are dealing with," with children arriving at school hungry, without warm clothes or dry shoes. Alston describes a situation that is not just "a disgrace, but a social calamity and an economic disaster rolled into one."

Consequences for the NHS

Those working on the frontline in the NHS should be concerned. The concept of "health in all policies" recognises that many of the determinants of health lie outside the health system in areas such as employment, welfare, education, and housing.³ When they fail, it is left to the NHS to pick up the pieces. And, as both these reports show in graphic detail, in Britain today they are failing on a grand scale. Alston is especially critical of the government's flagship welfare policy, universal credit. He concedes that the principle of consolidating different benefits into a single system is good but points to growing evidence that its implementation has been chaotic, with many of the most vulnerable people falling through the cracks.

This will resonate with the general practitioners in the north east of England, who have described how their workload is increasing because of universal credit, with at least one consultation in every surgery "universal credit based."⁴ Their local council published a report describing how universal credit was worsening the health of people with long term conditions, with some considering suicide.⁵ Alston's condemnation of the

enormous growth of foodbanks⁶ will be no surprise to the general practice in Salford that has partnered with a local one, with one general practitioner describing food insecurity as "a life-and-death situation" for some patients.⁷

Alston's criticism of "cruel, inhuman, and degrading" sanctions, imposed in a manner that is "harsh and arbitrary" on people receiving welfare payments, will be welcomed by the doctors in Liverpool who fought on behalf of a man who was assessed as able to work and had his benefits removed despite multiple illnesses that left him emaciated and barely able to walk.⁸ The decision was eventually overturned by an independent tribunal, shortly before he died. And Alston's observations on the precarious existence that comes with insecurity of housing, income, and food insecurities in the UK⁹ will not surprise those in public health who have documented the growth in "deaths of despair."¹⁰

The government's reaction to the UN report was predictable. A government spokesperson described it as "a completely inaccurate picture of our approach to tackling poverty,"¹¹ and the secretary of state for work and pensions is reported to be making a formal complaint to the UN. Alston was unimpressed with this response.¹¹ He knows that his reports are often controversial, with governments challenging his conclusions. However, as he notes in a rebuttal of the British government's comments, these are usually backed up by evidence. For example, a recent report on Laos elicited a 20 page response. Instead, the British one consisted of, in his words, "a total denial of a set of uncontested facts," so that his initial thought was that "it might actually be a spoof."¹¹

Worrying outlook

In 2002, Derek Wanless published a landmark report¹² commissioned by Gordon Brown, then chancellor of the exchequer. It concluded that sustainable NHS funding into the future required a "fully engaged" scenario, with investment in action on the determinants of health allowing people to live longer in better health. Yet, since 2010, mortality has been stagnating¹³ and, for some groups, increasing.¹⁴ Noting these developments, Alston recalled the words of Thomas Hobbes, writing about England in the 17th century, describing life as

“solitary, poor, nasty, brutish, and short.”¹⁵ Without action to rebuild a caring and supportive society, things can only get worse. Yet the British government is currently in a state of near paralysis as it struggles with the Brexit process. And as Alston notes, “If Brexit proceeds, it is likely to have a major adverse impact on the most vulnerable.” When added to the damage that any Brexit will do to the NHS,¹⁶ the outlook is extremely concerning.

Over 150 years ago Rudolf Virchow said that doctors are “natural advocates of the poor.” When, as Alston argues, “the government has remained determinedly in a state of denial,” it is time for all health professionals to stand up for those who are falling through the increasingly large holes in our social safety nets. We must do so not only for the individuals concerned but for the future of the NHS, which, as Wanless pointed out, cannot continue to pick up the pieces following failures by others.

Competing interests: We have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

Provenance and peer review: Not commissioned; not externally peer reviewed.

- 1 Human Rights Watch. *Nothing left in the cupboards*. 2019. <https://www.hrw.org/report/2019/05/20/nothing-left-cupboards/austerity-welfare-cuts-and-right-food-uk>
- 2 Human Rights Council. *Visit to the United Kingdom of Great Britain and Northern Ireland Report of the Special Rapporteur on extreme poverty and human rights*. 2019. <https://undocs.org/A/HRC/41/39/Add.1>
- 3 Ståhl T, Wismar M, Ollila E, Lahtinen E, Leppo K. *Health in all policies: prospects and potentials*. Ministry of Social Affairs and Health, 2006.

- 4 Arie S. Doctors' concerns over universal credit are mounting. *BMJ* 2018;363:k5131. doi:10.1136/bmj.k5131
- 5 Cheetham M, Moffatt S, Addison M. *It's hitting people that can least afford it the hardest. The impact of the roll out of universal credit in two north east England localities: a qualitative study*. Gateshead Council, 2018.
- 6 Loopstra R, Reeves A, Taylor-Robinson D, Barr B, McKee M, Stuckler D. Austerity, sanctions, and the rise of food banks in the UK. *BMJ* 2015;350:h1775. doi:10.1136/bmj.h1775
- 7 Pugh R. "It's a life or death situation": why GPs are referring patients to food banks. *Guardian* 2018 Feb 9. <https://www.theguardian.com/healthcare-network/2018/feb/09/life-death-situation-why-gps-referring-patients-food-banks>
- 8 Halliday J. Seriously ill, emaciated man who was denied benefits by DWP dies. *Guardian* 2019 Apr 21. <https://www.theguardian.com/society/2019/apr/21/stephen-smith-liverpool-seriously-ill-emaciated-man-denied-benefits-dwp-dies>
- 9 McKee M, Reeves A, Clair A, Stuckler D. Living on the edge: precariousness and why it matters for health. *Arch Public Health* 2017;75:13. doi:10.1186/s13690-017-0183-y
- 10 Deaths of despair, once an American phenomenon, now haunt Britain. *Economist* 2019 May 14. <https://www.economist.com/britain/2019/05/14/deaths-of-despair-once-an-american-phenomenon-now-haunt-britain>
- 11 Booth R. UN poverty expert hits back over UK ministers' "denial of facts." *Guardian* 2019 May 24. <https://www.theguardian.com/society/2019/may/24/un-poverty-expert-hits-back-over-uk-ministers-denial-of-facts-philip-alston>
- 12 Wanless D. *Securing our future health: taking a long-term view*. HM Treasury, 2002.
- 13 Hiam L, Harrison D, McKee M, Dorling D. Why is life expectancy in England and Wales stalling? *J Epidemiol Community Health* 2018;72:404-8. doi:10.1136/jech-2017-210401
- 14 Office for National Statistics. *Quarterly mortality report, England: October to December 2018 and year-end review*. ONS, 2019. <https://www.gov.uk/government/statistics/quarterly-mortality-report-england-october-to-december-2018-and-year-end-review>
- 15 Hobbes T. *Leviathan*. C Black, 2006.
- 16 Fahy N, Hervey T, Greer S, et al. How will Brexit affect health services in the UK? An updated evaluation. *Lancet* 2019;393:949-58. doi:10.1016/S0140-6736(19)30425-8

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>