Six years ago, Mark Britnell began an extensive search for the perfect health system. It is a quest which brought him to 60 separate countries, and to what he says was an obvious conclusion: that what he was seeking simply does not exist.

“The perfect health system doesn’t reside in one country, but there are fantastic examples of great health and healthcare all over the world,” said Mr Britnell, global chair for health at KPMG. “And although it’s not always possible to lift and shift systems from different parts of the world, it is possible to understand the dynamics and the ingredients of successful transformation.”

A recent discussion between HSJ editor Alastair McLellan, Mr Britnell and former health secretary Stephen Dorrell – now a senior adviser for KPMG – sought to build just that understanding. Drawing on Mr Britnell’s newly published book, In Search of the Perfect Health System, the three talked about positive examples and cautionary tales from around the globe.

Primary care led
Israel, Singapore and South Korea were rapidly placed in the category of countries from which the NHS could valuably learn.

“South Korea created universal healthcare in 12 years, which has to be a world record,” explained Mr Britnell. “Singapore has just celebrated the 50th anniversary of its independence, and they achieve a life expectancy of 83 years of age for 4.9 per cent of gross domestic product. And Israel is the only country I’ve ever seen where talk of a primary care led health system is reality, not rhetoric.”

As Mr McLellan identified, the NHS is no stranger to arguments that it needs to look at the paths pursued by other countries. So were there, he wondered, actions which should definitely not be taken – those which might be judged potentiallyalluring but which are ultimately unhealthy and unhelpful?

“I would say that any system that primarily bases its healthcare on competition will end up paying a lot more money for those services,” Mr Britnell responded. “And that’s because of the asymmetries of powers that exist between the payer, the provider and the patient.

“Where competition works – and it doesn’t ever work perfectly in a healthcare system, nor should it – I’ve been quite surprised to see that it results in higher cost. Everyone, of course, cites the example of the United States, but when you look at some of the high performing European countries – if you look at say France, Germany, Netherlands – their health costs now are at least two, if not 2.5 percentage points, of GDP more [than the UK] and they’re not getting that much more out of their system.

“So I’m not saying we shouldn’t use competition judiciously, but I think a health system based on market forces will lead to much higher cost. So I would avoid that in the UK and the NHS example.”

Mr Dorrell agreed, suggesting that market forces are in some ways incompatible with truly universal healthcare.

“Mark’s book references work that [Sir] David Nicholson did looking at how you introduce universal healthcare. His clear conclusion, rightly in my view, was that it doesn’t work if you think that what you do is allow the well off to secure the best and pull the rest up to the level secured by the best.

“Universal healthcare has to be a political
“Any system that bases its healthcare on competition will end up paying a lot more for those services”
WISDOM OF THE GLOBAL CROWD: ANSWERS TO SOME KEY QUESTIONS

To write In Search of the Perfect Health System, Mark Britnell says he ‘worked in 60 countries on just under 200 occasions, and circumnavigated the world 70 times over’. Here, he answers questions currently facing the NHS, drawn from those experiences and journeys.

How long does it take to implement real and sustainable change in healthcare?

“The quickest changes I’ve ever seen that make sustainable progress in terms of quality, finance and access take about a decade. Some have done it in seven years, many have done it in 12.”

Where is the NHS on that journey to lasting change?

“To use the analogy of a crop, I believe that we’ve broken the soil and the soil is being properly cultivated. We now have to actually grow and harvest. And therefore I think we’re probably in year four or year five.”

If we introduce accountable care organisations, quite how should they be held accountable?

“At Geisinger, accountability on better health, better care and better value applies at three levels. On better care, clinicians are held to account for adhering to protocols that have been evidenced as best practice. I asked [then chief executive] Glenn Steele a very direct question: if clinicians don’t like playing with these protocols, if they think that ProvenCare is some management technique to make them fail in their jobs, what happens? He said they’re invited to reflect on their practice and then invited to leave the organisation.

“On better value – if Glenn and his board are not making acceptable rates of return on investment, be it in buildings, in human beings or in IT, they are held to account.

“And then I asked him the most difficult question, on population health, and his answer to me was thank goodness for Obamacare. Because with Medicare and Medicaid shifting to the states – the equivalent of our local government but at much bigger scale – they of course are very interested now in the determinants of ill health and wellbeing.”

Will devolution work?

“I think the start in Manchester has been promising. Clearly we have learnt from Norway, from Sweden, from Denmark, that it’s possible to have local authority inspired and directed healthcare. But of course they’ve been doing it for decades and decades. I think it’s too early to say how all this will pan out [in Manchester]. I’d prefer them to start and bump into problems than to spend the next two years having a perfect wiring diagram about accountability and responsibility.”

From which non-European countries could the NHS learn most?

1) South Korea

“I was impressed by South Korea because it started in the 1950s after civil war with no industrial or service base to talk of and created universal healthcare in 12 years. There is an umbilical link between what it means to be Korean and also what it means to be a great industrial country, and they’re now linking that to healthcare.”

2) Singapore

“It’s a small country but as the state was being created, they sent all of their civil servants to look at the best and the worst parts of health systems both in North America and Europe. And they created something that is distinctly Singaporean.”

3) Israel

“It’s the only country I’ve ever seen where talk of a primary care led health system is reality. That stems from the health maintenance organisations that were created by the Zionist Labour movement in the second decade of the 20th century. These four [health maintenance organisations] are basically grounded in the community, and so everything that’s been built in Israel was built from a primary care and community care bedrock. They only spend 7 per cent of GDP for a life expectancy of 83 years of age. It’s a phenomenal system.”

How do we avoid a scenario where the NHS is lurching from deepening deficit to even deeper deficit, and where bailouts become the norm rather than the exception?

“I’ve seen very distressed systems in Portugal, in Italy, in Spain, in Ireland – so countries where they have literally run out of money.

“When you get into that situation, pensions are slashed, jobs are made redundant, and there is no healthcare reform or development whatsoever. In a sense you place your health service in the dark ages.

“The NHS has to be respectful of the fact that we are trying to anticipate interest rate rises to make sure that our economy is placed on a very sturdy footing over the next 10 years. We don’t talk about that in health, but it’s very important to acknowledge.”