

The NHS saved me

As a scientist, I must help to
save it

Stephen Hawking

*author of A Brief History of Time, director of research at the
Centre for Theoretical Cosmology at the University of Cambridge,*

***Plus
response from Right Dishonourable Jeremy
Hunt,***

***Guardian letters,
and Hawking's reply to Hunt***

also

Doctors Back Hawking's Challenge to Hunt

August 2017

The crisis in the health service has been created by politicians who want to privatize it – when public opinion, and the evidence, point in the opposite direction

The Guardian, Friday 18 August 2017

Like many people, I have personal experience of the NHS. In my case, medical care, personal life and scientific life are all intertwined. I have received a large amount of high-quality NHS treatment and [would not be here today if it were not for the service](#).

The care I have received since being diagnosed with motor neurone disease as a student in 1962 has enabled me to live my life as I want, and to contribute to major advances in our understanding of the universe. In July, I celebrated my 75th birthday with an international science conference in Cambridge. I still have a full-time job as director of research at the Centre for Theoretical Cosmology and, with two colleagues, am soon to publish another scientific paper on quantum black holes.

Last year my personal experience of the NHS and my scientific life came together when I [co-signed a letter](#) calling for healthcare policy to be based on peer-reviewed research and proper evidence. The specific issue addressed in the letter was the “weekend effect”. Jeremy Hunt, the health secretary, had claimed that [thousands of patients died unnecessarily](#) because of poor hospital care at the weekend, and used this to argue that we needed to implement a [seven-day NHS](#). I had mixed feelings about the issue. Having spent a lot of time in hospital, I would like there to be more services available at weekends. Also, it seems possible that some patients spend more time in hospital than is

necessary because certain diagnostic tests can only be done on weekdays.

However, as we showed in the letter, Hunt had cherry-picked research to justify his argument. For a scientist, cherry-picking evidence is unacceptable. When public figures abuse scientific argument, citing some studies but suppressing others to justify policies they want to implement for other reasons, it debases scientific culture. One consequence of this sort of behaviour is that it leads ordinary people to not trust science at a time when scientific research and progress are more important than ever.

This problem goes beyond the weekend effect. The NHS is in a crisis, and one that has been created by political decisions. These political decisions include underfunding and cuts, privatising services, the [public sector pay cap](#), the [new contract imposed on junior doctors](#), and [removal of the student nurses' bursary](#). Political decisions such as these cause reductions in care quality, longer waiting lists, anxiety for patients and staff, and dangerous staff shortages. [Failures in the system of privatised social care](#) for disabled and elderly people have placed an additional burden on the NHS.

So, what is to be done? A physicist like me analyses a system in terms of levels of approximation. To a first approximation, one can see the situation facing healthcare in this country in terms of forces with different interests.

On the one hand, there is the force of the multinational corporations, driven by their profit motive. In the US, where they are dominant in the healthcare system, these corporations make enormous profits, healthcare is not universal, and it is hugely more expensive for the outcomes patients receive than in the UK. We see the balance of power in the UK is [with private healthcare companies](#), and the direction of change is towards a US-style

insurance system.

On the other hand, there is the force of the public, and of democracy. Opinion polls consistently show a majority in favour of a publicly provided NHS, and opposed to privatisation and a two-tier system. Therefore, the best way to support the [NHS](#) is to empower the public. There are two priorities. First, clear information that public provision is not only the fairest way to deliver healthcare, but also the most cost-effective. Second, a loud voice and the political power to make politicians act on our behalf.

If that all sounds political, that is because the NHS has always been political. It was set up in the face of political opposition. It is Britain's finest public service and a cornerstone of our society, something that binds us together. People value the NHS, and are proud that we treat everyone equally when they are sick. The NHS brings out the best in us. We cannot lose it.

The above article appeared the day before Stephen Hawking's keynote lecture on the same subject at the Royal Society of Medicine the following day, 19th August 2017. The video of this is available at:

https://www.facebook.com/pg/RoyalSocietyofMedicine/videos/?ref=page_internal

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***Tweets the same day from Jeremy Hunt,
secretary of state for health:***



Jeremy Hunt



Stephen Hawking is brilliant physicist but wrong on lack of evidence 4 weekend effect.2015 Fremantle study most comprehensive ever 1/2

11:03 PM - Aug 18, 2017



Jeremy Hunt



And whatever entrenched opposition,no responsible health sec could ignore it if you want NHS 2 be safest health service in world as I do 2/2

11:05 PM - Aug 18, 2017



Jeremy Hunt



Most pernicious falsehood from Stephen Hawking is idea govt wants US-style insurance system.Is it 2 much to ask him to look at evidence? 1/2

3:16 PM - Aug 19, 2017

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Guardian Letters

Tuesday 22 August 2017

Jeremy Hunt's tweeted dismissal of Hawking's article ([How to solve the NHS crisis – scientifically](#), 19 August) is revealing: "Stephen Hawking is brilliant physicist but wrong on lack of evidence 4 weekend effect. 2015 Fremantle [sic] study most comprehensive ever".

If Hunt bases policy on a single publication (which no serious observer would do) then he should read it, and he would see Freemantle's warning: "It is not possible to ascertain the extent to which these excess deaths may be preventable; to assume that they are avoidable would be rash and misleading."

Freemantle found that patients admitted over the weekend are more seriously ill and more likely to die. Nobody denies that the "weekend effect" exists, but one must not jump to the facile and unsubstantiated conclusion that it reflects quality of care.

Hunt cherrypicks not only the evidence but even the authors' interpretation.

Dr Richard O'Brien

Highbridge, Somerset

Privately provided services, with their bank loan costs, dividend payments and management add-ons, cost far more than state-funded ones. The administration of privatisation, with the consultants, lawyers, accountants, billing agents etc involved in franchising NHS services, also add substantial costs. Hospital PFIs (private finance initiatives) have evidenced the billions that privatisation is costing the [NHS](#) and taxpayer.

Yet the government's and NHS England's "reconfiguring" of the NHS is using regional accountable care organisations (ACOs) which allow for extended involvement of the private sector in the running and

provisioning of NHS services. This not only accepts the continuing financial burden of privatisation to the taxpayer, but allows further costs to that burden.

ACOs, and other NHS England plans such as the move from the family GP practice model to a system of commercially driven super-clinics called multi-speciality community providers, originate from the US's notoriously costly and flawed healthcare system.

The plans have been drawn up by business consultants with extensive US interests like McKinsey and Optum, a subsidiary of US private health provider/private health insurer United Health. NHS England's CEO Simon Stevens is [a former UnitedHealth senior executive](#).

Professor Hawking's concerns about the privatisation and Americanisation of the NHS are therefore unsurprising. Removing all the privatisation apparatus from the NHS would allay such concerns, which are shared by many. The savings that this would make would cover the lion's share of the costs of the extra demands facing the NHS (the ageing population etc) which are blamed for making the NHS "unaffordable".

John Furse

London

I am 100% behind Stephen Hawking's attack on the Tories over the plight of the NHS. As a nurse for the last 40 years, I think that the NHS is by far the best health system in the world and it is only surviving because of the deep commitment of thousands of medical and admin staff to a worthy cause. I know for a fact that after the referendum results, scores of foreign doctors and nurses started to leave our large local hospital, for fear that they would not be allowed the freedom to stay. This has left our hospital grossly understaffed and under tremendous pressure. Others have gone off sick with severe stress after all the extra hours they are expected to put in to care for patients. The Tories' recent promise to provide training for thousands of medical students and nurses in a few years' time is of no use whatsoever.

Something drastic is needed now and that is to give the nurses the pay rise that others are getting. With conditions and pay at such an all-time low, how else are they going to recruit any new nurses?

Sue Ingleby
Gloucester

What wise words from Prof Hawking and what a pathetic response from [Jeremy Hunt](#). Hawking is right to draw attention to the vast amounts of public money going into the coffers of private organisations for services that could be handled better and cheaper in-house. The question of agencies providing nurses to fill gaps is analogous with those providing supply teachers.

Previously hospitals relied on their own “banks” to provide cover for absentees, usually drawn from any of their own staff who requested extra shifts. The advantage of employing their known staff is obvious. Schools requiring temporary help could contact their local education authority (now sadly almost defunct) which kept a list of qualified teachers requesting temporary work. No money was exchanged, unlike today where in many cases the agency charges both the professional worker and the employer. How did we allow this to happen?

Ruth Lewis
Potters Bar, Hertfordshire

Stephen Hawking’s article is so wonderfully simple and beautiful it made me want to cry. How precious the NHS is and how much it means to us. Thanks to him for writing it and to the Guardian for printing it. It should be printed in all the newspapers.

Jenny Bushell
London

Stephen Hawking's response to Jeremy Hunt

Guardian 25 August 2017

Jeremy Hunt can attack me all he wants, but he is wrong to say the NHS is working

The NHS is facing severe crises, from staffing to funding. Hunt misquoting me and misrepresenting research doesn't help.

The secretary of state for health, Jeremy Hunt, has challenged me [on Twitter](#) and [in an article](#) for the Sunday Telegraph over a talk I gave recently to the Royal Society of Medicine in [defence of the NHS](#). Having been accused by Hunt of spreading “pernicious falsehoods”, I feel the need to respond.

Hunt doesn't deny that he dismissed research contradicting his claim of excess deaths due to poorer hospital care and staffing at the weekend. He admits he relied [on one paper](#) by Professor Nick Freemantle and colleagues. But even if one accepts its disputed findings, the authors explicitly warn that “to assume these excess deaths are avoidable would be rash and misleading”. The editor-in-chief of the British Medical Journal, Fiona Godlee, [wrote to Hunt](#) to reprimand him for publicly misrepresenting the Freemantle et al paper. As a patient who has spent a lot of time in hospital, I would welcome improved services at the weekend. For this, we need a scientific assessment of the benefits of a seven-day service and of the resources required, not misrepresentation of research.

Hunt's statement that funding and the number of doctors and nurses are at an all-time high is a distraction. Record funding is not the same thing as adequate funding. There is overwhelming evidence that NHS funding and the numbers of doctors and

nurses are inadequate, and it is getting worse. The NHS had a £2.4bn shortfall in funding in 2015-16, bigger than ever before. NHS spending per person [will go down](#) in 2018-19. According to the Red Cross, the NHS is [facing a humanitarian crisis](#). There is a staff recruitment crisis. The BBC reported that on 1 December 2015 there were 23,443 nursing vacancies, and a 50% increase in vacancies from 2013 to 2015. The Guardian [reported in May](#) that the number of nursing vacancies had risen further to 40,000. There are increasing numbers of doctor vacancies and increasing waiting times for GP appointments, treatment and surgery.

Hunt misquoted me, saying that I claimed the government wants a US-style insurance system. What I said was that the direction is towards a US-style insurance system, run by private companies. The increasing involvement of private health companies in the NHS is evidence for this. Hunt chose to highlight – dare I say, cherry-pick – the fact that private companies' share of NHS contracts rose 0.1% over the last year. This is an anomaly among the data since 2006. The [NHS](#) private providers' share was 2.8% in 2006-7 and rose steadily to 7.6% in 2015/16. The amount of private health insurance has fallen since 2009 as Hunt said, but that is because of the financial crash. We can conclude nothing about health policy from this and in any case, it is now increasing again. As waiting times increase, private companies report an increase in self-pay where patients pay directly for care such as hip and knee replacements.

Further evidence that the direction is towards a US-style system is that the NHS in England is undergoing a complete reorganisation into 44 regions with the aim of each being run as an “accountable care organisation” (ACO). An ACO is a variant of a type of US system called a health maintenance organisation in which all services are provided in a network of hospitals and clinics all run by the HMO company. It is reasonable to expect the

powerful US HMO companies such as Kaiser Permanente and UnitedHealth will be bidding for the huge contracts to run these ACOs when they go out to international tender. Hunt referenced Kaiser Permanente as a model for the future budgetary arrangements in the NHS at the Commons health select committee in May 2016.

The NHS is political, but not necessarily party political. I am a Labour supporter but acknowledge that privatisation increased under Labour governments in the past. The question is whether democracy can prevail and the public can make its demands for proper funding and public provision undeniable by any government.

Doctors Back Hawking's Challenge to Hunt

The Guardian, 31 August

As NHS doctors we have been closely following the exchange between Stephen Hawking and the secretary of state for health over the past week (Why won't Jeremy Hunt come clean?, 26 August). Since Professor Hawking delivered a momentous speech to the Royal Society of Medicine exposing the policy-driven reality of NHS underfunding and moves towards a US-style insurance system, tensions have mounted.

The profound irony of Jeremy Hunt claiming that a world-renowned professor, an academic pioneer who has dedicated his life to generating scientific evidence, is spreading “pernicious falsehoods”, or that his appraisals are “misguided”, when Jeremy Hunt himself has been unreservedly criticised for misuse of evidence for political expediency, is not lost on us. In fact, so

audacious a claim is this that we have asked ourselves what could have prompted such a zealous response?

As the NHS crumbles around us, with scores of A&Es and maternity units being downgraded or closed via implementation of “STPs” (Sustainability and Transformation Plans), as patients wait months for outpatient clinics, operations and cancer treatments, with junior doctors leaving in droves and nurses desperately covering 40,000 unmanned posts, all the while the private sector flourishes and takes up swathes of once-NHS contracts, it is clear Hunt will do absolutely everything possible to distract the public from the politically motivated destabilisation of the NHS. His baseless promise of a “seven-day NHS” has masked underlying motivations behind contract and service changes now exposed to make NHS staff less valued, and allow routine profitable services to be increasingly outsourced.

Professor Stephen Hawking has spoken more truth in one week than has been said in five years of the secretary of state for health’s term.

Prof Allyson Pollock Director of Institute of Health and Society,
Newcastle University

Dr Bob Gill GP, Producer, The Great NHS Heist documentary

Mr Chidi Ejimofe Consultant in emergency medicine

Dr Louise Irvine GP, Lewisham, Health Campaigns Together co-chair, London

Dr Tony O’Sullivan Retired paediatrician, Co-chair of Keep Our NHS Public

Dr Aislinn Macklin-Doherty Oncology trainee, Health Campaigns Together

Dr David Wrigley GP, chair of Doctors in Unite

Dr Rachel Clarke Palliative care doctor, Oxford

Dr Nadia Masood Anaesthetic registrar, London

Dr Jacky Davis BMA Council
Mr Chris Efthymiou Consultant cardiothoracic surgeon, Leicester
Dr Unmesh Bandyopadhyay CT2 Medicine, Kent, Surrey & Sussex
Dr James Haddock CT2 in anaesthesia, West Midlands
Dr Youssef El-Gingihy GP, London
Dr Amit Sud Clinical research fellow, London
Dr Lauren Gavaghan Consultant psychiatrist
Dr James Chan ST3 Doctor in emergency medicine, Leeds
Dr Taryn Youngstein Speciality registrar, rheumatology, London
Dr Robert Adams Urology CT2, Essex
Dr Coral Jones GP, Hackney
Dr Bernadette Borgstein Consultant paediatric audiovestibular physician
Dr Dominic Pimenta BSc (Hons) MBBS MRCP
Mr Rishi Dhir Orthopaedic surgical trainee, MRCS
Dr Ruth Wiggans ST5 in respiratory medicine
Dr Yannis Gourtsoyannis Infectious diseases trainee, London
Dr Ellen McCourt Anaesthetic trainee, north-west
Dr John Puntis Consultant paediatrician, Leeds
Dr Jackie Applebee East London GP
Dr Julia Paterson Psychiatry trainee, London
Dr Mona Ahmed Consultant psychiatrist, London
Dr Helen Groom GP Gateshead
Dr Pete Campbell Trainee doctor, north-west
Dr Lois Paton GP
Miss Stella Vig RCS Council, consultant surgeon
Dr Jon Dale Retired occupational physician
Dr Jan Macfarlane Retired GP
Dr Emily Whitehouse ST7 paediatric doctor
Dr David Church GP, mid-Wales
Dr Luke Foster CT2 anaesthetics
Dr Anna Livingstone GP, London
Dr Kambiz Boomla GP and lecturer, east London
Dr Ashling Liillis Paediatric trainee

Dr Hugo Farne Specialist registrar and clinical research fellow in respiratory medicine, London
Dr Ron Singer Retired GP and vice-president of Doctors in Unite
Dr Ellie Bard Obstetrics and gynaecology trainee, London
Dr Natasha Haringman ST1 obstetrics and gynaecology
Dr Amanda Owen Psychiatrist
Dr David Kynaston GP, Yorkshire
Dr Gary Marlowe Chair BMA London Regional Council
Dr Amy Squire Psychiatrist, MBChB MRCPsych
Dr Fionna Martin Medical registrar, London
Dr James Crane Medical registrar London
Dr Patrick French Consultant physician, London
Dr Pam Wortley Retired GP, Sunderland
Dr Paul Hobday GP, Sutton Valence, Kent
Dr Sarah Hallett Paediatric SHO, London
Dr Jonathan Fluxman GP, London
Dr Moosa Qureshi Haematology academic trainee, Cambridge
Mr Mark R Williams ENT ST5, north of England
Dr Edwina Lawson GP, London
Dr Piyush Pushkar Psychiatry CT3 doctor
Dr H Grant-Peterkin ST6 Adult/Older Adult Psychiatry
Dr Laura Davies MbChB MSc MRCS

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<https://keepournhspublicoxfordshire.org.uk>
reprint with Stephen Hawking's reply