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The UK benefits from a truly National Health Service

Devolution is about how parliaments and governments make decisions. In the UK, separate legislatures and executives in Scotland, Wales, and Northern Ireland have many powers to make laws and deliver public services. One of the dominant institutions in Scotland, which is seen as both identifiably British and a source of pride to most people, is the National Health Service (NHS).¹ Although governed separately within Scotland, the NHS is founded on a set of values that span the UK: the principle that everyone is entitled to care and treatment free at the point of use. The NHS is an institution whose values, history, and culture are shared across the UK. Devolution means that decision making is democratised and moves closer to the citizen; however, there are practical benefits of cooperation, reciprocity, and solidarity that demonstrate the overarching union is integral to the quality of life of all citizens.

The successful development of ChAdOx1 nCoV-19 vaccine (AZD1222) in the UK and the impressive deployment of COVID-19 vaccines across the UK exemplify the benefits of cooperation. From the scientists who created the vaccine in record time, to the teams who produced it on an industrial scale, to the doctors and volunteers across the UK who got it into people's arms in record time, these efforts showed how joint working and cooperation is central to protecting the public and saving many lives. The COVID-19 pandemic also witnessed remarkable global research collaboration for informative trials of new COVID-19 treatments. Notably, the RECOVERY trial has involved more than 47 000 participants and almost 200 hospital sites, many in the NHS, in six countries.² The success of this trial demonstrates the power of unity and the necessity for collaboration across the entire UK, which was further amplified by the extraordinary degree of international collaboration.

If we are to meet the health challenges of the future, to support the NHS as it struggles with rising demand and workforce shortages, and to make the NHS a more efficient institution, then the same cooperative effort that made the COVID-19 vaccine and treatment trials such a success in the UK must be enshrined by all the governments of the UK. The NHS is one of the UK's most valued institutions, but its future sustainability cannot be taken for granted. In the wake of the

pandemic, UK-wide cooperation must remain a core element of the NHS's recovery.³

Of course, such cooperation already happens in many areas. For example, the organisation of organ donations, blood transfusions, cancer screening, and highly specialist care involves regular cross-border patient transfers and joint UK-wide working. While the four health services of the UK are run independently, the central ethos of the NHS—available care, free at the point of use—connects them together.

This shared ethos can be expanded in many areas—from the procurement of medicines, generating value through collective bargaining, to the fight against health inequality, to joining up data flow between our health services, or to the application and more rapid uptake of new technology. Improvements can be made to the health and wellbeing of people across the UK if health knowledge, resources, and expertise are shared more widely.⁴ Too often over the past two decades, the governments of the UK have failed to collaborate and squandered the potential benefits that cooperation can deliver to people's lives. There are two dominant barriers to this more united approach. First, the politics of moving beyond devolution to independence that would require making a choice between being Scottish and British, given the recent announcement that the Scottish Government seeks a second referendum on independence in 2023.⁵ Second, the administrative response from the UK's Department

For the RECOVERY trial see
<https://www.recoverytrial.net/>



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of Health and Social Care to “devolve and forget”. The COVID-19 pandemic brought about intergovernmental cooperation in the UK, but anecdotal evidence suggests that this was driven predominantly by cordial interpersonal relationships between the respective Health Ministers at the time, rather than through any effective administrative structures.

The onus lies first and foremost on the UK Government and the Department of Health and Social Care to extend the hand of cooperation. Although the Secretary of State for Health and Social Care has a dominant focus on England, since many health powers have been devolved at various times to Scotland, Wales, and Northern Ireland, the minister has an important convening role if we are to find solutions to the common health challenges we face in every part of the nation. These solutions might include gaining the benefits that all British citizens can enjoy from a UK-wide effort to reduce health inequalities;⁶ formalised access to highly specialised services; trans-national procurement of drugs and health-care equipment; resource sharing to clear the post-COVID-19 backlog of NHS care; and improved, structurally unified cross-border data sharing to enable large data-driven research and clinical outcomes measurement.

None of this would prevent devolved administrations from making their own decisions on how to manage health care in their own areas. The principles of devolution and autonomy should be respected. Increased NHS cooperation means only that the UK Government should take a more constructive and engaged role in assisting devolved governments to benefit from expertise in medical science across the whole UK, and perhaps for those devolved

administrations to acknowledge the reciprocal benefits of wider health-care cooperation, rather than portraying all health activity as a purely national project.

Collaboration is how medical science has evolved. Greater collaboration on health care across the UK will deliver health benefits to the whole UK population, and, in so doing, will demonstrate the strength and value of the union between Scotland and the other countries of the UK.

GB is the founder of Our Scottish Future, a non-profit organisation that campaigns for a better Scotland in a renewed Britain. EB is an employee of Our Scottish Future. DJK chairs the Health Committee of Our Scottish Future. We declare no other competing interests.

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