



¹ Oxford value and stewardship programme

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The NHS must focus on resource optimisation, not lobbying for more money

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Governments worldwide owe an unprecedented \$91 trillion, an amount almost equal to the size of the global economy and one that will ultimately exact a heavy toll on their populations.^{1,2}

The UK is among the countries that seemingly have no more money. Figures released for August 2024 highlighted that UK government borrowing hit 100% of GDP, levels not seen since the turbulent times of the 1960s.³ Our prospects for raising more money in the short term are limited. Economic productivity is low and the palatability of raising taxes for the general population is also low given how many UK residents are already struggling to make ends meet. The solutions of higher taxes on real estate, as well as introducing fairer and more balanced wealth and inheritance taxes, have been proposed. But the ability of the current Labour government to implement these in the short term is questionable.

Overlaid onto this are two further challenges. The first is that the real struggles of ordinary people in the UK stem from a dramatically decreased standard of living across all dimensions of life. Linked to this is the uneven distribution of these struggles that has manifested in a stark increase in health inequalities across the UK.^{4,5} The interlinked challenge is that public services are overwhelmed and struggling under the pressure. This includes healthcare as well as other, perhaps more important, public services from local governments such as education, housing, and employment and job placement services. 50% of local councils are under threat of going “bankrupt.”^{6,7}

The UK is in a “doom loop”:

“... lower economic growth leading to reduced public spending which in turn undermines the UK’s productive capacity, leading to lower growth in the long-term.”⁸

Getting the UK out of this doom loop will require that we optimise the use of resources we have, face up to the many challenging decisions facing us, and very carefully consider trade-offs, opportunity costs, and the areas in which we should invest our finite tax-derived funds to deliver the maximum benefit for the UK’s population.

In light of this it is surprising that there are still calls for more finite public money to be funnelled into the NHS.^{9–11} But where is all of this money going to come from? And what is the opportunity cost of all this money only going into the NHS in light of the even tougher situation other public services are facing?

Simply piling on more finite societal resources to deliver more care, even at higher quality and efficiency, will not save the NHS and the UK from crashing into the iceberg of unsustainability. As

highlighted by the RightCare programme, if high quality and highly efficient care (like diagnostics and prescription of medications) are delivered to individuals who do not need or cannot benefit from these interventions, the quality and efficiency of the procedures are irrelevant because they were not needed in the first place and are simply a waste of finite resources.¹² It is analogous to the stokers in the engine room of the Titanic simply piling more fuel in the boilers en route to an avoidable iceberg. This is also recognised by Keir Starmer:

“Reform does not mean just putting more money in. Of course, even in difficult financial circumstances, a Labour government will always make the investment in the NHS that is needed, but we have to fix the plumbing before we turn on the taps.”¹³

Given that 20% of healthcare resources are wasted, equating to about £36 billion in the English NHS,¹⁴ we must first recognise that, as Maughan and Ansell wrote:

“...avoiding waste and promoting value are about the quality of care provided to patients – which is a doctor’s central concern. One doctor’s waste is another patient’s delay...As responsible stewards, doctors can provide a more effective use of constrained economic and environmental resources.”¹⁵

The NHS is a gift to the UK, but it is important to acknowledge that it is only one cog in a very complex societal wheel. Clinicians and commissioners need to acknowledge this fact and shift their focus to delivering value-based healthcare that will see NHS services improve patient and population outcomes while optimising resource utilisation. Even if that means advocating for finite funding to be directed away from the NHS to other essential local public health and community services that can increase our chances of getting out of our current doom loop. Investing more resources into areas like, for example, education, housing, and employment or job placement services can deliver more societal value and capacitate the UK to improve population health, reduce health inequalities, and deliver prosperity and wellbeing for all.

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