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## Britain can afford greater spending on the National Health Service

SIR – Allister Heath (Comment, November 4) highlighted some of the problems confronting the NHS, illustrated by the difficulties the Government is facing in treating doctors as their counterparts are treated in other countries. However, I disagree with the cause advanced – that the NHS is such a drain on public resources as to be unsustainable.

Currently the NHS accounts for around 8 per cent of gross domestic product. Estimates suggest that this will fall to around 6 per cent in coming years. This is clearly far too low, and it is entirely a political decision as to what our priorities should be.

As an economy develops, it is to be expected that some sectors will experience productivity gains. These are the ones that are capital-intensive. Products from those industries grow far cheaper over time (computers being an obvious example) and output soars. This in turn makes wage increases affordable in those sectors.

Elsewhere – in sectors that are labour-intensive such as health care,

social care and education – productivity increases are simply not as likely. Thus, as an economy grows we should expect that labour-intensive sectors will account for more of our money. This is affordable because of reduced costs elsewhere.

That does not mean we should not seek to provide health care efficiently – of course we should – but natural rises in the costs of doing so are to be expected. Attempting to hold back spending on health care is misguided and even unnecessary.

**Paul McCrone**  
*Professor of Health Economics  
King's College, London*

SIR – The report from the Organisation for Economic Co-operation and Development (report, November 5) indicating the relative position of Britain's health service, and calling for an extra £5 billion a year to match average staffing levels in OECD countries, ought to alert politicians of every persuasion to the reality that this country cannot any longer afford

to provide an adequate service, based on tax revenues alone.

**Derek Limb**  
*Hamsterley, Co Durham*

SIR – It took a “work to contract” (not a strike) by NHS consultants in 1974 to persuade Barbara Castle, the then Labour social services secretary, that junior doctors should actually be paid at all for unsociable hours. Until that time they (and I among them) worked 102 hours a week or more.

The new unsocial hours payment (Extra Duty Allowance), paid at one third the normal hourly rate, only kicked in at 7pm and was not superannuable.

It took more than 30 years for junior doctors finally to be correctly reimbursed for evening and weekend work. Jeremy Hunt, the Health Secretary, is taking them back to the Seventies with his insistence that lower rates of pay will apply for weekend work.

**Peter Spencer FRCS**  
*Bury St Edmunds, Suffolk*