

Letters to the Editor



Letters to the Editor should be sent to letters@thetimes.co.uk or by post to 1 London Bridge Street, London SE1 9GF



Science budget cuts

Sir, The research and development sector is extremely concerned about the prospect of cuts to the science budget. Deep cuts across R&D investment would have significant negative consequences for the UK's world-leading R&D sector, putting the brakes on growth and undermining confidence. Next week's budget is a critical moment. We recognise that there are difficult decisions to be made with the public finances, but it is vital that R&D's long-term ability to grow the economy isn't undermined by the false economy of short-term cuts. Cuts now would lead to the loss of jobs, expertise and momentum right when the sector is needed to make a vital contribution to boosting economic growth and productivity. We are urging the government to use the budget and spending review to commit itself to continued investment in R&D and signal that the UK is serious about its role in contributing to sustained growth. Dr Sir Tim Hunt, emeritus group

Reform of the NHS and boosting productivity

Sir, Your report that the chancellor is about to throw yet more money at the NHS (Oct 19) before fundamental reforms are in place induces a renewed sense of despair for the welfare of the country. In 43 years of continuing work for the NHS, I have never once been appraised on the basis of productivity, even though I have done my best against huge odds to maximise my own. I recently became involuntarily familiar with the life-saving excellence of the South Korean health system, which thrives on the disciplines of a state-backed insurance model, after the Koreans scoured the globe for best-in-class exemplars of national healthcare provision. My advice to Wes Streeting is clear: look east, young man. David Rew Consultant general surgeon, Southampton Hospitals

corridors of the NHS, she would be struggling to find someone in charge". I suspect this is as true now as it was then. No amount of money or reform of the NHS will yield any benefit until there is complete clarity on its strategic goals and operational objectives. This means placing one person in charge of every profession at every level and sweeping away the power of doctors and other professions to obstruct or deflect change. Politicians should also have no influence once they agree the strategic goals and funding. Until this is achieved there can be no meaningful reform of the NHS and it will continue to squander the money poured into it. Dr David Cottam Montauriol, Lot-et-Garonne, France

Sir, We have been brainwashed into believing that private business is the best at innovation and performance. How then can, time and again, massive infrastructure endeavours run so massively out of financial control that the taxpayer has to pick up the bill? The figures revealed in the HS2 mess are astounding. The amount of planned expenditure and budgets as opposed to actualities runs to tens of billions. Is this rank incompetence or something more sinister? Whichever it is, those

running the show still walk away with huge payouts while leaving a mess behind them. Jon Jennings Birmingham

Sir, Dr Michael Hall is correct in his description of the Care Quality Commission (CQC) as a regulatory rather than an improvement body (letter, Oct 18). Unfortunately, a body responsible for both financial regulation and improvement throughout the public sector was abolished by the last government in its "bonfire of the quangos", namely the Audit Commission. The commission comprised not only financial auditors but also a large body of performance specialists with the task of making improvements. Most specialists had worked extensively in their sector, in my case the NHS, and could bring knowledge, experience and best practice. Unfortunately since the demise of the Audit Commission not only has financial regulation gone downhill across all public sector bodies, but the ability and capacity to drive improvement has virtually ceased to exist. Tim Thomas Former NHS director and managing associate at the Audit Commission, Langstone, Hants

Get behind Ainslie

Sir, While the result of the Ineos challenge for the America's Cup is disappointing, Ben Ainslie and his team did not lose the cup because it was not held by us and has not been for 173 years. We should be encouraged by our team beating all the others to make the final and, while the result of 7-2 looks lopsided, the racing was much closer than that score indicates. While congratulating the New Zealand team on their excellent defence of the trophy, we should be proud of the GB team. They did not let us down with their feisty performances. They got us as close as we have been since Tommy Sopwith with his Endeavour in 1934. Now is the time to get behind Ainslie and his team to take advantage of their experience and expertise to develop their boat and skills even further. We are so close. When victory is in sight, it is never the time to pull back. Sir Robin Knox-Johnston Portsmouth

Halcyon reading

Sir, In answer to Max Hastings's question: "Who now reads *The Prisoner of Zenda*?" I can confirm the members of the Halcyon book club in Mid Sussex are reading it this month. It was nominated as our October read after we met the disposed King of

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My advice to Wes Streeting is clear: look east, young man.

David Rew

Consultant General Surgeon, Southampton Hospitals

Background

The bottomless pit of demands for further funding for the NHS is an inevitable consequence of my fellow Welshman Aneurin (Nye) Bevan's original early post-war idealist ambitions for the NHS, that a free health service would encourage use and advance the early diagnosis and cure of disease, thus ultimately reducing the cost of healthcare to the State.

Unfortunately, this ambition overlooked eternal truths of the human condition, in that:

1. No life is ever truly "saved". Death is deferred by health care interventions, but human mortality remains stubbornly at 100%
2. Anything good that is free is taken for granted and generates uncontrollable demand; and
3. That disease and health needs increase with age, and thus further increase costs.

In consequence of the birthright of the NHS, neither patients nor healthcare professionals have ever been presented with the detailed costs or responsibilities of their lifestyles or care, and the funding demands on the NHS and on our politicians are endless.

I could write a book on the inefficiencies which I have observed and which have been imposed on me in the course of my clinical practice, becoming increasingly oppressive and frustrating as my career has advanced.

While in Seoul in May 2024 on publishing consultancy work, I developed crescendo angina out of the blue, which I recognised and was taken in the first taxi to the nearest hospital, where my diagnosis was confirmed, my consultant arrived immediately, and I was in the catheter lab directly. I have persuaded my theatre team that my functional coronary stents now make me part Korean, although I have yet to test this with an application for dual citizenship.

During my brief stay in hospital, all nurses carried small laser bar scanners which provided an accurate costing of all dressings, prescriptions and miscellany. The hospital managers and my insurers knew immediately and precisely what my treatment had cost, as for all Korean citizens. The status quo of the NHS can no longer be argued to be the best operating model.

In their polemic in The Times on Saturday 19th October 2024, Chris Smith and Eleanor Hayward kindly provided me with a vehicle through which to exercise my thoughts and experience. I hope that Wes Streeting and his civil servants will eventually have bridged the chasm between the Welsh Valleys and the welcoming Hills of South Korea.

Extra billions and radical reform to help cure NHS

Chris Smyth - Whitehall Editor, Eleanor Hayward - Health Editor

The Times Page 6, 19th October 2024

The NHS will be handed billions of pounds in the budget this month after accepting it must make fundamental reform to increase productivity.

Rachel Reeves, the chancellor, has signed off more cash for the health service over the winter and the next financial year to bring down waiting lists.

NHS bosses are not promising ministers that the money will be enough to meet Labour's pre-election promise to hit waiting times targets, however, citing rising costs of staff pay and an older, sicker population.

Amanda Pritchard, chief executive of NHS England, has admitted that hospital productivity is down and long waits mean "too many people's confidence in the NHS has been shaken".

The government will ask for ideas on Monday for its ten-year health plan, pledging the biggest reform since the NHS was founded in 1948.

Reeves told the cabinet this week her budget would deliver on a promise to "fix the NHS" and the settlement may provoke envy in other departments.

Negotiations have centred over increases to the NHS day-to-day budget of about 3 to 4 per cent this year and again in 2025-26, a cumulative increase of about £10 billion a year. Government sources said this was not the exact figure, with allocations not yet agreed.

Reeves is also expected to announce details of Labour's manifesto promise of 40,000 extra appointments and operations a week, which sources said had been "held hostage" by the NHS during budget negotiations.

Writing in The Times, Pritchard said the NHS had "heard loud and clear" from the government that "there will be no NHS investment without reform".

Pritchard also admitted that NHS productivity was falling — a claim that she had previously denied. She said that productivity "inevitably took a massive hit during the pandemic" and that more investment in new buildings would be necessary to reverse this.

A recent review by Lord Darzi of Denham found that the hospital workforce had risen by 17 per cent from 2019 to last year yet each surgeon was performing 12 per cent fewer operations and each A&E doctor or nurse treating 18 per cent fewer patients.

Robert Jenrick, the Tory leadership candidate, said recently that he would sack Pritchard because of her reluctance to acknowledge such trends.

Pritchard replied that the NHS would have “a relentless focus on boosting productivity”. In a plea for investment in buildings, equipment and new computers, she added: “Productivity does not mean asking our staff to do more but giving them the tools they need — whether it’s modern buildings, flexible working or better connected tech — to work more efficiently and therefore provide better, faster and safe care.”

In a warning of the pressures on her £165 billion budget, she highlighted “an ageing population and surge in multiple long-term illnesses”.

Tussles continue over whether the increase will be enough for Pritchard to commit to Sir Keir Starmer’s promise to treat 92 per cent of routine patients within 18 weeks before the next election.

The current figure is 58 per cent and the target has not been met for nine years.

Health bosses said that annual 3.5 per cent increases were the least needed to keep up with rising demand from an older population.

Senior NHS leaders have expressed concern at the focus on routine operations at the expense of emergency care, urging ministers not to rely on being able to blame a looming winter crisis on the Conservatives.

Matthew Taylor, chief executive of the NHS Confederation, said a focus on routine operations “must not be to the detriment of the ... immediate pressures facing emergency care this winter”.

Another health boss pointed out that A&E delays were estimated to have killed thousands of patients last winter.

“Decisions have consequences,” the source said. “Not tackling these long stays is going to repeat what we saw last year.”

Pritchard also said Labour’s ten-year plan would enable the NHS to do more to improve the economy, helping to get 2.8 million people back to work.

She added: “As Wes Streeting has said, we must take the best of the NHS to the rest of the NHS. And in many areas of the country there are innovations which are boosting experiences for our patients.

“We are embracing the latest technology so the NHS can come to patients, rather than people needlessly coming to hospital. But we know there is still further to go.”