

2020-09-30

Covid-19: does the UK spend a large enough proportion of its national wealth on the provision of healthcare?

Cladi, L

<https://pearl.plymouth.ac.uk/handle/10026.1/21528>

10.1136/bmj.m3397

British Medical Journal

BMJ Publishing Group

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

Letters Covid-19: chance to reduce healthcare

Covid-19: does the UK spend a large enough proportion of its national wealth on the provision of healthcare?

BMJ 2020; 370 doi: <https://doi-org.plymouth.idm.oclc.org/10.1136/bmj.m3397> (Published 03 September 2020)

Cite this as: BMJ 2020;370:m3397

Article

Related content

Metrics

Responses

Stephen T Green, honorary professor of international health and consultant physician¹, Lorenzo Cladi, associate head of school (teaching and learning)²

Author affiliations

steve.green5@nhs.net

Given that the provision of healthcare services to a population will always be costly,¹ the proportion of national wealth—represented by gross domestic product (GDP)—that a country chooses to spend on health is essentially a political decision. Does the UK currently spend enough?

Ensuring value for money is laudable and reasonable, but it is not acceptable that, year after year, there are insufficient extra funds in the system to, for example, enable services to patients to routinely be expanded and improved; enable the introduction of brand new services for patients; provide better quality buildings for those patient services to be housed in; enable competitive salaries (viewed from a global equivalent rather than a local perspective) to be paid to healthcare staff; undertake meaningful preventive medical work; undertake high quality effective public health related surveillance work; and fund and nurture potentially important “blue skies” science and research.

International comparisons are interesting. In 2017, among the G7 countries the United States spent 17.1% of its GDP on healthcare, France 11.3%, Germany 11.2%, Japan 10.9%, and Canada 10.7%. In the same time period the UK spent 9.6%.² Such a comparison is not terribly flattering for the UK, and one might be tempted to ask if the health of the population is not as high a priority as it is in other outwardly similar developed economies.

Could one lesson from the UK’s recent experience with covid-19 be that decisions by UK politicians about spending on healthcare services, research, development, surveillance, and so on should be approached from a perspective of greater generosity? UK taxpayers might not welcome this, but these decisions are, of course, for politicians to make.

Footnotes

Competing interests: None declared.

Full response at: <https://www-bmj-com.plymouth.idm.oclc.org/content/370/bmj.m2752/rr-1>.

References

↵Moynihan R, Johansson M, Maybee A, Lang E, Légaré F. Covid-19: an opportunity to reduce unnecessary healthcare. *BMJ*2020;370:m2752. doi:10.1136/bmj.m2752 pmid:32665257FREE Full TextGoogle Scholar

↵Office for National Statistics. How does UK healthcare spending compare with other countries? Gov.UK, 2019.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/howdoesukhealthcarespendingcomparewithothercountries/2019-08-29>