

Funding the Future

Cool, calm answers are needed on how Labour will fund t...

Published: January 13, 2026, 2:45 am

I [posted this reply to tweets](#) Wes Streeting posted in response to the [questions I posed here yesterday](#) on Twitter this morning. For those not familiar with Wes Streeting, he is shadow Secretary of State for health and is widely tipped to be a future Labour leader:

This thread is a reply to @westreeting. He responded with a series of tweets to comments I made yesterday. I am responding with a thread. If it appears to stop midstream click the last one you can see and the rest will appear.....



Richard Murphy @RichardJMurphy · 21h

...

@westreeting has described me as hysterical for asking questions about his undisclosed health policy this morning. This is my reasoning for doing so, from my blog. He needs to answer these questions because his claims do not stack given these facts, IMO:

I hope Wes Streeting rises to the challenge of explaining his new model for the NHS because if Labour is not going to answer such questions now it will not in any way be prepared for government.

At the same time I suggest he calms down. Asking what his funding model might be if it is not tax is not hysterical. It's about asking for a calm appraisal of the facts, the key ones of which are:

- As a matter of fact, we have an ageing population.
- As a matter of fact, in medical terms, the elderly are the most costly people in society.
- As a matter of fact, Labour is saying it will refuse free entry into the UK, so its population growth is going to be limited, especially by a low birth rate.
- And, as a matter of fact, Labour says it wants to employ more UK nationals in the NHS.
- As a matter of fact, that means we must have a real shift of resources amongst the working-age population into the NHS from elsewhere in the economy. This will be necessary to manage the growing need for end-of-life care because whenever it happens end of life care is almost invariably medically intensive, which no amount of early diagnosis is going to prevent.
- And as a matter of fact without more 'taxpayers' money' (a term in itself meaningless, since there is no such thing) how this additional care will be funded without private money being requested is very hard to work out for me, as someone pretty used to macroeconomic thinking.

So what is the answer, Wes? Tell me what your funding model given these facts is, please? I really want to know because I care about the NHS and you say its future is dependent on this new funding model you aren't telling us about, so what is it please?

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First, it's a shame you started by calling me hysterical when very clearly the questions you responded to show that I am not. I attach the definition of being hysterical. I clearly am not what you described me as. Might you drop the hyperbole?

Dictionary

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 **hysterical**

/hɪ'stərɪk(ə)l/

adjective

1. affected by or deriving from wildly uncontrolled emotion.
"Janet became hysterical and began screaming"

Similar: overwrought, emotional, uncontrolled, uncontrollable

2. relating to or suffering from hysteria.

Second, it's a shame your tweets are really hard to follow as they do not form a thread, which you could only have delivered by quote tweeting rather than replying to me. It's a trick worth learning.

Third, it's also a shame that as far as I can see you have answered none of the points I raised in the logical way I raised them. You have instead made up an answer to other questions that you preferred. But let me answer your points anyway, and then I hope you will answer mine.

Your first response tweet is attached to this one. This is the one where you repeated that I am hysterical. I'd quietly suggest to you that feeling that there is no political party that currently represents your political desires is not evidence of hysteria.

 **Wes Streeting MP** 
@wesstreeting

Replies to [@RichardJMurphy](#)

It's not hysterical to ask questions, but some of your commentary on the Labour Party in recent days has been hysterical, I'm afraid. I had these examples in mind specifically.

Economic justice, climate justice - I think these are ambitions we share.

To your questions... 1/x

Richard Murphy @RichardJMurphy  **Richard Murphy** @RichardJMurphy

depths has our politics reached a party headed by [search.org.uk/Blog/2021/11/0...](#) government? [taxre...](#) seem that decent, ethical [2022/11/0...](#) Starmer m politics that is aware of [lay so grossly offensiv...](#) imate change is now off [Page 25](#) his party remains po <, and I despair at the lo

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Let me summarise those hopes that I think Labour does not address for me and very many others:

- A hoped-for return to the EU
- Restoring the free movement of people
- Basing economics on a proper understanding of tax, money, borrowing and government funding
- Restoring our public services
- Properly paying our public servants and others so we do not have continual employment crises in them
- Properly tackling the climate crisis (£28bn is not enough)
- Delivering PR
- Respecting the voluntary nature of the Union
- Respecting Labour's membership, many of whom agree with me on many of these issues but who are consistently ignored by you and the Labour leadership
- Respecting trade unions and their rights

You might think it hysterical to disagree with you on these issues, but most people (maybe half the country) feel as potentially politically unrepresented on these issues as I do, so please don't insult them as well as me by calling us names. Might we agree on that?

And whilst doing so might you suggest who I and others might vote for since you refuse to address these issues which are of massive concern to most who think themselves anywhere on the left in this country and we're concerned Labour totally ignores us?

Let's move on to the second blog you referred to. If you think I was hysterical for suggesting Keir Starmer's comments about foreigners working in the NHS were inappropriate can you explain why so many others also took offence? Look at what @shelaghfogarty had to say, for example.

Let's then move to your second tweet. I attach it so people can see what I am talking about.



Wes Streeting MP  @wesstreeting · 15h
Replies to [@RichardJMurphy](#)
It's because of demographic trends that we need to:
1) focus on prevention to reduce incidence of chronic disease
2) move to earlier intervention so that we diagnose faster and deliver better outcomes
3) predict & prevent illness with advances in life sciences and tech 2/x

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I am baffled because there is nothing here that differs from the 20th-century model of the NHS. Prevention, tackling chronic disease, intervention and massive technological adaptation. That's what the NHS has always done. But you have said you want to move on from that model.

Or is it that what you were actually saying was that the 20th-century model of the NHS was persistent underfunding leading to late diagnosis, delays etc? If so I'd remind you that your own party had solved all that by 2010, with a good slug of government spending.

So, is what you are now saying is that the spending on the NHS that got it in good working order by 2010 was wrong and you now want to do something else? If so, what is it? Please explain.

I now attach your third tweet. This suggests that there's some policy decision made here but not elsewhere to overspend on late-stage issues in the NHS at cost to primary care and other issues. Tell me if I have got that wrong, but you certainly imply this is a choice.

 **Wes Streeting MP**  @wesstreeting · 14h ...
Replies to [@RichardJMurphy](#)
Look at where our money goes in healthcare compared with other OECD countries. We run hot on £££ in acutes because we under-invest in primary care, community services, mental health, diagnostics and capital.
Shifting that balance is better for patients and better VFM 3/x
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Except that's not the choice. We just do not spend enough on healthcare. A quick search suggested that in 2017 (before Covid) that in the G7 countries the USA spent 17.1% of GDP on healthcare, France 11.3%, Germany 11.2%, Japan 10.9%, Canada 10.7% and the UK spent 9.6%.

The undeniable reality is that if only we spent more we could do all the late-stage stuff (like managing terminal care, as people are always going to die) as well as all the prevention stuff needed to defer that for as long as possible, which you (and I) want.

It will simply cost more to do this. This is where the questions I asked you about money came in. So let me go to your last tweet (attached). I agree there are broader issues. A generous benefits system, great education, good housing, low unemployment, and more all matter.

 **Wes Streeting MP**  @wesstreeting · 14h ...
Replies to [@RichardJMurphy](#)
There is a broader agenda around the social determinants of health.
Greater inequality = unhealthier society = higher cost
None of this is privatisation or user charging (and left loses when the voters think our answer is just more money - Labour has learned this the hard way!)
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They all also cost money, of course. But as I noted in my questions to you, the real questions (given your self-imposed constraints) relate to how you will fund the extra resources the NHS will need to deal with an ageing population.

You say Labour has learned it cannot spend more money. I disagree, but that's not the point. Instead, you say you can deliver everything the NHS does now and more (the waiting list proves more is needed). I asked from the outset how you will do this. Might you explain now, please?

And thanks for engaging, but can we now do so on the issues I actually raised as well as those you have thrown in to which, in view of your rather abusive comments, I think answers are needed?