

VIRTUAL REALITY GAMING HITS AN ALL-TIME LOW

Its creators describe the virtual reality internet game as a bit of harmless fun that is not a bad influence on young children. To *The Guardian* they claim that the game's missions and goals are morally sound and teach children about the real world. They are also adamant that it contains strong messages about healthy lifestyles. Eating too much chocolate is bad for characters' bodies and happiness. Eating fruit and vegetables helps characters to thrive.

This all sounds great. What are we talking about? The new internet sensation that is 'Miss Bimbo'. It is a beauty contest game, launched in Britain earlier this year. Your mission, should you chose to accept it, is to become the 'hottest, coolest, most famous bimbo in the whole world'. You compete against other players to win bimbo dollars so that you can buy stylish outfits and go clubbing.

And you are encouraged to stop at nothing to win. This includes popping in to the game's virtual clinic for plastic surgery and breast enhancements. Oh, and don't worry about the whole chocolate being bad for you thing, because you can buy diet pills to keep your weight down.

FINAL THOUGHTS

The previous Newsletter regaled you with the initiative in Italy to reward dieters with cash prizes for losing weight. Well Ulyanovsk in central Russia has gone a stage further. In response to demographic crisis, the regional governor has come up with the idea of The Day of Conception. Couples are encouraged towell, you know..... on a certain day. Those that give birth exactly nine months later (12th June) can win money, televisions and even cars. There's a reality TV show in there somewhere.

In a post-ironic 21st century we can perhaps laugh at the stupidity of such a game, despite the monumental lack of taste inherent in its premise. But this game is not aimed at rational adults. Its prime audience is young girls, for whom it provides a bevy of grotesques as role models.

The British version has 200,000 players, most of whom are girls aged between 9 and 16. In France, where there are over 1.2 million players, the website has been condemned by dieticians and parents. One parent has even threatened legal action after his daughter clocked up a £100 mobile phone bill by sending texts to top up her 'virtual' bank account with 'virtual' cash.

But fret not, because the game's creators have thought it through very carefully and have incorporated a contingency measure for any unintended consequences. Once your daughter's obvious physical inadequacies have reduced her to an emotional wreck, she can log in and get it all out of her system by talking to a virtual psychiatrist.

In a survey by OnMedica, 52% of doctors thought that the quality of care would decline if the government implemented plans for privately run surgeries in gyms and supermarkets. And 41% thought that such plans would only benefit a small group of people with minor needs. More interestingly, though, only 8% thought that it would allow more convenient access. So the question is, what are the other 92% smoking and where can the rest of us buy it?



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Newsletter



April 2008

THE DEMOGRAPHIC TIME BOMB

'In 1948, when the NHS was founded, 11 per cent of the UK population was 65 or over; in 2008 that figure is 16 per cent. In 2028 it will be over 20 per cent.' These were the words of Prime Minister Gordon Brown in his speech on the National Health Service in January this year. As if an ageing population won't be enough of a challenge to the health and care services, the government's figures suggest that by 2081 there could be as many as 108 million people in the UK. This projection assumes high rates of immigration and reproduction and increasing longevity. And (surreptitiously published the day after the budget) the Department of Health's report, *Tackling Health Inequalities*, shows that inequality has actually worsened over the last ten years. Although there have been improvements in absolute terms, the gap between the richest and poorest seems to be widening. The government looks set to miss its target to reduce inequalities in health by 10 per cent by 2010.

It is little wonder, therefore, that in the same speech the PM also challenged Primary Care Trusts to strengthen commissioning and to ensure that 'weak GP or community healthcare services can be improved or replaced'. He reaffirmed the government's commitment to evolution (if not revolution) - 'true to its principles, the NHS must continue to change.' And he stressed the importance of personal responsibility and effective measures to prevent ill health.

We were given the usual anti private insurance, pro public funding mantra. But the question whether the NHS can remain free at the point of need, given the government's own projections for population and longevity, was well and truly ducked. We must ask whether the current system of funding healthcare will be sustainable. If the demographic trends continue, the future of the NHS might be influenced far more by economic necessity, than by the maintenance of political ideology. Which political party will be the first to debate openly the unthinkable?

WHO WANTS TO LIVE FOREVER?

Last year saw the second annual SENS conference - Strategies for Engineered Negligible Senescence. In English that means 'how to prevent ageing.' Head luminary, biomedical theorist and hero of gerontology, Aubrey de Grey, believes that most people die from illnesses caused by bodily decay. He predicts that one day we shall be able to prevent this decay: 'We are machines, and ageing is the wearing out of a machine, and hence potentially fixable.' Chemical change in our bodies (metabolism) slowly causes cellular damage (deterioration), which leads to disease and illness (pathology). We have ways of influencing metabolism (such as diet and exercise) and pathology (such as drugs and surgery). But we do not tackle deterioration, according to SENS. It is rather like looking after a car. Careful driving and regular oil changes will not prevent it from one day breaking down. But if you replace the parts, it can go on for ever. Perhaps in the 22nd century Quick Fit will be changing more than tyres and batteries.

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FINAL THOUGHTS

MMR VACCINE

Ten years ago Dr Andrew Wakefield and colleagues published a theory that the measles virus in the MMR vaccination could cause a bowel disorder and subsequently autism. Their research was based on an investigation of just 12 children with bowel disorders.

But the mere suggestion that a routine vaccination could cause autism caused panic. Tens of thousands of parents were left not knowing what to believe or what decision they should make on behalf of their children - increase the risk of their developing autism, or leave them prone to the potentially awful implications of measles. One parent went on record with the view that she would prefer her child deaf rather than autistic. Rates of vaccination dropped. In some areas, they dropped below the levels at which herd immunity is attained.

All this happened despite the significant body of international research that proved the safety of MMR. So five years ago the Department of Health commissioned a new study. And its findings have just been published in the *Journal Archives of Disease in Childhood*. The conclusion? MMR vaccine could not be responsible for autism. Scientists found no difference in levels of measles virus or antibodies between those who had been diagnosed, and those who had not. And tests showed no sign of bowel disorders developing either. In fact, they found that children with autism or learning difficulties tended not to have had the second dose of MMR.

Rather unhappily for Dr Wakefield, these findings coincide with his appearance before the General Medical Council, accused of professional misconduct.

HERE AND THERE

- **Pneumonoultramicroscopicsilicovolcanoconiosis** is a disease caused by the inhalation of very fine silica dust found in volcanoes. At 45 letters it is the longest word in the English language, despite being factitious. We're guessing you are now less concerned with the meaning of 'Pneumonoultramicroscopic-silicovolcanoconiosis' than the meaning of 'factitious'. Well you'll just have to look it up! [Oxford English Dictionary](#)
- In the first year of the NHS nearly 60 years ago, expenditure was £100 million. After the Blair-Brown bonanza expenditure, it is about £100 billion. [British Journal of Healthcare Management 2007, Vol 13, No 11](#)
- The United Kingdom and United States are both in the top five for total Gross Domestic Product - and for child poverty. [NationMaster](#)
- When we were students, a professor of public health once told us that the death rate declined whenever or wherever doctors went on strike. This was an even stronger argument, he implied, than the purely ethical

Public Health practitioners will hope that the whole sorry affair can be put to bed and that the controversy will now end. But it is also tempting to think that experts in human behaviour will have found much of interest. Why should so many otherwise rational people have chosen to believe a lone voice, backed up by the flimsiest of evidence, instead of the thousands of doctors and scientists worldwide who argued to the contrary? It was a battle of propaganda in which 'the establishment' stood no chance. GPs get paid for vaccinating children. They have a financial interest, so their views could not be trusted. The pharmaceutical industry gets paid for the vaccines it sells. It has a financial interest. So its views could not be trusted. And when central government got involved, any scientific objectivity that existed became lost in what by then looked like a political issue.

But if there is to be a final word, perhaps we might have it. Many of the parents who intuitively felt that MMR had caused autism in their children came to this conclusion because the one seemed to follow on the heel of the other. Within weeks of the MMR jab, parents noticed a change in their children. Doctors claimed that this was coincidental - the age at which autistic spectrum disorders become noticeable coincides with the timing of the first MMR jab. We have noticed that it also coincides with the age at which many children learn to walk. So we're all off to the laboratory to prove that MMR causes walking! Just remember, you heard it here first.

- one against doctors resorting to such action, or inaction. No profession should lightly expose its uselessness to the public gaze. [The Spectator, 6th October 2007](#)
- 30,000 British people every year are killed through medical mistakes, making doctors rather more dangerous to your health than, say, smoking. Or walking in front of a lorry. [The Spectator, 19th January 2008](#)
- Men working in routine jobs - including bus drivers, labourers and car park attendants - are nearly three times more likely than directors and chief executives of major organisations to die before 65. [The Guardian, 30th November 2007, reporting on new figures from the Office for National Statistics](#)
- A recent government study predicted that half the population could be obese within 25 years. So, under a new national code of practice issued by the Donkey Sanctuary, 850 animals at UK resorts will no longer offer rides to people over 8 stone. [Reuters Online](#)

CHARITY BEGINS AT HOME

According to the *CIA World Factbook*, the UK is the sixth most generous contributor of official development assistance (ODA) amongst 22 Organization for Economic Cooperation and Development (OECD) nations. The UK contributes \$5 for every \$1,000 GDP and \$176 per capita.

UNCONVENTIONAL WISDOM

Sometimes you just can't see the wood for the trees. You treat a patient for years without ever really getting to the bottom of the problem. So, it is difficult to know whom to feel sorry for most; the doctor, or the patient whose notes

WHAT THEY CAN'T DO THESE DAYS

Those in the vanguard of technological development in diagnostic services have been upping their game significantly in recent months. Some pathology labs are developing techniques and technologies that allow a single blood sample to reveal what is wrong not only with the patient, but with those they live and work with too. Clever

GPs IN THE SPOTLIGHT

The activities of GPs have come under close scrutiny recently. And not just because the new General Medical Services (GMS) contract has rewarded them with a significant pay rise since its introduction in 2004.

There is a perception that not much has actually changed in GP land. It has been argued that they work fewer hours and that their appointments systems are inflexible - a row that brought a head-on collision with the government about extending their opening hours. And the government is now turning its attention to a proposed screening programme for everyone aged 40 to 74. Its aim is to detect the early signs of heart disease, strokes and diabetes, which will inevitably mean more primary preventive work for GPs.

There is also more than a slight suspicion that the performance-related element of their pay, the Quality and Outcomes Framework (QOF), does little more than reward practices for continuing to do many of the things they were already doing fairly comprehensively.

In fact, it would not be difficult to argue that QOF has little to do with improving clinical practice, and everything to do with having a good system of administration. The key to success in QOF is to ensure that every iota of clinical activity is appropriately captured and coded in the clinical IT system. And not just the practices' activities. GPs are rewarded for the work of other organisations - such as having the foresight to request diagnostic tests from pathology services, for which the NHS therefore pays twice!

Denmark and Luxembourg top the list. But the USA sits a lowly 18th when measured per capita (\$23 per head of population) and even lower at 21st when measured by GDP (\$0.59 per \$1,000 GDP, only 12% of the UK contribution).

read, 'The patient has been depressed ever since she began seeing me in 1983.' Presumably both patient and doctor were waiting for the Prozac to kick in. How depressing, since now it has been shown not to work!

stuff. But these emerging technologies may have some unintended consequences. One wonders, for instance, what the best course of treatment should be for the person who received this report: 'The lab result indicated abnormal lover function.'

But now attention is turning to exception reporting. This is the mechanism, enshrined in QOF, that prevents GPs from being financially penalised for certain types of patient who fail to meet targets. Patients can be excepted if they decline treatment and repeated invitations for check-ups, or if the target is inappropriate on clinical grounds. This seems reasonable enough. It demonstrates a clear understanding of the notion that patients are not merely the passive recipients of care. Their actions and inactions are inextricably bound up in the 'quality contract' that exists between patient and doctor. To render doctors' salaries dependent upon the compliance of patients would be a perverse system of remuneration indeed.

But data published in the *Health Service Journal* recently revealed wide variations in the rates of exception reporting. A small number have been excepting at more than [ten times](#) the average rate. Accusations of gaming abound.

At times like this, given everything else your profession is being accused of, what you need is strong leadership to fight your corner and counter the spin. Enter stage right Dr Laurence Buckman, chairman of the British Medical Association's GPs committee. In defence of GPs, Dr Buckman apparently cited two reasons why a practice might have a high rate of exception reporting. First, it might be due to an error of data entry. The same error repeated over and over and over again, presumably. Secondly, it might be because practices simply do not understand the system. Possibly a credible argument in year one, but after four years? Answers on a postcard to the usual address if you think there might be another reason.