



Once more unto the breach

The Health White Paper, *Equality and excellence: Liberating the NHS*, announces measures to do away with Primary Care Trusts and Strategic Health Authorities - to put doctors closer to the heart of the NHS, with more control over spending.

If you work in the media, it is the biggest shakeup of the NHS since its creation. If you work in the NHS, it is the biggest shakeup since the last biggest shakeup. Either way, views are already polarised. Most would agree that the proposals are daring - even make-or-break - and that the Health Secretary will emerge a hero, or a villain.

Labour and the unions reckon that the changes break a pledge - 'no more top-down reorganisations' - and will disrupt the steady progress that has been made. And the free-market right has panned the Health Secretary for trying to do too much, too soon. Yet Andrew Lansley is confident that the proposals, which will cost £1.4 billion, will save the NHS £5 billion by 2014-15 and £1.7 billion every year after that.

Of course, what has hit the headlines is that it will be up to GPs to manage £80 billion of spending. And this move, and an expectation of increased competition, have brought to the surface the usual fears that companies in the private sector will step in to run commissioning for GPs and will turn to private providers instead of the NHS. The thought of tax-payers' money being handed over to fat cats - privatisation by the back door - makes many people see red. Fair point.

But that is a hypocrisy if the variation in performance and therefore the waste in the NHS are not condemned with equal vehemence. Last year a report by the Centre for Health Economics found that if all regions performed like the South West, the NHS would save £3.2 billion. EC Harris's analysis of NHS estates showed that savings of £2 billion were possible. And researchers at the London School of Economics, Bristol University and Imperial College London claim that competition is bringing positive results. Zack Cooper, one of the authors of the LSE study, said, *'Competition between hospitals since 2006 has improved efficiency, raised quality, saved lives, and done so without hurting equity of access.'*

It is as if a Shakespearean drama were being played out before our eyes. But will it be the inspirational Henry V, triumphing against all the odds, or the tragic King Lear, opting to 'decentralise' his 'kingdom of healthcare' by dividing it amongst his daughters? Two daughters are 'commercially aware.' They flatter to deceive and are richly rewarded. The third is 'commercially naïve' and, despite being the King's favourite, ends up empty-handed. The ensuing struggle for power produces, by the end of Act V, a Standardised Mortality Ratio that is quite appalling.

At the moment it is hard to tell. But as Shakespeare's commercially naïve heroine put it, *'Time shall unfold what plighted cunning hides.'*

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Pigeon power

Although disputed of late, it has often been supposed that Nathan de Rothschild increased the family fortune 20-fold by speculating on the outcome of the Battle of Waterloo in 1815. As the story goes, Rothschild used carrier pigeons to relay the outcome of the battle back to London, intelligence that he received several days ahead of the official messengers. He spread rumours that Wellington had lost (knowing that he had, in fact, won), causing panic and a crash in the stock market. He bought at rock-bottom prices, only to make a killing when prices then soared.

Today, of course, we can transmit vast numbers of data around the world electronically, and at lightning speed. So

the carrier pigeon has had its day. Unless you live in the country, that is.

To make the point about the poor service for users of broadband in rural areas, ten pigeons carrying memory sticks that contained a video file were recently released from a Yorkshire farm and headed off in the direction of Skegness, over a hundred miles away. Meanwhile, the same five-minute video was uploaded to the internet via the farm's broadband connection. In the time it took the pigeons to reach their destination, only 24 per cent of the 300MB file had been uploaded.

Incentives

Ministers have announced an end to 'politically-driven' targets in the NHS. Instead, they want to focus on whether patients feel that their treatment has been successful. A range of new 'measures' will replace the raft of targets that predominantly focus on technical excellence (did the operation go according to plan?) and on the quality of processes (can we shove people through A&E in four hours?). That targets have created perverse incentives in the NHS is well documented. And the canon of research and opinion was recently enriched by an insight from the Nuffield Trust into the rise in emergency admissions. The Trust argues that 270,000 patients a year (costing £330 million) are being admitted for less than a day via A&E departments when they would be better treated by their GP. The hospitals, of course, have a direct incentive to accept such people – they receive upwards of £1,000 for what may prove to be a stay of just a few hours.

But the rise in activity in emergency departments is not just an unintended consequence of the incentives given to hospitals. We must understand that patients also have incentives, as the following (genuine) case study shows. Our patient (Mrs A), was experiencing crippling, acute pain. So, at 8.00 am she phoned her GP to get an emergency appointment and the fun started.

- Delay number one – 'Please call back in 30 minutes. Our computers are down'
- Delay number two – 'The duty doctor will need to call you first to see if you warrant an emergency appointment.' After two more hours (and two more phone calls to the surgery), Mrs A is eventually invited to attend an appointment later that morning
- Delay number three – Mrs A, having courteously arrived 10 minutes early, is seen 45 minutes late by the GP, who prescribes pain relief and refers her to the local hospital for an X-ray

- Delay number four – 'Don't go to radiology before 3.00 pm: it tends to be quite busy at that time of day'
- Delay number five – On arrival at radiology, she learns that patients referred by GPs (irrespective of clinical need!) are automatically placed at the back of the queue, behind inpatients, outpatients and those in A&E
- Delay number six – 'Wait up to 10 days for the result to reach your GP.' This becomes nearly three weeks
- Delay number seven – The GP doesn't contact Mrs A when the results arrive. Instead, she has to keep calling the practice to find out when the results are in
- Delay number eight – Mrs A is asked to book an appointment with the GP she originally saw. But the practice runs a 48-hour appointments system. The Doctor she needs to see is not available. She can either call back every day and take pot luck, or she can book one of the very limited advance appointments in two weeks' time. She does the latter

Mrs A sees her GP five weeks after the onset of her problem and at last has a plan for treatment to deal with it. So what was the alternative? What would have happened if Mrs A had simply gone to A&E? She would have been triaged and X-rayed. The X-ray would have been interpreted (X-rays for A&E trump X-rays for GPs, remember) and a plan of action recommended. And all within four hours.

Four hours plays five weeks to get to the same point in the pathway of care. So, hands up if you can guess what Mrs A's incentive is next time she is in acute pain! Establishing the right measures and incentives for the providers of care is only half the battle. Mrs A will go to A&E anyway, because experience tells her that it is the most efficient route. If we are to measure patients' outcomes and redesign services accordingly, we had better be prepared for what we are about to unearth.

Here and there

There was a small but significant reduction in the number of emergency admissions for myocardial infarction [heart attack] after the implementation of smoke-free legislation. This equates to 1,200 fewer emergency admissions. **British Medical Journal**

The typical rhetoric about the current battle to balance the budget is that cutting government spending imposes short-term pain more than compensated by long-term gain. That is utter nonsense. Cutting government spending and government intrusion in the economy will almost surely involve immediate gain for the many, short-term pain for the few, and long-term gain for all. **Milton Friedman in the Wall Street Journal, 1995**

Alcohol consumption fell 6 per cent last year, the sharpest drop since 1948. It is the fourth annual fall in five years and means that drinkers are consuming 13 per cent less alcohol than in 2004. **British Beer & Pub Association**

At least a quarter of drinkers in England are exceeding healthy weekly limits for alcohol consumption. There were 954,469 alcohol-related admissions in the year ending March 2009, a rise of 9.5 per cent on 2007/08. That means almost two people were admitted to hospital for alcohol-related harm every minute. **North West Public Health Observatory**

Norwegians drink 10.7 kilograms of coffee per person each year. They also lead the globe in anxiety disorders. Maybe it's time to switch to herbal tea. **Nationmaster**

The number of people aged 65 and over is projected to reach 15.7 million by 2031. The group would count for a fifth of the population. **Office for National Statistics**

Of the total energy costs of producing food, transportation from producer to retailer represents only a small fraction. According to research by DEFRA, consumer shopping trips accounted for 48 per cent of 'food miles' in Britain. Air freight amounted to less than 1 per cent. A New Zealand lamb requires a quarter as much energy to get on a London plate as a Welsh one. **The Spectator**

But them's the rules

In our last issue, we took a sideways swipe at mindless training courses. And we invited readers to submit their own examples, promising to print the best. Well, we were absolutely inundated with a response. So, true to our word, here it is.

The target of our reader's ire is regulations for research and development. Before being set loose on as dangerous a piece of equipment as a microscope, our reader was required to demonstrate that he (or she) was up to date with training on 'Good Clinical Practice.' This involved taking a three-hour course online on how to run a clinical drugs trial

Tax Freedom Day falls on 30 May this year. That's three days later than last year, thanks almost entirely to the rise in VAT. It's now up to 20p in the pound. Thinking about it, 20p in the pound seems to be roughly what we're left with after the government's had its slice. Wouldn't it be nice to have a government that lived within its means, not yours? I always say that the Eiffel Tower is just Canary Wharf after taxes. And beware of 799 - that's now the Number of the Beast, including VAT. **Eamonn Butler, Adam Smith Institute**

Investment is thought of as good. It is when you postpone the pleasures of present consumption in order to achieve greater gains later. Gordon Brown engaged in the activity we call 'spending,' not 'investment.' His 'investment' in the public services was like my investment in a Mars Bar. There was no current pleasure foregone; it WAS current pleasure. He did not postpone present consumption; it WAS present consumption. **Madsen Pirie, Adam Smith Institute**

The total estimated worldwide costs of dementia are US\$604 billion in 2010. These costs account for around 1% of the world's gross domestic product. If dementia care were a country, it would be the world's 18th largest economy. **World Alzheimer Report 2010**

There is little variation in QOF scores; 90% of GP practices receive a QOF score of 92% or more, and half the GP practices in England score more than 99%. Thus, all things being equal, the best practice in the country receives just £100 more funding each month than the median practice. As such the incentive to invest to improve the QOF score of the practice is not significant. **Dr Chris Pike, An Empirical Analysis of the Effects of GP Competition**

If you resolve to give up smoking, drinking and loving, you don't actually live longer; it just seems longer. **Clement Freud**

Don't argue with idiots. They drag you down to their level and beat you with experience. **Comedian Greg King**

(which is actually about getting the paperwork right). Then there was an online test. First question – 'In what year was the Declaration of Helsinki ratified? 1961, 1962, 1963, 1964 or 1965?' Well, one couldn't safely look down a microscope if one didn't know that!

But don't waste your time sitting the course. Jump straight to the test. A pass is guaranteed. Because it is done online, you just need to have Google and Wikipedia open in the background to look up all the answers. Oh, and the answer is 1964 (at least, that's what Wikipedia says).

Lies, damned lies, and pointless statistics

To mark United Nations World Statistics Day, the Office for National Statistics (ONS) painted a portrait of the 'average' Briton.

The 'average' British woman is 40 years and seven months old and has 42 years left to live. If she works full-time, she works 34 hours a week, earns £22,151 a year, and is educated up to GCSE A*-C level. If she lives in England or Wales, she will have 1.96 children during her lifetime. If she lives in England, she is 161.6 centimetres tall and weighs 70.2 kilograms. The 'average' British man is 38 years and 4 months old and has 41 years left to live. If he works full-time, he works 39 hours per week and earns £28,270 a year. He is educated up to A-level standard. If

he lives in England he is 175.3 centimetres tall and weighs 83.6 kilograms.

When a British family goes shopping, the five items most likely to be in the typical weekly shopping basket are a two-pint carton of semi-skimmed milk, pre-packed sliced ham, unsweetened breakfast cereal, bacon, and a bar of milk chocolate. The average size of a household in Great Britain in the second quarter of 2009 was 2.4 people per household, compared with 2.9 people in 1971.

In the same issue the ONS stated that it was having to reduce its budget and asked how useful its outputs were. We'll get back to you on that one.

Lies, damned lies, pointless statistics and crackpot research

The Journal of Personality and Social Psychology plans to print *Feeling The Future* by Professor Daryl Bem later this year. The article presents what he claims is strong evidence for extrasensory perception (ESP). Prof Bem, of Cornell University, New York, claims that the results of experiments on students (there isn't enough of that going on) suggested that humans could accurately predict random events.

In one experiment, students were shown a computer screen with two curtains. They were told that an image lay behind one of the curtains and they had to guess which. They were also told that the image could be erotic. When an erotic image was used the success rate was 53%. For ordinary

images the success rate was 50% (as one would expect). Now, significant though that difference may be in statistical terms, we were rather hoping that to uphold the claim 'accurately predict random events' the good professor would be able to demonstrate at least a 95% success rate in *both* cases.

His peer-reviewed work was described as 'pure craziness' and 'an embarrassment for the entire field' by scientists who allege it has serious flaws and that ESP is a myth. Prof Bem refutes these claims on the grounds that he saw them coming!

Final thoughts

You might suppose that efficiency and incompetence are mutually exclusive. But the partition that divides them may be thinner than you care to think. Have you ever stopped to ponder the security announcement at Euston Station? The one that says 'Unattended bags may be destroyed or damaged by the security services.' The destruction of suspect packages should fill us with confidence that nothing will be left to chance when it comes to public safety. How efficient our security services must be. But 'damaged.' Doesn't that smack more than a little of incompetence? 'I'm very sorry sir. I tried to destroy your briefcase, but I'm all fingers and thumbs today and succeeded only in dropping

it. Anyway, it turns out that it's not dangerous. Sorry about the broken laptop.'

While we're on the subject, have you also noticed how Transport for London regulates itself when it comes to quality? 'We are pleased to announce that there is a good service on all London Underground lines.' We'll be the judge of that, thank you very much.

And just in case you hadn't noticed, WE WON THE ASHES!



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