

Bring back imperial measurement

You probably think that you know nothing about the pre-Socratic Greek philosopher, Protagoras. But he is best known for coining the phrase 'Man is the measure of all things'. This fragment has been passed down from the fifth century BC, without context and therefore subject to considerable interpretation. Kenneth Clark famously used it in his seminal work, *Civilisation*, to describe how it was we emerged from the Dark Ages into the Renaissance.

But perhaps Protagoras was not being philosophical at all. Perhaps he was being quite literal. In his book, *About the Size of It, The Commonsense Approach to Measuring Things*, Warwick Cairns posits the argument that when we are not measuring 'stuff' for scientific reasons, we tend to do it roughly. A human foot measures a building plot; the width of a hand measures the size of a brick and the height of a horse;

a yard is a stick as long as your leg; a pound is about the weight you can easily hold in your hand.

There is one system that does not sit well with measurements of human origin. It is, of course, the metric system. A kilogramme of apples cannot fit in your hand. A metre used to be the length between two marks on a platinum-iridium bar, which was designed to represent one 10 millionth of the distance from the equator to the north pole through Paris. This was not a workable definition, so after several attempts to come up with something snappier, in 1983, it was redefined as the distance travelled by light in a vacuum in one 299,792,458th of a second - much more user-friendly.

Imperial measures derive from the 'crooked timber of humanity'. So they work!

Final thoughts

The *Evening Standard* reports that Tunbridge Wells Borough Council has banned the use of the term 'brainstorming'. Apparently, the councillors are afraid of offending epileptics and people who are mentally ill. Council employees must therefore use 'thought showers'. This is a much prettier expression, not to mention inoffensive and meaningless in equal measure. Another example of madness gone politically correct. Even a spokesman from the mental health charity, SANE, said: 'This ban goes too far.'

On a similar note, Manchester University Students' Union has been accused of excessive political correctness for deciding to rename the toilets in the union building. The traditional 'Ladies' and 'Gents' signs have been deemed (wait for it) 'genderist', because they discriminate against transgender students who can't decide which toilet they feel least uncomfortable in. The

solution is to rename them 'Toilets' and 'Toilets with urinals'. When a reporter suggested that this was political correctness gone mad, a union representative proclaimed that very phrase to be politically incorrect because it is (here comes another one) 'disablist'. Suddenly, medalling and podiuming don't seem quite so bad; and perhaps what Protagoras actually meant was: 'People with or without urinals are the measure of all things'. The only people not complaining about the change are male students, for whom it is now open season in the ladies' loos. It will all end in tears.

And finally, current research shows that there are, in fact, 10 different personality types - those that understand binary and those that do not!



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Newsletter

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That which we call a rose...

... By any other name would smell as sweet. So what's in a name? Polyclinics or 'super surgeries' are coming to a location near you. And this is a good thing, you might think. But those with particular vested interests have wasted little time rubbishising the plans for the introduction of this 'new' format for primary care. They predict a more expensive NHS, unless costs in hospitals are reconfigured. Yet these are the very people who control Practice-Based Commissioning (PBC) - the mechanism through which care can be taken out of hospitals and located in, let's say, a nice new community-based polyclinic that is more accessible to patients. They fear the destruction of traditional, patient-centred general (QOF-profiting) practice. And imposing a one-size-fits-all solution (big is best) will do little to reduce inequalities of access.

One BMA spokesman has claimed that polyclinics will 'only help a few people who commute to work'. As Janet Daley so succinctly put it in *The Telegraph*, 'You mean they would only help the people engaged in creating the wealth of the nation and thus providing the tax revenue that supports the NHS?' We are frequently lectured that what we need is a health service and not a sickness service. Keeping the economically productive amongst us healthy seems a good place to start!

So thank you *Health Investor* for reminding us all that behind the spin, there is another story. . . and a few facts. Finsbury Health Centre was built in 1938 by the modernist architect, Berthold Lubetkin. That makes it ten years older than the NHS. The centre offered dentistry and podiatry; it gave dedicated care

to sufferers from tuberculosis; and it even housed a mortuary. Today it is a home for GPs, speech and language therapy, podiatry, physiotherapy, family planning, and much more. And, of course, this model is not unique - there are many multi-use premises throughout the country, and have been for many years.

Health centres, run by primary care trusts, have been essential and significant providers of community-based health and care services. The problem is that many were built during one of the most depressingly ill-conceived periods of town and architectural planning in British history. So the estate is 'tired', badly designed and no longer fit for purpose.

Under the Government's 'Equitable access to primary care' scheme, each PCT will commission a new GP-led health centre. These will have to be 'in easily accessible locations' (to quote the Department of Health's website). The Government has pledged £250 million, which must also pay for 100 new general practices in areas of the country with the worst provision.

It does not really matter what we choose to call them - polyclinics, super surgeries, or health centres - the reality is that local communities need hubs. And if PBC is going to be successful in reducing inequalities of access, it needs somewhere for services to go. If managed correctly, the polyclinic model is not a threat to the continuity of primary care. Rather it is an opportunity to develop much needed capacity for the provision of 'care closer to home'.

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An Olympic legacy

It already seems a long time ago, but the Olympic Games in Beijing were an absolute triumph for Team GB. To have finished above Australia in the medals table was an added bonus. And didn't they whinge? Chief amongst their gripes was the accusation that British athletes were only good at sports for which it is necessary to sit down. (How wonderfully British is that?) With sedentary sports pretty much in the bag, the focus of preparations for Team GB in 2012 will gradually shift towards sports that can be done while taking tea and biscuits.

And what of London in 2012? Will the successes of 2008 inspire us all to get on our bikes (literally and metaphorically) and emulate Chris Hoy? Because once the rosy hue of reflected glory has faded, attention will eventually shift to the question of legacy. Figures for obesity, especially in children, are pointing inexorably towards a cardiovascular time bomb, and yet more mess for health services to mop up. So is there a role for our sporting heroes to inspire a change in attitudes towards diet and exercise?

If there is, it is not one that Australia (a country whose very heartbeat is a passion for sporting achievement) has learnt. A report has found that 26 per cent of the country's population is obese. It now competes with the US for title of the world's fattest Western nation. 70 per cent of men and 60 per cent

of women aged 45 to 65 are overweight or obese. Almost half the population (9 million people) is estimated to be too heavy. One professor of cardiology noted that 'if we ran a fat Olympics, we'd be gold medal winners'. Sitting down sports don't look so bad all of a sudden, do they?

However, all this detracts from the real issue at this year's Olympics. We know you would be disappointed if we didn't take a slightly deviant view of the whole proceedings. And what caught our eye, or rather ear, was the new sport of Olympic commentating. We were particularly taken by persistent talk of athletes 'medalling'. We had assumed that it was generally considered a bad idea to go medalling in China. For so many people to have been caught doing it so openly was risky behaviour indeed. Should the rest of the world expect reprisals? Michael Phelps was caught medalling with the other boys in the swimming pool eight times, and yet is regarded as some kind of hero.

Then there was the commentator who announced of the gymnast Beth Tweddle, 'If Beth delivers, she can podium'. As we know, you can only podium if first you medal and, alas, Beth didn't quite make it. We feel sorry for Tweddle, who did not medal. But we cast no opprobrium on her failure to podium. That too is wonderfully British.

Here and there

- The positive contributions to health made by social integration and social support rival in strength the detrimental contributions of well-established biomedical risk factors like cigarette smoking, obesity, elevated blood pressure, and physical inactivity. ***Bowling Alone, by Robert D Putnam***
- In 1998, around 28% of the population smoked. In 2008 the figure is 22. In the same period, the cost of smoking to the NHS has risen from £1.7 billion to £2.7 billion. ***Action on Smoking and Health and Cancer Research UK***
- Moldova has one of the smallest artillery forces in Europe, and the highest rate in the world of death by powered lawnmower. Coincidence? ***NationMaster***
- Be careful about reading health books. You may die of a misprint. ***Mark Twain***
- Three-quarters of British adults are too fat, according to new research that suggests the traditional way of calculating body mass is wrong. ***The Telegraph***
- A new report by the charity, Diabetes UK, suggests that the NHS spends ten per cent of its yearly budget, or £1 million pounds per hour, on treatment for diabetes and its complications. ***The Guardian***
- ALLIANCE, n. The union of two thieves who have their hands so deeply inserted in each other's pockets that they cannot separately plunder a third. ***Ambrose Bierce, The Devil's Dictionary***
- Whatever happened to elocution lessons? In my opinion, they should replace sex education. They would certainly reduce the rate of teenage pregnancy far more than classes with bananas and condoms ever will? ***Theodore Dalrymple, the Spectator***

Unconventional wisdom

To judge by the following entry in a patient's medical records, doctors appear to be finding ever more imaginative ways of avoiding invasive procedures:

'The patient was to have a bowel resection. However, he took a job as stockbroker instead!'

We can only guess, but presumably the referral was for occupational therapy. It was, of course, a test case, as this procedure has not yet been approved by NICE. In particular, the medical establishment is keen to know whether being a stockbroker actually increases or reduces Quality-Adjusted Life Years. Watch this space.

Reducing inequality

The Organisation for Economic Co-operation and Development (OECD) recently announced that the gap between rich and poor in Britain narrowed significantly between 2000 and 2005. But despite this, the country remains one of the most unequal in the developed world.

Of the 30 richest and most developed nations, Britain has achieved the greatest rate of improvement in equality in wealth since 2000. But in absolute terms, the nation remains one of the most unequal in the developed world – in 2005, the richest 10 per cent of the population earned nine times more than the poorest 10 per cent. Despite the improvements since 2000, the disparity between rich and poor in 2005 was 20 per cent greater than in 1985. More worrying still, evidence suggests that since 2005 the gap in income between the richest and poorest has stopped narrowing.

Halting the rise in inequality is a good start, as the Prime Minister recently noted, although he admitted that 'social mobility has not improved in Britain as we would have wanted'. But it is even debatable that the rise has truly halted. Incomes for the top fifth of earners grew by 1.5 per cent in real terms each year between 2000 and 2005. In the same period, incomes for the bottom fifth grew by 2.4 per cent. But Mark Pearson of the OECD emphasised that, if disposable income is taken as the measure, the long-term trend is towards greater inequality.

What they can't do these days

Fertility services are obviously undergoing something of a transformation. With the credit crunch hitting our pockets, fewer couples are able to afford IVF treatment.

So clinics that are struggling for business are now looking at more affordable and, let us say, hands-on techniques. At least that is our explanation, given the following medical

Already, the obvious question is being asked: If Governments around the world can find trillions of dollars to shore up dysfunctional banks, then surely they could also fund effective unemployment insurance schemes and employment subsidies couldn't they?

This would be good news for healthcare, as the links between economic deprivation and ill-health are well understood. As part of the assurance system for World Class Commissioning, primary care trusts will be measured on how they tackle inequality. But what influence can they realistically exert? The Index of Multiple Deprivation (IMD) is the chosen metric. It contains seven measures of deprivation, of which health and disability is one, carrying a weighting of 13.5 per cent of the overall IMD index. Income and employment deprivation are two others, each carrying a weighting of 22.5 per cent.

So health services can, at best, directly influence 13.5 per cent of the problem. And according to the prognosis of the OECD, 45 per cent of the problem (income and employment, which are positively correlated with health status) is not improving at all in real terms. As OECD Secretary General, Angel Gurría, warns; 'Growing inequality is divisive. It polarises societies'. If economic inequalities remain as they are in Britain, our health services face an immense challenge if they are to realise meaningful improvements in equality in health.

communications we recently came across:

'Between you and me, we ought to be able to get this lady pregnant'. And then this: 'She can't get pregnant with her husband, so I will work her up'.

Now that's commitment!

Flying the NHS

A CGH consultant recently experienced a personal flypast by the Red Arrows. As he sat atop a hill on the edge of the Cotswolds eating his lunch and minding his own business, the nine flame-red Hawks banked into view, hugging the escarpment. Spectacular sight - almost close enough to touch.

The world must take on a whole new perspective if you turn your head sideways and run at it at 600 miles per hour. A disorientating blur, but what a rush! Adrenalin gets you through it, until things level out and you eventually slow down. It's probably not too dissimilar to the sensation experienced when flying a primary care trust at the moment.

Lord Darzi's *Next Stage Review* has given you plenty to think about, especially how to improve quality and deal with providers who fail to achieve it. Your Strategic Health Authority has, of

course, put Darzi into regional perspective (let's hope everyone's singing off the same hymn sheet) to guide you in your local planning. And then there is World Class Commissioning. The exam question is simple enough - Please tell us how you plan to transform yourself into a top-notch commissioning organisation. Illustrate your answer by submitting ten key documents, which we should like you to write over the summer while you are all on holiday. Be sure to do lots of revision, because in November there's going to be a test. So now you are all running around at 600 miles per hour in a dizzy spin to get ready on time.

Once this phase has passed, who knows? Things might level out and slow down. But by then it might be time for a general election - one that promises to be as decisive as the 1997 election. Our advice? Don't get too comfy. And probably best to keep your flight suit on.