

News In Brief

How can the NHS do more for less?

The health service must get back to basics if hospitals are to have a chance of meeting the productivity challenge

The key to modern-day success in public services seems to be doing more for less. Countless policy pronouncements and political speeches make it clear that, if only we could find ways of working smarter, applying "lean" thinking, and being "transformational", our concerns about funding constraints, rising demand and gloomy economic predictions would magically disappear. Our report, *Can NHS hospitals do more with less?*, highlighted the critical role of the following: leadership, management and staff engagement; technology adoption; hospital operational processes; staff productivity; and the external policy environment.

What is needed is relentless attention to the detail of basic administrative and management practice, including the purchasing of supplies, organisation of back-office functions, and assessment of the performance of every department, ward and consultant against national and international benchmarks.

To do more for less, the NHS needs to get back to basics. ■

Judith Smith is head of policy at the Nuffield Trust and is co-chairing the trust's event How can hospitals do more with less? Implementing best practice for efficiency on Wednesday.

Patients with rare conditions face postcode lottery

Research shows that patients with rare conditions have less chance of accessing 'orphan' medication if they live in England

- Seriously ill patients with life-threatening rare diseases are being denied vital drugs because of a postcode lottery across the NHS that campaigners say is frustrating and unfair.
- New research reveals that patients with a rare condition have much less chance of accessing "orphan" medication if they live in England rather than Scotland or Wales. "Orphan" drugs treat patients with a condition affecting fewer than five in 10,000 people. ■



Doctors to be given 'fit to practise' tests

Annual assessments and five-yearly competency checks will start from December, the health secretary announces

Doctors will be given annual assessments and full five-yearly checks to ensure they are still competent and fit to practise starting from December, the health secretary, Jeremy Hunt, will announce today in a surprise move that puts an end to more than a decade of negotiation. ■

Efficiency savings

The Nicholson challenge to achieve £20bn of efficiency savings is not going to be met.

The King's Fund's quarterly monitoring report published in September said finance directors from a range of organisations were on track to achieve their planned cost improvements for this year, but many already see little chance of the overall target being hit.

Monitor's review of foundation trust plans for 2012-13 predicts savings will exceed 4% for each of the next two years, but that is not going to do the job. In this first 18 months of the challenge, trusts have been stripping out the easily identifiable inefficiencies and benefiting from the pay freeze. But the freeze cannot go on much longer and further savings will be much harder to deliver. ■

Our social environment encourages obesity

We can't begin to treat obesity when the food and drink industry has so much invested in it

Public health is clearly at odds with the vested interests of the food and drink industry, whose profits are fuelled by the obesity and alcohol epidemics. The impact of my targeting Simon with health promotion, or prescribing drugs to modify his fat metabolism, pales to nothing in the face of ubiquitous and malign social promotions.

The government's protracted emphasis on personal responsibility deflects attention from these broader determinants of health. Rather than regulating to create an environment in which individual prevention and treatment could be effective, the government actively seeks the food industry's advice in partnership arrangements. Capitalism has replaced public health advisers with corporate moguls. Tax bad food, subsidise good food, and I'll have a fighting chance to make every contact count. But without social change, when I next see Simon he will probably be contributing to the diabetic epidemic, and still thinking I'm a nag. ■

Sign of Strength

The government was forced to introduce a "pause" in April 2011 to allow a two-month listening exercise over the radical plans to overhaul the NHS, after a chorus of protests and claims that the policy was in chaos. Two months later, David Cameron would admit that he had made mistakes on the NHS as he agreed to make "substantive" changes to the legislation following recommendations by a panel of experts. The prime minister sought to cast the rethink as a "sign of strength"

Increase in breastfeeding could save NHS £40m a year, according to report

Research finds that breastfeeding for longer reduces rate of cancer, respiratory illness, ear infections and bowel diseases

If half the women who currently do not breastfeed were to do so for up to 18 months, there would be 865 fewer cases of breast cancer, says Unicef. Photograph: Justin Paget/Corbis The NHS could save at least £40m a year if more women were given help to breastfeed for longer, according to a new report. Research by Unicef UK for the first time calculates the cost to the health service of the UK's poor record on breastfeeding. Research has shown that breastfeeding lowers women's risk of breast cancer and protects babies against infections. ■

Quarter of bowel cancer patients diagnosed after emergency hospital trip

About a quarter of bowel cancer patients in England are only diagnosed with the disease after an emergency admission to hospital, according to research published on Monday. This equates to about 8,000 out of 31,000 patients admitted in a 12-month period.

These patients are less likely to have surgery than those whose first admission was not an emergency case, according to the report, which looked at bowel cancer records and hospital data.

The finding about diagnosis upon emergency admission is in keeping with research by the National Cancer Intelligence Network about bowel cancer, which is diagnosed in about 31,000 people each year in England and Wales. It is the second most common cause of cancer death. ■

When it's more dangerous to go to the hospital at weekends

Hospitals aren't able to provide a consultant-delivered service 24/7, so centres of excellence and better outreach are needed

Dr Foster Intelligence, which is half-owned by the NHS, has published data suggesting that patients admitted as emergencies to NHS hospitals at the weekend incurred higher mortality rates than patients admitted during weekdays. This was particularly evident in patients with vascular disease. Patients admitted with painful or ruptured abdominal aortic aneurysms, where there is a ballooning (dilatation) of the main artery of the abdomen, had a 10% increase in mortality at the weekends, while those with emergency atherosclerotic conditions – a threatened limb because of a sudden loss of blood supply leading to gangrene, ulceration and/or pain at rest – had an 8% increase in mortality.

There is now compelling evidence that centres of excellence for vascular surgery with a critical mass of consultants and greater access to imaging technologies 24/7 offer better outcomes to patients (ie lower mortality rates) than smaller hospitals delivering vascular surgery with fewer consultants and limited access to diagnostic imaging on Saturdays and Sundays. This is because the centres of excellence enable each emergency patient to be seen and treated by consultants every day of the week. ■