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DEPARTMENT OF HEALTH AND SOCIAL SECURITY

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From the Secretary of State for Social Services

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31 March 1988

Dear Mark

I understand that the Prime Minister enquired whether it would be possible to know weekly the number of operations carried out in the NHS. May I first of all explain the present position, and then how we might alter it

The latest published English figures for operations are for 1985. There were 2.36 million operations in the whole year, equivalent to an average of some 45000 operations a week: this figure has been used in previous Ministerial statements.

As part of the implementation package for Korner, English authorities were relieved of the need to report details of operations performed in 1986. Details of operations performed in 1987/8, analysed by broad categories of procedures will be available around the end of 1988. The total number of operations, derived from this analysis, could then be used to work out a new weekly rate.

There is, however,a more rapid alternative. From April 1987, all Health Authorities have been recording the total number of operations performed as part of information now collected on theatre usage. These figure are therefore available for management purposes within Districts at whatever interval is felt necessary. Authorities are only required to report centrally on these data at the end of each financial year, a frequency recommended by Korner, and agreed with the service. Analysis of the data from this return will be available during the summer, and can therefore be used more quickly to determine a new weekly rate of total operations performed during 1987/8.

E.R.

Both these methods rely on the calculation of a weekly rate from an annual total. The question is whether we could we deduce a weekly rate more frequently. It would be possible to ask Authorities to report centrally on the <u>total</u> number of operations performed more than once a year. Once a quarter would be the shortest interval for which a return could practically be sought; this would bring it into line with reports on waiting lists and patient activity. A change of this sort would need to be negotiated with the service (where there will be an additional cost); and it would be necessary to discuss with Regions the data on which it could be based. We would also need some further staff in the Department to handle the new work.

There are two further points you might wish to bear in mind. On such evidence as we have, it seems likely that there is considerable variation in activity between weeks (for example, Christmas and Bank Holiday). Taken over a quarter a considerable portion of this variability would be eliminated, though there would of course still remain some seasonal variation. Ministers would need to be prepared to defend variations of this sort, even though they may be for entirely proper reasons.

Secondly, the processes described above relate only to England. In Scotland, Northern Ireland, and Wales, progress towards Korner or similar, concepts varies considerably. Between them the three countries account for approximately 25 percent of the UK total of operations performed; this would need to be borne in mind in producing a national total for the NHS.

Yours ever

Flora Goldhill

FLORA GOLDHILL
Private Secretary

DHSS

With the Compliments of

Department of Health and Social Security

Speech as requested.

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cc Press Off MCH.

SECRETARY OF STATE FOR SOCIAL SERVICES: SPEECH TO THE BRITISH GUILD OF NEWSPAPER EDITORS - 26 MARCH 1988

"PROTECTING THE NATION'S HEALTH"

1. I am very honoured to have been invited to speak to this conference of the British Guild of Newspaper Editors. Yet there can be few politicians who would not approach such an audience if not exactly with trepidation, then at least with a certain degree of caution. Not many of us have escaped altogether the sting of your pens - or perhaps today it should be the bite of your word processors.

2. However, it is a useful reminder that in the complex business of managing a modern democracy, the media have at least as important a role as politicians. Some would say more important. I certainly believe that most people's view of the world, and therefore their response to it - which means the actions they take in their individual lives - is heavily influenced by what they read, hear and see in the media.

3. In this context - of your power to shape people's lives, and mindful of my topic, "Protecting the Nation's Health" - I want to start by congratulating you on your contribution - and it has been a major one - to what I think will be seen as the most important advance in health care this century.

4. I am talking about the remarkably increased understanding, by very nearly everyone, of their own responsibility for their own health.

5. As with most massive shifts in public attitudes, once it has happened it is hard to remember when times were different. But everyone in this hall, if you think about it, can remember when public attitudes to personal health were overwhelmingly passive. Ill-health was bad luck. When it happened the doctors took charge, and the doctors rarely involved the patient either in prevention or cure.

6. All that has changed, and I would argue that the media - and particularly you because in this area I think print has been more influential than either radio or television - can take a lion's share of the credit.

7. I say this because for the last five years, more probably ten, virtually every single newspaper every single day has carried at least one health story. I do not mean a story about the NHS - I mean a story about the effects of smoking, the way to lose weight, the benefits of exercise, the risks of alcohol, what happens if you don't brush your teeth, how not to get AIDS, and much more.

8. The cumulative effect of all this has been that people in this country for the first time are becoming active participants in their own health care. It is a phenomenon which, if it continues and expands, the experts tell me will have a profoundly beneficial effect on the nation's health.

9. It is a convincing demonstration of what can happen when ordinary people are given the information and know-how to improve their own lives. And it is you, the provincial press, who have given them much of this information. Your newspapers collectively reach more readers and are studied more closely than the national press so it is all the more important that you communicate the right messages about health.

10. However, if in this key area the press deserves bouquets - and I think it does - there are other areas under the heading "protecting the nation's health" where the media's performance has been less praiseworthy. You would be surprised, perhaps even disappointed, if I did not raise this with you today.

11. The future of the National Health Service is arguably one of the most important issues of our time. It is right that the debate should be open to the widest possible audience. Toward that end we welcome a continuing focus on it by the media. But - and it is a crucial "but" - it must be an informed and honest focus. This important debate will make less progress against a barrage of sensational newspaper stories that bear more relation to Hammer horror films than to the National Health Service.

12. Let me give you just two examples. On 8 November 1987 a national Sunday newspaper reported, quote, "Frantic mum Pat Durrant rushed into hospital with her child's severed finger in her pocket. But doctors kept her waiting for two hours - then told her it was too late to sew it back on to baby Jamie's hand". The article strongly implied that the wait, caused by failings in the NHS, had had disastrous consequences.

13. That was the news story. Here are the facts: On the afternoon of 24 October Mrs Durrant brought her baby to the Accident and Emergency Department of the Brook Hospital. But the child's finger was not severed - Mrs Durrant had in fact brought with her a small amount of matter which a cupboard door had squeezed out from the finger tip. The child was assessed by the sister at the A and E Department within four minutes of arrival but was not regarded as an emergency. There was no significant bleeding or discomfort. And no danger of the finger being lost. On 27 October the baby was seen by a consultant who found the finger-tip healing well.

14. Here is another example. On the 20th and 21st of January nearly all national newspapers reported that Mrs Win Oatway, a 66 year old woman from the South West, had mortgaged her house to pay for private consultation and treatment of a heart complaint because she could not gain treatment on the NHS.

15. That was the news story. Here are the facts: Mrs Oatway could have had her investigation and treatment in good time at the Bristol Royal Infirmary and there is no reason why she should have felt obliged to have them done privately. The number of heart operations carried out at the Bristol Royal has more than doubled in the last two years to 480 a year and is planned to rise to 675 a year by June 1988. An extra £50,000 has been allocated in the current year to enable patients on the waiting list for heart operations in the South West to be referred to London. The waiting time for investigations is a matter of weeks, and for operations a maximum of 6 months. Emergency cases are dealt with immediately.

16. Besides these two examples, I must just mention the wildest of all (so far anyway), which was printed on 14 February. A national Sunday newspaper reported, quote, "Hundreds of patients are having to have legs cut off because of the Health Service cash crisis. Latest figures show that 400 men and women in the West Midlands have lost limbs unnecessarily."

17. That was the story - and in this case there are no facts at all. The article offered no evidence and we are unable to find any that would support such an alarming allegation of surgical butchery.

18. It is hard to see how stories like this contribute to an informed and intelligent debate about the future of the Health Service. And yet an informed and intelligent debate is exactly what we must have. Every developed country in the world is facing the same intense pressures on health care and no country has yet come up with the perfect answer. If ever an issue needed the combined resources of media, politicians and public, this is it.

PERFORMANCE INDICATORS

19. However, the first essential ingredient of an informed public debate is sound, accurate information. It is also an essential ingredient of good management. Unfortunately in the past there has been a shortage of information within and about the NHS. But now some important steps have been taken to change all that.

20. In particular, we have strongly supported the new information systems recommended by Mrs Edith Korner and her committee. Most of their proposals have been implemented this year, and the balance will be in place next year. This has been a mammoth task for health authorities. But it has gone well and is a credit to them. The new systems will greatly enhance the information available to managers at all levels in the Service, and particularly at the crucial operational level. In addition the new systems should be of great benefit to newsgatherers, who will have access to substantial bodies of data never before available, so they can analyse and report in depth on what is actually happening in the Health Service.

21. Take for instance the Performance Indicators, or PIs. These are a completely new source of information which we introduced in 1985, and it is already clear they are a notable achievement. It is my understanding that we are the very first country in the world to publish such a comprehensive set of comparative information on individual health authorities each year. The PIs are widely available, which means every health authority can see what is happening in their own patch and elsewhere. And people from outside the NHS can look at and evaluate how individual authorities are performing. We want to encourage this openness.

22. The latest indicators for 1986/87 will be with health authorities immediately after Easter. They will then have comparative information covering four years. These latest indicators show that in a number of key areas across the country there is solid evidence of progress.

23. For example, in the major acute specialties of orthopaedic surgery, general surgery and general medicine (which use over half of all acute beds):

- the national average length of stay is gradually going down;

- the amount of time a bed stays empty between patients has fallen, and, as a result,

- the average number of patients treated in each bed has increased.

So the system seems to be becoming more efficient and this is very encouraging.

24. But there is no room for complacency. The indicators also show that there are still considerable variations in performance between districts. For example, some districts treat only 25 patients a year in each surgical bed whilst others manage 53. Even when adjusted to take into account differences between the patients treated, some districts are still treating 14 per cent fewer patients than would be expected, whilst others are treating 27 per cent more.

25. Similarly there are districts with an average length of stay 13 per cent longer than expected, whilst others manage a length of stay almost 22 per cent less than expected.

26. And if we turn to costs we again find large variations. Costs within any one group of similar districts can vary by as much as 50 per cent. Even when adjusted for different types of patients, some districts are 15 per cent more costly than expected, others 15 per cent less. In other words, a pound spent on health care in one place might buy £1.15 worth of product, whereas somewhere else it might buy only 85 pence worth.

27. So despite the Health Service's unquestionable achievements in boosting effiency, I am convinced there is room for yet more improvements in performance. We are pressing hard for action to be taken to achieve this, and I will return to this later. Before I do I want to illustrate how the indicators can help local managers to identify what action to take. In doing so, I want to stress that it is local managers who are actually - and properly - responsible for running hospitals, not my Department or the Regions.

28. They are in the best position to determine whether the optimum use is being made of resources. Our job is to make sure they are doing this and to help them to do it. Certainly we at the centre cannot and indeed should not know in detail what is happening in every hospital. But managers need information. Performance indicators are a significant and, more important, easily accessible source of such information.

29. They also place local activity in a wider context. They help a manager to decide whether something that seems reasonable locally merits closer attention compared with what is happening elsewhere. He can then look at data about activity, staff, and money in a way not possible before.

30. So the indicators place the emphasis on the critical examination of services. They raise questions, provide a means of helping to diagnose problems and then suggest possible solutions to those problems.

31. You may think - this is all very well but what real practical use is all this information. Let me tell you the use recently made of the indicators in a district not too far from here.

32. This district had problems with long waiting lists for several specialties. It used the indicators to look at the size of the problems and to identify likely causes. It then took action to remedy the position.

33. Orthopaedics had the largest proportion of patients waiting over a year - 65 per cent. By using the indicators the district was able to identify a number of problems. For example, the number of operating theatre sessions available was very low compared with elsewhere and the number of consultations per in-patient was also on the low side.

34. The indicators suggested areas where the problems might lie and what improvements might be possible. The important thing is that the general manager then took rapid action. Waiting lists became the main issue for action by unit managers in the short-term and PIs provided the basis for extensive discussions with the clinicians.

35. Immediate changes were made to get the long list under control and the district was able to make further improvements by bidding against our national Waiting List fund. Two major projects were approved in orthopaedics. The first allowed 300 extra major operations to be performed; the second an additional 1250 surgical day cases.

36. As a result of all this the waiting lists for orthopaedic surgery, 1207 in September 1985, had fallen within two years to under 800. At the same time, the numbers of those waiting over one year more than halved - falling from 689 to 300.

37. So in my example district, good progress is being made in orthopaedics. And similar progress has been made with waiting lists for other problem specialties. Indicators have a part to play in improving services. The example I have used shows what can be done given the right approach.

38. At the centre we have set in train a number of actions. First, we have asked all health authorities to analyse their PIs and to produce a commentary for authority members, Community Health Councils and local MPs. Local newspapers will, I am sure, wish to be aware of this.

39. Secondly, this year's annual review meetings with Regions will require them to present an analysis of PIs in their districts and to consider what action can be taken to reduce variations by improving the performance of authorities who are not doing as well as others in some respects.

40. Thirdly, to assist general understanding of PIs, a small booklet is being produced describing a few key indicators and their relationships to some key questions. The national range of values of these indicators is illustrated for the last four years. The booklet, which will also be published after Easter, will be passed to health authority and CHC members, as well as local MPs, with a commentary by the authority. It will also be available for purchase from the Department. In this way the indicators will assist not only local managers but also those in the area who take an interest in the development and improvement of local health services.

RESOURCE MANAGEMENT

41. So with Korner and the Performance Indicators we are providing managers with the essential tools they need to carry out their difficult tasks. Without the information our new systems are providing it is not possible to use all resources properly and improve their use. Suppose, for instance, you are a District Manager and your hospitals have always kept patients in for 10 days after major surgery. You are likely to assume that is the proper thing to do. But a look at the Performance Indicators for other districts might reveal that actually most hospitals work on a 6 to 7 day stay. No good manager, having discovered that information, could ignore it.

42. And what might that manager be likely to find if he dug a little deeper? Well, one thing he might find is that a particular pattern of admission and hospital stay had grown up over the years amongst the surgeons in his hospitals, but it was a pattern which no longer matched up to performance elsewhere.

43. So the manager might then open discussions with the doctors to see if there was room for improvement. For their part the doctors might reasonably argue that yes, they could take various steps to reduce the length of stay. But they could not take a really radical look at their treatment regimes because they did not have the necessary information about costs. A perfectly fair response.

44. It is a response which neatly sums up the reason for a further information initiative which we are currently promoting very strongly. The Resource Management initiative, as it is called, seeks to involve professional staff, particularly doctors and nurses, in the management of resources. The key is to provide them with timely, relevant and accurate information on the costs of the operations they perform and the treatments they prescribe. The initiative is currently being piloted at five acute hospital sites and good progress has been made since it was launched in November 1986.

45. The new information systems will enable the performance indicator approach to be extended to the individual hospital and, crucially, to sub-unit level within a hospital - where the real clinical decisions are taken. Peer review and other forms of professional audit will become easier both within and between hospitals. And since the clinical staff will have helped design the new systems, they should be particularly keen to use them. If the approach proves successful - and I am very eager that it should - we hope to start implementing it at all acute hospitals from the end of 1989 onwards.

HEALTH INDEX

46. I want to mention one other new information source. I recently announced that my officials were working on a package of health indicators which I call the "Health Index". The purpose of such an Index is to give us all a clearer picture of how our health as a nation is developing. For far too long the health debate in Britain has been focussed entirely on the question "How much money are we spending?" When what we should be asking is "How much health are we getting?" What really matters to individuals is how healthy they are; how well they feel. In other words the outcome of health policies, not simply the input into them.

47. Obviously there cannot be one single figure showing changes in health. But a portfolio of indicators dealing with each stage of life could show welcome trends such as increasing life expectancy, and areas where further improvements are desirable, such as the incidence of coronary heart disease.

48. Such an Index, published regularly, would be a valuable aid for policy-makers and professionals. But even more important, it could help widen understanding that personal health depends on much more than money. On, for instance, all the things you are so good at publicising like diet, exercise, and lifestyles.

CONCLUSION

49. Which is where I began. As I said then, few issues call out as strongly as health for co-operation between the media, the politicians, the professionals and the public. There is, I am sure, no disagreement between us on the aim, which is better health for everyone. The task is to work out how to achieve it. In doing this newspapers have a vital role to play: as a channel of information, a forum for debate, and a spur to greater effort. Newspapers have time and again demonstrated their power to provoke and persuade, inspire and incite, influence events and even alter outcomes. The power of the press is not in doubt. What we are all hoping is that in this particular debate you are going to use your power to encourage, enlighten and inform, and so help and not hinder the efforts of the people all around the country who are working so hard to improve the nation's health.