

BIG ISSUE • NHS REFORM

**N**ews that thousands of operations were cancelled last year due to shortages of equipment, staff, beds and lost patient notes is not the sort of headline that the NHS wants to wake up to. Neither is the constant drip-drip of individual stories of patients denied potentially life-saving equipment and drugs.

October will bring the first crucial test of the year ahead when cancer tsar Mike Richards concludes his review into co-payments on cancer drugs. A 'no' could be huge own-goal for the government, but a 'yes' would also leave the government open to accusations of institutionalising a two-tier Americanised health service.

The government is also coming under increasing pressure to decide whether it will formally standardise the procedures of the local tribunals who decide which patients receive 'exceptional funding' when their cases fall outside of the parameters of current NICE guidance.



Whilst local PCTs and health boards are likely to resent more outside interference the decision not to intervene will mean another year of bad publicity over a politically damaging postcode lottery NICE was supposed to have eliminated. As for NICE, expect recent reports of furious patient groups accusing NICE of being "patronising" and spats between pharmaceutical companies and NICE management over the cost of new treatments, to continue.

The government will continue to push forward with its programme of modernisation under the helm of Lord Darzi. It will need delicate handling to promote the idea of polyclinics over GPs concerns that their development will be to the detriment of the doctor-patient relationship and undermine local practices.

With so little to separate the main parties on health policy, will David Cameron choose to elaborate on his recent remarks on obesity and drug addiction that, we as patients, must be "active, not passive"? This approach to personal responsibility and health could play well with some sections of the electorate but could be spun to damagingly reinforce old stereotypes of the Conservatives as uncaring. How far Cameron will take this prescription in setting the Tories future agenda for the NHS will determine whether the electorate will finally be offered a different vision on health.

Join the debate: email [editorial@parliamentarymonitor.co.uk](mailto:editorial@parliamentarymonitor.co.uk)

COMMENT • HEALTH PRIORITIES

**Professor Dinesh Bhugra**

*President of the Royal College of Psychiatrists*



Although one-in-four of us is likely to develop mental illness over our lifetime – and in spite of large investments – mental health services continue

to lag behind those in physical health. Key problems identified by psychiatrists and service users include funding shortages, variable access to services, poor inpatient services and widespread discrimination.

The College believes this is unacceptable. That's why, in July, we launched Fair Deal – a three-year campaign to tackle the inequalities facing people with mental health problems and learning disabilities. Over the coming year, we will focus on two priorities: improving access to high-quality mental and physical health services for all age groups, and improving inpatient services by reducing over-occupancy and improving ward conditions.

We invite partners, stakeholders, policymakers and politicians to work with us to make a firm commitment to improving the prevention and treatment of mental disorders, and the promotion of mental health.

[www.fairdeal4mentalhealth.co.uk](http://www.fairdeal4mentalhealth.co.uk)

**Chris Pickard**

*Head of public affairs & patient relations  
Novo Nordisk Ltd*



The significance of the NHS as an electoral battleground is marginal. Its development into an interrelated set of public, socially owned

and private buyers and sellers of care, funded by general taxation, is practically guaranteed under any government.

Were the big questions of health service reform significant in recent elections? Probably not. Bitesize issues, such as hospital cleanliness, capture the public imagination, for better or worse. Access to new medicines is an important contemporary concern, while a review into 'co-payment' for healthcare, expected later in the year, is highly relevant. Although such questions are ultimately political, their resolution will require considered and honest discussion by all sides, which may be more appropriately conducted outside the frenzy of an election.

What of the votes of the million-plus NHS staff? The launch of the Conservative health green paper at the Royal College of Surgeons, and other set-pieces with the medical establishment, are a clear declaration of intent to woo an influential sector of society. Perhaps health can be a significant electoral concern after all.

**Professor Alan Maynard**

*Department of Health Sciences, University of York and chair, York NHS Hospitals Foundation Trust*



Beneath the sound and fury of NHS debate, two ubiquitous and crucial issues have to be better managed if patients and taxpayers are to get a

better deal. They are the measurement and management of patient outcomes and variations in clinical practice.

The 1845 Lunacy Act required doctors to measure their success in terms of whether patients were dead, recovered, relieved or unrelieved. Practitioners failing to ascertain whether patients got better or not were fined £2. The NHS needs to modernise and apply this legislation urgently.

The Labour government in 1976 emphasised that clinical practice variations were unacceptable. The recent Darzi report rediscovered these variations and reiterates the need to mitigate them. Similar variations in parts of the US healthcare system waste an estimated 30 per cent of the budget.

If outcome measurement and management, and a systematic approach to reducing clinical practice variations were adopted, it would be increasingly possible to determine whether spending £105bn on the NHS makes the patient better. This would be revolutionary indeed!