

ACUTE CARE Rates worst among London trusts; Plymouth scores well

Wide variation found in outpatient attendance

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Attendance rates for outpatient appointments vary significantly between trusts and regions, analysis by Dr Foster and *HSJ* reveals.

The figures, which cover the period from September 2008 until August 2010, show attendance rates fell slightly year on year from 82.9 per cent to 82 per cent in spite of a 12.5 per cent surge in the number of outpatient appointments to about 84 million in 2009-10.

Attendance rates take into account unexpected failures to attend and appointments cancelled by both the trust and patient

Of the 147 trusts analysed, 30 had attendance rates below 70 per cent, 28 between 70 and 79 per cent, 37 between 80 and 89 per cent and 52 above 90 per cent.

The figures for all NHS hospital providers and commissioners are available today on www.performance-healthcheck.co.uk.

The Royal Free Hampstead and Barts and the London trusts had the worst attendance rates at 60 and 62 per cent, reflecting a general trend in poor attendance rates across London.

A spokeswoman for the Royal

Free accepted the number of cancelled and missed appointments was too high and said the trust had implemented several measures, including trialling a text message reminder service.

Barts introduced a text message reminder service in August, which a spokeswoman claimed had reduced did not attend rates by a third.

She said: "In contrast to many other trusts, our patient population tends to be more transient and less affluent. English is not the first language for many, while others have complex social issues – all factors which contribute to higher levels of hospital non-attendance."

At 94 per cent, Plymouth

Hospitals Trust had one of the highest attendance rates and recorded just 62 cancellations out of more than a million appointments during the period.

Director of operations Richard Best said that was in part due to the trust needing to cancel relatively few appointments. "One of the most important things has been around the clinical body in terms of sticking to leave policy and giving us the required eight weeks notice [of holiday plans]," he said. "This means we can be really certain about capacity."

Nationally the figures show higher cancellation and did not attend rates during the winter months with January 2010 particularly high.

A separate analysis of did not attend and cancellation rates for 2008-09 and 2009-10 by the NHS Information Centre showed men and people in their 20s had the worst attendance rates.

Men missed 3.1 million appointments, equivalent to nearly 9 per cent of their appointments, while women missed 7.3 per cent. Among patients in their 20s, for every seven appointments attended one patient failed to turn up.

Go to www.performance-healthcheck.co.uk to see the full figures



Missing out: did not attend rates have been rising since 2008

EFFICIENCY

Computer models could help NHS save £20bn

The NHS could use computer simulations to help find £20bn savings needed by April 2015.

A letter in this week's *HSJ*, signed by 29 academics from 17 institutions, says the techniques could help the service avoid "slash and burn" tactics (see feedback, page 14).

They call for a new national institute for health system and service excellence, parallel to the National Institute for Health and Clinical Excellence, to champion modelling methods, pool evidence and spread best practice.

Professor Terry Young, chair of healthcare systems at Brunel University, told *HSJ* a broad spectrum of techniques are used in other sectors to model the

impact of efficiencies in a risk free environment.

"If something goes wrong [in a simulation] no one's life is at risk, no one's budget is overspent, and you can probably do in an afternoon what would take you a year to try to work out in practice," he said.

Asked if simulations and modelling could deliver the 20-25 per cent savings the NHS is estimated to need, he said: "If you look at the efficiency gains in industry over the last quarter of the last century – which were from a combination of process change and greater computerisation and computer-aided management of processes – the gains were at that scale or more."

Professor James Barlow, chair

in technology and innovation management at Imperial College London, said NHS organisations had tended to pilot planned changes.

"That doesn't necessarily give you good feedback on real-life problems, where probably resources are more constrained," he said.

The group, under the name of the Cumberland Initiative, plans to develop a "coherent response" to systems change in the NHS.

NHS Southampton City locality commissioning director David Paynton said: "I can't see us putting in place the huge changes we are going to need to make without some attempt to see what the implications are across the system."

MEDIA WATCH



The New Year may have only just begun but NHS managers are already in the firing line.

The Times reports that "health service managers are wasting more than £1bn of taxpayers' money every year by paying needlessly inflated prices for supplies". The story, based on an interview with NHS Shared Business Services managing director John Neilson, highlighted eight trusts routinely paying 19 different sums for the same pacemaker.

In a move guaranteed to alarm readers, the paper also quoted Mr Neilson saying millions of pounds could be saved by outsourcing more NHS administration to India, for example GP appointment booking and medical record storage.

The Sun went on the offensive stating "NHS fatcats feast as patients get £1 meal". The story picked on directors at three trusts for their restaurant expenses compared with the daily spend per patient on hospital meals.

Midwifery in particular seems to be feeling the post Christmas gloom. *The Daily Mail* reported that maternity units were "teetering on the brink" under the "relentless pressure" of rising birth rates, while Royal College of Midwives general secretary Cathy Warwick warned in *The Guardian* that GPs were "scaring women out of giving birth at home".

The Christmas period itself was, of course, dominated by the return of swine flu with the media criticising health secretary Andrew Lansley for failing to back the seasonal programme with public advertising – now hastily reinstated – and for rejecting plans to vaccinate under-fives this year.

The Daily Mail's front page headline on 29 December read "Swine flu: the perfect storm", warning hospitals will be "pushed to breaking point" after Christmas by a "deluge" of patients suffering from flu and norovirus.

In a separate public health drive, the paper named and shamed celebrities promoting "quack remedies", including Naomi Campbell's support of a maple syrup, lemon and pepper detox diet, highlighted in a critical report by the charity Sense About Science.

Steve Ford

FEEDBACK

OPINION

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Letters can and will be shortened for reasons of space. HSJ reserves the right to edit them



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Model citizens

In a blunt assessment of the coming few years, the Commons health select committee stated that the NHS must achieve efficiency savings on a scale never before seen here, or indeed in other countries.

We, the undersigned, from 17 universities, believe there is a new way forward to meet this challenge, which could also achieve a dramatic improvement in outcomes.

It requires systematic remodelling of processes for every care pathway, at policy, commissioning and operational levels. We appreciate the difficulty of that task but modelling and simulation offer tremendous benefits. Many tools are already available to help staff deploy resources much more effectively. Britain has great academic strength to support the clinical leadership required to drive such change. We draw the reader's attention to success stories already in the public domain:

● East Riding PCT modelled introduction of the BNP blood test to diagnose heart failure and predicted savings and better outcomes. Subsequent implementation validated the model. The Lancashire and Cumbria Cardiac Network and the Pathology Commissioning Network used computer simulation software to generalise this prediction to save more than £100,000 per PCT per year locally. Nationally, this change would save over £20-30m per year.

● Following introduction of "free choice", Stockport PCT had to manage a rise in GP referrals to secondary care, with consequent increases in waiting times. The team used Scenario Generator to model these pathways and identified how 97 per cent of patients could be seen within 28 days and 100 per cent within 37 days.

● Leicestershire and Rutland councils, working with NHS partners, used a systems modelling approach for business case development and economic



'Across the country, the simulation would save £20-30m per year'

evaluation of an end-of-life care service. This helped scale the service and anticipate future potential savings. The initial assumptions suggested the potential to save around 450 hospital admissions a year, with subsequent evaluation verifying recurrent savings of around £1.5m a year.

● Examples abound in the US. The New York Memorial Sloan-Kettering Cancer Center uses an optimisation model to plan radiotherapy treatments, saving millions of dollars.

Professor Terry Young, chair of Healthcare Systems at Brunel University, Professor James Barlow, chair in technology and innovation management at Imperial College London, plus 26 other academics. A longer version of this letter, with all 28 signatories, is at hsj.co.uk

Altogether now?

I agree with Rob Whiteman (Opinion, page 16, 9 December) that treatment for drug and alcohol dependency should be tackled together in a whole systems approach. The creation of Public Health England in 2012 will enable local councils to undertake this task. However, ringfenced funding for public

health is not the barrier that Mr Whiteman makes it out to be. Historically, drug treatment funding was ring-fenced because there was under-investment in the sector and the government wanted to focus NHS resources on tackling the drugs problem. Alcohol treatment funding was not ring-fenced, and investment failed to keep pace with that for drug treatment.

In line with the new Drug Strategy, the National Treatment Agency for Substance Misuse is about to launch a consultation on a new recovery-oriented framework for drug treatment. One of the issues at stake is whether drug and alcohol treatment should be integrated in a single service model. We welcome all views.

Paul Hayes, chief executive, National Treatment Agency for Substance Misuse

Different strokes

Helen Bevan's article (9 December) on social movements and service improvement was refreshing and long overdue. Sympathetic supporters are more likely to demonstrate "the bravery to act in the face of uncertainty" if they are embedded in social networks with other activists.

Social movements have historically directed their demands for change at a target rather than forming to provide services. Leaders of an NHS movement may find that its supporters may indeed share a passion for patient care and change, but choose to object at perceived injustice in the system rather than quietly work for improvements.

This paradox is best addressed through understanding the mutually reinforcing role of emotions and social networks, developed by bridge leaders. Yes, leaders can espouse a narrative that inspires followers, but this should be driven by the ideas and concerns of people at the grassroots.

Dr Clare Russell, HR management trainee, Surrey Community Health