

Discussion on the Future of Hospitals and What Needs to be Done to Optimise the Value of the Service

Thursday 10th January 2017
17.15 to 18.15pm

Carl Heneghan

Director CEBM & Professor of EBM
Nuffield Department of Primary Care Health Sciences,
University of Oxford

Sir Andrew Cash
Chief Executive
Sheffield Teaching Hospitals NHS
Foundation Trust



08:56

telegraph.co.uk

NHS 'faces its worst beds crisis this winter'

Share

THE NHS could be heading for its worst beds crisis, with some hospitals already reaching breaking point, doctors warned yesterday.

More than two months before the annual outbreak is expected, hospitals have begun turning patients away because they have no beds and too few staff. Some hospital managers have warned that levels of emergency admissions are far higher than last year and that the pressure on the system can only get worse over the coming months.

Wycombe Hospital in Buckinghamshire was forced to shut its accident and emergency

08:57

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amp.theguardian.com

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Politics

NHS faces another beds crisis

Doctors warn of cancelled operations due to lack of capacity

The Observer NHS debate

Politics

NHS faces another beds crisis

Doctors warn of cancelled operations due to lack of capacity

The Observer NHS debate

Anthony Browne, health editor

Saturday 27 October 2001 21.55 EDT

08:58

news.bbc.co.uk

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BBC NEWS

You are in: Health

Monday, 9 December, 2002, 00:01 GMT

Homeless people 'failed by NHS'



Homeless people less likely to be registered with a GP

Homeless people are being failed by the NHS, a charity has warned.

The Crisis charity says homeless people are forced to turn to already over-stretched A&E departments for care because they are unable to register with GPs.

It says the lack of early help often means relatively minor problems become emergencies - and the cost to the NHS of an A&E visit is almost three times that of GP care.

A survey by Mori for the charity suggests homeless people are 40 times more likely than members of the general public not to be registered with a GP.

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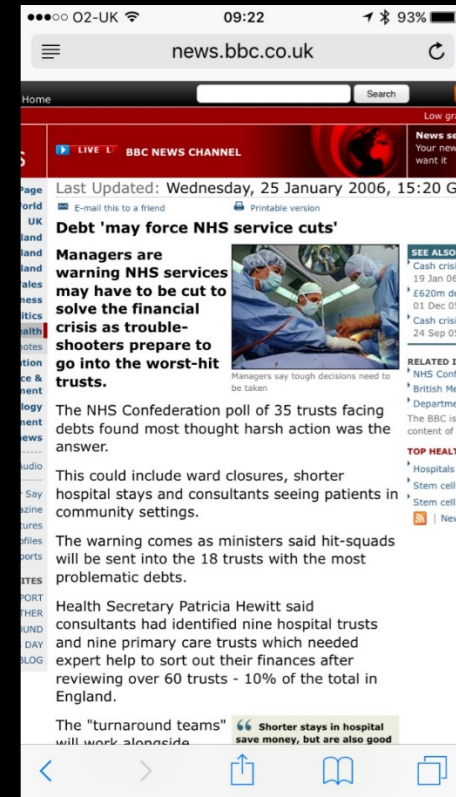
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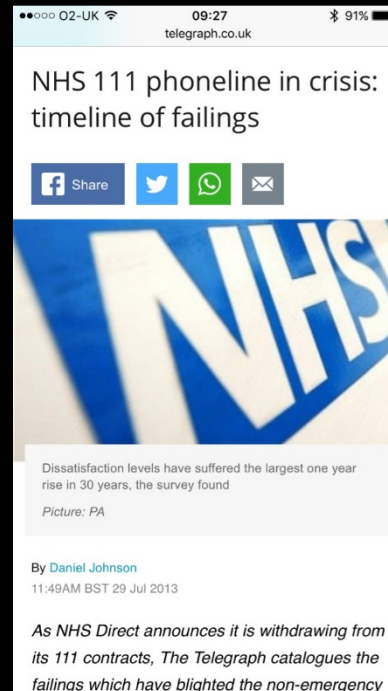
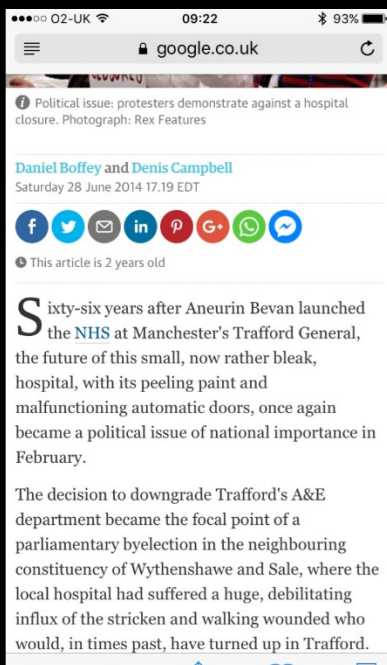
Feedback

Help



In its 2005 manifesto the Labour party promised **sustained investment** in the NHS to deliver its commitments to reduce waiting times, expand the NHS workforce and improve buildings and facilities. Specifically, it pledged to triple spending – compared to 1997 levels – by 2008.

NHS spending (in cash terms) increased from
£33.5 billion in 1997/8 to £76.4 billion in
2005/6





For 2015/16, the overall NHS budget was around £116.4 billion.

BMJ

LONDON, SATURDAY 29 JANUARY 1994

The scandal of poor medical research

We need less research, better research, and research done for the right reasons

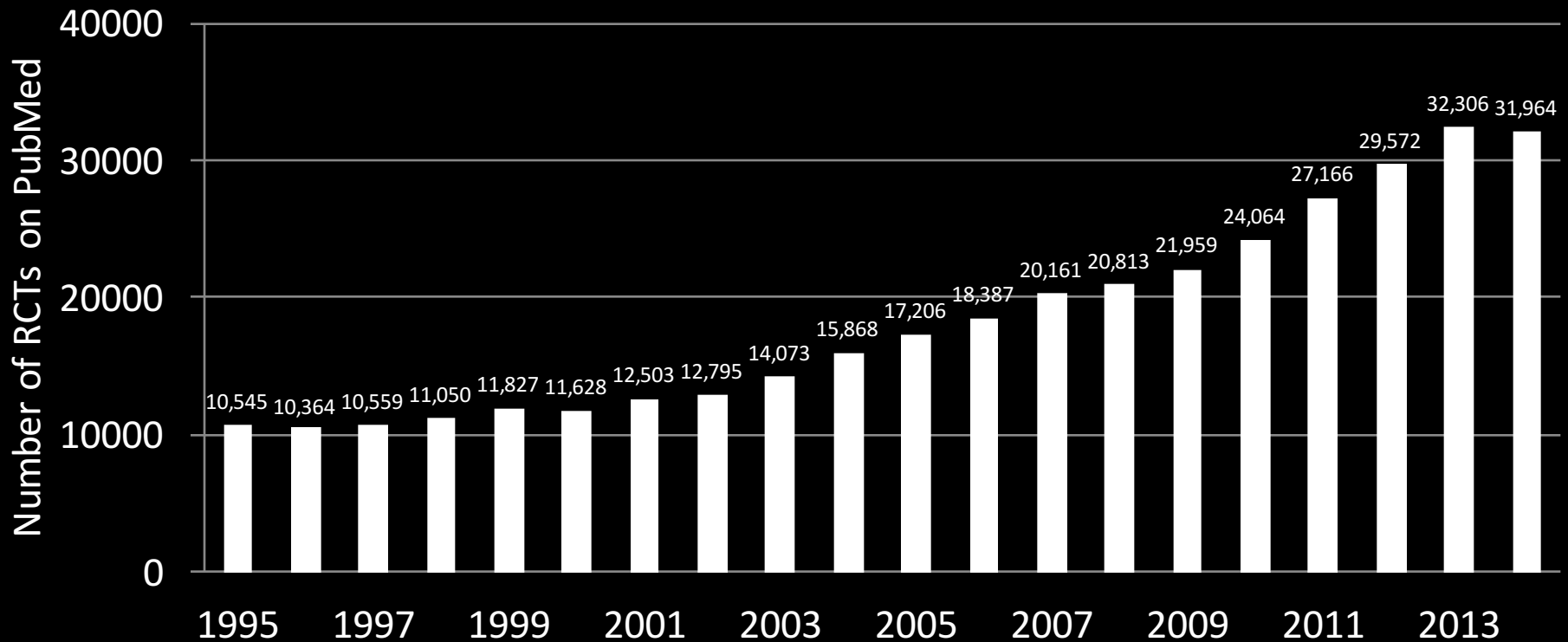
What should we think about a doctor who uses the wrong treatment, either wilfully or through ignorance, or who uses the right treatment wrongly (such as by giving the wrong dose of a drug)? Most people would agree that such behaviour was unprofessional, arguably unethical, and certainly unacceptable.

ethics that excludes scientific issues. Consequently, poor or useless studies pass such review even though they can reasonably be considered to be unethical.⁹

The effects of the pressure to publish may be seen most clearly in the increase in scientific fraud,¹⁰ much of which is relatively minor and is likely to escape detection. There is

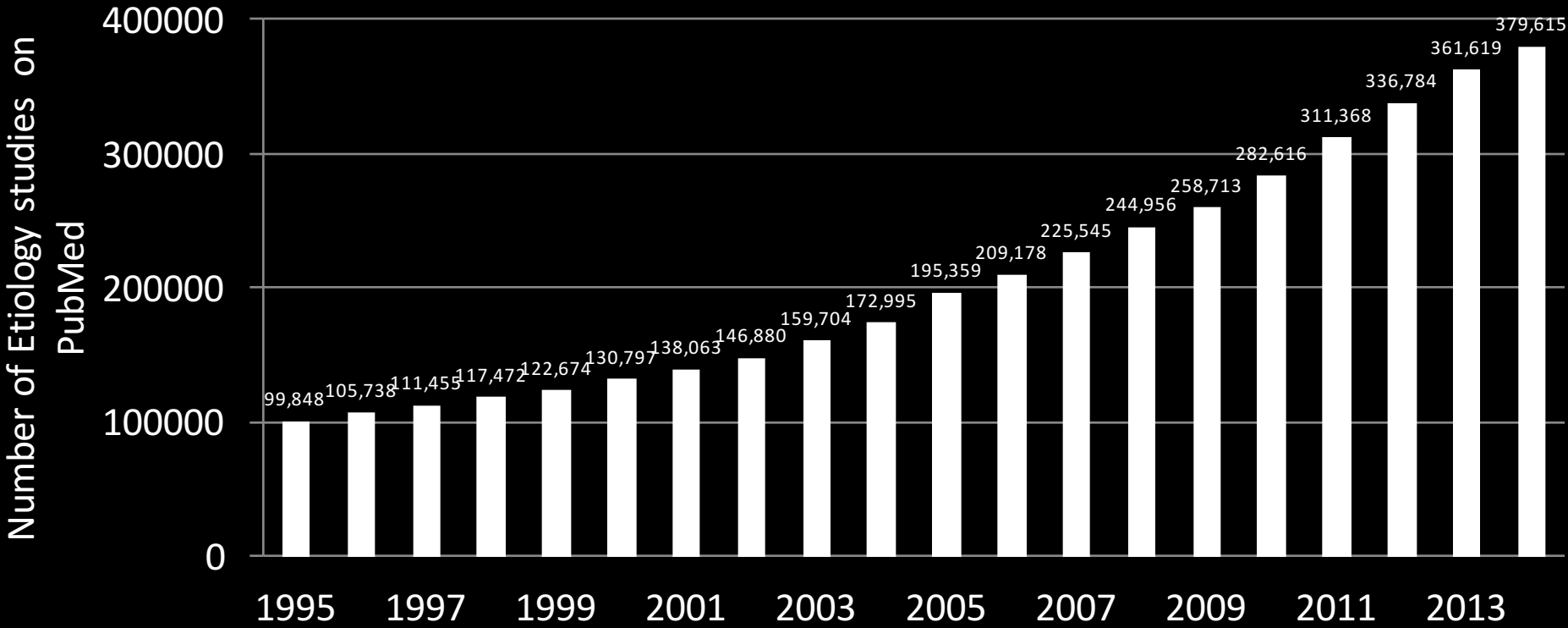
We need less research, better research, and research done for the right reasons.
Doug Altman. **BMJ 1994 The Scandal of Poor Medical Research**

(3 fold increase in RCTs over 20 years)

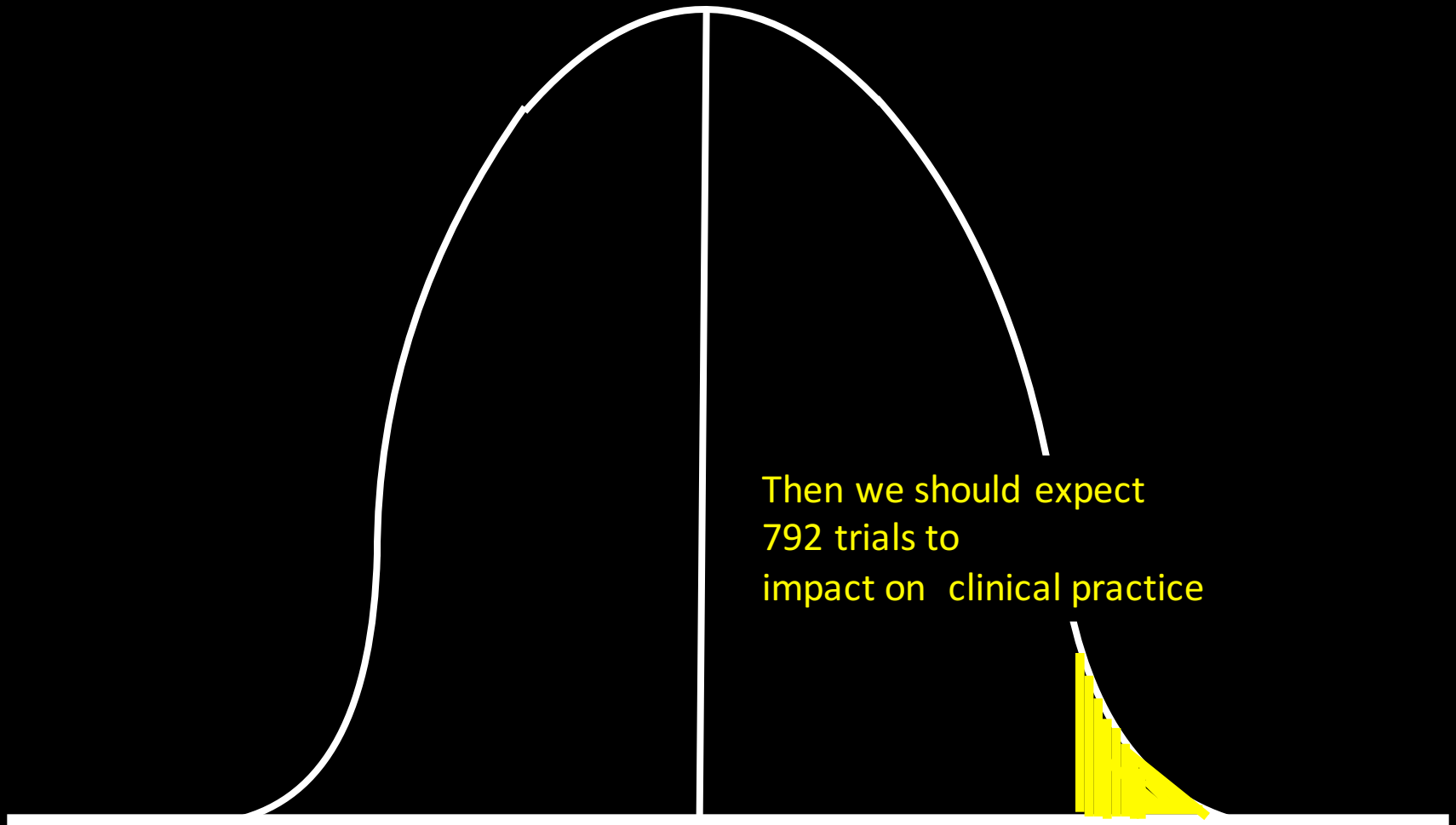


Observational research: etiology filter - risk*[Title/Abstract] OR risk*[MeSH:noexp] OR risk *
[MeSH:noexp] OR cohort studies[MeSH Terms] OR group[Text Word] OR groups[Text Word] OR grouped [Text Word])

3.8 fold increase in observational research over the last twenty years

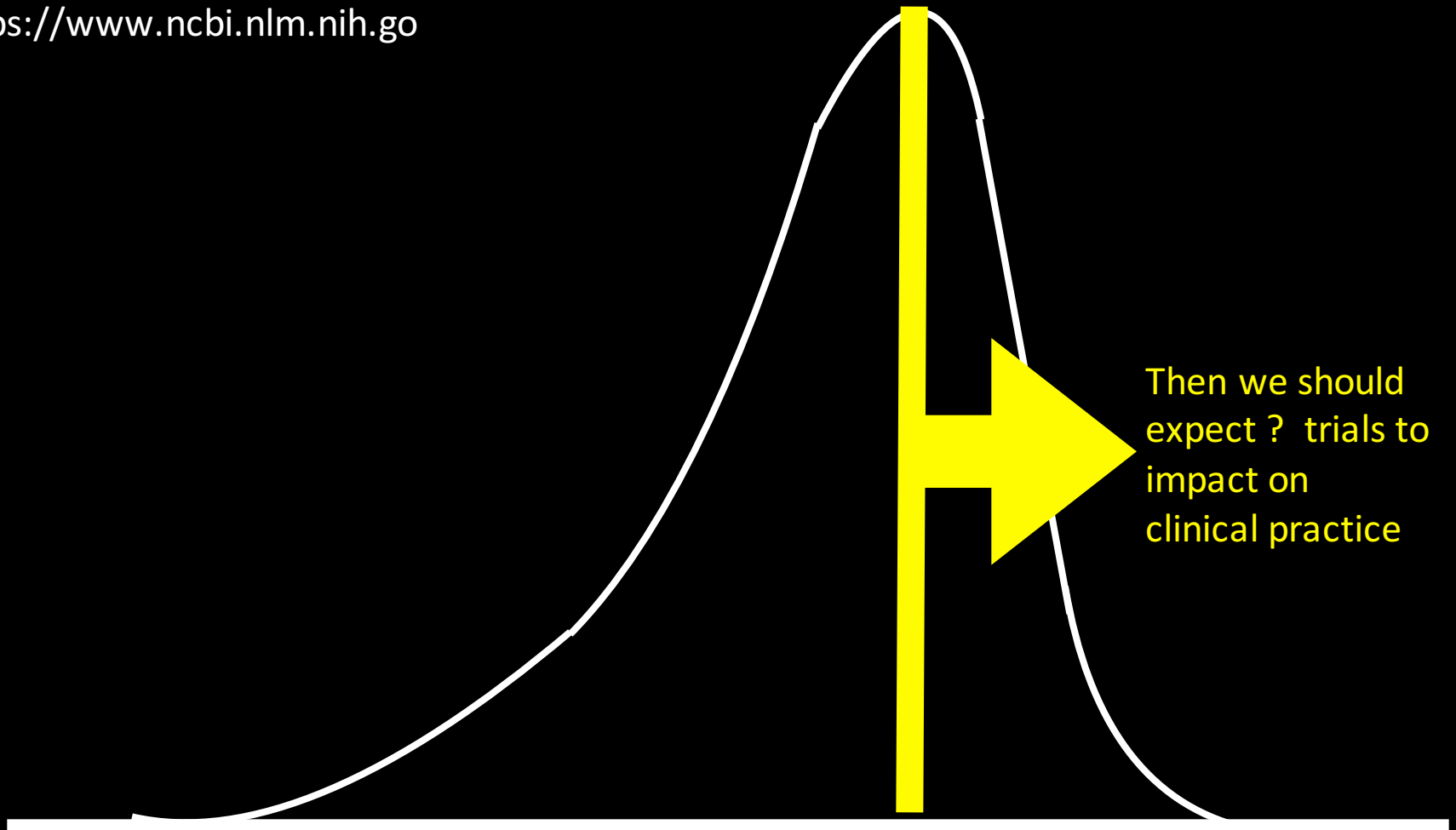


If 31,694 trials on average have no effect on clinical practice



But improvements in the design and conduct of research should mean the net effect is skewed towards benefit from the outset.

<https://www.ncbi.nlm.nih.gov>



The proportion of proposed new treatments that are 'successful' is of ethical, scientific, and public importance. We investigated how often new, experimental treatments evaluated in RCTs are superior to established treatments



Cochrane
Library

Cochrane Database of Systematic Reviews

New treatments compared to established treatments in randomized trials (Review)

Djulfbegovic B, Kumar A, Glasziou PP, Perera R, Reljic T, Dent L, Raftery J, Johansen M, Di Tanna GL, Miladinovic B, Soares HR, Vist GE, Chalmers I

Cohorts of studies were eligible for the analysis if they met all of the following criteria: (i) consecutive series of RCTs, (ii) registered at or before study onset, and (iii) compared new against established treatments in humans.

Data collection and analysis

RCTs from four cohorts of RCTs met all inclusion criteria and provided data from 743 RCTs involving 297,744 patients.

New treatments are only slightly superior to established treatments when tested in RCTs. Additionally, results have remained stable over time and that the success rate of new treatments has not changed over the last half century of clinical trials.

Society can expect that when new experimental treatments are tested against established treatments in RCTs in publicly funded trials, slightly more than half will prove to be better, and slightly less than half will prove to be worse.

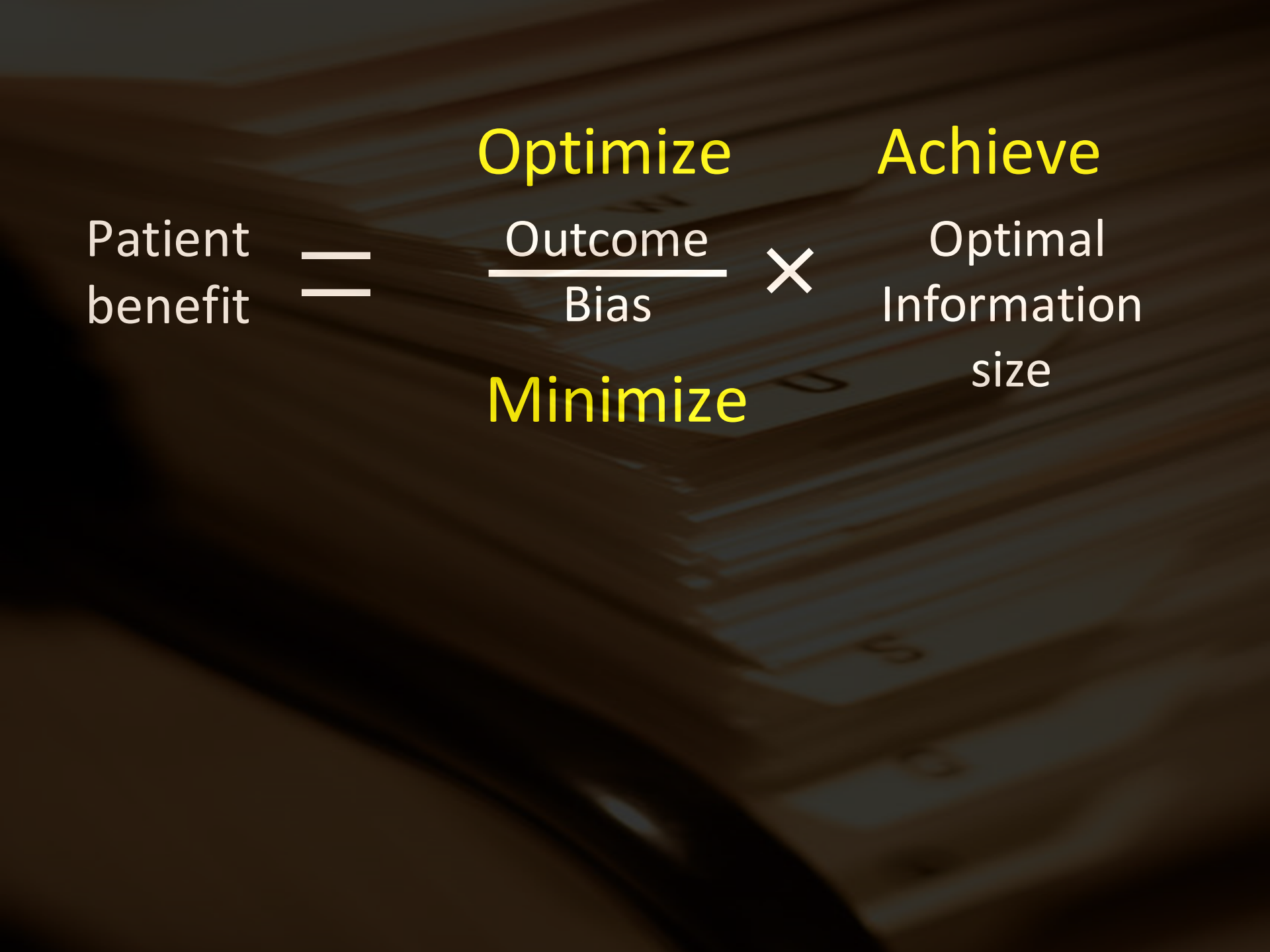


If 31,694 trials on average have a slight effect on clinical practice

Why does so little research translate into practice?

Three main problems:

1. **External validity** - The results of the trials should apply to the populations we see in practice.
2. **Internal validity** – A trial's validity should be based on the study design, the quality of the data acquisition, adherence to the protocol, the quality of the reporting and the impact of conflicts of interest have on the interpretation of the results.
3. **Clinical Significance** – the significance should be based on the relevance of the outcomes and the trade off between benefits and harms

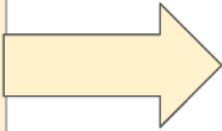
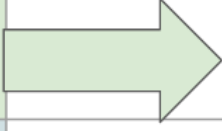
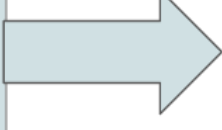
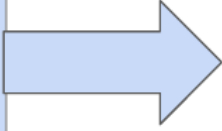

$$\text{Patient benefit} = \frac{\text{Outcome}}{\text{Bias}} \times \text{Optimal Information size}$$

Optimize

Minimize

Achieve

Why clinical trial outcomes fail to translate into benefits for patients

Design	Badly Chosen		Surrogate Composite Subjective Complex Scales Lack of relevance to patients and decision makers
Methods	Badly Collected		Missing data Poorly Specified
Publication	Selectively reported		Publication Bias Reporting Bias Underreporting of Adverse events Switched Outcomes
Interpretation	Inappropriately interpreted		Relative measures Spin Multiplicity Core outcome sets

INTRODUCTION

How Can We Assess Outcomes of Clinical Trials: The MCID Approach

Barry Make (makeb@njc.org)

*Division of Pulmonary Sciences and Critical Care Medicine, National Jewish Medical and Research Center,
and University of Colorado School of Medicine, Denver, Colorado*

ABSTRACT

Interpreting changes in outcomes of clinical trials in chronic obstructive pulmonary disease should be viewed from a broader perspective than only the statistical significance of the findings. The minimal clinical difference in outcome measures provides a conceptual framework to assist in clinical trial interpretation and a methodology to assess the clinical relevance of study results. Use of distribution-based techniques, comparison with other external measures, and opinions from experts, clinicians and patients can assist in minimal clinically important difference development. Although the minimal clinically important difference has been suggested for a wide range of outcomes of importance in chronic obstructive pulmonary disease, many have not been subjected to rigorous analysis. For newer tools such as activity monitors and questionnaires and measures not widely employed such as laboratory-based exercise tests, minimal clinically important differences remain to be determined.

INTRODUCTION

The focus of this article is on the assessment of three important outcomes of new therapies for patients with chronic obstructive pulmonary disease (COPD): exercise, health-related quality of life, and activity. It is tempting and seemingly logical to suggest that all 3 constructs are closely related. Other articles in this supplement indicate reasonable correlations between quality of life and activity, and exercise and quality of life (1, 2). However, the evidence indicates relations are less clear between exercise and activity, and exercise and quality of life (3). If all 3

The concepts of exercise, quality of life and activity are not well understood, the measures used to assess these parameters are not routinely employed in clinical practice, there is only a fair relationship of these measures to patient symptoms, and the outcome tools and their scoring are not readily apparent to patients and physicians. In addition, the clinical significance of changes in these outcomes may not be readily apparent. This article reviews the use of MCIDs as a potential tool to interpret the results of clinical trials using exercise, activity and quality-of-life outcomes. Certainly the MCID is not the only possible

More than two months before the annual flu outbreak is expected, hospitals have begun turning patients away because they have no beds and too few staff. Some hospital managers have warned that levels of



By Rosie Waterhouse
12:00AM BST 30 May 2013

A hospital trust in Bristol has run up a deficit of £44.3 million in the last financial year and is heading for an overspend of another £38 million by next spring unless savings can be found.

"Efficiency savings" and a possible "re-configuration" of hospital services will have to be made to recover the losses in a recovery plan over the next three to five years, said Sonia Mills, the new caretaker chief executive.

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NHS The Observer

The coming crisis in the NHS

Amid accusations that the government is bleeding the NHS dry, is Britain's health service about to become a key political issue?



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Public services policy | Hard times: Public services and the financial crisis

How the financial crisis will affect the health service

The expert view

Tuesday 7 October 2008 19:04 GMT



With less money coming into the exchequer



Disability/benefit levels have suffered the largest one year rise in 30 years, the survey found.
Picture: PA



Unite: NHS 'falling into chaos and crisis'

18 May 2013 Last updated at 11:34 BST

Members of Britain's largest trade union, Unite, are holding a rally outside the Houses of

In a heated exchange at this week's Prime Minister's Questions, Mr Cameron responded that the NHS had treated 1.2 million more A&E patients under the Coalition, half a million more inpatients,



NHS is in crisis says Shadow Health Secretary Andy Burnham

6 January 2015 Last updated at 10:49 GMT

David Bailey and Denis Campbell

Saturday 28 June 2014 17:19 GMT



This article is 2 years old

Sixty-six years after Aneurin Iwan launched the NHS at Manchester's Trafford General, the future of this small, now rather bleak, hospital, with its peeling paint and malfunctioning automatic doors, once again became a political issue of national importance in February.

The decision to downgrade Trafford's A&E department became the focal point of a parliamentary intervention in the north-western town of Trafford in the House of Commons.



By Rebecca Smith, Medical Editor
10:04AM BST 19 Jan 2009

The NHS is facing its greatest financial crisis due to the recession as £150m shortfall is forecast over five years, leading health service managers warn.

"Tough decisions" will have to be made on what the NHS can afford to pay for or sweeping cuts will mean waiting lists will increase leading to

NHS financial crisis is "worst ever," managers warn

BMJ 2011;343:dok
http://dx.doi.org/10.1136/bmj.d4327 Published 11 July 2011
Cite this as: BMJ 2011;343:d4327

Article Related Metrics Responses

Helen Mooney
Author affiliations

NHS leaders have warned that the NHS faces a dire financial situation that will risk patient safety

NHS faces another winter of crisis

Doctors warn of cancelled operations due to lack of capacity

NHS trusts in England could mean one-third face cuts in services and a half face recruitment freezes, a survey suggests.

The British Medical Association (BMA) said three-quarters were facing cash shortfalls of 0.2m to £25m this year.

But the government said trusts were getting above-inflation increases.

A total of 120 of England's 530 medical directors, at acute hospital trusts and primary care trusts, responded to the poll by the doctors' organisation.

In addition to the half who said their trust intended to implement a recruitment freeze, a

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More hospital job losses deepen mood of crisis in NHS

John Carroll and Les Bell
Thursday 6 April 2006 20:47 GMT



The mood of crisis in the NHS deepened yesterday with the announcement of 720 further job losses at a hospital trust in the Midlands and



The Coalition has promised to increase the NHS budget over the next four years, even as it cuts more than £40 billion from other public services.
Picture: GETTY

Nurses warn of 'workforce crisis' in NHS

By Adam Brimelow
Health Correspondent, BBC News

13 November 2012 | Health



However people are being failed by the NHS, a charity has warned.

The Crisis charity says homeless people are forced to turn to already over-stretched A&E departments for care because they are unable to register with GPs.

It says the lack of early help often means relatively minor problems become emergencies.

Last updated: Wednesday, 25 January 2016, 15:20 GMT

Debt 'may force NHS service cuts'

Managers are warning NHS services may have to be cut to solve the financial crisis as trouble-shooters prepare to go into the worst-hit trusts.

The NHS Confederation poll of 35 trusts facing debts found most thought harsh action was the answer.

This could include ward closures, shorter hospital stays and consultants seeing patients in community settings.

The warning comes as ministers said hit-squads will be sent into the 18 trusts with the most problematic debts.

Health Secretary Patricia Hewitt said

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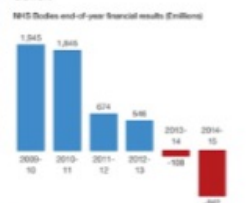
NHS staff crisis will be Johnson's first task

John Carroll, social affairs editor
Friday 29 June 2007 05:22 GMT



Alan Johnson's background and personality equip him well to tackle an industrial relations crisis in the NHS that threatens to undermine the

The NHS has gone from surplus to deficit



NHS in crisis: Record number of nurses off sick because of stress

By: JOHNNY SHAW | 21:45, 18 JAN 2015





How do we optimise the
value of the service going
forward?

Thank You

 @carlheneghan