End of the year review

The NHS continues to fuel debate on funding – or lack of it – and its level of waste in many areas. Fingers of blame were pointed in all directions and that was just the past year. Will the next five years bring transformation?

There have been whisperings that, bad as the current wave of cuts in public spending have been, worse is to come. So the Five Year Forward View was a Noah’s Ark in a £30 billion sea of deficit following what senior Tories admitted was the worst mistake they’d made in Government. Lansley’s reforms were, off the record at least, ‘unintelligible gobbledygook’.

Brainchild of the NHS Chief Executive Simon Stevens, the Five Year Plan drew on 70s popular classics for inspiration: ‘Let’s Work Together’ (Canned Heat, No. 2 in 1970), ‘I Will Survive’ (Gloria Gaynor, No. 1 in 1979) and ‘We need £8 billion upfront’ (a long-forgotten gem). Politicians hummed along though most struggled with the last tune.

Avoidable errors

UK health spending was already the lowest of the G7 but there was no lack of schemes to reduce it further. Doctors could save £2 billion by cutting waste, the Academy of Medical Royal Colleges declared. The Health Secretary said the NHS wastes £1 billion on avoidable errors (and, since a fifth of Trusts were under-reporting errors, perhaps more). Pharmacists could save £1 billion with their now permanent New Medicines Service. With more initiatives like that the NHS could incentivise people to be sick. Imagine: GPs could give patients a cut of their £55 fee for being diagnosed with dementia.

But of course all is not well and after years of constraint the cracks are beginning to widen. Acute hospitals will have to close, departing NHS Chief Executive David Nicholson said as he shut the door. More patients are waiting for hospital treatment, and for longer. A third of English Trusts were submitting incorrect cost data and 60 per cent began the year in deficit. Another crisis in A&E (in summer!). Only one in three people with diabetes met all three targets for controlling blood glucose, blood pressure and cholesterol. The RCGP revealed that it’s four times harder for patients in the most deprived areas of England to get an appointment with their GP than for those in leafier suburbs. Cancer care commissioning is in chaos, Cancer Research UK said. The Care Quality Commission found wide variation in the quality and safety of care in England’s hospitals and nursing homes. The public, or perhaps it was the media, took against care.data and the resulting PR disaster threatened the entire concept.

The Government said the Better Care Fund would deliver £1 billion from service integration. This was subsequently revised down to £334 million and still based on ‘bold assumptions’. The King’s Fund added that community services were unnecessarily complex, fragmented and poorly coordinated and the British Geriatrics Society said nothing short of
transformation was needed for services for the elderly. The Health Select Committee described ‘serious and deeply ingrained problems with the commissioning and provision of children’s and adolescents’ mental health services’. The LibDems promised mental health parity on the NHS with physical health, which is less good than it seems given the waiting lists.

**Pockets of success**

There were pockets of success. Indeed, the Office for National Statistics reported that everyone’s generally happier these days. Everyone except the long-term sick, that is. The National GP Patient Survey reported that 86 per cent of people are happy with their GP (presumably of those who could get an appointment). And NHS staff were indeed looking on the bright side; unfortunately, they were caught doing so while posting favourable online reviews about their own Trusts.

Public health, still reeling from its transfer to local authority jurisdiction, was shocked to learn from a meta-analysis that current evidence does not support reducing saturated fats to prevent heart disease. Hastily convened nutrition experts harumphed and pointed an accusatory finger at trans fats. WHO said daily consumption of sugar should be halved but the Government ruled out a sugar tax to tackle childhood obesity, even after the National Obesity Forum warned that seemingly apocalyptic estimates of future obesity rates were probably rather modest.

In the world of prescribing, Cochrane questioned the efficacy of neuraminidase inhibitors for flu and the Government announced another £49 million for stockpiling Tamiflu. Antibiotics hit the headlines again – or not prescribing them, to be accurate. NHS reorganisation was blamed for disrupting antibiotic stewardship; specialists blamed GPs for not following guidelines; and GPs blamed patients who asked for antibiotics because they were sick.

Prescribing, already labelled by the Medical Protection Society as one of the five riskiest activities for GPs, will become even riskier for the people with life-threatening or seriously debilitating conditions who now have early access to unlicensed – sorry, innovative – drugs. Polypharmacy is a good thing if patients are actually ill, Scottish researchers found. They’ll be relieved that Danish investigators made drug interactions easy with the revelation that half of all serious medication errors are due to only seven drugs or drug classes. The Nuffield Foundation reported that antidepressant prescribing increased by diagnostic or socioeconomic factors. The Royal College of Physicians said that two-thirds of asthma deaths are avoidable; presumably that includes the people who were prescribed over 50 SABA inhalers in a single year.

**NICE activity**

NICE was busy – it published 20 technology appraisals, 16 clinical guidelines, seven public health guidelines, one social care and one safe staffing guideline, 24 quality standards, and guidance on 31 interventional procedures, three on medical technologies and four on diagnostics – but postcode prescribing still exists (there was a 28-fold variation in prescribing new anticoagulants). New guidance on lowering lipids proposed a large reduction in the risk threshold for prescribing statins; this provoked a storm of protest, fuelled by a dispute about the balance of benefit and adverse effects in individuals at low risk.

Everyone’s been talking about value-based pricing since it was suggested by the Government but NICE found no acceptable way to incorporate it into its work and dumped it. The Cancer Drugs Fund, set up to get round NICE’s rulings on cost effectiveness, got an extra £40 million provided it took cost effectiveness into account. Happily for the ABPI, 52 per cent of people it questioned wanted the NHS to spend more on drugs. Leading scientists who feared that Scottish independence threatened medical research got a reprieve, as did AstraZeneca when it said a Pfizer takeover would threaten UK drug development.

On 23 March, WHO reported 61 deaths due to Ebola virus disease in west Africa. By the end of October, when the rate of notifications at last showed signs of declining, there had been 13 000 notified cases and 4 800 known deaths. Healthcare workers accounted for 546 cases, among whom there were 310 deaths. The global response was too slow but eventually helped; the pharmaceutical industry deserves credit for rapidly developing vaccines that could prevent a similar catastrophe.

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**Table 1. Drugs launches in the past 12 months**

- **diabetes** – empagliflozin (Jardiance), canagliflozin (Invokana) and alogliptin (Vipidia)
- **multiple sclerosis** – peginterferon beta-1a (Plegridy), teriflunomide (Aubagio) and dimethyl fumarate (Tecfidera)
- **melanoma** – dabrafenib (Tafinlar)
- **breast cancer** – trastuzumab emtansine (Kadcyla)
- **thyroid cancer** – cabozantinib (Cometriq)
- **lymphoma** – idelalisib (Zydelig) and obinutuzumab (Gazyvaro)
- **lung cancer** – afatinib (Giotrif)
- **hepatitis C** – sofosbuvir (Sovaldi), simeprevir (Olysio) and daclatasvir (Daklinza)
- **pulmonary hypertension** – riociguat (Adempas) and macitentan (Opsumit)
- **erectile dysfunction** – avanafil (Spedra) and topical alprostadil (Vitaros)
- **schizophrenia** – lurasidone (Latuda)
- **long-acting reversible contraceptives** – Jaydessa (levonorgestrel)
- **rosacea** – brimonidine (Mirvaso)
- **HIV** – dolutegravir (Tivicay)
- **COPD** – olodaterol (Striverdi Respimat)
- **tuberculosis** – delamanid (Deltyba)
- **new combinations** – Relvar Ellipta (fluticasone/vilanterol), Anoro Ellipta (umeclidinium/vilanterol), DuoResp Spiromax (budenoside/formoterol), Vesomni (sildenafil/tamsulosin), Vipdomet (vipdomet/simbrinza), Xigduo (dapagliflozin/metformin) and Vokanamet (canagliflozin/metformin).