England has traditionally lost out in the per capita health spend across all UK countries, but John Appleby finds it is faring better in the current economic climate.

On average, over the past seven years NHS spending per head in Scotland has been around 15% higher than in England—equivalent to a financial gap of over £15bn.
in Northern Ireland is not going up in real terms—it will be cut by around 2.2% by 2014-5 (fig 1). And in Scotland, NHS spending will be cut in real terms by around 3.3% this year (with no plans yet made for spending in subsequent years).

Despite these cuts, the NHS has done quite well compared with other areas of spending in Northern Ireland and Scotland. But in Wales, the NHS is set for a real budget cut of nearly 11% over three years. As for the NHS in England (for which the political pledge was made) it looks as if real spending will be around 0.9% lower in 2014-5 than in 2010-1. For the UK NHS as a whole funding will be cut in real terms by 2014-5.

NHS spending in England dominates UK spending of course—spending in the South West region alone is equivalent to that of Wales and Northern Ireland combined, and London’s healthcare spending is equivalent to that of Wales and Scotland combined (fig 2). But traditionally, spending per head in England has been lower than in all other parts of the UK (fig 3). On average, over the past seven years NHS spending per head in Scotland has been around 15% higher than in England—equivalent to a financial gap of over £15bn—or the annual budget of London’s entire NHS.

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Figure 2: UK NHS 2008/9 spending breakdown by country and region. Source see 2.

Figure 3: Changes in NHS spending per head, 2002–2010. Source see 2.
Success, professional recognition, and even a scattering of Hollywood glitter made the third annual BMJ Group Awards at the Hilton on Park Lane a night to remember for winners and guests alike.

This year 13 awards were presented for excellence in research, practice, innovation, sustainability, communication, and—a new category—for the best medical team in a crisis zone. Richard Peto, the leading British epidemiologist, won the Lifetime Achievement award, while the prize for Health Communicator of the Year went to the doughty and much-loved general practitioner, Ann McPherson, who set up the website HealthTalkOnline.

Dr McPherson, who has pancreatic cancer, was too ill to attend the ceremony but the actor Hugh Grant, whom she had persuaded to back her venture, stepped up to accept it alongside her husband Klim McPherson. Mr Grant described Ann as “part doctor, part campaigner, part stalker” for her subtle, persistent, and ultimately successful pursuit of his support, and said it was “a massive honour” for him to help pick up her award.

The awards, said Fiona Godlee, editor in chief of the BMJ, were a showcase for all that is best in healthcare and research, and she had been delighted by the more than 650 entries. Gordon Dickson, chief executive of headline sponsors MDDUS (the Medical and Dental Defence Union of Scotland), said his company was delighted to be sponsoring once again awards that recognised the dedication of healthcare professionals throughout the world.

Gavin Esler, the BBC TV broadcaster who co-hosted the event with Dr Godlee, said that in the toils of the NHS reform in England we should all be inspired by Hugh Clegg, a former editor of the BMJ, who wrote: “A subject that needs reform should be kept before the public until it demands reform.” Mr Esler went on: “He happens to be the grandfather of someone called Nick Clegg—I wonder what happened to him?”

Innovation
Improvements in healthcare often begin with research. The first award of the evening, for research paper of the year, went to Haleema Shakur and her team at the London School of Hygiene and Tropical Medicine for a trial that showed a low cost drug, tranexamic acid, had the capacity to save many lives by reducing bleeding after trauma. Road traffic injuries are a major and growing cause of death worldwide, while haemorrhage causes a third of deaths in hospitals.

Dr Shakur thanked the 274 hospitals and 20 000 patients and their families for agreeing to participate in the trial, which compared...
tranexamic acid with placebo. It has shown, she said, that worldwide 250,000 lives could be saved, at a cost per life of less than £40. “That’s not a lot to save a life,” she said.

Another low cost intervention won Richard Feinmann of the International Hospital in Kampala, Uganda, the award for Getting Evidence into Practice. Dr Feinmann and his team implemented a test for tuberculosis that is simple, cheap, and effective, and trained volunteers to use it in a country where tuberculosis remains a serious problem.

Dr Feinmann paid tribute to these volunteers and to his team. “Tuberculosis is a bad disease,” he said. “Two million people still die of it every year, and it’s a big killer in sub-Saharan Africa. I was delighted to be part of the project, but please remember I’m not the winner—this is a real group award.”

The Team at the Rainbow Surgery have established a partnership with a local charity, the Gainsborough Foundation, to provide help for people with alcohol problems. Inspired by a single patient seeking help, the surgery saw the need for a detoxification service to help others and have since seen more than 100 patients, with 60% of them remaining sober one year after treatment. Success had led to the project being expanded to include other local surgeries.

Children with sickle cell disease are at risk of stroke. At King’s College Hospital in London, which has one of the largest sickle cell clinics in Europe, a programme of stroke prevention was devised that involves regular ultrasound screening for all children aged 2-16 years attending the clinic and, in an extension of the service, other hospitals in south London. In the past three years there have been no new strokes among the children coming to King’s.

**Action in adversity**

Conflict, war, and pestilence inspire some of the most selfless and daring medical efforts, tending the sick and dying at great personal risk. The award for a Medical Team in a Crisis Zone was backed by BUPA in memory of Karen Woo, murdered in Afghanistan last August along with seven others. Dr Woo had worked for BUPA, and its group medical director, Andrew Vallance-Owen, paid tribute to her. She had “followed her heart” to support medical humanitarian work in Afghanistan, despite the risks.

Her mother and fiancé were in the hall to hear Dr Vallance-Owen present the award to Doctors For You, an Indian organisation originally set up to promote voluntary blood donation. When the Kosi river in Bihar flooded in August 2008 Doctors For You was galvanised into activity as a humanitarian aid organisation, mobilising a 110 strong team to treat 130,000 patients in 300 mobile health clinics. Doctors For You has also been responsible for building Biratpur Health Centre, now handed over to the local community. Dr Vivek Chhabra, accepting the award on behalf of the organisation, said he was honoured.

Junior doctors are a group that Dr Godlee said could be excused for not having much spare time to change the world. But the
impressive shortlist for Junior Doctor of the Year showed that some managed to find the time for projects that enrich the lives of others—as in the case of the winner, Dan Magnus, who founded the Kenyan Orphan Project in 2001 when still a medical student.

Dr Magnus, now a paediatric registrar in the Severn Deanery, established the project to provide a wide range of health, education, and social welfare programmes. More than 800 medical and other students at 12 universities have since contributed to its programmes. He said that junior doctors and trainees had a lot to give, especially in promoting global health.

Changing practice

The winner of the Best Improvement in Quality and Safety, a UK based award, was the inpatient diabetes team at Sheffield Teaching Hospitals Foundation Trust. It had impressed the judges by bringing together patients, nurses, doctors, and pharmacists to analyse errors in managing diabetes in the trust, such as errors in blood sugar monitoring and the administration of drugs. Best practice measures were devised to avoid these errors in future, resulting in 31% fewer harm events and 28% fewer hypoglycaemic episodes in the first four months.

Innovations need not be shiny, high tech, and expensive. They need not even be new, as was clear from the truly innovative way the MIMER Medical College in India recycled polystyrene foam boxes used for transporting vaccines into simple home incubators and transport systems for newborns at risk of becoming cold. Four breathing holes were made in the boxes to allow air to circulate, to bubble oxygen through, or to provide external feeding.

The Healthcare Communicator of the Excellence in Healthcare Education for its use of simulation and e-learning across London. Designed for use by clinicians from foundation year doctors to surgical trainees the scheme uses an inflatable portable operating theatre to promote better learning and improve patient safety.

“Good clinical leadership should be invisible to patients” said the winner of the next award, Ian Dufton, a child psychiatrist from Bolton Child and Adolescent Mental Health Services. Dr Dufton was given the Clinical Leadership award for improving the service offered and for establishing clear goals and benchmarks in a difficult field, as well as ensuring they were met. Accepting the award, Dr Dufton thanked colleagues without whom, he said, it would have been impossible, and remarked that leadership became even more important in a time of austerity.

Primary care trusts (PCTs) have had a torrid time recently, facing abolition after accusations that success in commissioning eluded them. “Anyone remember PCTs?” asked Jerome Baddeley of Nottingham and Nottinghamshire PCT, winners of the Sustainable Healthcare award. “We did some good things.”

These included, in the case of his PCT, improving its recycling rate and changing staff behaviour, with the help of advice from Nottinghamshire Energy Partnership. “We have achieved a 14% reduction in our carbon footprint in the past year,” Mr Baddeley said. “That’s not exceptional—all trusts in the room could achieve that—there are some quick wins to be had.”

Three men had been shortlisted for the Lifetime Achievement Award, won in the two previous years by women. They were George Alleyne, chancellor of the University of the West Indies, Richard Peto, co-director of the Clinical Trials Service Unit and Epidemiological Studies Unit at Oxford, and John Wennberg from Dartmouth Institute, USA. Sir Richard won the prize for a lifetime of work that has shown how smoking exceeds in virulence all other causes of cancer. Responding, Sir Richard declared that his lifetime wasn’t over yet, and if he had achieved anything so far it was by studying the obvious. He owed much to Richard Doll, who had given him tenure at an early age, sparing him constant evaluation. “Researchers need to be protected from evaluations, and some of them will do great things,” he said.

Death rates from smoking had halved since 1970, so things were getting better. “I’ve taken the obvious things—smoking, blood cholesterol—and done them. They were done here because it was the BMJ that published Doll’s original paper.”

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Outstanding Achievement in Commissioning and Healthcare Planning

A 14% reduction in our carbon footprint. A 2% death rate from smoking. An increase in the consumption of health services from 2002 to 2011. The Healthcare Communicator of the Year was awarded to Dr McPherson who had displayed outstanding achievement in commissioning and healthcare planning.