HINCHINGBROOKE HOSPITAL **Nick Seddon**

Why shouldn't private companies run failing hospitals?

The United Kingdom is unusual in having nearly all its hospitals owned by the public sector

The idea of a company listed on the London Stock Exchange's alternative investment market (AIM) taking over the running of a failing hospital would not have made national headlines in most other developed countries, but here the news has been met with anxiety and suspicion. After months of negotiation, Circle will run Hinchingbrooke Hospital in Huntingdon for 10 years in a deal worth £1bn and will assume the financial risks of making the hospital more efficient and paying off its £40m (€47m; $62m) debts (*BMJ* 2011;343:d7341). The building and staff remain in the NHS, but some worry that the deal could pave the way for "wholesale transfers" of hospitals to the private sector. This wouldn't necessarily be a bad thing.

In fact, the United Kingdom is unusual in having nearly all its hospitals owned by the public sector. High performing systems such as those in Australia, Japan, and Switzerland have more of a mix of providers. In France nearly a third of hospitals are run by non-state providers. In 2009 in Germany the proportion of hospitals run by for-profit companies (32%) overtook the proportion run by the public sector (31%) for the first time (the rest are not run for profit). Many of Germany's private providers are good at measuring clinical outcomes; any German citizen can access any hospital as part of their universal health coverage; and last year the Organisation for Economic Co-operation and Development found that the country performed better than the UK on indices of fairness.

Polarising debates that claim that public or private is better are unhelpful, as what is needed is an open system that allows the best of any sector to deliver the best care possible to patients. That said, international research by the London School of Economics and the consultants McKinsey & Co shows that private hospitals achieve higher management scores than public hospitals, which matters because better management is associated with better care and stronger accounts. Talent is the key: private hospitals can escape some of the restrictions in the recruitment of staff and performance management, and they are freer to reward high performers. In Germany, private hospitals operate with lower staff costs, mainly because they have their own collective labour agreements with lower wages, which drives productivity.

At the profit making Coxa Hospital in Finland staff incentive schemes have resulted in some of the highest workplace satisfaction ratings in the country and in recruitment of the best surgeons. Coxa is a specialist orthopaedic centre (a "focused factory," in the argot) that delivers all joint operations for the region and sells revisions on a nationwide basis. Situated on the campus of the Tampere University Hospital, this new facility has enabled wider reconfigurations: orthopaedic services from five other hospitals in the district have moved there. Specialisation and process design have improved productivity, throughput has doubled, prices have fallen, complication rates are exceptionally low, and the centre offers a "quality guarantee," giving free revisions after operations.

The Spanish region of Valencia also shows that workforce reform is an essential means of improving public services and reducing their costs. Private companies run almost a quarter of the hospitals and related primary care services, on contracts that pay them 20% less per patient than their state run competitors. Employees' terms and conditions have been renegotiated; hospital opening hours have been dramatically increased, with some operating theatres running around the clock, which was previously unthinkable; and a system of performance bonuses has contributed to higher morale. Quality (data are shared in real time with the government) has been maintained. One, Hospital de la Ribera, has been repeatedly voted Spain's best large hospital since it was built 12 years ago.

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Around the world the challenge is to make care more joined up. This means getting all parts of the system to work together more effectively. In the United States a range of organisations such as Kaiser Permanente, Intermountain, and Geisinger have long been leading the way and showing that diversity need not lead to fragmented archipelagos of care; on the contrary, standards can rise. The next stage for Valencia will be moving care out of hospital. The technology is already in place and being used: one IT system links the whole system, so patients can check the length of the queue in their GP surgery or hospital from their computer at home—and choose where they go.

The truth is that we're running out of options within the NHS family, as the Labour government realised when it put Hinchingbrooke out to tender. The credit rating agency Standard & Poor's reports that at least 20 hospitals are in such a bad way that they will need "extraordinary support" (that is, lots of money) from the government. This sum could balloon into billions in coming years. But the crisis is financial and medical, and bailouts treat symptoms not causes. There are no panaceas in policy, but we do need new, transformative approaches. If a company can raise standards, balance the books, and raise productivity, then surely its staff and investors are welcome to a profit. The quality of healthcare may well be an index of a civilization but not who provides it.

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SEXUAL HEALTH **Phil Hammond**

Warts and all at last: HPV vaccination

The UK finally follows other countries in providing the Gardasil vaccine

Health campaigning, like much of public health, can be a slow, repetitive business. The media will break a big story once and then tend to lose interest unless a fresh scandal surfaces. But to change culture, opinion, or behaviour the same message may have to be drip fed over many years. And if the story doesn't lend itself to a cute front page photo the chance of success is remote. Genital warts will never make the headlines in the *Daily Mail* or indeed any other newspaper—which makes the government's decision to switch to a multipurpose vaccine against human papillomavirus all the more remarkable.[1]

The *Lancet* kicked off the campaign in October 2006, with an editorial titled "Should HPV vaccines be mandatory for all adolescents?"[2] It argued that Gardasil, which protects against HPV types 6, 11, 16, and 18, could dramatically reduce not just the incidence of cervical cancer but unpleasant conditions such as genital warts, anal cancer, and other malignancies affecting both sexes. It concluded, "EU member states should lead by making the vaccinations mandatory for all girls aged 11-12 years."

Australia, the United States, and many European countries promptly introduced vaccination programmes, but the NHS dithered—doubtless taken aback at the cost of £241.50 (€280; $357) for a pack of three doses—and in 2008 went with the bivalent vaccine Cervarix, which protects against cervical cancer only. My daughter was due to join the vaccination programme at the time, but every sexual health consultant I knew recommended the wider coverage offered by Gardasil. Despite the Labour government's commitment to patient choice, my primary care trust would not provide it or allow me to top up the difference in price. So I paid for it privately and recouped the money by writing a personal view in the *BMJ*.[3] It attracted a surprising number of responses, indicating that the mainstream media's lack of interest in genital warts had left a large gap in the market. Warts are far more common than cervical cancer, can be devilishly difficult and expensive to treat, and, although they won't kill you, can destroy your sex life, which seems a compelling reason to prevent them if you can.

In *Private Eye* magazine I kept drip feeding the same message, often triggered by the excellent campaigning of the British Association for Sexual Health and HIV (BASHH), which—in the run up to the latest tender—conducted a survey that found that "93% of UK sexual health clinicians would advise friends and colleagues to obtain the multi-purpose vaccination for their daughters, and that 63% with teenage daughters had paid privately for the multi-purpose vaccine rather than accept the free single-purpose vaccine provided at schools."[4] This allowed me to be especially pompous: "If Andrew Lansley is to be a credible Secretary of State for Public Health, he must offer all patients the same protection against disease as the daughters of doctors."[4]

And what of the evidence? In Australia 70% of women under 28 have been vaccinated with Gardasil. New cases of genital warts among young women started falling after six months, and now, three years into the programme, they have fallen by nearly 75%.[5] Even cases among (unvaccinated) heterosexual men fell by one third, because of herd immunity. In contrast, since England's school based HPV vaccination programme began in 2008 there has been no significant change in numbers of cases of genital warts, with some 91 000 new cases diagnosed each year and a further 70 000 cases undergoing repeat treatments. It costs the NHS £31m a year to treat genital warts, and preventing most of these would free up time for staff to prevent and treat other infections. In addition, Gardasil prevents 30% of minor smear abnormalities and a rarer but often fatal condition called recurrent respiratory papillomatosis, in which babies develop florid warts on the vocal chords and in the throat. Babies who survive face multiple and extremely unpleasant treatments, costing the NHS £4m a year.

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As for the economics, BASHH predicts that "if we continue to vaccinate just 70% of 12-to-13 year old girls, genital warts should be eradicated in heterosexual women and men within 20 years, through the herd immunity effect."[6] A health economics analysis in the *BMJ* was slightly less gushing, concluding that Gardasil may have an advantage over Cervarix in reducing healthcare costs and the number of quality adjusted life years lost but that Cervarix may have an advantage in preventing deaths from cancer.[7] It also concluded that significant uncertainty remains about the differential benefits of the two vaccines.

Policy decisions often have to be made against a backdrop of imperfect science and should be changed as the evidence accrues. In a statement GlaxoSmithKline, the manufacturer of Cervarix, said that it chose not to participate in the latest NHS HPV vaccine tender process because the criteria show that "the government's priorities have shifted from cervical cancer to also incorporate HPV-related non-cervical cancers and an increased focus on protecting young girls against genital warts."[8] However, it's worth remembering that the UK's HPV vaccination programme has been a huge success, achieving higher rates of coverage than in any other country. If the same coverage continues, the incidence of cervical cancer and genital warts will be markedly reduced.

This is a time not just for celebration but also to launch the next campaign. We should make the vaccine freely available to young homosexual men, so they can benefit from protection against anal and oral cancer, as well as anogenital warts. Any takers?

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MEDICINE AND THE MEDIA **Margaret McCartney**

Barnardo's misleading survey: publicity at what cost?

A survey by the charity purporting to show anti-child sentiment in the UK got a great deal of publicity. But was the exercise a lesson in how to ask leading questions?

Barnado's latest television advert was launched at the same time as the survey results

"Half 'think youngsters are violent,'" began the Press Association wire, continuing, "Almost half of Britons think young people are angry, violent and abusive . . . The survey of more than 2000 people found half thought children were beginning to behave like animals and more than two in five thought children were 'becoming feral.'

"'What hope is there for childhood in the UK today if this is how adults think?' Ms Carrie said" (http://bit.ly/smvmh1). Anne Marie Carrie is chief executive of Barnardo's, the children's charity that had commissioned the survey into attitudes held by adults towards children in the United Kingdom. The story received broad coverage. The BBC reported, "The survey revealed that: 49% agreed children are beginning to behave like animals; almost 47% thought youngsters were angry, violent and abusive; one in four said those who behaved badly were beyond help by the age of 10. Whilst 36% thought children who get into trouble need help, 38% disagreed." Barnardo's volunteer project worker Natasha Cripps, who commissioned the research, said that the word "feral" indicated a complete desertion of young people. She told BBC Radio 5 Live, "To call them feral means, 'Right, that's it, I've given up,' and I don't think you can ever give up on children" (www.bbc.co.uk/news/uk-15568442).

Barnardo's says that its "vision today is that the lives of all children and young people should be free from poverty, abuse and discrimination" (http://bit.ly/uMuphV). But adults' fear of or negative attitudes towards children could have a substantial effect on their wellbeing and ability to thrive in larger society. Evoking such a rejection, the *Times* led with "British adults turn their backs on children" (http://thetim.es/rqnUs7). "Young written off as beyond help," said the *Daily Express* (http://bit.ly/sUepYd). Barnardo's own press release began, "Scandal of Britons who have given up on children. Many people are at risk of giving up on children altogether, a shocking new poll commissioned by Barnardo's has found. It shows that nearly half the UK population (49%) agree that children today are beginning to behave like animals."

No questions asked about any positive experiences of knowing or relating to children. Instead the questions used generalisations about children

But did the Barnardo's survey fairly reach these conclusions? The survey's first question was, "Below are a number of comments that have been made about young people in the UK. Could you tell us how much you agree or disagree with each of the statements?" The three statements were: "Children in this country are becoming feral," "British children are beginning to behave like animals," and "The trouble with youngsters is that they're angry, violent and abusive." No neutral or positive statement was given. The two other questions asked were, "When you think about children who behave in an inappropriate/disruptive/badly or anti-social way, at what age do you think it is too late to help change them for the better?" and, "How much do you agree or disagree with the following statement? 'Children who get into trouble are often misunderstood and in need of professional help.'" No questions asked about any positive experiences of knowing or relating to children. No questions asked about the respondents' family or children that they personally knew. Instead the questions used generalisations about children. The remainder of the survey asked the respondent for demographic and social information.

The style of the statements is a lesson in how to ask leading questions. Their bias makes it difficult to rely on the answers as a serious judgment of societal attitudes towards children. The follow-up questions are likely to have been prejudged by the language initially used, and it could be argued that the questions themselves, containing words such as "feral" and "animal," were created to ensure maximum coverage in the press rather than balanced research. In this Barnardo's succeeded, and it is notable that the survey was used to launch a television fundraising campaign.

The vogue for charities to use surveys to highlight a perceived need for their work is fraught with difficulties. Surveys cost money to commission and analyse. This may be a calculated cost to a charity, in that the publicity surrounding the results generate, through donations, an overall financial gain. However, it also means that the goal may be more "shocking," and hence more publicity friendly, results. Is it right for charities to use leading questions, generating results that are used to pull people into donating to them? If a drug company was using the same techniques we would rightly pull apart their claims.

Barnardo's took a contract earlier this year with the Home Office to provide care to children who are denied asylum and forced to leave the UK in "pre-departure accommodation" (www.homeoffice.gov.uk/media-centre/news/barnados-help). It also has a policy and research unit where it supports "evidence based practice and policy change. The role of the Policy staff is to effect change in external policy, practice and public opinion for the benefit of children, young people and their families. To position Barnardo's as the leading children's charity campaigning on the basis of what works and what matters for today's families throughout the UK" (http://bit.ly/vTiyDC).

Barnardo's seeks a position of leadership and influence. However, it has sought to achieve this by using a survey that was neither reliable nor fair. Its supporters, as well as the adults they blame and the children they wish to help, deserve better.

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