

## In brief

**Diabetic patients should test blood more often:** People with diabetes may be able to reduce their risk of cardiovascular disease by testing their blood glucose level more often and avoiding hyperglycaemia for extended periods, says a meta-analysis from Johns Hopkins University of more than 10 000 people with type 1 and type 2 diabetes (*Annals of Internal Medicine* 2004;141:421-31).

**Egypt tries to cut cost of drugs:** The Egyptian government has cut import taxes on the ingredients for locally manufactured drugs, in an attempt to reduce prices. In Egypt, 80% of ingredients are imported from abroad, and the recent rise in their costs has led drug companies either to stop producing certain drugs or to raise prices.

**Number of US women using folic acid rises:** This year a record 40% of US women of child bearing age are taking a daily multivitamin containing folic acid, says the March of Dimes charity, which surveyed a national sample of 2012 women aged 18-45 (*Morbidity and Mortality Weekly Report* 2004; 53:847-50).

**Devon hospital tops treatment list:** North Devon District Hospital in Barnstaple has been named as England's most outstanding hospital for its treatment of people aged 50 and over, according to new research from Saga Health Care compiled by Dr Foster, an independent company that analyses healthcare quality in the United Kingdom. Copies of the free guide can be ordered from [www.saga.co.uk/goodhospitalguide](http://www.saga.co.uk/goodhospitalguide)

**Society launches pharmacogenetics inquiry:** The Royal Society, the UK's national academy of science, has launched an investigation into whether pharmacogenetics—designing drugs based on a person's genetic makeup—is a scientifically achievable aim. The committee, to be chaired by David Weatherall, will report in summer 2005. For details see [www.royalsoc.ac.uk/policy/pharmacogenetics.htm](http://www.royalsoc.ac.uk/policy/pharmacogenetics.htm)

## Rise in spending on NHS has not been matched by rise in activity

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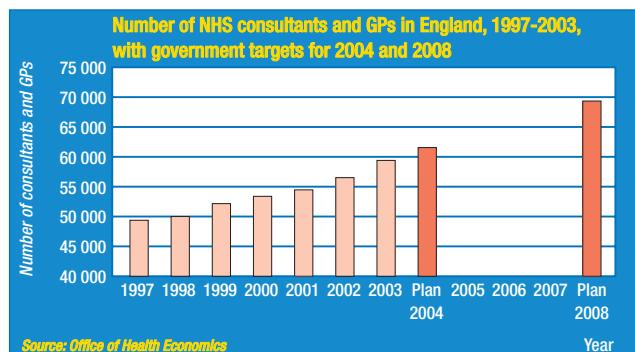
Spending on health care in the United Kingdom rose to 8.3% of gross domestic product in 2003, reaching the level of many mid-performing European countries but still falling short of health spending in Germany, France, and Italy, new research shows.

The extra cash being pumped into the health service has not, however, been matched by a similar rise in healthcare activity, says the report from the

Office of Health Economics, a think tank backed by the pharmaceutical industry.

Whereas spending on the NHS rose by 6.1% in 2000 and 7.3% in 2004, the most generous estimate puts the increase of the numbers of patients treated in hospitals at just 4%.

The implication is that the government has not achieved value for money, says the report. But the truth is that nobody



knows because value for money, or NHS productivity, is not being measured. Current measures of activity are too crude to establish whether the increased spending means that more patients are benefiting from health care or that health care is simply costing more.

The report says that the UK government has been rapidly increasing its spending on health, with spending rising by 36% between 1999 and 2003.

But despite an 18% increase in spending on new staff during the same period, the United Kingdom still has proportionately fewer doctors than other European countries. The United Kingdom currently has 2.3 doctors per 1000 population, compared with 3.3, 3.4, and 4.4 doctors in France, Germany, and Italy respectively in 2002. The government has met all the 2004 headcount targets for doctors and nurses, however, and will reach its 2008 goals, the report states. □

*Compendium of Health Statistics 2004-2005* is available from the Office of Health Economics, 12 Whitehall, London SW1A 2DY.

## GPs will be forced to offer patients private care

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Patients will have to be offered the option of treatment in the private sector under the government's plans to offer patients a choice of provider, it has emerged.

The news comes as a shock to many primary care trusts, which are responsible for ensuring that patients are offered four or five choices of where they can receive treatment.

The policy framework issued by the Department of Health in August, "Choose and Book—Patient's Choice of Hospital and Booked Appointment" (see [www.dh.gov.uk](http://www.dh.gov.uk) via search facility) said the range of service providers could include NHS trusts, foundation trusts, NHS and independent sector treatment centres, independent

sector hospitals, and GPs with a special interest or other extended primary care treatment services.

But a separate letter sent to strategic health authorities, seen by the *Health Service Journal*, states that "every [primary care trust] should have at least one independent sector provider on its menu of four or five choices for planned hospital care for five of the ten most common procedures." It adds that the trusts should plan to spend 10-15% of their total funds on private or independent sector treatments.

A Department of Health spokesman said the letter was "not that different really" from the policy framework or previous policy.

"This does not reflect a change in policy," he said. "It is simply the logical extension of our current policy on choice and plurality. By 2008 the NHS Improvement Plan suggests that the independent sector may provide up to 15% of procedures—not just treatments—for the NHS."

The proposals are part of the move towards improving choice for patients, as part of the NHS

Improvement Plan, under which patients who require an elective referral should be offered not only a choice of hospitals but also a choice of time and date for their booked appointment when they are referred for treatment by their GP or primary care professional.

The Department of Health spokesperson said that the use of the word "procedures" was intentionally broader than just routine elective operations and would, by 2008, include some diagnostic procedures, as well as treatments, which could be carried out privately.

But the latest shift of the goalposts has surprised the NHS Alliance, which represents primary care trusts. Michael Dixon, chairman of the alliance, is concerned that it undermines primary care trusts' ability to commission whoever they think best.

"The government says it has given [primary care trusts] 80% of the budget to commission. But how it should be done should be decided by the purchasers. They should be allowed to get on with the job." □