

LETTERS

MID STAFFS AND GOVERNMENT POLICY

Time for an evidence based approach to staffing

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Pollock and Rice rightly question whether the Quality, Innovation, Productivity, and Prevention programme can deliver the required productivity savings.¹ My time spent looking at how to improve health service efficiency has led me to believe that the necessary savings can be achieved only by addressing the biggest component of NHS expenditure—people.^{2 3}

An “evidence based approach” to staffing was never encouraged: it was for local communities to determine. NHS quality may suffer as fiscal tightening over the next five years leads to severe restraints on staffing levels. In the past, manpower planning was a subspecialty of public health and, although never an exact science, it was not left to the marketplace to decide. It is time that—in line with other aspects of modern healthcare—the

appropriate level and mix of healthcare staff needed to deliver a high quality service is underpinned by research evidence.

Competing interests: PL was the clinical and public health director of NICE from 1999 to 2012.

- 1 Pollock AM, Price D. Mid Staffordshire should lead to a fundamental rethink of government policy. *BMJ* 2013;346:f2190. (8 April.)
- 2 Garner S, Docherty M, Somner J, Sharma T, Choudhury M, Clarke M, et al. Reducing ineffective practice: challenges in identifying low-value health care using Cochrane systematic reviews. *J Health Serv Res Policy* 2013;18:6-12.
- 3 Garner S, Littlejohns P. Disinvestment from low value services: nicely done? *BMJ* 2011;343:d4519.

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