

NHS is told to save £2.2bn by being more efficient

Roger Dobson *Abergavenny*

The NHS in England could save more than £2bn (€3bn; \$3.7bn) a year through better productivity and efficiency, says the Department of Health.

Tackling big variations in performance could unlock resources worth £2.2bn and improve care of patients at the same time, said the health minister Andy Burnham.

New indicators, which will be produced quarterly by the NHS, are designed to show how much each trust could save if it was performing as well as the best 25%. The indicators target a number of areas, including length of stay in hospital, efficiency of emergency admissions and day case procedures, number of preoperative bed days, prescribing of low cost statins, agency costs, staff turnover, and sickness absence.

“Enabling trusts to compare themselves with other organisations in this way gives local staff the opportunity to identify where they should be focusing their efforts to improve services,” said Mr Burnham.

Potential savings calculated from the figures for the first quar-

ter of the financial year 2006-7 include £975m by reducing variation in length of hospital stays; £510m by reducing use of beds before operations; £348m by reducing emergency admissions; and £278m by reducing variation in outpatient referrals.

The biggest potential savings lie in discharging patients earlier, and the data show that several hospitals could save more than £10m each if they matched the performance of the top 25%. University Hospitals of Leicester NHS Trust is listed as having the biggest potential savings: £17.9m.

On reducing the number of wasted bed days, the indicator document says, “Admitting patients to hospital on a day prior to a booked procedure, in advance of a preoperative assessment or simply to carry out diagnostic tests wastes valuable hospital bed space and increases costs.” The biggest potential savings, £11.5m each, are recorded for the University Hospitals of Leicester and the Leeds Teaching Hospitals trusts.

Day case surgery indicators are based on performance in the 25 operations or procedures that

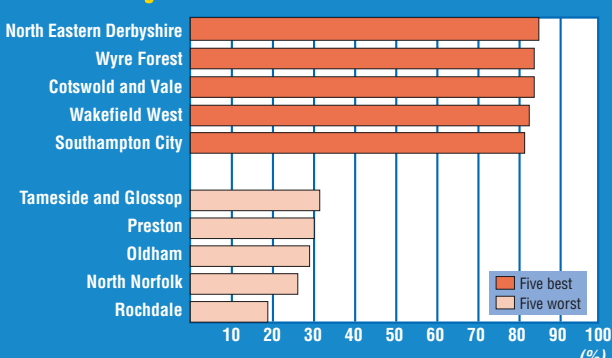
the Audit Commission has said could be carried out as day cases. Overall, the top 25% of trusts carried out 77% of the 25 procedures as day cases. The Royal National Hospital for Rheumatic Diseases achieved a 100% rate, whereas the Christie Hospital, Manchester, recorded 13%.

The indicators show that the amount of low cost statins prescribed as a percentage of total statin prescribing varied considerably. The top performer was North Eastern Derbyshire Pri-

mary Care Trust, with 84%. At the other end of the scale Rochdale Primary Care Trust achieved 19.2%, meaning it could save £1.2m.

Agency staff cost the NHS £1.3bn in 2004-5, or 4.2% of the overall staff spend. The indicators show that in the first quarter of 2006-7 the proportion spent by each trust on agency staff ranged from 0.2% at the Walton Centre for Neurology and Neurosurgery to 9.8% at Worcestershire Acute Hospitals NHS Trust. PE

Low cost statins as percentage of total statins prescribed by primary care trusts in England*: best and worst trusts



*During first quarter of 2006-7. Total statin prescriptions excludes combination products.

Source: NHS

European Medicines Agency gives favourable ruling on NSAIDs

Rory Watson *Brussels*

The London based European Medicines Agency, after a month long investigation, has decided that the benefit-risk balance of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) remains favourable.

The review, which was requested in September by France's national medicines agency, takes account of the publication of new data and analyses on thrombotic cardiovascular

safety and develops initial recommendations made a year ago.

The European Medicines Agency's committee for medicinal products for human use concluded that non-selective NSAIDs provide important treatment for painful conditions such as arthritis. Against this, it advised that it could not exclude an association between their use and a small increase in thrombotic events, such as heart attacks or strokes,

especially when used in high doses for long periods of treatment.

Overall the committee judged that the benefits of their use outweighed any possible adverse effects. In particular, it recommended that NSAIDs should be given according to the product information. The general safety profile of the respective non-selective NSAIDs, and gastrointestinal, cardiovascular, and renal risk factors for individuals should also be taken into account.

The review considered diclofenac, etodolac, ibuprofen, indometacin, ketoprofen, ketorolac, meloxicam, nabumetone, naproxen, nimesulide, and piroxicam.

The committee confirmed its previous advice to doctors and patients to use the drugs in the lowest effective dose and for the shortest possible time. Doctors are advised not to switch patients from one NSAID to another without carefully considering the potential implications, and patients should not switch without consulting their doctor.

The European Medicines Agency said that it would continue to monitor non-selective NSAIDs and would take action if any concerns emerge. It is also continuing to conduct a benefit-risk assessment for piroxicam under the agency's referral procedure. □