Setting priorities in the NHS

A framework for decision making

SUMMARY AND RECOMMENDATIONS OF A REPORT OF A WORKING PARTY OF THE ROYAL COLLEGE OF PHYSICIANS

There have been difficulties in containing costs within the NHS without compromising standards. Many medical procedures have been increasing in sophistication and cost, and not all are affordable within the budget allocated to health care. Furthermore the scope for releasing resources through efficiency savings is becoming ever more limited. Within the immediate pressures of delivery of health care there is a need to protect and coordinate staff training and research and development. To ensure that health care continues to be available on an equitable basis to the population as a whole in the face of competing demands, choices will have to be made and the criteria for making them agreed and understood by those who fund, organise, deliver and receive health care. It will be inevitable that in order to maintain services, the common good will sometimes take precedence over individual freedom of choice.

These and other issues surrounding the allocation of resources and maintenance of standards were considered by a working party whose recommendations are set out below.

RECOMMENDATIONS

1 Priorities

The main challenge facing the NHS is to find ways of maintaining standards of care while at the same time containing costs. There is a need not only to protect services for the most vulnerable members of society but also to protect the resources required for the training of health care staff and for research and development. Priorities must therefore be selected but criteria and procedures for determining them are at present inadequate. In order that a framework can be established in which choices can be made, the Royal College of Physicians recommends that:

a) A National Council on Health Care Priorities should be established, largely expert in its membership but also with representation of the public. It should carry out a continuing review of the methods employed in determining priorities, monitor how they are set, and evaluate the implications that follow when allocations are made. The Council would involve, educate and inform the public, the professions and the government. No other bodies are at present monitoring how health care priorities are set.
b) Decisions on the balance of services and the allocation of funds should be made openly, and information on which specific allocations are based should be freely available. The protection and improvement of quality must be a prime consideration, and the consequent cost implications must be taken into account. The organisational costs of services should also be monitored by the Audit Commission.
c) At the local level, health authorities should continue to have overall responsibility for maintaining national priorities and an appropriate balance between health promotion, the prevention and treatment of disease, training and research and development.
d) The expertise embodied in specialised units should be protected. Tertiary referral rates should be monitored closely, and the reasons for any substantial changes should be evaluated.
e) Long-term strategies should be developed to anticipate the likely problems in the future, including those related to the ageing of the population.

2 Effective investigations and treatments

Investigations and treatment should be both appropriate and effective. We strongly support the existing initiatives which are being used to assess effectiveness, but we believe that more progress is needed in the following areas:

a) Reliable and systematic methods for data collection, and the encouragement and funding of the evaluative clinical and public health sciences, so that they can better contribute to the priority setting exercise.
b) Monitoring, through the contracting process, the use of clinical audit to raise standards of care and to ensure that the results of evaluative studies are properly disseminated and implemented by the profession.
c) Ways of discouraging ineffective or inappropriate investigations or treatment.

d) Methods to ensure that newly developing investigations or treatments are subject to critical scientific evaluation before they are introduced generally.
e) The development of acceptable guidelines on health care which include both health promotion and clinical care.

3 Priorities in training and research and development

The resources needed for training and research and development (R&D) must be provided and time made available for these activities. We recommend that:

a) There should be supra-district coordination of training, professional development and R&D, and the regional postgraduate dean should be charged with this task and funded for it. The dean should be responsible for deciding, with the regional R&D director and with the different NHS and academic bodies, how to bring together postgraduate and continuing professional development in both the primary and the secondary health care sectors. This initiative should involve the professions allied to medicine as well as doctors. A prime aim would be to encourage evidence-based practice.
b) Adequate funding must be available for research and development which should be included where appropriate in contracts of employment.
c) Purchasers must include in their contracts sufficient time for all health professionals to be trained, to continue training and, where appropriate, to undertake research. This process should be monitored.
d) The rigorous assessment of career development should include the training of all health professionals in the methods of evaluation of health service delivery, as well as in the biomedical sciences.
e) Proper training of all staff should be supervised by the Royal Colleges and their Faculties and other appropriate professional bodies.
f) If private providers are awarded contracts they must be required to make an appropriate contribution to training, research and development.

4 Public discussion

The public need to be involved in debating how priorities in the health service should be allocated and there should be formal methods for presenting their views to national committees, local committees, and professional groups. The media should be encouraged and informed by the professions, so that they understand the importance of presenting a balanced view, in particular when commenting on individual requirements in relation to financial resources.

5 Doctor and patient

The main concern of clinicians is to benefit the individual patient. A clinician whose patient could benefit from an investigation or treatment for which funds have not been made available should have access to agreed appeal procedures.

Members of the working party

Sir Leslie A Turnberg MD, *President of the Royal College of Physicians;* **M H Lessof** MD FRCP (Chairman), *Chairman of Lewisham Hospital NHS Trust; Emeritus Professor of Medicine, United Medical and Dental Schools of Guy's and St Thomas Hospitals;* **P J Watkins** (Honorary Secretary), *Consultant Physician, King's Diabetes Centre, King's College Hospital, London;* **J Grimley-Evans,** *Professor of Clinical Geratology, University of Oxford;* **S T Holgate,** *MRC Clinical Professor of Immunopharmacology and Hon Physician, Southampton General Hospital;* **W W Holland** CBE, *Emeritus Professor of Public Health Medicine, United Medical and Dental Schools of Guy's and St Thomas Hospitals;* **B Jarman** OBE, *Professor of Primary Health Care, St Mary's Hospital, London;* **The Countess of Limerick** CBE, *Chairman of the British Red Cross Society; President of the Health Visitors' Association;* **D R London,** *Registrar, Royal College of Physicians of London.*

In attendance:
B A E Coles, *working party secretary.*

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