Short term measures to meet NHS targets cannot be sustained

Zosia Kmietowicz *London*

Some hospitals have met government targets on waiting times and care of patients by the skin of their teeth and a large amount of financial cunning, but they will find it hard to maintain their performance for another year, says a report from England's public spending watchdog.

Although hospitals and primary care trusts have cut the time that patients wait for a GP consultation, hospital appointment, or operation, they have done so by diverting money earmarked for other services, such as computers, medical equipment, and building maintenance, says the Audit Commission in its first report on the plan's impact. They did so to achieve targets set out in the government's blueprint for modernisation, the NHS Plan, which was launched in July 2000 (*BMJ* 2000;321:317).

The short term measures that hospitals have taken cannot be sustained, warns the commission. Many trusts are already finding it impossible to balance the books and can only expect to struggle more next year, when targets are squeezed further and financial juggling becomes more difficult. Problems in recruiting and retaining staff are adding to hospitals' problems.

The situation faced by many hospitals can be illustrated by targets for outpatient waiting times, said Peter Wilkinson, director of health at the commission. Halfway through 2001-2 two thirds (65%) of hospitals looked unlikely to meet the target of a maximum 12 month wait for an operation.

But lots of hard work and reorganisation of priorities, such as paying private hospitals to carry out some procedures, meant that by the end of the year some 95% of hospitals were on target. However, halfway through this financial year some 45% of hospitals have not met their target, and only 30% of these are likely to improve before the end of the year, says the commission.

Achieving a maximum four hour wait in accident and emergency departments has been harder to achieve. Last year some 45% of hospitals missed the target, and so far this year 70% are off target.

"There is a lot that can be done to improve outpatient and accident and emergency waiting times in the short term, but to achieve sustainable improvements for the long term is more difficult," said Mr Wilkinson.

Every hospital in England has been audited for the com-

mission's report *Achieving the NHS Plan*—both their current performance and their ability to improve. Most were ranked as "succeeding organisations" in terms of their ability to achieve targets and managerial competence.

But 17 out of 155 organisations were graded as possibly "unsustainable." A further 13, including two three star hospitals that could potentially be granted foundation status, were ranked lowest as "needing support."

The commission criticised the current star ranking system for failing to take into account

managerial capacity to deliver future targets.

"A more robust procedure for ranking hospitals is needed, focusing on management and financial capacity as well as patient care. Without this there is a real risk that the value of billions of pounds of new public money earmarked for nascent structures like foundation trusts will not be maximised," said James Strachan, the commission's chairman. □

Achieving the NHS Plan is available at www.audit-commission.gov.uk or can be ordered at tel 0800 502 030.

The star ranking system should be revised because several two star and three star hospitals lacked capacity and needed support

EU agrees deal on cheaper drugs for developing world

Rory Watson *Brussels*

The European Union has agreed measures to encourage drug companies to sell drugs to treat AIDS, malaria, and tuberculosis to poor countries at low prices without running the risk that the drugs would find their way on to Europe's black market.

Under the plan, exporters are invited to put their products—either patented or generic—on a tiered price list run by the European Commission.

To have their products featured on the list the companies must agree to sell the drugs at a

75% discount on European prices or to apply just a 15% mark up on the cost of production.

The products will then be stamped with a special logo that can be easily identified by customs authorities. Any attempt to import the items back into Europe would be treated as a criminal offence.

The scheme will apply to 76 least developed and low income countries—mainly in sub-Saharan Africa—that are

unable to produce locally the drugs they need and where HIV/AIDS is particularly prevalent.

The EU believes that the system will stamp out the growing phenomenon of cheap drugs destined for developing countries being smuggled back into Europe.

The EU hopes that the scheme, which will come into effect within days, will be taken up by other rich countries, notably the United States. □