Primary care trusts should delay treatment to cut deficits

Rebecca Coombes *London*

Primary care trusts should tell hospitals to "go slow" and delay inpatient treatments for up to six months in a bid to cut financial deficits to zero before the end of the financial year, the health secretary has said.

Patricia Hewitt, under questioning from the parliamentary health select committee last week, said all trusts were expected to balance their books before the end of March, even if that meant deliberately delaying operations. The government's target on waiting times is that by the end of this month no patient should be waiting longer than six months for inpatient treatment.

Ms Hewitt said that even if hospitals had the capacity to cut waiting times even further it would "make sense" for financially troubled trusts to maintain these waits while deficits were reduced.

She said, "In some parts of the country hospitals could go faster than we have asked them to; some would dearly love to get rid of waiting lists. But ... it will make sense for PCTs [primary care trusts] to say to hospitals to slow down. That would still mean a maximum six months' wait for inpatient treatment. But I'm not prepared to say that

trusts should go beyond that if they have financial problems. Trusts have to live within their means."

The NHS is currently forecasting debts of around £620m (\$1090m; €920m) for the current financial year, although the government aims to reduce the deficit to £200m by the end of the year. Ms Hewitt said she seriously expected trusts to reduce deficits.

"We are not planning for failure here ... we are not sitting here with a plan B. That would send a message to these organisations that they can carry on as they are. I understand the anxiety of patients living in these areas," she said. About 5% of NHS trusts are carrying the bulk of the forecasted deficit.

But Katherine Murphy, spokeswoman for the Patients Association, said after the hearing, "This is of grave concern for patients. It means some will have to continue suffering and have their quality of life impeded. We are paying NHS managers handsomely to manage the NHS budget; why can't it be done efficiently, and why is it that the vulnerable are affected each time?"

MPs pointed out that Ms Hewitt's recent intervention over the drug trastuzumab (Herceptin) would force trusts to spend money they hadn't budgeted for. The Labour MP Charlotte Atkins asked why Ms Hewitt had told North Stoke Primary Care Trust last month to fund treatment with the drug for a patient with breast cancer. It will cost the trust, which has

Show captures the spirit of Nobel achievement

An exhibition celebrating individual endeavour, and the environment that fosters it, has opened at the British Library in London.

Timed to coincide with the Nobel prize award ceremonies in Stockholm and Oslo on 10 December, the exhibition examines the personalities of 30 Nobel prize winners, their ideas and habits, and the creative milieus in which they worked.

Entitled "Beautiful Minds" after the book and film about the mathematician and Nobel laureate John Nash, it includes details about such laureates as Alexander Fleming, Francis Crick and James Watson, and Roger Sperry (awarded the prize for his work on the function of the two halves of the brain), who all won the prize in physiology or medicine.

As well as details about Nobel laureates and their discoveries, the exhibition tells the story of Alfred Nobel, the founder of the prizes, and displays some of the prize certificates (such as the one above), and a banquet table set as if for one of the ceremonies.

Christiane Rehwagen *BMJ*

"Beautiful Minds" runs until 15 March 2006 at the British Library. For more information see www.bl.uk.

already overspent, more than £40 000 over the next two years.

Ms Atkins said, "This is a PCT that is already having to ask the hospital to delay treatment on 500 patients. Is this a fair

position to put PCTs in?"

But Ms Hewitt said trastuzumab was an unusual case, because the early result of its clinical trial had been so remarkable.

Government must set up mechanism to save failing trusts

Adrian O'Dowd *London*

Pressure on NHS staff to maintain good care of patients will only get worse as the financial burdens on trusts grow, says a new report from the health policy think tank the King's Fund.

The report, published last week, warns that over the next few years a fifth of trusts are highly likely to have "large and persistent debts" that will put them at risk of failing.

These debts are avoidable if the government urgently installs

proper mechanisms to deal with hospital failures, says the report's author, Keith Palmer, a senior associate at the King's Fund.

Dr Palmer says the NHS should have a more flexible financial regime to allow trusts to adapt to emerging financial imbalances without compromising the quality of care.

More than a quarter of trusts in England had deficits in 2004-5, despite record levels of funding, and the deficit for the NHS

is forecast to be £620m by next April.

Dr Palmer is concerned that new health reforms, such as practice based commissioning, payment by results, and choice for patients—all of which have yet to be fully implemented—could make matters worse.

"Parts of the NHS are already experiencing large deficits despite unprecedented increases in funding, and we expect that deficits will increase at some NHS trusts when the reforms begin to bite in earnest," Dr Palmer said.

The chief executive of the King's Fund, Niall Dickson, said: "The current changes have the potential to improve patient

care, but there's a real danger that the reform agenda will fail if they are not implemented with proper safeguards.

"The government has yet to work out how we deal with hospitals that fail in the new arrangements."

The report argues that currently where a trust has a serious deficit problem the relevant strategic health authority rarely carries out a thorough analysis of the underlying causes or allows for measures to deal with them permanently.

How Should we Deal with Hospital Failure? Facing the Challenges of the New NHS Market can be found at www.kingsfund.org.uk.