New health funding allocation targets England's deprived areas

Rebecca Coombes *London*

Deprived areas in England will get proportionally larger increases in funds for primary health care in the next couple of years, the health secretary, John Reid, announced last week.

The funding increase—in which no trust will get less than an average of 8.1% more in 2006-7 and 2007-8 than in 2005-6—was greeted as a step in the right direction, although critics queried how much of the extra cash would be used up in new pay deals for staff.

Mr Reid said that a total of £135bn (\$250bn; €200bn) had been allocated to primary care trusts for 2006-7 and 2007-8. Increases in funding will be higher for the 88 so called

spearhead trusts—those with the severest inequalities in health, including urban areas in the north and Midlands and 11 areas in London.

Trusts overall will receive an average of £1388 per patient for 2007-8, while spearhead areas will get £1710 per patient.

One of the principles of the allocation was to make prevention as important as cure, said Mr Reid. He said that the allocations will help fund initiatives outlined in the public health white paper *Choosing Health: Making Healthier Choices Easier*, initiatives such as school nurses, health trainers to tackle obesity, and improved services for sexually transmitted diseases.

"I am making sure that the most deprived areas, where there are appalling inequalities in life expectancy and concentrated problems of disease, such as lung cancer or heart disease, receive extra investment," he said. "This means the distribution of money, in both the north and the south, is fairer than ever before."

Professor Rod Griffiths, president of the Faculty of Public Health of the Royal College of Physicians, said: "This targets funds more heavily at deprived areas. That is a good idea. In the past, funding formulas have been criticised for enabling deprived areas to keep up but did not give them any extra to actually tackle the problems. This tips the balance a bit further. It will enable them to catch up and not just keep up. More is needed, but every little helps."

But Niall Dickson, chief executive of the King's Fund, the

health think tank, warned that the health secretary was painting "too rosy a picture" of the allocation.

He said: "Much of this new investment will be eaten up by the NHS's big three pay deals for staff—the 'agenda for change,' the general medical services (GMS) contract, and the consultant contract—as well as paying for extra pension costs, rising demand for health services, and health inflation."

The Department of Health first introduced a new formula to improve its funding of deprived areas in 2003. At the time trusts in these areas were receiving as much as 22% less than their fair share of available resources. By 2007-8 no trust will be more than 3.5% below its fair share, the department said. □

The revenue allocations for 2006-7 and 2007-8 are available at www.dh.gov.uk/assetRoot/04/10/29/51/04_951.pdf

Standard of care by doctors may drop with years spent in practice

David Spurgeon *Quebec*

Doctors may be less likely to deliver currently accepted standards of care and to provide technically appropriate care as the number of years they have spent in practice increases. These are the findings of a study that reviewed 59 previously published studies with a large sample size of doctors (*Annals of Internal Medicine* 2005;142:260-73).

The studies included measures of doctors' knowledge or quality of care and the age of the doctor or the length of time since graduation from medical school. Just over three quarters (45) of the studies showed that a doctor's performance declined with time. More than half (32) showed that performance declined for all outcomes measured, while a fifth (13) showed that some but not all aspects of a doctor's performance declined with time.

Lead author Niteesh Choudhry, a medicine instructor at Harvard Medical School, called the results "paradoxical, since it is generally assumed that

clinical experience enhances knowledge and skill and therefore leads to better patient care."

Stephen Soumerai, professor of ambulatory care and prevention at Harvard Medical School and a co-author, says the findings reflect substantial cultural changes that have occurred in medicine over the past several decades. "Evidence based medicine has been widely adopted, and quality assurance techniques, such as disease management and performance evaluation, are frequently used. More experienced doctors may have less familiarity with these strategies and may be less accepting of them."

The researchers suggest that doctors' "toolkits" created during training may not be updated

regularly. Doctors who have been practising for longer seem less likely to adopt newly proved treatments and may be less receptive to new care standards, such as the use of less aggressive surgery for early stage breast cancer.

One study found that doctors aged under 40 were more likely than their older peers to believe correctly in the value of treatments for heart attack that improve survival, such as aspirin and β blockers. The largest of the studies found that doctors who graduated more than 20 years ago were consistently less likely to adhere to cancer screening guidelines endorsed by the American Cancer Society and the National Cancer Institute.

Dr Choudhry, who is also an internist at Brigham and Women's Hospital, says more effective ways to help doctors keep up to date must be found. Widely used lectures and printed materials are largely ineffective. And many experienced doctors are exempt from the re-certification requirements to which their more recently trained colleagues must adhere.

Visits of physicians and other healthcare personnel to older doctors in their places of practice, to teach them about a specific drug or advances in treatment—in the way that drug company representatives "detail" doctors—is known to be an effective way to improve the quality of care that doctors provide, but such methods are not in widespread use.

An accompanying editorial by Dr Steven Weinberger of the American College of Physicians and Dr F Daniel Duffy and Dr Christine Cassel of the American Board of Internal Medicine says that the article sends a "wake up" call to the medical profession that cannot be ignored (*Annals of Internal Medicine* 2005;142:302-3). The editorial says that the study "informs us that we cannot maintain competence passively through accumulating experience" and that "we must actively cultivate competence throughout a professional career." □

Doctors' performance seems to decline over time