



£1.5b NHS Funds on Seven Day Services Better Spent on Other Priorities



According to new research from the University of Manchester, the NHS could achieve up to twice as much with the resources that the government plans to spend for a full seven day service in the NHS in England.

For the purpose of the research, health economists in collaboration with colleagues at the University of York used official data that suggests that nearly 5,353 deaths occur each year when people are admitted to hospitals on the weekend as compared to mid-week. However, the researchers claim that the £1.43 billion that the government plans to spend for the purpose of removing this risk would be better spent on other priorities.

Seven-day health service may be a major priority but few studies have been conducted that analyse the costs and benefits of implementing such a system. While research indicates that patients who are hospitalised on a Saturday may be 11 percent more likely to die and 16 percent more likely to die if admitted on a Sunday, another possibility of the higher risk of death may be due to the reduced availability of senior clinical staff on the weekends.

According to Prof Matt Sutton, from The University of Manchester's Institute of Population Health who led the study, "Our estimates show the cost of implementing seven day services in this part of the NHS could be more than double what the official guidance recommends. These are likely to be over-estimates. It is highly unlikely that all additional risk to patients would be eliminated and moving consultants and other resources from some days may just move the problem to a different point in the week. Recruiting and training more senior staff will add to costs significantly."

As per NICE guidelines, to gain an estimated 36,539 Quality-adjusted life years (QALYs), the most that could be spend would be £831m. This is half the amount that the NHS is planning to spend on its seven-day system.

The researchers point out that it might be a better idea to identify smaller scale changes that would be more cost-effective. For example weekend risk for renal failure is around 37 percent while for pneumonia, the risk is zero.

The lead author of the study Rachel Meacock suggests that healthcare funders should make decisions on the basis of where the money spent can do most good. Adopting a blanket approach to removing the risk of weekends may not be the most effective use of £1.5 billion.

Source: University of Manchester

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