Government's NHS Plan linked to striking improvements in critical care

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Survival among patients in intensive care units in England has improved significantly since the implementation of the NHS Plan in 2000, finds new research published in *BMJ* today.

Changes under the NHS Plan included increased funding for additional beds, the introduction of critical care outreach services in hospitals, the adoption of clinical guidelines, and the establishment of regional networks of hospitals to enhance cooperation.

Yet there have been conflicting claims as to the impact of these developments on the outcome and the processes of care. So researchers at the London School of Hygiene & Tropical Medicine and the Intensive Care National Audit & Research Centre set out to evaluate the impact and cost effectiveness of these interventions on a national scale.

They compared data for 1998-2000 with 2000-2006, before and after the changes began, covering nearly 350,000 admissions to 96 critical care units across England.

They found that the annual expenditure on critical care increased in real terms from £700m (1999-2000) to £1bn (2005-6). This was associated with major improvements in care between 2000 and 2006 including a 13.4% decline in hospital mortality, 11% fewer patients needing to be transferred between intensive care units each year, and a significant reduction in the number of patients having to be discharged from units at night to make way for other patients.

The cost effectiveness of critical care also increased after 2000, partly as a result of the improvements in outcome and partly because of smaller increases in the mean length of stay, say the authors.

Collectively these changes represent a highly cost effective use of NHS resources, they conclude.

While it is unclear how much each innovation contributed to the dramatic improvements in outcomes, the authors believe that the government's considerable additional expenditure on critical care since 2000, combined with the modernisation of NHS services led by clinicians and managers, has greatly improved the survival chances of patients.

This study also demonstrates the need for taking improvements in patients' outcomes into account when judging the impact of additional NHS funds, they add. If assessment of efficiency or productivity relies entirely on the number of patients treated and fails to take into account improvements in outcome, then the true gains in productivity will be seriously underestimated.

Source: British Medical Journal (news : web)