

UK government claims that patient choice improves health care is based on flawed research, experts say

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Research which claims to show that the introduction of patient choice in the NHS reduced deaths from heart attacks is flawed and misleading, according to a report published in *The Lancet* today.

The original study was used by the Government to advance its controversial [Health](#) and Social Care Bill 2011 and was the basis for the Prime Minister's statement that 'competition is one way we can make things work better for patients'.

In today's report, academics - led by Professor Allyson Pollock of Queen Mary, University of London - point out a series of errors in the study and conclude that it is 'fundamentally flawed'.

The research David Cameron referred to was a paper by Zack Cooper and colleagues which was published by LSE Health. It examined the [mortality rates](#) for heart attack patients measured against the number of hospitals within travelling distance of the patient's GP surgery. It also looked at data on elective surgery for hernia, cataract repair, knee arthroscopy, [hip replacement](#) and [knee replacement](#), and claims to show that introducing greater choice in [elective surgery](#) led to lower death rates from heart attacks.

Professor Pollock and her colleagues - including Professor Alison Macfarlane at City University London - say that, crucially, the study

offers no explanation as to why the availability of choice for such elective procedures should have any effect on whether heart attack patients survive.

The Lancet report also points out the following:

- the researchers do not look at whether the availability of choice has any effect on where patients go for treatment,
- they do not look at whether or how GPs' patterns of referrals changed when choice became available,
- recent research indicates the majority of patients who have been offered a choice pick their nearest hospital,
- [heart attack](#) is a medical emergency and patients generally have no choice about where they are treated,
- outcomes for [heart attack patients](#) tend to be better when they are treated in specialist centres in urban areas,
- the authors ignore the possible effects of major changes in primary care prevention and secondary care intervention for heart attacks,
- and that there is no evidence that the data on elective operations is in any way a good measure of choice or competition.

Professor Pollock said: "The Government's Health Bill has faced enormous opposition from the public and from health professionals. In trying to win over his critics the Prime Minister has used the study by Zack Cooper to justify competition within the National Health Service.

"Our examination of this research reveals it to be fundamentally flawed, amounting to the conclusion that the paper simply doesn't prove either cause or effect between patient choice and death rates.

"This work should not be quoted as scientific evidence to support choice,

competition or the new Health and Social Care Bill."

More information: 'Statistical association is not causation: Claims that patient choice and market competition in the NHS reduce AMI mortality are misleading and false', Pollock, A, et al, *Lancet* Online First publication, 10 October 2011

Provided by Queen Mary, University of London

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