

# More for less

## A modellers dream or a rude awakening?

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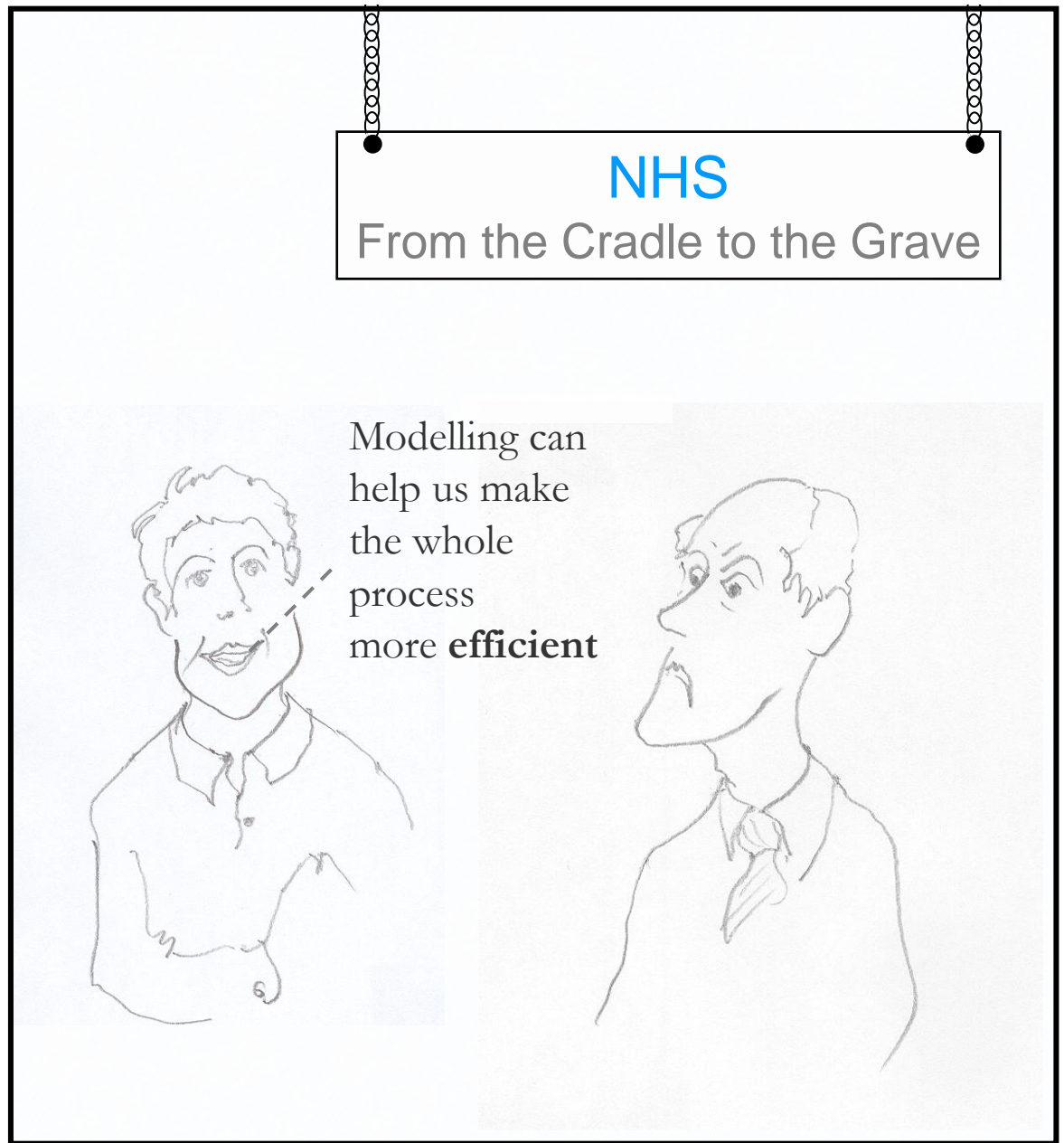
[www.ucl.ac.uk/operational-research](http://www.ucl.ac.uk/operational-research)

# Declaration of interests

I believe in the NHS

I believe in  
modelling in the NHS

Part of my job is convincing  
people to fund modelling studies



# Outline

**Cuts**

**Scarcity**

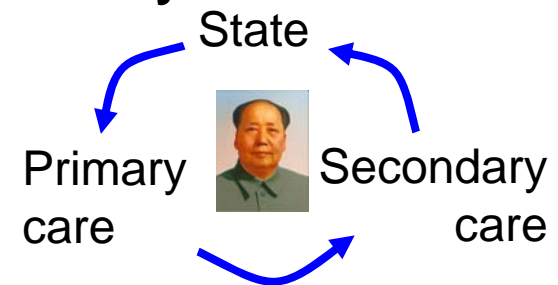
**Turmoil**

**Death**

**Reasons to be cheerful**

# Cuts, scarcity and turmoil

- How ever much money we spend and however we spend it, health care is an intrinsically scarce resource.
- Scarcity → conflict → conflict resolution
- Reorganise to avoid confronting scarcity?  
or to find best system?  
or to overthrow unhealthy elites?

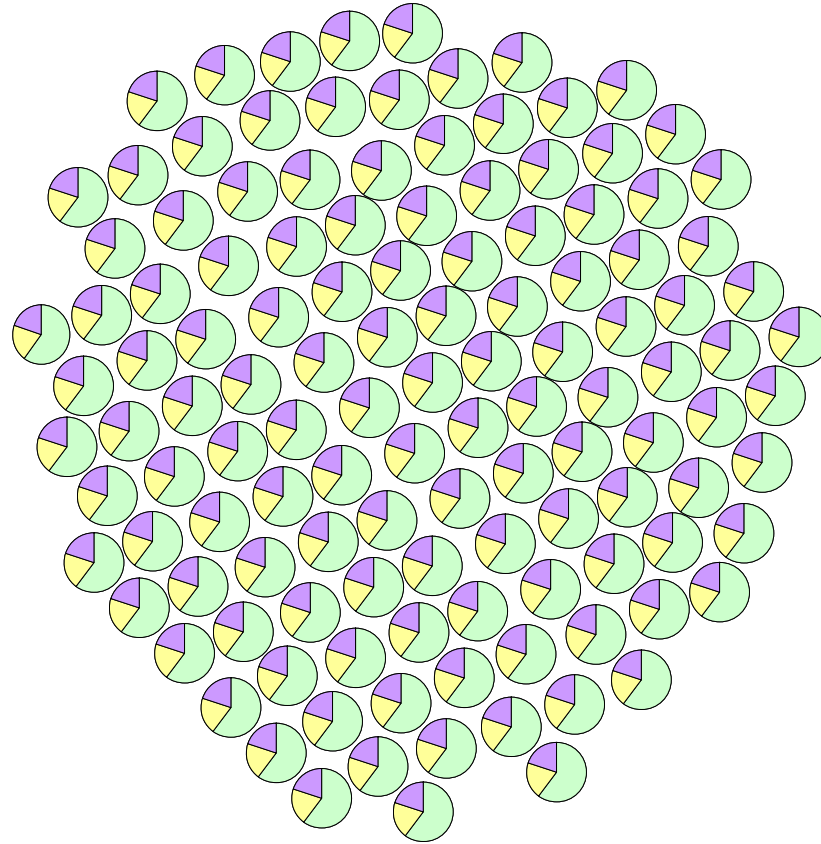


# NHS Spend



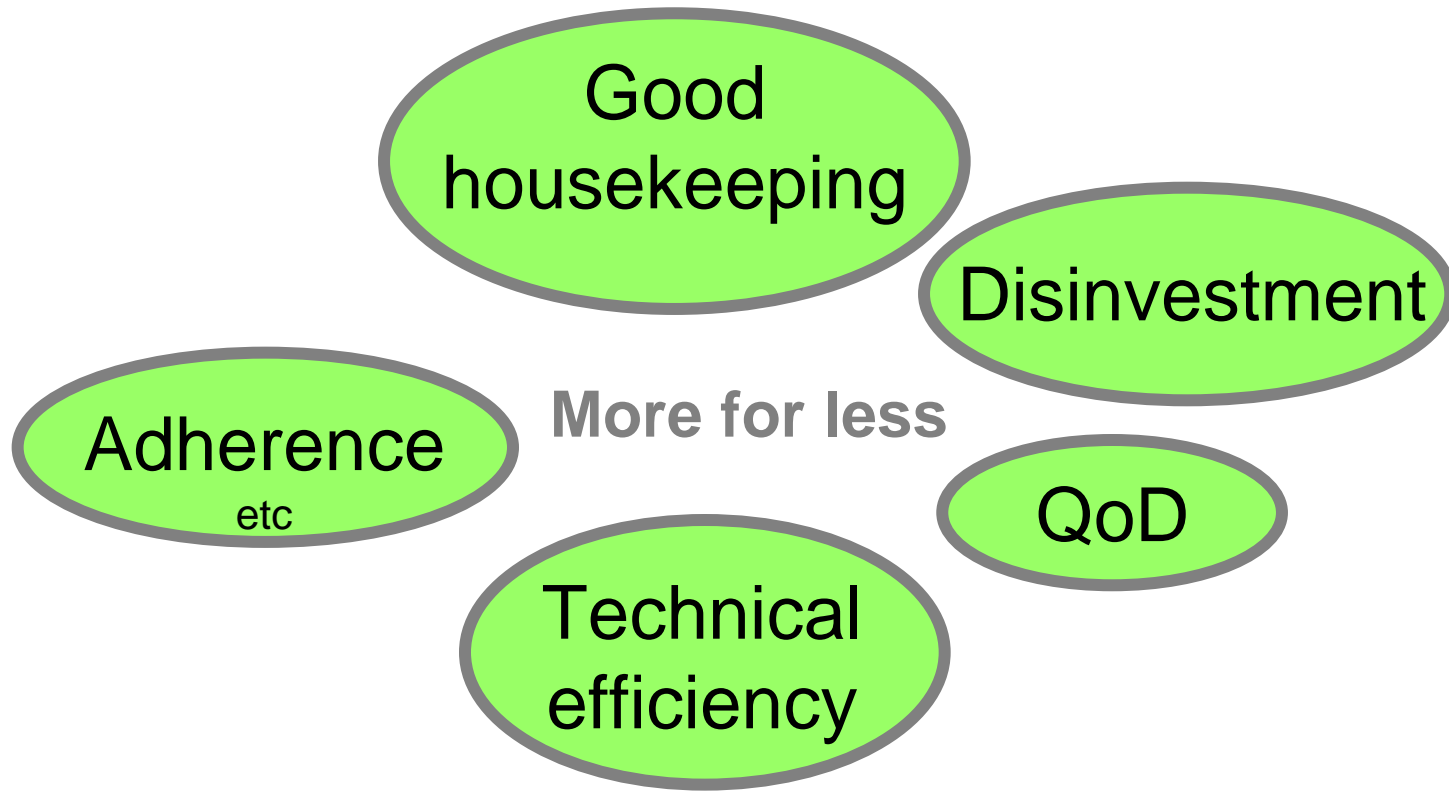
**More for less** – More of what? activity / quality / health?  
Less of what / who?

# NHS Spend



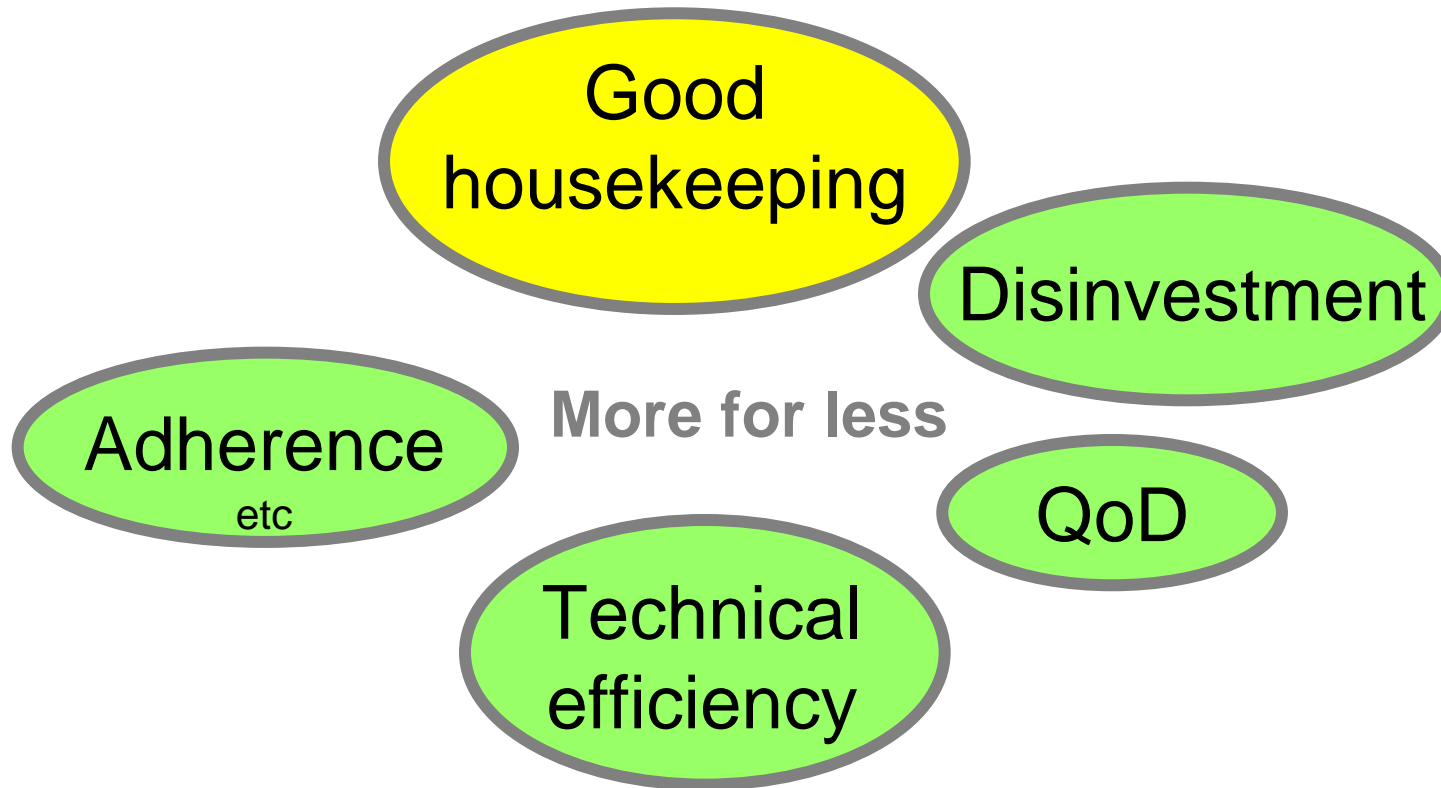
More for less

Challenging for one organisation, very challenging across 100's



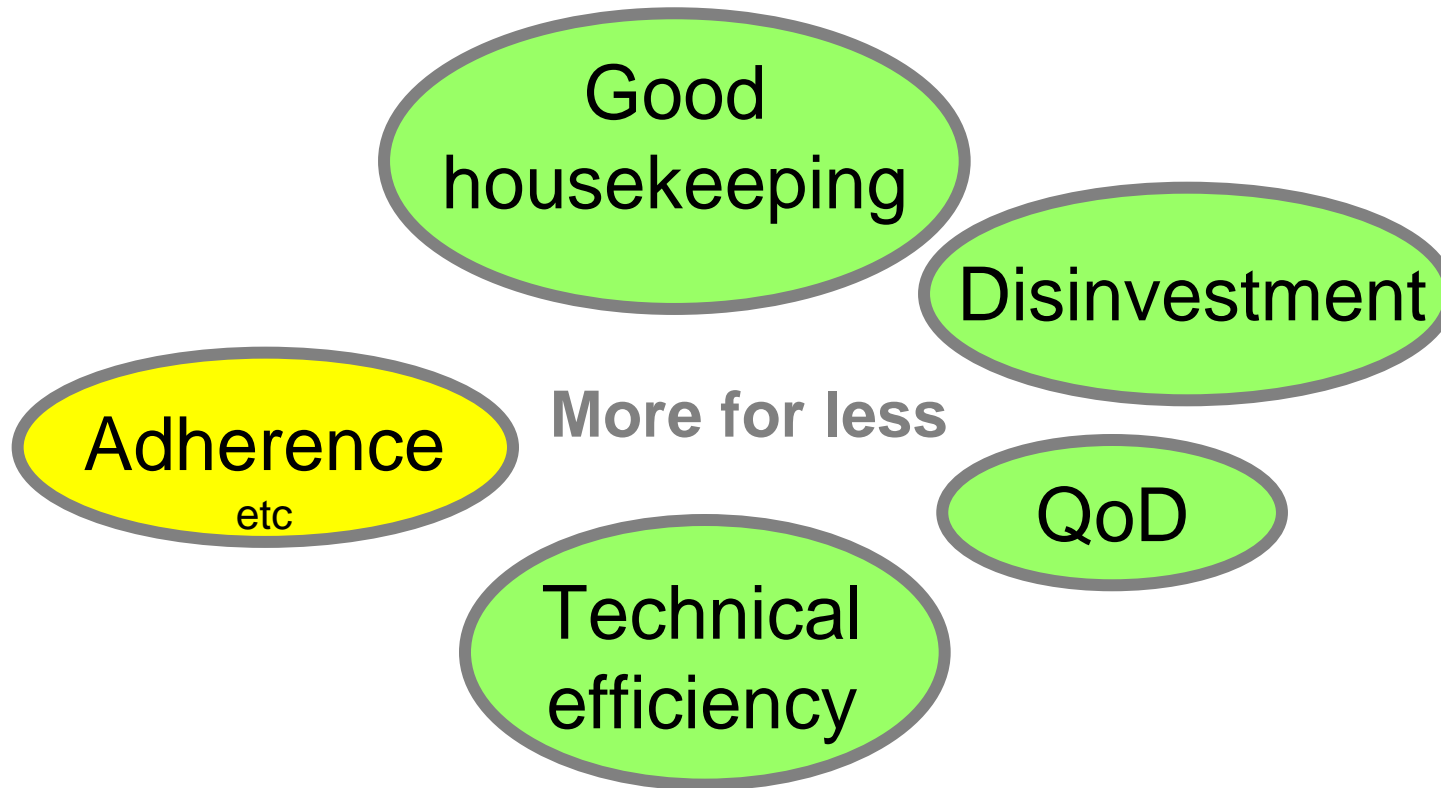
# Reasons to be cheerful

(by no means a complete picture)



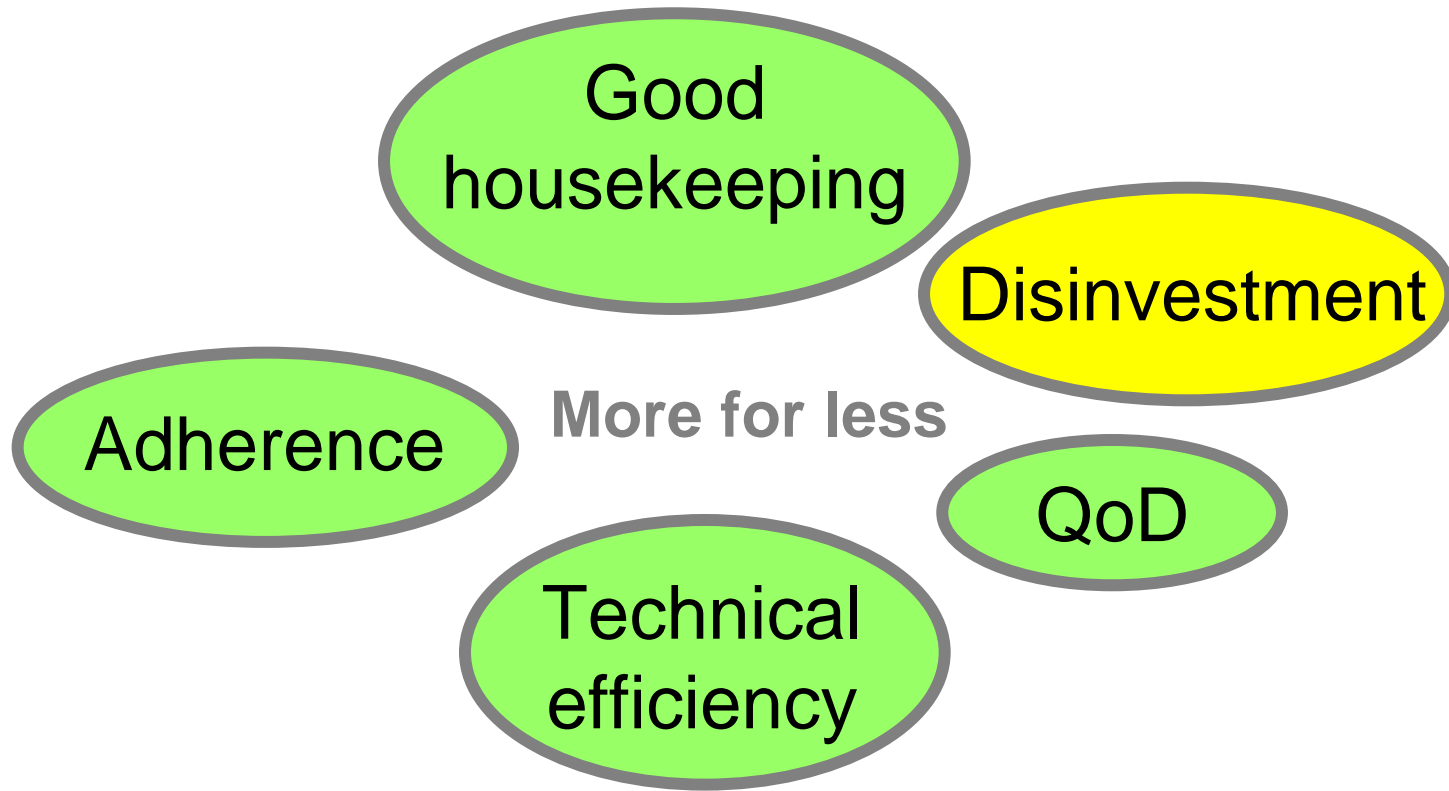
**Switching to generics, switching to cheaper formulations, better choice of volume (starter packs) etc.**





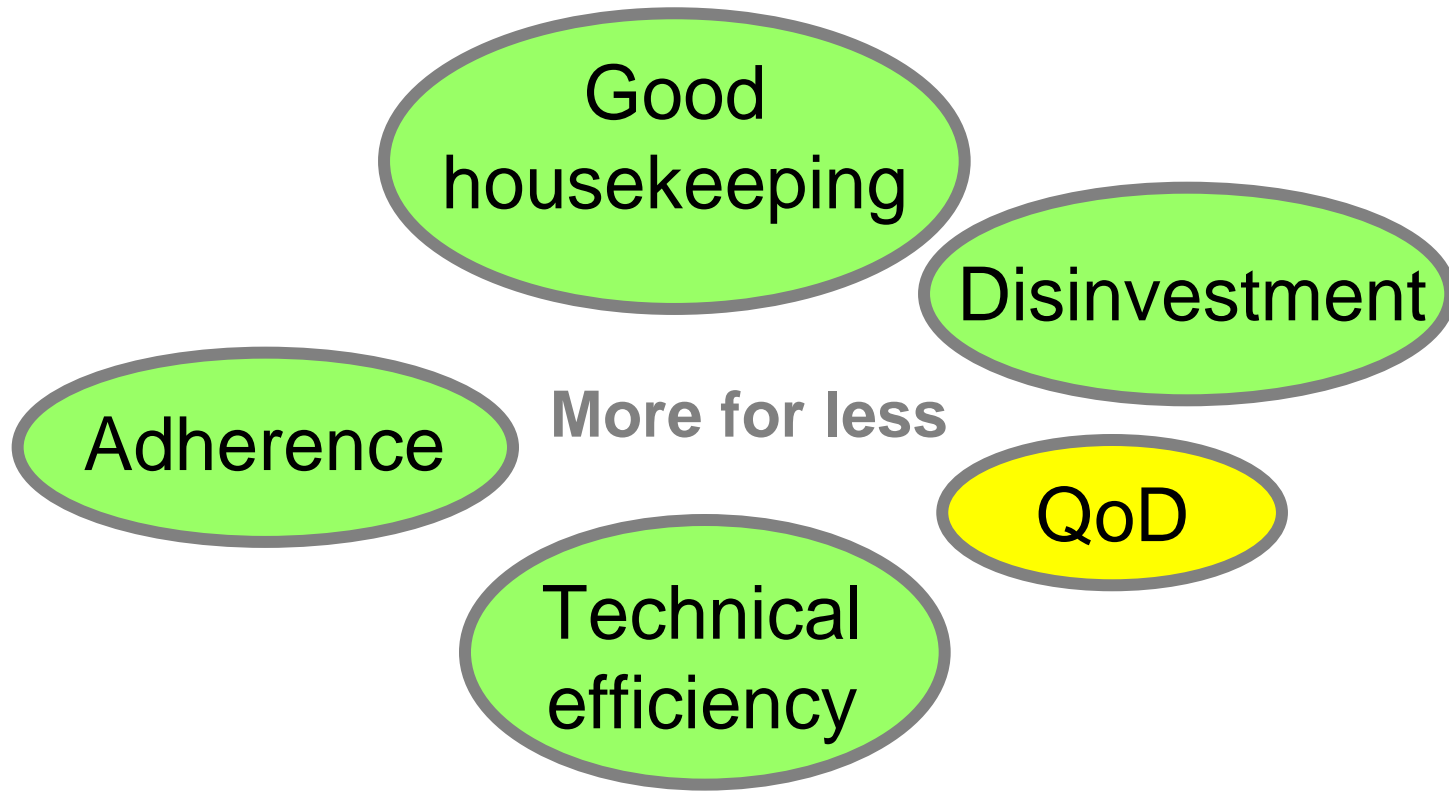
**Find ways of getting more value out of pharmaceutical interventions**

**In the meantime, base purchasing decisions on likely benefit in reality rather than benefit measured in trials?**



**Not supporting ineffective or dominated treatments**

**Getting evidence of benefit where none exists**



**We die poor quality, resource intensive deaths**

Good housekeeping

Disinvestment

Adherence  
etc

Technical efficiency

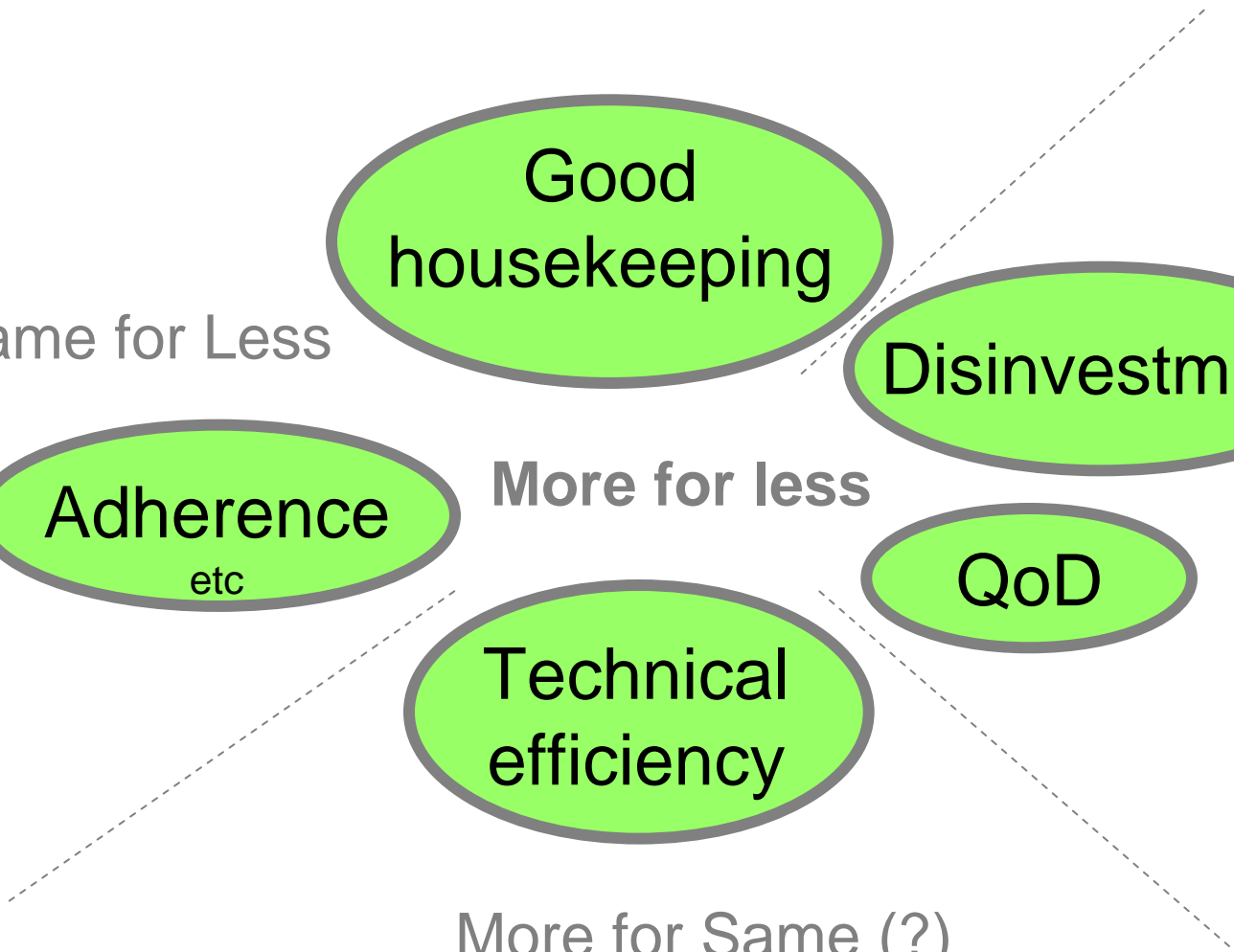
QoD

Same for Less

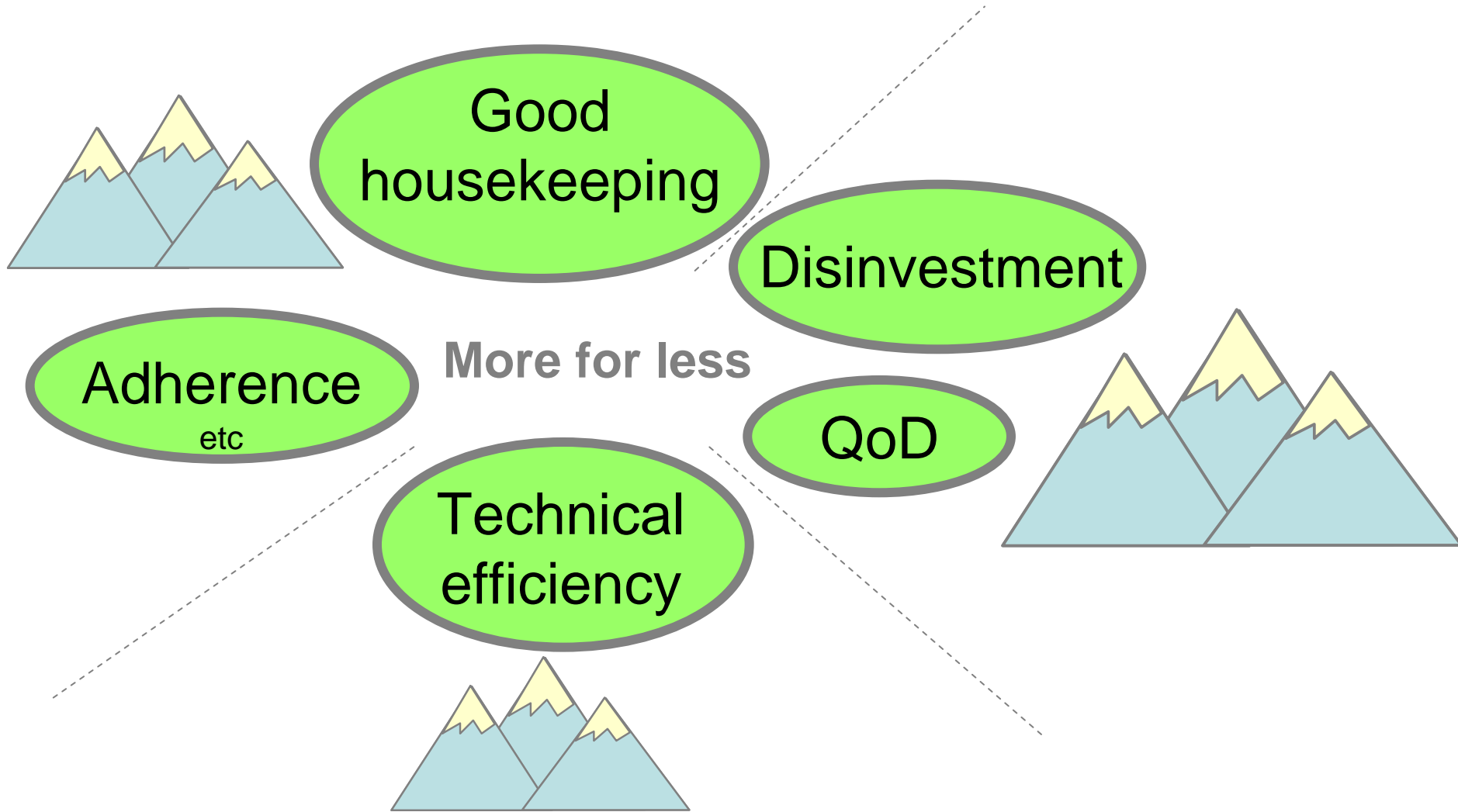
More for less

Less is More

More for Same (?)



Barriers include culture (organisational / political / societal) clinical autonomy and rivalries between sectors / professions.



Modelling can fall at these barriers but can also break them down

# Modelling has vast **untapped** potential

Programme budgeting

Capacity planning within and across different sectors

Risk pooling between commissioners

Risk sharing between commissioners / providers

scheduling

forecasting demand

locating facilities

monitoring outcomes and processes

## Ideal modelling project – one view

Important problem but can wait at least a few weeks

Sustained buy-in and contribution from key stakeholders

Local analysts able to critique / question / take ownership

Modelling informs evaluated change process

Knowledge generated through modelling process retained

Local modelling capability enhanced

Knowledge generated through modelling process shared

# Some barriers

“All models wrong, some are useful” – an alien form of evidence

Steady state models for a changing world

Models often exclude the cost of change

Failure (client and modeller) to look at broader system

Modelling as last resort, ammunition, fig-leaf, delay

When we disseminate **models**, we forget the value in **modelling**

Analytical resource fractionated, over-stretched & undervalued