LETTERS

Little evidence that increased choice and competition in the English National Health Service will benefit children and young people

INTRODUCTION

Government plans to increase choice and competition in the National Health Service (NHS) will be implemented from April 2012 and will affect services for all age groups. The Royal College of Paediatrics and Child Health and the NHS Confederation recently expressed concerns that this approach might impede integration and coordination of care for younger patients. They recommend that 'the Any Qualified Provider policy should only be used for child healthcare services where there are clear benefits to patients'.[1]

In support of the reforms, the government has presented evidence that patients are in favour of a greater choice[2] and that competition between providers leads to better outcomes.[3] This article reviews the strength of this evidence in relation to children and young people.

COMPETITION

David Cameron quotes research by Cooper *et al* arguing that more competitive healthcare markets can lead to better clinical outcomes. This study[4] excluded all patients under the age of 45 years and used a single outcome measure of little relevance to younger patients (risk-adjusted 30-day mortality from acute myocardial infarction (AMI)). Although the authors say that this outcome is 'highly correlated with other aspects of hospital quality and various process measures of quality' the four supporting references are also limited in scope. Two are restricted to older American Medicare patients; a third only covers patients with AMI, while one includes adult patients with cerebrovascular accident, AMI or pneumonia.

PATIENT CHOICE

The government has said that 95% of people want more choice over their healthcare,[2] citing the 25th British Social Attitudes Survey (NatCen 2009). We accessed the survey data via the UK Data Archive (http://www.data-archive.ac.uk/, Study No 6240) and further analysed the data to examine differences by age using SPSS V.18. All respondents were over 18 years old. Table 1 shows the proportion of very young adults (18–24 years), 25–44-year olds and >45 year olds who say that patients should have some or a significant influence over the choice of hospitals. We found that while a majority in each age group believed that patients should have a significant say in selecting the hospital, very young adults and those in the age range of 25–44 years were significantly less likely to do so than those who were >45 years.

CONCLUSION

Two key pieces of research supporting choice and competition in the NHS contain no information on those under the age of 18 and weaker evidence for those aged 18–45 than for older adults. Just as children should not be treated as little adults, reforms to health services for children and young people must be guided by research covering their age group. We have previously shown that children and young people are routinely excluded from national NHS surveys.[5] Extrapolation from data on much older patients is not sufficient evidence that the same approach will benefit children and young people.

Table 1 Comparison of responses by age group: 'National Health Service patients should have a say over which hospital to go to?'

Age	N	%	Adjusted OR	95% CI	p Value
Significant influence over choice of hospital*					
>45	M 787 F 971	80.7	1		
25–44	M 465 F 616	70.8	0.57	0.47 to 0.70	<0.001
18–24	M 103 F 116	71.2	0.51	0.35 to 0.76	0.001
Some influence over choice of hospital†					
>45	M 787 F 971	96.1	1		
25–44	M 465 F 616	95.8	1.14	0.72 to 1.81	0.57
18–24	M 103	95.9	0.77	0.34 to 1.73	0.52

*Cumulative proportion of respondents who said that patients should have 'a great deal' or 'quite a lot' of say in where they are treated. †Cumulative proportion of respondents who said that patients should have 'a great deal', 'quite a lot' or 'a little' say in where they are treated. ORs were adjusted for sex, socio-economic group and recent experience of an NHS hospital.
F, female; M, male.

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Notes