

Treatments for CV 19

It was good to hear the Secretary of State for Health on Friday say a bit more about treatments, and express some optimism that this year should see approval for treatments for CV 19 which make it much less likely someone will die or have a bad version of the disease. The UK is currently conducting 96 trials of drugs and 9 trials of other vaccines. Worldwide there are reported trials of 700 drugs that may help with treating CV 19, with a total of 2607 clinical trials running for the drugs and vaccines. The USA alone is currently organising 555 clinical trials for CV 19 treatments and vaccines.

I have been long advocating the UK puts resource into these important efforts. Without medical training, I do not know which if any of these possible treatments can do good. It must be worth trialling them to find out.

So far the UK has approved dexamethasone, remdesivir and tocilizumab as options for doctors to prescribe where they think they are appropriate. There are a number of other treatments used elsewhere, and we await progress with further trials here for those. There have been strong arguments over Vitamin D, hydroxychloroquine and ivermectin in particular, with disagreements about the conditions for some past trials and strong views of whether these might be effective or not. All possible medical options should be fairly and promptly assessed. I hope the government's new enthusiasm to share some more information and to express some optimism is a good sign that the medics do now feel treatments from adapted existing drugs and from new drugs can make an important contribution to lessening the suffering from this disease. I will follow up with some more questions to the government.

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UK GDP careful with the numbers

The poor UK GDP figures for 2020 are not comparable with many other countries. As I explained on 12 August on this site, the UK statisticians reported a large fall in health output with the big drop off in non CV 19 work, and a big fall in education output with the closure of schools from the second quarter of the year. Other countries with large state sectors in education and health report the cost rather than the output, so they do not show any decline in these large areas of activity.

I agree with the UK statisticians that GDP should be based on output. It is a pity other countries do not use the same basis. If we included all the UK spending instead of output in the state sector then the UK had a relatively good GDP performance last year compared to other European countries.

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The Health White Paper

This week the government published "Working together to improve health and social care", a White Paper sketching proposals for reorganisation of the NHS and the wider care sector.

It set out three aims.

- 1, Better health and wellbeing for all
2. Better quality health service for all individuals
3. A sustainable use of NHS resources.

I have no problems with these very general aims. 2 and 3 should be the main drivers of NHS care, whilst 1 of course will entail individuals and the private sector to continue to apply our energies to the task which is so wide ranging.

The main reorganisation entails creating two new bodies in each local government area. The first will be an Integrated Care System (ICS) NHS body to control, procure and direct local NHS services and to supervise capital budgets of the local NHS Trusts. The second will be an Integrated Care System Partnership to work with local government and presumably with private sector care providers to ensure good services and relevant procurement.

The White Paper envisages removing some of the competition provisions in current health regulations, to take away powers to control trust mergers, and to limit competitive tendering. They wish to go over to a more collaborative model. NHS England will be merged with Monitor and the NHS Trust Development Authority. The Clinical Commissioning groups are absorbed by the new ICS bodies.

I need to know more about how joint working will take place between Councils and the NHS under these arrangements. I also want more detail over what additional powers the NHS will have over private sector care providers, and how if at all the relationship between care homes and the NHS will alter.

As I consider my response more fully I would be interested in any comments.