

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.

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The state of the pandemic

The world figures show accumulated cases of 107m or 1.3% of the world population with deaths at 2.365 million or 0.03%. These figures are by nature of variable quality, depending on how much testing was done throughout in each country, and subject to variations in definitions. There is the perennial issue of death with covid or death definitely from covid, In some places people will have died at home and not been tested. In other cases there will be tests with false positives. They are nonetheless important figures and invite some comparisons, subject to analysis of how they were collected in each country, how much reliable testing took place and how deaths were certified.

The figures show that the Europeans and Americans have suffered more than the rest of the world. The USA has had a very high caseload, at 8.4% of the population compared to the UK at 5.8%, Portugal at 7.6% and Germany at 2.75%. Belgium has had the worst death rate apart from a few small countries at 0.186%, with the UK and Italy also quite high by world standards. The USA at 0.1456% shows that it has a better recovery rate from its high infection levels. India has only had a case rate of 0.78% and a death rate of 0.01%.

Case numbers have been higher in the advanced world and have been higher in winter than in summer. Clearly high levels of international travel can

introduce a community to more variants and cases of the virus, and large cities like London, New York and Paris see spread from more social contacts using mass transit systems and enjoyment of the social facilities of hospitality, leisure and entertainment which attract more people there. Asian countries in general have fared better than Europe or the Americas. Could there be something in the diet, or in past exposure to Asian flu types which has given Asian populations better resilience to the disease? Did they handle test and trace better than the Europeans?

It would be good to have more commentary from experts on how and why, for example, Taiwan had practically no deaths from the virus and was able to get her economy back and running fully, so GDP is now higher than a year ago. Why has Germany done so much better than Italy or Spain? How does the USA manage cases of the virus to achieve a lower death rate as a proportion of cases? Is it partly that the USA tests more and so identifies more mild or otherwise invisible cases of the virus? Is it a greater range of approved medicines and treatments?

This week I was pleased to be sent an update by Ministers on all the tests underway in the UK of existing drugs and treatments. It will be good to see more results soon, as a wider range of treatment options would probably help doctors and their patients.