

*PEER REVIEW ADVICE FOR  
THE BRISTOL ROYAL INFIRMARY INQUIRY*

A brief note by Ken Judge MA PhD, Professor of Health Promotion Policy, Department of Public Health, University of Glasgow commenting on the scientific quality of a report (*National and Regional Resource Allocation Frameworks and Funding Availability for Acute Sector health Services at Bristol*) prepared by Gwyn Bevan for **The Bristol Royal Infirmary Inquiry**.

**Brief**

I have been asked to submit comments and advice – based on my personal knowledge and experience – about Gwyn Bevan’s report and specifically to address the following questions:

- Whether the analytical approach is robust and fit for purpose;
- Whether the use of evidence – at the levels of facts, analysis or interpretation – is appropriate;
- Whether the overall conclusions are valid and reliable.

**Introductory remarks**

I have been engaged in issues related to resource allocation in the NHS in England for more than 10 years. For example, I have published peer review journal articles on the subject, I have been commissioned in the past by the Department of Health to assist in the process of developing resource allocation formulae, and I am presently a member of the Advisory Committee on Resource Allocation (ACRA).

I have known Gwyn Bevan as a professional colleague for many years and I have always had considerable respect for his work. He is well known as a very experienced health services researcher who has published many well-respected publications about resource allocation.

### **Analytical Approach**

The report by Gwyn Bevan (GB) reviews a wide range of published evidence together with material made available to the BRI Inquiry. His analysis attempts to trace and to explain the flow of HCHS financial resources through the institutional hierarchy of the NHS in England to the BRI during the period 1984 to 1995. As GB explains, the allocation of resources during the period in question was highly complex and in many respects idiosyncratic. His report therefore is more akin to a piece of detective work than a conventional piece of scientific analysis. But in my view this is unavoidable and so my judgement is that the approach adopted by GB is “robust and fit for purpose”.

### **Appropriateness**

GB is at some pains to make a very clear distinction between his scrupulous use of evidence and more personal judgements or interpretation. I believe that his account of the resource allocation mechanisms he outlines is a very fair one. I am not inclined to challenge any of his judgements.

### **Validity and reliability**

GB has reviewed all of the available evidence and painted a convincing picture of the processes at work between 1984 and 1995 to show how HCHS resources in England were allocated to the south west in general and to the BRI in particular. He explains why it is impossible to outline a complete audit trail that accounts for the financial support of acute services at the BRI in a way that lends itself very easily to comparisons with other teaching hospitals. Nevertheless, the modest conclusions that he is able to draw seem very plausible. During the late 1980s it is inconceivable that acute services at the BRI as elsewhere were not under severe financial pressure. This pressure eased to a certain extent during the early 1990s but it is almost impossible to put precise numerical estimates to the degree to which resources were reducing or increasing.

### **Overall assessment**

The key objective for GB’s report as specified in his brief from the Inquiry was:

- *To inform the Inquiry's understanding of the strengths and weaknesses of national and regional resource allocation arrangements ... including sensitivity to key variables, impact on geographical equity, and overall impact on the nature and level of funding available for acute health services at Bristol.*

In my opinion GB has provided an excellent overview of national and regional resource allocation arrangements. He has shown in a very lucid fashion the rather strange mix of evidence based, incremental and judgemental mechanisms that comprise the process of resource allocation. I found his account of the research preoccupation in some areas of resource allocation (e.g. needs weightings) and the neglect of others (e.g. the rationale for funding supra-regional services) to be especially valuable. He has also presented some helpful illustrations of the way in which different analytical techniques yield different answers. At the same time he cautions against becoming too preoccupied with the technical intricacies of resource allocation methodology. The most important factor influencing the availability of finance for acute services at the BRI from 1984 to 1995 was a macro politico-economic one; the overall funding of the NHS. As GB puts it (para. 156):

*... the highly elaborate processes of resource allocation ... are less important ... than what was happening to the national levels of funding.*

In my opinion, GB has produced an excellent report, which constitutes a reliable and valuable piece of evidence to the BRI Inquiry.

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