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Cash Counts for Nothing in PCT Performance

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The amount of money spent in delivering maternity care in Primary Care Trusts (PCTs) does not have a significant impact on rates of infant or perinatal mortality, researchers at the University of Birmingham have found.

Nick Freemantle, Professor of Clinical Epidemiology and Biostatistics, found that between 70% and 80% of variations between PCT infant and perinatal mortality can be explained by a combination of social deprivation, ethnicity and maternal age.

In work carried out across the 303 PCTs in England, Professor Freemantle looked at potential causes of variability in the rates of infant and perinatal mortality and aimed to identify those with worse than expected outcomes. In particular the team were keen to analyse the impact on variation of patient demographics and health service funding for maternity services.

In the first study of its kind, the team obtained data for each PCT on the number of infant and perinatal deaths, ethnicity, deprivation, maternal age, PCT spending on maternity services and Spearhead status. In the UK, the Government has designated PCTs with the worst health and deprivation indicators as Spearhead Trusts.

They found that there were considerable differences in infant and perinatal mortality rates across PCTs, but that these did not relate to the levels of financial resource directed at them.

Professor Freemantle said: “We have clearly demonstrated that there is no straight correlation between the money spent on maternity services and their outcomes. We found that levels of investment do not in themselves impact on the variation in outcomes – in the level of infant and perinatal mortality in different PCTs.”

Although Spearhead PCTs have higher rates of infant and perinatal mortality, they were not found to have results out of line with the risks in the population. Neither of the two PCTs identified as having higher than expected rates of perinatal mortality have Spearhead Status.

Professor Freemantle concludes: “It is important for PCTs to remember that the findings reveal that social conditions and the ethnicity of the communities they serve are more important determinants of infant and perinatal mortality than current variations in levels of expenditure on maternity services.

“We know the causes that impact on the levels of infant and perinatal mortality, what we need to find now are the solutions.”

Ends

Further Media Information

Nick Freemantle is Professor of Clinical Epidemiology and Biostatistics in the School of Health and Population Sciences at the University of Birmingham.

Professor Freemantle’s paper, What factors predict differences in infant and perinatal mortality in Primary Care Trusts in England? A Prognostic Model is published in the BMJ online on 05 August 2009.

Prof Nick Freemantle is available for interview. Please contact Anna Mitchell on 0121 414 6029 / 07920 593946.

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