

The Telegraph

# Professor Alan Maynard, health economist – obituary



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Professor Alan Maynard, the founding director of the Centre for Health Economics at the University of York, who has died aged 73, was an outspoken advocate of the need for a “performance data-orientated” approach to the delivery of healthcare.

“It is curious,” he said in 1990, “that the debates about the design of healthcare systems worldwide are dominated by assertions and almost religious beliefs to the exclusion of construction of hypotheses and their testing by careful collection of data.”

A suitable template, he suggested, might be the 1845 Lunacy Act which sought to measure whether doctors actually made their patients better, by requiring them to report on how many of their patients died and how many recovered.

Unfortunately the idea had not properly caught on. For this he blamed vote-seeking politicians, clinicians with vested interests and lobbying by the big pharmaceutical companies.

In 1996, on the 50th anniversary of the founding of the NHS, Maynard expressed surprise at how little had been spent on researching its performance: “Successive governments clearly did not wish to be confused by facts ... We know relatively little about the figures concerning patients’ treatments and so doctors fly by the seat of their pants and the scientific basis for their choices is really quite poor.”

Yet, he observed, “This does not prevent the BMA from declaring that our system is the best in the world.”

Maynard’s own studies showed huge variations on the front line. In 2004 he observed that one survey conducted by the health department across five surgical

specialties found huge variations in work rates, with the most active trauma and orthopaedic surgeons completing three times as many “consultant episodes” (1,500) as the least active (500). GP referrals to hospital consultants had even larger variations: “You look at the bottom 25 per cent ... and say, ‘Excuse me, what are you doing?’ ”



In 2009 Maynard claimed that nearly half of NHS treatments had no evidence base whatsoever. For example, one study had demonstrated that 50 per cent of coronary angiography and 40 per cent of coronary artery by-pass grafts were performed for equivocal or inappropriate reasons, even when patients with chronic angina were queuing for these treatments. He accused members of the profession of treating with suspicion colleagues who sought to improve things.

Maynard was closely involved in initiating three significant NHS policy changes. In the mid-1980s he proposed that NHS budgets be allocated by general practitioners, an idea which led to GP fundholding. In 1997 he proposed that drugs should only be paid for by the NHS if demonstrably cost effective and efficient, an idea which led to the founding of the National Institute of Clinical Excellence (Nice).

He was scathing when David Cameron, during the 2010 election, announced a £200m fund for (very expensive) new cancer drugs, describing it as a “victory for the lobbying power of the pharmaceutical companies” which “drove a coach and horses through Nice”.

Later on he focused on the systematic development by the medical profession of performance management techniques. He was also a leading champion of the “QALY” (quality-adjusted life year) approach – a system which measures how much health gain is produced for each pound spent for any particular health intervention.



Maynard’s career was peppered with high-profile clashes with the medical profession, among whom he became notorious for describing GPs as “a marauding bunch of shopkeepers who wish to preserve the inefficient provision of care” – an observation which brought accusations that he wanted to make healthcare “subservient to money”.

Yet his frustration was understandable. “I could go back and dig out things that I was writing in the 1980s, when I was saying the same thing,” he said in 2002.

The profession’s more thoughtful members, however, recognised that at the core of his approach was his belief in the values of the NHS, which he saw as not just about delivering patient care, but about reducing health inequalities between social groups.

The accusation that he was obsessed with money was wide of the mark. When in 1997 the BMA suggested that patients might be charged £10 to see a doctor, he observed that charging would deter poorer people from seeking care.

Moreover, despite his role in advancing reforms, Maynard was impatient with what he called “un-evidenced re-disorganisation” of the NHS promoted by successive governments: “We are always reforming and never evaluate,” he said in 2002. “The question is, what evidence do we have to show the effect of these reforms on patient health?”

He was indifferent to how the health service is funded, observing that “all the money comes from taking resources from households, whether it is insurance premiums or taxes,” and he felt that using private sector contractors to provide some services could have a positive effect.



Yet he was scathing about the “bureaucratic and wasteful” insurance-based systems of countries such as Germany and France. “Considering the modest amount we spend on health, the first thing the British public should do is recognise how bloody good it is,” he said in 2001. “I once said to a German academic ‘You have the most efficient economy in the world but you have the most inefficient health system’. He put his arm around me and said, ‘Alan, we can afford it!’. ”

Alan Keith Maynard was born on December 15 1944 and educated at Calday Grange Grammar School in the Wirral. After taking a First in Economics at Newcastle University, he went on to take a BPhil in Economics at the University of York.

From 1968 he taught at the University of Exeter before moving in 1971 to York. In 1977 he was appointed founding director of the graduate programme in Health Economics and, in 1983, founding director of the Centre for Health Economics, which he and colleagues developed into the leading research centre in Europe.

He also worked as a consultant for DfID, the World Health Organisation, the World Bank and the EU.

From the early 1980s Maynard had served as a member of York Health Authority and later as a non-executive member of York Hospitals NHS Trust. In 1995-6 he was secretary of the Nuffield Provincial Hospitals Trust. From 1997 to 2010 he was chairman of York NHS Trust and from 2012 to 2015 of the NHS Vale of York Clinical Commissioning Group. He was founding editor of the journal *Health Economics*.

He was appointed OBE in 2009.

Alan Maynard married, in 1968, Elizabeth Shanahan, who survives him with two sons and two daughters.

**Professor Alan Maynard, born December 15 1944, died February 2 2018**