

OBITUARY

Professor Alan Maynard

Controversial health economist who had a profound influence on the NHS and challenged politicians with a twinkle in his eye



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“Not many stand-up comics have academic tenure,” Bob Evans, a Canadian who is one of the world’s leading health economists, said — fondly and admiringly — of Alan Maynard, who was emeritus professor in the same subject at the University of York.

Not many have had quite as much influence on first the definition and then the reach of health economics. Fewer have been so entertainingly controversial. And none had Maynard’s style. Colleagues and journalists — journalism was a key part of Maynard’s otherwise academic armoury — would hear on the phone that inimitable voice saying: “Blossom, dearie . . . you are wrong about that.” Or an email would land: “Ducky socks . . . You should read this.” Or: “Chucky egg . . . Do you know what they’ve done now?” The “now” being the latest daft thing that the government of the day had done to the NHS.

If that makes Maynard sound trivial, he was anything but. Over 50 years he helped to turn health economics from a subject that — in the 1960s — most economists regarded as something way beneath their salt, to one that these days informs huge areas of healthcare, including decisions of life and death.

He was, for example, a public and endlessly persistent advocate of the principle that, before the NHS agreed to buy their products, pharmaceutical companies should be required to demonstrate that they were not only clinically effective, but cost-effective also. That concept, of course, became the National Institute for Health and Care Excellence (Nice), a model that other countries have adopted and adapted. Many years before it was implemented, he was an originator of the idea that family doctors should be given budgets with which to buy their patients’ care, in the belief that it would provide better value for money and better care. His research influenced the way money is distributed in the NHS and how its performance is measured.

His strictures on what was happening in the service — “Do you know what they’ve done now?” — were informed by the fact that, somewhat rarely for an academic, he was “covered in coal dust” after working right at its coalface as the director or chair of his local NHS Trust or clinical commissioning group for more than 20 years.

Few would have predicted all that for a skinny child who grew up in post-war Bebington in Cheshire, hated primary school and did not learn to read properly until he was nine. He scraped into grammar school, only to be told he was not bright enough to go to university. The two A levels he took — he was only allowed two — got him into Newcastle, to read accountancy.



Maynard with his granddaughter

According to his wife, Liz, “he hated that too”. She met Maynard as a teenager and married him in 1968 when he was 23. It was one of the few conventional acts of his life. “The rest of the world was in revolt,” Liz said, “but we got married with lots of bridesmaids and Pyrex casseroles.”

The couple had four children: two sons, John, who works in children’s services, and Justin; and two daughters, Samantha, who is a nurse, and Jane. They all survive him.

Maynard’s lightbulb was lit when in his second year at Newcastle he switched to economics. A second degree at York led to a lectureship at Exeter, where he teamed up with Tony Culyer, another Young Turk and the one who enjoyed “leaving blood on the floor” in seminars. The pair were then recruited to York by Alan Williams; the three of them are recognised internationally as “the founding fathers” of health economics in Britain.

At York, Maynard created its MSc in health economics, founded the Centre for Health Economics and was founding editor of the leading journal *Health Economics*, all of which

contributed to the university becoming arguably the international centre for the subject. It has produced “the York diaspora”, and more than 750 graduates now work in governments, universities, think tanks and health services around the world. The professor “with the bright blue suit and bright blue eyes”, as he was once dubbed, laced his lectures and seminars with irony and wit and challenged not just economists, but also medical students, who faced questions such as: “Is killing people wrong?”

For all his technical and academic skills, it was his role as a communicator and agent provocateur that mattered at least as much. He would always take the journalist’s call, whether written or broadcast. He popped up endlessly on television and radio, and more recently wrote countless columns and tweeted 34,000 times. These were frequently confrontational — although always written with a sparkle in the eye — as he took on vested interests.

Public health doctors found themselves labelled “drains folk” for failing to apply to themselves the analysis they applied to the work of others. Politicians were accused of “severe learning difficulties”, first for failing to consult the evidence before their repeated “re-disorganisations” of the NHS, and then for failing to evaluate them. “They prefer not to be confused by facts,” he said. When David Cameron created the Cancer Drugs Fund to pay for drugs that Nice deemed not to be cost-effective, Maynard damned that as “a victory for the lobbying power of the pharmaceutical industry”.

All this produced admirers, but also a fair number of enemies, who saw him as essentially flippant — just a jester. He could overdo it, but the irreverence was harnessed to a serious cause: to persuade the world that all involved had an absolute moral duty, as he put it, “to get the biggest bang of health gain for the buck”.

What was clinically effective, he endlessly restated, “may not be cost-effective, but what is cost-effective is always clinically effective”. The success of healthcare should be measured not by its inputs — money, staff or beds — but by its outcomes and its value for patients, including the then revolutionary idea of asking patients, not just the clinicians, whether their treatment was a success. In a guide for health economists on how to translate research into policy — taking GP fundholding and Nice as his examples — he said that “patience is a virtue, endless repetition is your lot”.

He was regarded by many as the kindest of men, but it was not all plain sailing. In 1995 he was tempted south to run the Nuffield Trust health think tank. Back then it had a butler, a housekeeper and a well-stocked wine cellar, which fuelled the discreet dinners by which the trust then sought to influence health policy. Maynard wanted to put a bomb in the cellar and spend the money on something more productive.

The clash with the trustees, who must have known who they were hiring, saw him return to York a year later to continue the research, the writing, and the advice that was repeatedly harnessed by, among others, the World Bank, the World Health Organisation and the health department. In 2015 he was awarded the internationally based Graham prize, the closest award health services research has to a Nobel.

Away from his battles over the NHS, Maynard enjoyed walking, particularly in the Yorkshire Dales, and drinking a proper cup of tea from a china cup. He watched football and cricket,

was a fan of Spike Milligan, which came as no surprise to those who worked with him, and always enjoyed a good war film. On their first date, he took Liz to see *The Great Escape*.

In his final months on fourth-line chemotherapy, those blue eyes still twinkling, he was, like a good health economist, working out how long he had to live for his treatment to be cost-effective. He did not make it, but he did as much as anyone to make his subject.

Alan Keith Maynard, OBE, health economist, was born on December 15, 1944. He died of bone marrow cancer on February 2, 2018, aged 73

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