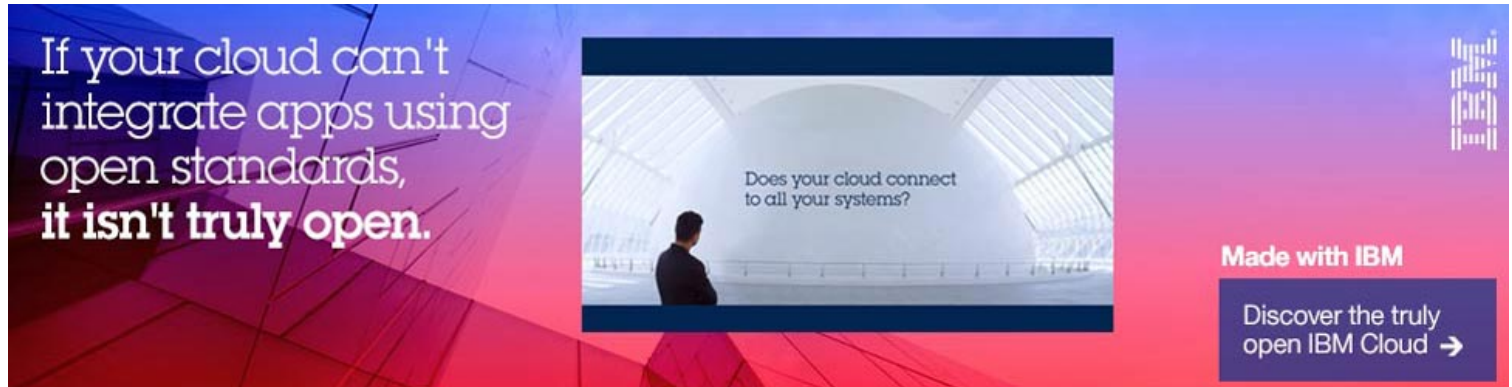


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February 21, 2012 7:39 pm

The geeks must quash the believers in gut instinct

By Julian Le Grand and Zack Cooper

England is in the midst of a struggle between empiricists and intuitivists, write Julian Le Grand and Zack Cooper

Every day, companies around the world are crunching terabytes upon terabytes of data to transform the way they do business. Walmart is analysing its mountains of data to stock stores more effectively. Google is relying on the statistical analysis of our previous searches to make future searches more accurate.

The rise of big data has created two camps, described by Ian Ayres in his book *Super Crunchers* as the “empiricists” and the “intuitivists”. Empiricists depend on statistical analysis to drive their decisions. Intuitivists rely on gut instincts. This battle is well known in sport, where statisticians are replacing old-school scouts as the main source of advice on player recruitment.

England is in the midst of a similar struggle between empiricists and intuitivists. But this debate is about more than how to spot football prospects. It is over the future of competition in the National Health Service and it has profound implications for the future health of the nation. (The US’s very own healthcare battle was another pertinent example.) As opposition to the government’s health reforms mounts, there is a real risk that the empiricists become crowded out and that evidence on the potential of competition to improve the NHS will be ignored.

In 2006, the government gave patients a choice over where they received hospital care and helped introduce competition into the NHS. Despite opposition from Britain’s medical unions, these reforms have proved successful. Four separate studies have examined data on hundreds of thousands of patient observations in England to test the effect of competition in the NHS in the mid-2000s. The findings are clear and consistent: public hospitals facing more competition from other public hospitals improved their outcomes and became better managed. Indeed, the measured effects of competition have not been trivial. Peer-reviewed evidence shows that the introduction of competition in the NHS could be credited with saving hundreds of lives.

This is not about ideology; this is about the role of evidence in public policy. Even for those in favour of adding more competition into the health service, evidence needs to guide its rollout. On Monday, we published research that showed areas where a particular kind of competition has not produced the desired effect. The question is not whether or not competition is good, but rather how we can use the best evidence to improve the NHS.

Enter Andrew Lansley. Nearly two years ago, the UK health secretary introduced what some believed to be unnecessary legislation at a time when public satisfaction in the NHS was at an all-time high and the service was under financial pressure. Many of the principles underlying the extension of competition between health providers included in the bill were sound. However the endless debate over the reforms has given an excessive voice to provider interests at the expense of patients.

More seriously, the unrest over the bill has empowered the intuitivists. The turbulent rollout of the reforms has created room for critics to make unsupported claims about the corrosive consequences of competition and raise false alarms about privatisation. These dead-end debates will not improve the NHS.

We are now at a point where the health secretary's proposals are likely to be emasculated, if they survive at all. If they are cut back, ironically, it seems most likely that competition between hospitals, one of the elements of Mr Lansley's proposals with a robust evidence base and the one most likely to improve patient care, is also the one most likely to be left on the cutting room floor.

This would be a profound mistake. It would not only undermine the progress the NHS has made over the past decade, but it would also put the NHS on the wrong side of the intuitivists vs empiricist debate. In an era when the NHS is going to face unprecedented financial and demographic challenges, this is a debate it can scarcely afford to lose.

The writers are a professor at the London School of Economics and former senior health policy adviser to Tony Blair, and a postdoctoral fellow at the LSE's Centre for Economic Performance

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