

## The Five Year Forward View: issues of funding and the ageing population still need addressing

**Sir,**

Professor Singh and colleagues (vol 76(2), 2015, p. 64) are right to highlight the fact that rising demand from an ageing population with increasingly complex medical needs will require a new approach to how and where care is delivered.

If we are to deliver high quality, truly patient-centred care to an older population there needs to be greater coordination between health and social care. Unfortunately, this has been made more difficult by the introduction of the Health and Social Care Act which has fragmented the delivery of care at a time when more joined-up care is needed. Another serious obstacle to meeting the

unprecedented challenges facing the NHS is the £30 billion funding gap due to open up by 2020.

The NHS is the best health-care service in the world, for both quality of care and value for money. With the election approaching, politicians of all colours need to stop playing games with the NHS, put short-term political points scoring to one side and take a longer term view on what the NHS needs if it is to remain true to its founding principles.

The NHS Five Year Forward View is an important step towards achieving this. However, the NHS cannot continue to meet rising demand with chronic underfunding and we must, as a matter of urgency, find a solution to the funding crisis threatening to engulf the NHS. Without this, the NHS will not be able to rise to the enormous challenges it faces.

**Kailash Chand OBE**

*Deputy Chair  
BMA Council  
BMA House  
London WC1H 9JP*

## Tramadol-related hypoglycaemia and tramadol-induced anorexia

**Sir,**

When anorexia occurs as a side effect of tramadol, as highlighted by Lowe et al (vol 75(12), 2014, p. 703), this could compound the risk of tramadol-related hypoglycaemia. This was the subject of a recent nested case control analysis which also included mention of previous case reports of tramadol-related hypoglycaemia in patients taking the recommended dose (Fournier et al, 2015).

This nested case control analysis included 334 043 patients, including 28 110 new users of tramadol, and 305 924 new users of codeine, both subgroups presumably taking recommended doses. Overall, the two subgroups were similar with respect to age, sex, comorbidities, and prescription drug use, including antidiabetic drugs. Tramadol users, however, were more likely to have undergone surgery in the 90 days before enrolment into the study.

During the 5-year follow-up period, in comparison with codeine use, tramadol use was associated with 52% increased risk of hospitalization for hypoglycaemia (adjusted odds ratio 1.52, 95% confidence interval 1.09–2.10), the risk being highest in patients who initiated the treatment within 30 days of the index date (adjusted odds ratio 2.61, 95% confidence interval 1.61–4.23) (Fournier et al, 2015).

Tramadol-related hypoglycaemia is thought to be attributable to effects on serotonin pathways, and also to activation of opioid receptors. Vigilance for tramadol-related hypoglycaemia is therefore necessary, especially following recent prescription of the drug.

**Oscar Jolobe**

*Retired Geriatrician  
Manchester Medical Society  
C/o John Rylands University Library  
Manchester M13 9PP*

Fournier J-P, Azoulay L, Yin H, Montastruc J-L, Suissa S (2015) Tramadol use and the risk of hospitalization for hypoglycaemia in patients with noncancer pain. *JAMA Intern Med* 175(2): 186–93 (doi: 10.1001/jamainternmed.2014.6512)

**Sir,**

In welcoming the Five Year Forward View Professor Singh and colleagues make excellent points, to which I would like to add some further thoughts.

First, the editorial's focus on older people is entirely correct. Older people stand to benefit hugely from new models of care. However, wider challenges need to be addressed – not least that ageism in society can impact negatively on every aspect of the care of older people (Centre for Policy on Ageing, 2009), including the status and behaviour of staff, their recruitment and their level of pay, particularly in the care sector.

Second, the Five Year Forward View anticipates new roles and new models of care, but it is unclear how existing professions will be persuaded to embrace these changes quickly enough. Nor does it consider the timescale – far longer than 5 years – that will be needed to develop health and care professionals for possibly radically different roles.

A third and more fundamental point is that the Five Year Forward View echoes Beveridge and Bevan in assuming uncritically that a healthier population and fewer inefficiencies in the system will inexorably lead to reduced costs. I have never seen compelling evidence to support this view, and it certainly has not happened yet. The prospect of more people living healthily into old age is wonderful for many reasons, but cost saving may not be one of them (Heath, 2008). A high proportion of health and social care costs come at the end of life whenever that is, and even if we can reduce those costs through new models of care, that will remain so. Predictably, we will still need to find ways of funding an effective and compassionate NHS that may well cost more and not less.

**Ros Levenson**

*Independent Researcher  
(ros@roslevenson.demon.co.uk)  
Correspondence c/o BJHM*

*These views are those of the author and not any organization she works for.*

Centre for Policy on Ageing (2009) Ageism and age discrimination in secondary health care in the United Kingdom. [www.cpa.org.uk/information/reviews/reviews.html](http://www.cpa.org.uk/information/reviews/reviews.html) (accessed 24 March 2015)

Heath I (2008) Life and Death. An open letter to the Prime Minister. *BMJ* 336: 360 (doi: 10.1136/bmj.39484.540127.59)