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December 2001

## Health in the news

November was an important month for the National Health Service. Much of the action took place in parliament, where a new health bill was introduced, and further major increases in funding were announced in the Chancellor's pre-budget speech.

The new bill (see 'NHS Reform Bill published') deals with a number of highly controversial issues, including the abolition of Community Health Councils, the expanding role of the Commission for Health Improvement and the establishment of the Council for the Regulation of Health Care Professionals.

The Chancellor's statement triggered off much speculation and debate – see 'Further boost for NHS funding, but is it enough?' It is clear that the government is committed to significant increases in funding for the health service. Nevertheless, there is a widely held view that so much ground has been lost that it will require far greater sums to create the 'world-class service' which Gordon Brown says he wants to see.

Also in parliament, emergency legislation was brought in to make human cloning an offence in law – see 'UK a no-clone zone'.

Increasing the funding of the NHS is only part of the changes that the government is bringing in. Month by month the reform process continues – see 'NHS new initiatives' and 'NHS staffing'.

Amongst the many other healthcare issues in the news during the last few weeks mental health, long-term care, cancer and heart surgery have featured prominently – see 'News on mental health', 'The need to care', 'Cancer update' and 'Heart surgery performance'.



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## NHS Reform Bill published

The NHS Reform and Health Care Professions Bill was launched in November. The government, which sees it as a key step in the implementation of the NHS Plan, says the bill focuses on four main areas: devolving power to frontline doctors and nurses, strengthening the independence of the Commission for Health Improvement, giving patients a bigger voice, and the creation of the new Council for the Regulation of Health Care Professionals. The opposition parties and also many Labour backbenchers are, nevertheless, critical of the bill.

Strategic health authorities will be set up; old HA powers will be devolved to primary care trusts. However, the Conservative Party considers that the drive towards decentralisation is still inadequate.

The expanded role for the CHI has generally been welcomed. There have already been many calls for it to have greater independence – see 'CHI should be more independent'. Some MPs are disappointed that a single body has not been established responsible for standards in both the NHS and the private sector. (This would mean merging the CHI and the National Care Standards Commission.)

The Bill confirms the government's controversial intention to axe Community Health Councils; they will be replaced by a national Commission for Patient and Public Involvement in Health. However, critics say details of the new arrangements are still very sketchy and there is a danger that public representation will actually be reduced. The lack of any patient forums in the outlined new arrangements has caused particular concern.

The Council for the Regulation of Healthcare Professionals will oversee the GMC, the Nursing and Midwifery Council and other professional regulatory bodies. The GMC has given a guarded welcome to the new proposals on regulation, although it is concerned that the new council will have a majority of members appointed by ministers. Details of the new regulatory arrangements may be seen on [www.doh.gov.uk/nursingandmidwiferyorder](http://www.doh.gov.uk/nursingandmidwiferyorder) and [www.doh.gov.uk/healthprofessionsorder](http://www.doh.gov.uk/healthprofessionsorder).

• Press releases (DoH), *Health Service Journal* 15<sup>th</sup>, 22<sup>nd</sup> November

## Further boost for NHS funding, but is it enough?

Healthcare emerged as one of the key issues in the Chancellor of the Exchequer's autumn pre-budget speech. Gordon Brown promised that an extra £1bn would be given to the NHS for 2002–3, which would be on top of the £4.5bn increase announced previously. The £6bn total increase amounts to a 9.6 per cent rise (7 per cent in real terms) on the funding for 2001–2. Mr Brown also promised long-term investment in the NHS in order to create 'a world class service'.

The new money was widely welcomed but immediately led to a debate, covered in some detail in the media, as to whether it would be enough to meet the growing cost of public sector healthcare. The prospect of tax increases to pay for improved public services in general, and healthcare in particular, has also been much in the news.

At present, expenditure on the NHS accounts for 6.8 per cent of the UK's GDP. A figure of 10 per cent is considered by many observers to be more appropriate. (The European average is 7.9 per cent but is rising rapidly.) The Institute for Fiscal Studies estimates that, to fund the kind of plans the Chancellor has in mind, some £13–17bn would be required each year. A research paper in the *Journal of the Royal Society of Medicine*, which uses a complex mathematical technique, also concludes that the new funding will not be enough. Dr Marios Papadopoulos says years of under-spending have driven the NHS to 'the brink of chaos'. In order to overcome this '...the government would have to spend much more – perhaps even double or treble the fifty-odd million they spend at the moment.'

The Conservative Party and others would like to see new approaches to raising the money. Iain Duncan Smith said the pre-budget statement, 'handcuffed the government to the whole status quo and the state monopoly.' However, the Chancellor said he had ruled out the possibility of introducing private funding for the NHS; there was no evidence that alternative financing methods would deliver quality care at lower cost and, indeed, they might well prove more expensive. Mr Brown said, 'A publicly funded NHS is best for Britain, and a modernised NHS will need significantly more investment. It will be right to devote a significantly higher share of national income to the NHS.'

Most observers consider that remarks by the Chancellor, and also by the Prime Minister, make it likely that the Labour Party's manifesto for the next election will state that more revenue for public services must be raised through tax. It is thought this would be through increases in general taxation rather than a ring-fenced 'NHS tax'.

• BBC Online, *Guardian* 29<sup>th</sup> November, *Health Service Journal* 29<sup>th</sup> November, *BMJ* 1<sup>st</sup> December,

## UK a no-clone zone

Legislation to outlaw human cloning has been introduced in parliament. Stem cell and other research using embryos created by in vitro fertilisation will however still be lawful, regulated by the Human Fertilisation and Embryology Authority (HFEA).

This government's move follows a surprise High Court ruling that upheld the claim of the Pro-Life Alliance that human embryos created by cell nuclear replacement (CNR) fell outside the protection of the Human Fertilisation and Embryology Act, because they did not involve the fertilisation of an egg by a sperm. The court's decision effectively made human cloning legal.

The new legislation was introduced as an emergency bill to address this situation. The government also intends to appeal the High Court decision. Health minister Lord Hunt said the government remained totally opposed to human reproductive cloning.

Most medical researchers support the government's position on reproductive cloning, whilst arguing that therapeutic cloning holds many potential benefits for human health. The HFEA says it has received no applications for research using human cells created by CNR.

Meanwhile, three companies in the UK are now offering to collect and store blood from the umbilical cord of newborn babies. In theory, stem cells from the blood could be used to treat medical conditions arising later in life. The service costs up to £700 but has been criticised by, amongst others, the Royal College of Obstetricians & Gynaecologists, which says there is no evidence that such treatment would be practically feasible.

• Press releases (DoH), *BMJ* 24<sup>th</sup> November

## News on mental health

Health minister Jacqui Smith has announced that mental health services across England are to receive an extra £75m to implement actions outlined in the NHS Plan. An additional £25m will be spent on improving in-patient wards. The money is part of £300m that will be invested in mental health over the next two years. Jacqui Smith said, 'This money will be earmarked to make radical improvements to community-based specialist mental health services. The investment will mean that we can boost the number of community mental health staff, provide more support for carers, extra specialist staff for prisons, and additional people working in primary care. Only a very small number of people with mental health problems are admitted to hospital so it is vital that we provide high-quality community-based services.' She also said the government was committed to providing early treatment for all young

people diagnosed with serious mental illness by 2004.

It is wrong to suggest that people with mental illness can never adequately deal with their problems, according to a report from the mental charity Mind. Researchers interviewed people who had been diagnosed with various types of mental illness, including depression, schizophrenia, manic depression and post-traumatic stress disorder. They found more than half of the 970 people questioned said they felt they had 'recovered', or were coping with some kind of support. However, sixty-two per cent said the attitude of the general public was the biggest barrier to recovery, and four in ten said the attitude of mental health workers was a problem. Richard Brooks, Mind's chief executive, said, 'Mental health is one of the few areas of healthcare in Britain today where the expectation of recovery is very low. Our findings show that recovery, to users or ex-users of mental health services, does not necessarily mean life is free from mental health problems, but they learn to cope with them better.' Mind wants the National Service Framework on Mental Health to include better information on effective recovery strategies. It also wants the government to invest in a public education campaign focused on recovery and coping.

A new expert group has been established for mental health services in prisons. It will be chaired by National Director for Mental Health Professor Louis Appleby. Making the announcement, Jacqui Smith said, 'It is easy to forget that prisoners are patients too but Prison Services standards make it clear that prisoners should have access to the same range and quality of healthcare service as are available to the general public through the NHS.'

• Press releases (DoH), BBC Online

## The need to care

Thousands of pensioners across the UK lobbied parliament recently calling for better healthcare for older people. The event, organised by the National Pensioners Convention (NPC) and supported by the NHS Support Federation and the Community Care Protection Group, involved over 200 pensioner groups, healthcare professionals and disability rights campaigners. Rodney Bickerstaffe, NPC President, said the aim of the rally was to send a clear message to government that older people should get the health and social care they deserve. One point of contention has been the government's refusal to pay for the 'personal care' element of long-term care. This includes charges for washing and shopping and accommodation costs.

The first regulatory framework and national minimum standards for personal home care services have been issued by health minister Jacqui Smith. In accordance with

the Care Standards Act 2000, all domiciliary care agencies providing personal care will soon be required to be inspected annually and registered by the National Care Standards Commission on the basis of the new national standards. The minister said, 'We want to help people to remain independent for as long as possible and recognise that the domiciliary healthcare sector has an important part to play in doing this, but we need to ensure that the services these people experience are of a proper standards.' Consultation on the proposed standards will run for three months.

Also announced in November was new guidance for local councils, setting out a fairer charging framework for home care services. Councils will still have discretion on whether to charge at all – the new guidance provides clear objectives for councils who do charge, to ensure more consistency and fairer charging systems. The guidance is available on the internet at [www.doh.gov.uk/scg/homecarecharges](http://www.doh.gov.uk/scg/homecarecharges).

Health minister Lord Hunt has announced an £8m research project into ageing and old age by the Research Councils. Speaking at the launch of the National Collaboration on Ageing Research at the National Motorcycle Museum in Birmingham, Lord Hunt said, 'Research with older people is vitally important ... Since the early 1930s the number of people over sixty-five has more than doubled and this figure is expected to increase further over the next thirty years.'

Older people in Kent and the London Borough of Ealing will benefit from two new social services projects under the local government Private Finance Initiative (PFI). Ealing and Kent will be advertising their projects and selecting a partner organisation. After the contract is signed, new buildings will be built in each local authority. The average time for these two steps is expected to be around eighteen months. The projects are part of the local government PFI projects endorsed by central government.

The Integrating Community Equipment Services Implementation Support Team has been launched to help improve the lives of more than a million older people and disabled people across England who need equipment to help them remain independent, such as walking frames and special smoke alarms. The team will provide support and advice to NHS trusts and local councils to help them modernise local equipment services as outlined in guidance issued by the government earlier this year.

– It has been known for some time that the UK has an estimated 50,000 excess deaths in winter. Most of the deaths are from heart attack, strokes and respiratory infections. A new study by researchers by researchers at the London School of Hygiene and Tropical Medicine has suggested that the lives of several thousand people could be

saved by improvements in the insulation and heating of their homes.

- BBC Online, Press releases (DoH), *BMJ* 24<sup>th</sup> November

## Cancer update

Breast cancer has overtaken lung cancer to become the most common form of the disease in the UK. An estimated 39,500 new cases are diagnosed every year, according to the Imperial Cancer Research Fund and the Cancer Research Campaign. Experts predict that the gap between breast and lung cancer will widen still further. The shift is remarkable since breast cancer occurs almost entirely in women, whereas lung cancer affects an estimated 38,900 men and women. Experts know that the overall decline in the number of new lung cancer cases reflects the falling number of male smokers over the last fifty years, although cases are continuing to rise among women. However, they admit they are still baffled by the steady rise in breast cancer rates over the last three decades, only part of which can be explained by improvements to screening programmes. One risk factor is that more British women are choosing to have their children later in life, another is the reported increase in obesity in post-menopausal women. Sir Paul Nurse, director general of the Imperial Cancer Research Fund, said, 'The good news is that, despite the increase in the number of new breast cancer cases, survival rates continue to improve and over seventy per cent of women are now successfully treated.'

The number of cases of ovarian cancer in England and Wales has soared by nearly twenty per cent. In Scotland, the rate has risen by nearly a quarter. At a recent conference, experts from the British Gynaecological Cancer Society (BGCS) heard that fewer than one in three UK women with the disease will survive for five years – one of the lowest survival rates in Europe. Delegates were told of the launch of a major international trial, eventually involving 200,000 British women, to examine the benefits of five different combinations of chemotherapy. Professor Ian Jacobs, BGCS president and a consultant gynaecological oncologist at St Bartholomew's Hospital, London, said understanding of the molecular and genetic basis of ovarian cancer had expanded greatly over the last few years. This would hopefully lead to new approaches to prevention, screening and treatment.

A pill that can reduce the progress of the cancer chronic myeloid leukaemia is being launched in the UK. Glivec, which works by targeting the molecules thought to cause the cancer, has produced highly promising results in clinical trials on over 7,500 patients worldwide. The drug, which was developed by Novartis, normalised the blood count in over ninety per cent of patients, and reduced leukaemia

cells in the bone marrow. It has none of the severe side-effects associated with current chemotherapy drugs used to treat the condition. Professor John Goldman, of Hammersmith Hospital London, said, 'Glivec has transformed the treatment of chronic myeloid leukaemia...This is the first example of a molecularly targeted therapy that really does work.'

Scotland's health minister, Susan Deacon, has asked for an urgent report into the running of Scotland's biggest cancer treatment centre – the Beatson Oncology Centre in Glasgow. Medical staff at the centre, which treats sixty per cent of all cancer cases in Scotland, have been concerned for some time that the rise in workload has not been matched by an increase in resources. Three consultants have resigned, including the Professor of Radiation Oncology, Ann Barrett, who is taking up a new post in Norwich.

- BBC Online, *BMJ* 17<sup>th</sup> November

## vCJD: encouraging new findings

The latest estimates of the number of people who will die from vCJD suggest that it will affect far fewer people than earlier predictions, which ranged from a few hundred to over 130,000.

The head of the Edinburgh-based National CJD Surveillance Unit, Professor Robert Will, now believes that the final figure may be as low as 200. Unlike classic CJD, which almost always affects people over fifty, the average age of vCJD victims at death has been twenty-eight. It therefore seems that older people are more resistant to the disease. Those who have died were probably infected as the result of meat producing practices in the 1980s that are now illegal.

However, there are still concerns that the infectious agent that causes BSE in cattle and vCJD in humans is theoretically transmissible through blood transfusion. There have been no known cases of this occurring so far but the media have recently highlighted the case of a twelve-year-old boy who received a blood donation from someone who later died of vCJD. The boy remains in good health. There is still no test for the presence of the infectious agent.

- BBC Online, Press releases (DoH)

## NHS new initiatives

The health secretary's recent trip to Spain was part of the continuing NHS efforts to recruit more doctors from abroad but was also intended to enable Mr Milburn to garner new

ideas. Four hundred Spanish nurses have been recruited for the NHS since an agreement was signed last year and now it should be possible to recruit doctors too. Spain is regarded as having a surplus of doctors; it has 3.5 doctors per 1000 inhabitants, compared with the UK's 1.7. Part of Mr Milburn's trip involved a visit to a hospital run under a new Spanish concept – 'public health foundations'.

Back at home the secretary of state announced a £55m programme to improve 600 GP surgeries in deprived areas. The programme will involve private finance initiatives (PFI). He also made a statement on the controversial subject of the design of new hospitals being built under PFIs. He said the biggest ever hospital building programme in NHS history required the best ever hospital design. New hospital projects would only be approved if there was evidence of the involvement of staff, patients and the public in planning their design.

Efforts continue to improve cleanliness in hospitals. Amongst the new measures announced are including the new 'modern matrons' in hospital inspection teams and inviting the Women's Royal Voluntary Service also to join these teams.

Health minister Hazel Blears has launched a new NHS network called NHS Plus that will sell occupational health services to businesses. Information may be found on [www.nhsplus.nhs.uk](http://www.nhsplus.nhs.uk).

Hazel Blears has also issued new guidelines regarding the consent of NHS patients to treatment or examination – [www.doh.gov.uk/consent](http://www.doh.gov.uk/consent).

- Press releases (DoH)

## NHS staffing

The NHS began its overseas doctor recruitment campaign in September and by early November, according to Alan Milburn, there had been 1,500 enquiries and 130 applications. The aim is to recruit 1,000 doctors and 2,000 nurses from abroad within four years. It has also been announced that overseas doctors working in the UK will be eligible for NHS funding to train to become GPs. This has not been possible since the 1980s. Details of the scheme may be seen on [www.doh.gov.uk/medicaltrainingintheuk/gptraining.htm](http://www.doh.gov.uk/medicaltrainingintheuk/gptraining.htm).

To attract more doctors into general practice there have been a number of further initiatives, as announced by health minister John Hutton. The pay of GP registrars will be increased in line with that of junior doctors in hospital. Practice nurses' salaries will also be linked with that of their hospital colleagues. There will be increased funding for locums to allow GPs to take maternity, paternity and adoptive leave. Money will be provided to help primary care workers with their personal childcare arrangements.

A 'golden hello' of £5,000 will be paid to every GP who joins the NHS plus an additional payment of up to £5,000 for those who work in an 'under-doctored' area. The new personal medical services (PMS) contracts for GPs are gradually being introduced. One GP in five now has a PMS contract.

The new Workforce Development Board has held its first meeting. It is one of a number of bodies set up by the government to ensure that the NHS has adequate levels of staffing in the future. There is also a Workforce Numbers Advisory Board, seven Care Group Workforce Teams, plus local Workforce Development Confederations.

- Press releases (DoH)

## NHS critics

The British Social Attitudes Survey, conducted annually by the National Centre for Social Research, has found that public dissatisfaction with the NHS is increasing. In 1993 thirty-nine per cent of those questioned believed that their local hospital would fail to carry out an operation on the day on which it was booked. This figure has risen to fifty per cent. Only forty-two per cent of people were satisfied with the level of care provided by the NHS overall, although seventy-six per cent were satisfied with their GPs. Waiting times for hospital treatment were found to be of great concern to the public.

An expert report, commissioned by the government and conducted by the former head of NatWest Bank, Derek Wanless, has examined how much money the NHS will need in the next two decades. Mr Wanless said the service was seriously underfunded and the increase in funds promised by the government so far would not be enough to prevent it from collapse. The report will not be published in full until next year but the Chancellor of the Exchequer has considered it in its preliminary form and made reference to it in his pre-budget statement. It seems likely to be an influential document in the future development of the NHS.

The National Alliance for Equity in Dental Health says a survey has shown that only one in five health authorities are reaching government targets to reduce tooth decay in children. The alliance, an umbrella group of 79 national medical, dental and voluntary organisations, says that dental health is significantly better in areas where the water supply is fluoridated. It wants to see fluoridation schemes launched in deprived areas across the country.

An alliance of eye charities claims that long waiting lists and 'the postcode lottery of care' are preventing many people with the condition aged-related macular degeneration (AMD) from receiving prompt treatment. The AMD Alliance says that many of them lose their sight unneces-

sarily. It wants to see photodynamic therapy made available for AMD on the NHS. The National Institute for Clinical Excellence is presently assessing this treatment.

The BMA says it is unhappy with the system whereby NHS facilities are inspected by the Commission for Health Improvement but the private sector is dealt with by a separate body, the Care Standards Commission. It wants to see a single inspectorate to avoid duplication and ensure uniformly high standards.

The Audit Commission has said that some hospitals are spending too much on ward staff. It found that staff costs varied substantially but there was no relation between the amount spent and the quality of care provided. Factors such as the local labour market could account for some of the cost variation but not all. Ward staffing is the largest single budget item for hospital trusts. The Audit Commission says that ways should be found to use staff more efficiently. NHS managers have commented that the report raises more questions than answers.

• BBC Online

## BMA and GMC: discussions continue

After a meeting between the British Medical Association and the General Medical Council, BMA Chair Dr Ian Bogle said he had been 'reassured' regarding most of the GMC's plans for the 'revalidation' of doctors. The BMA had earlier described the GMC proposals as bureaucratic and contradictory. It had threatened to draw up its own revalidatory procedures if the GMC could not reassure it on twelve specific points. A damaging split between the two bodies now seems to have been avoided. The GMC is rewriting the document outlining its proposals.

Nevertheless, in his last major speech as President of the GMC, Sir Donald Irvine called for an end to the 'continuing arrogance, paternalism and complacency of some doctors.' He also attacked many of the government's initiatives to reform the NHS.

The GMC has recently given details of its plans to introduce a warning system which will deal with complaints about doctors whose behaviour falls short of 'good practice' but is not severe enough to warrant a formal hearing.

• *BMJ* 3<sup>rd</sup>, 17<sup>th</sup> November, *Guardian* 22<sup>nd</sup> November

## GMC elects new president

Professor Graeme Catto has been elected as the new President of the General Medical Council. He succeeds Sir

Donald Irvine and will take office on 1st February 2002. Six candidates stood for election. Following the vote, Sir Donald said, 'I am pleased that Professor Catto has been appointed as my successor, and I hope that he finds his term as President as fulfilling as I have done. The GMC has undergone a great deal of change recently, and there is more to come. Graeme is the right person to see that change through.'

Graeme Catto is currently Vice Principal at King's College London and Dean of the Guy's, King's and St Thomas' Hospitals Medical and Dental School. Until October 2000 he was Chief Scientist at the Scottish Executive Health Department and Vice Principal at the University of Aberdeen – Scottish colleagues think he deserves the credit for putting the university firmly on the map. Professor Catto enjoys a reputation for being an extremely effective and skilled delegator who is also highly, and quietly, persuasive. Professor George Alberti, President of the Royal College of Physicians of London, recently paid tribute to him by suggesting that if he had been captain of the Titanic, he would have managed to persuade the passengers that they were stopping off to take on ice.

• Press releases (GMC, DoH), BBC Online, *BMJ* 3<sup>rd</sup> November

## More appointments

- Health minister Hazel Blears has announced the appointment of Anne Galbraith as Chair of the Prescription Pricing Authority. The authority's main functions are to calculate and make payments due to pharmacists and appliance contractors, and to calculate amounts due to general practitioners for supplying drugs and appliances prescribed under the NHS.
- The new Chair of the Medicines Commission will be Professor Parveen Kumar of St Bartholomew's and the Royal London School of Medicine and Dentistry. She is currently Vice Chair of the Commission and will succeed Professor David Lawson, who has held the post for eight years.
- Professor Peter Farmer has been appointed the new Chair of the Committee on Mutagenicity of Chemicals in Food, Consumer Products and the Environment. He succeeds Professor Jim Parry; his three-year term runs from 1<sup>st</sup> November 2001.
- Nine key new posts to lead the external working groups for the Children's National Service Framework (NSF) have been announced by health minister Jacqui Smith. The groups deal with: children needing acute/hospital services; maternity; mental health and psychological wellbeing of children and young people; children in need; disabled children; and healthy children and young people.

• Press releases (DoH)

## Violence in hospitals

Health secretary Alan Milburn has given the NHS the go-ahead to deny patients treatment if they attack health service staff. Guidelines were published in November, which advise NHS trusts as to how to draw up their own policies on procedures to be followed. Mr Milburn said, 'No one has the right to abuse, intimidate, harass or injure NHS staff and then to expect the same staff to respond with their usual care and compassion.'

The guidelines have been drawn up in consultation with a number of leading mental health charities, the BMA, Unison, the Royal College of Nursing and the Royal College of General Practitioners. Dr Simon Fradd, the BMA's spokesman in violence against GPs, said the problem was increasing so rapidly that '...it could be the end of general practice.' There are 65,000 assaults on staff every year.

• Press releases (DoH), BBC Online

## New brain research centre

Research into brain disorders, including epilepsy, dementia and schizophrenia, will be carried out in a newly opened Medical Research Council centre at the University of Bristol, which already has one of the largest centres for neuroscience research in Europe.

The MRC Centre for Synaptic Plasticity will be headed by Professor Graham Collingridge. He described synaptic plasticity as '...the major process that enables the brain to store information. It is one of the fundamental biological mechanisms that determine who we are.' Jet-lag and drug addiction will also feature in the centre's research programme.

• BBC Online

## NICE decisions increase NHS costs

The NHS faces a significant increase in its total drugs bill because of the new treatments that the National Institute for Clinical Excellence says should be provided. Although NICE has been criticised for turning down several treatments, it has approved far more of the treatments referred to it for consideration than it has rejected.

It is estimated that the total cost resulting from NICE's decisions will be in the region of £200–250m. This is thought to be greater than the government expected. However, the situation should be helped by the additional £500m that has been provided to the NHS by the govern-

ment this year to improve the treatment of cancer and coronary heart disease. Much of this will go on drugs such as cholesterol-lowering 'statins', which have met with NICE approval.

• *Guardian* 8<sup>th</sup> November

## Drugs, alcohol and tobacco

Every health authority and primary care trust in England must now have a long-term programme for drug prevention work. The requirement, announced by health minister Hazel Blears, reflects the government's concern over the increasing rates of drug abuse in young people. Health authorities will be given an additional £8m for drug prevention work this year.

The charity Alcohol Concern says in a new report that twice as many people are addicted to alcohol as to all other drugs. It claims that one person in thirteen in the UK is dependent on alcohol. The charity says that a 'coordinated strategy' on alcohol must be urgently put in place.

Meanwhile, the World Health Organization says that the UK's voluntary code on tobacco advertising has been 'found wanting', in common with similar arrangements in several other countries. It says that nowhere in the world have adequate measures been taken to eliminate the exposure of children to tobacco advertising, and that self-regulation of the industry has been shown not to work.

• Press releases (DoH, WHO), BBC Online

## CHI should be more independent

The precise role of the Commission for Health Improvement appears still not to have been fixed and there have been calls for the new governance body to have greater independence. At present the CHI is responsible to the DoH but, for the first time, it has decided to conduct an investigation without an instruction from the Secretary of State for Health, in response to a request from the chief executive of an NHS trust.

Breast screening services at the Hammersmith Hospitals Trust are being investigated and the CHI has sought access to an earlier report, commissioned by the DoH, which was never made public. The DoH has, so far, not agreed to hand over the report.

Observers have said that the incident is a test of the independence of the CHI. In the influential Kennedy report into the 'Bristol babies' affair, it was recommended that the CHI should not be responsible to the DoH.

As discussed in the last *Health Insight*, there are also concerns that confusion is caused whenever a hospital is inspected both by the CHI and by the Health Quality Service, which awards 'star' ratings. Several hospitals have found that the HQS has taken a more positive view of their services. Alan Milburn has said that he wants the two systems to be integrated.

Proposed new powers for the CHI have now been announced in parliament – see 'NHS Reform Bill published'. It will have a wider role, becoming responsible for 'assessment of performance against criteria' and also the hospital star rating system. It will have access rights to GP surgeries and private sector premises in which NHS patients are being created. It will make an annual report to the health secretary but this must then be laid before parliament. The Audit Commission will lose some of its responsibilities to the CHI and its activities within the NHS will be confined to assessing value for money.

• *Health Service Journal* 1<sup>st</sup>, 6<sup>th</sup> November

Brian Jarman of Imperial College, London who analysed the figures independently. However, the National Heart Director, Dr Roger Boyle, cautioned that not too much emphasis should be placed on comparative mortality rates. The figures were bound to be higher in hospitals where many of the patients were very elderly or otherwise at higher risk. Caution was similarly urged by the BMA and the Society of Cardiothoracic Surgeons. However, Conservative health spokesman Dr Liam Fox said the figures made it clear that in many parts of the country health outcomes were 'unacceptably poor'.

Health secretary Alan Milburn has announced an additional programme of investment and reform of cardiac services worth over £300m. He said that this would make possible a cut in the maximum waiting time for heart surgery from 18 months to 12 months by March 2002, an improvement on the target set in the NHS Plan.

• BBC Online, Press release (DoH), 24<sup>th</sup> *BMJ* November

## Wales acts first

The NHS in Wales has called on all NHS managers to adhere to a strict code of conduct. This is in line with the recommendations of the Kennedy report. However, the move in Wales comes before any such step has been taken in the rest of the UK. Westminster has yet to issue a formal response to the Kennedy report.

Also in Wales, health minister Jane Hutt has announced the results of her consultation on the reorganisation of the NHS. There will be some changes to her original proposals but, as originally intended, the twenty-two local health groups will be given statutory status as local health boards, and the five health authorities will be abolished.

• *Health Service Journal* 1<sup>st</sup>, 22<sup>nd</sup> November

## Heart surgery performance

A guide published in *The Times* has compared death rates after coronary artery by-pass surgery in twenty-nine hospitals and has found wide variations. With the figure 100 indicating the national average standardised mortality ratio, the results for individual hospitals varied from 48 to 182. The lowest figure was achieved by the United Bristol Healthcare Trust and the highest death rate was at the University Hospitals of Coventry and Warwickshire NHS Trust.

Like previous *Times* guides on the performance in hospitals, this one has been compiled by the 'Dr Foster' organisation. It has been described as 'a useful tool' by Sir

## Waiting list figures

The number of people waiting for admission to hospital in September was 3,500 higher (0.3 per cent) than a year previously. However, there has been a dramatic fall in the number who have been waiting for over a year. This has dropped by 6,400 (12.7 per cent). There are now 208 patients who have been waiting for over eighteen months.

Health minister John Hutton said the government was confident that it would meet its targets whereby no patient should have to wait more than fifteen months for treatment by 1<sup>st</sup> April 2002 and, by 2005, no one will have to wait for more than six months.

NHS Chief Executive Nigel Crisp told a Commons Public Accounts Committee meeting that there had been instances cases where clinical priorities had been distorted by hospitals seeking to meet waiting list targets, as had been claimed in a National Audit Office report in July. However, he continued, 'It doesn't mean it is widespread. Where we do come across that as an issue, we need to do something about it.'

• *The Times* 10<sup>th</sup> November, Press release (DoH), *Health Service Journal* 22<sup>nd</sup> November

## In brief

– The British Thoracic Society (BTS) says the government must take more action to control respiratory disease. It has pointed out that lung diseases, including asthma and lung cancer, are the UK's biggest killers, accounting for one in four deaths. The death rate from respiratory conditions is one of the highest in Europe. A BTS report

- also points out that most emergency hospital admissions are for respiratory disease and that asthma is the most common long-term illness in children. BTS President Professor Duncan Geddes says the government discriminates against people with respiratory conditions: 'The lack of a national programme of treatment and care, together with a severe shortage of chest specialists, nurses and physiotherapists, is causing patients with a lung disease to suffer unnecessarily.'
- BBC Online
  - As the debate over increasing the involvement of the private sector in the NHS progresses, David Hinchliffe MP, Chair of the Commons Health Select Committee has become one of the leading opponents of the government's plans. He has called for a 'complete separation of the NHS from the private sector.' In a publication of the Catalyst Trust think tank, he said: 'The committee has been unanimous in its concern over the private sector's abysmal record in quality provision and the way its draining of publicly trained staff out of the NHS obstructs the development of better services within the public sector.'
  - *Health Service Journal* 22<sup>nd</sup> November
  - Agreement has been reached with the trade union Unison on the terms under which three Private Finance Initiative pilots at Queen Mary's Hospital Roehampton, Barking/Havering and Stoke Mandeville Hospital will continue. The agreement means that porters, cooks, cleaners, laundry and security staff in the pilot hospitals will not transfer to private sector employment, but will remain employees of the NHS. They will be on NHS terms and conditions and will be managed by the private sector company. Supervisory staff in these groups, however, will transfer to the private sector employer.
  - Press release (DoH)
  - A Worcestershire GP has been told he can continue giving children single measles, mumps and rubella vaccinations, instead of the controversial combined MMR jab. Dr Peter Mansfield was reported to the GMC by Worcestershire health authority, which wanted to have him stopped from giving the single vaccinations. In a letter to Dr Mansfield, the GMC advised him that he must tell patients about 'the full range of options for inoculations available in the light of the latest scientific evidence and the continuing debate.' It also said he should explore ways of informing the child's usual GP if the parents have come to him because they cannot get the single vaccinations at their local surgery.
  - *Guardian* 20<sup>th</sup> November
  - Chickenpox, usually thought of as a minor childhood disease, kills significantly more adults now than it did in the late 1960s. Research published in the *BMJ* shows that more adults died from the infection than from measles, mumps and whooping cough combined. Official figures show a peak of thirty-nine deaths in 1996 – although there has been a drop in recent years. The reason for the increase is not clear, but experts say it could be because some people, such as those who have had treatment for cancer, have weakened immune systems. A chickenpox vaccine is available and is used in America, but experts say more work needs to be done to see if it would be beneficial to introduce it in the UK, and whether children or adults would need to be vaccinated.
  - BBC Online
  - The DoH is currently running the second phase of its £750,000 Asian Tobacco Information campaign, featuring TV, radio and press adverts in mother-tongue languages. The advertising has been timed to coincide with the Muslim holy month of Ramadan and the Hindu celebration of Diwali. It aims to tackle the problems of higher smoking rates and lower awareness of the serious health risks associated with tobacco use amongst Asian communities in England.
  - Press release (DoH)
  - A campaign aimed at Muslim communities will encourage travellers to the annual Hajj Muslim pilgrimage to Mecca to be vaccinated against meningitis. An estimated 50,000 pilgrims travel from England to Saudi Arabia each year to take part in the Hajj, or other smaller pilgrimages such as Umrah. In the last two years, cases of an unusual strain of meningitis have occurred, both in pilgrims and in people with whom they were subsequently in contact with in the UK. In 2001 ten people died. The Hajj in 2002 will take place in the last week in February.
  - Press release (DoH)
  - Diane Pretty, who is terminally ill with motor neurone disease, has lost the latest stage of her 'right-to-die' fight. Five Law Lords have unanimously dismissed her appeal to be allowed to end her life. Mrs Pretty wants her husband Brian to assist her suicide, without potentially facing criminal action and a fourteen-year prison term. A spokesman for the British Medical Association, which has consistently opposed euthanasia, said, 'The BMA believes that the House of Lords has made the right decision.' Mrs Pretty, who is gradually becoming more disabled by her disease, now intends to take her fight to the European Court of Human Rights in Strasbourg.
  - BBC Online

- A snapshot survey at a conference of A&E nurses, organised by the Royal College of Nursing, suggests that one in five carry out secret pregnancy tests on children as young as nine-years-old. The survey suggested that, in some cases, doctors had refused to examine a patient with abdominal pains unless a pregnancy test was first carried out. Sue Burr, the RCN's advisor in paediatric nursing said carrying out covert tests was an 'infringement of human rights'. The RCN's A&E Nursing Association is trying to find out how common the practice is, as it is against official guidelines.
  - BBC Online
- Hospitals are still re-using surgical equipment that is supposed to be discarded after one use. A survey by the Patients' Association suggests that, during the last year, a government initiative to improve hygiene has led to some improvements in the way surgical instruments are decontaminated. However, it also found the number of respondents who admitted their hospital was re-using single-use devices had actually jumped to twelve per cent from eight per cent in a similar survey carried out in 2000.
  - BBC Online
- Insurance companies and the British government have agreed a five-year extension of the moratorium on the use of results of DNA tests for insurance purposes, except in specific circumstances. The agreement with the Association of British Insurers, which represents most insurance companies in the UK, dates from 1<sup>st</sup> November 2001. The association's code of practice can be seen on their website at [www.abi.org.uk](http://www.abi.org.uk).
  - *BMJ* 3<sup>rd</sup> November
- Pilots for the National School Fruit scheme, which provides a free piece of fruit each day to infant schoolchildren, are said to have been a resounding success. Health minister Lord Hunt has announced that the pilots will now be extended across the regions of England, thanks to £42m of New Opportunities Fund lottery money. The first region to provide free fruit to 200,000 children aged from four to six will be the West Midlands.
  - Press release (DoH)
- Proposals have been made recently that flour in the UK should be fortified with the vitamin folic acid in an attempt to reduce the number of babies being born with spina bifida and other neural tube defects. However, specialists writing in the *BMJ* have spoken out against the idea. They say giving folic acid to population at large might have adverse consequences for some people, and that further research is needed. The Spina Bifida Association, however, remains strongly in favour of flour fortification.
  - BBC Online
- The latest report from Michael Buckley, the Health Service Ombudsman ([www.ombudsman.org.uk](http://www.ombudsman.org.uk)), deals with forty-seven investigations completed between April and July this year, most of them concerning incidents in London. However, Mr Buckley says many of the problems he has reported on previously have yet to be addressed and that the health service has been slow to learn from his reports.
  - *Health Service Journal* 6<sup>th</sup> November
- Plans to set up an 'NHS University' are running behind schedule. The DoH said it would create 'the biggest university in the world' and that it would be launched within two years. However, DoH Strategy Unit Director Professor Chris Ham said recently that a royal charter would have to be obtained first and that would take 'a number of years'. He confirmed that the university would conduct teaching and research. The NHS is expected to publish a 'lifelong learning strategy' soon.
  - *Health Service Journal* 15<sup>th</sup> November
- When a healthcare worker is found to be HIV positive, it will no longer be necessary for patients treated by him/her to be informed. Hospitals can in future decide on a case-by-case basis whether they feel this is necessary. This change in DoH policy has been made in the light of the fact that no case of a patient acquiring the infection by this means has ever been detected in the UK, despite extensive research. The move has nevertheless come in for criticism from some patient groups.
  - Press release (DoH), BBC Online
- The price of vitamins, which are bought over the counter in ever increasing quantities, could fall following action taken by the European Commission. The Commission decided that manufacturers were operating secret market sharing and price fixing cartels and has imposed fines on the companies concerned. The biggest fine (Euros 855.22m) has been imposed on Hoffman-La Roche which investigators said was the chief instigator in the cartels. The company supplies about half the world's vitamins.
  - *BMJ* 1<sup>st</sup> December