

<http://www.britishcouncil.org/health/>

October 2001

Health in the news

Healthcare in the UK may have not been made the front pages during September but there has still been a great deal going on. Probably the most talked about new initiative has been the introduction of a 'star system' to indicate the performance level of hospitals in England – see 'The best of trusts, the worst of trusts'.

To help fulfil its aim to raise standards in England and Wales, the government created the Commission for Health Improvement, which has produced a number of reports during the last few weeks – see 'Governance matters'. However, other bodies also bear responsibilities for standards in the NHS. They include the Audit Commission (see 'Audit Commission looks at hospital catering' and also 'NHS staff and their pay') and the GMC – see 'GMC cases in the news'.

Another controversial aspect of the reforms of the NHS is the government's intention to make more use of the private sector in the provision of services. Trade unions are amongst those opposing this move – see 'Public-private controversy'. It will also be the subject of debate at the Labour Party conference, which is beginning as we conclude production of this issue *Health Insight*.

The government continues to seek the view of the public on healthcare – see 'Patient power', 'More NHS consultation documents' and also 'Advocacy and complaints: new proposals'.

However, waiting lists and waiting times inevitably remain an area of concern for healthcare professionals and the public – see 'And so to beds'.

The best of trusts, the worst of trusts

The Secretary of State for Health, Alan Milburn has introduced a new system of star ratings to indicate performance levels in NHS hospital trusts in England. He says this will bring to an end 'the culture of excuse and inevitability'.

One hundred and seventy-three non-specialist hospitals have been assessed for a wider range of indicators, including waiting times from GP referral to first appointment, trolley waits of over four hours and vacancies in medical staffing. Thirty-five hospitals were given three stars, 103 were given two, twenty-three received one, and twelve have no stars at all. Mr Milburn commented, 'The indicators show that it is not about cash but about management and organisation within the hospital.' The worst hospitals will have to turn things round within months or face intervention by special government teams, already dubbed 'hitsquads'. Three-star hospitals will be given greater freedom as to how they spend their share of the money they receive from a new NHS performance fund.

This is the first time that hospitals have been rated on management issues, as opposed to clinical performance. Some hospitals have disputed their own ratings. The BMA has said it fears communities will lose confidence in their local hospitals if they have not been given a high rating and that there will be adverse consequences from 'creating yet more hoops for managers to jump through'.

The ratings can be accessed on: www.doh.gov.uk/performance/ratings.

• Press release (DoH), BBC Online, *BMJ* 29th September

Governance matters

The Commission for Health Improvement has recently published reports on the performance of several hospital trusts across the country. Heart and lung transplants at St George's Hospital Trust in southwest London came under the CHI spotlight, following an increase in the death rate there. During the investigation, the death rate after transplants was eighty per cent – five times the national average. The report concluded that many patients had been picked for transplant operations when their physical con-

dition should have ruled them out. A number of other serious criticisms were made. Recommendations made by CHI include the strengthening of national frameworks for patient assessment and selection. Health minister Lord Hunt said there were many lessons in the report for the NHS as a whole. The hospital has stopped conducting heart and lung transplants. (A consultation document has been published by the DoH on heart and lung transplant services; health minister John Hutton said the standards of care proposed in the document would make the six centres where cardiothoracic transplants are still conducted among the best in the world.)

The CHI was severely critical of management at three hospitals in Warwickshire, which it said could be placing patients' lives at risk. The University Hospitals Coventry & Warwickshire NHS Trust is responsible for the Coventry & Warwickshire Hospital, the Walsgrave Hospital (also in Coventry) and St Cross (in nearby Rugby). Two of the hospitals have A & E departments but the A & E unit to which seriously ill patients are admitted is in the third, requiring risky ambulance journeys for the most vulnerable patients. Cramped conditions on wards, an aggressive management style, and poor relations between doctors and managers were among the other problems. The CHI concluded that the situation needed urgent attention. A new 'super-hospital' is planned to open in Coventry in 2006.

Another CHI report has examined the events surrounding a conviction (in July last year) of a Loughborough GP for indecent assaults on patients. The report gives a number of recommendations for measures that would make it easier to act at an early stage against any GP who might commit similar offences in the future

The CHI has apologised for an error that exaggerated the death rates for elective surgery at one of the hospitals it has inspected – the Chesterfield & North Derbyshire Royal. The hospital has since been given three stars in the new rankings and its death rates are within the national targets, though higher than the national average. Many patients had refused to be sent to the hospital after the publication of the incorrect figures.

CHI reports may be seen on www.chi.nhs.uk.

- Press releases (DoH), *BMJ* 22nd September, BBC Online

GMC cases in the news

Reports in the press have said that the GMC has decided to start disciplinary hearings against just one of fifteen doctors referred to it in connection with the Alder Hey Children's Hospital retained organs case. A solicitor representing the parents of the children whose organs were retained has said, 'A lot of people are very, very angry.' The GMC has refused to comment on the reports. (Pathologist Professor Dick van Velzen, who was referred to

the GMC even before the inquiry into the affair was set up, has already been suspended.) The hospital itself has investigated the role of four managers involved in the case but it is understood that only one will face disciplinary proceedings.

One of the cases currently being considered by the GMC involves a surgeon accused of professional misconduct in twelve operations on women patients, five of whom died, at Blackpool Victoria Hospital. A number of his colleagues have given evidence against him describing his conduct during the operations. The hospital has conducted a review of over 100 cases handled by the surgeon. It is alleged that he performed operations beyond the level of his clinical skills.

In another case, a radiologist stands accused of professional misconduct in his running of the East Devon Breast Screening Service. It is alleged that, although the unit was in a very healthy financial position, he ran it as if it were short of funds and chose to restrict unnecessarily the number of mammograms that were conducted. This, it is said, resulted in women having to wait weeks longer than necessary for screening with the result that some cases of breast cancer were diagnosed late.

- BBC Online, *BMJ* 22nd September

Audit Commission looks at hospital catering

Catering is below standard in a third of the hospitals in England and Wales according to a report from the Audit Commission. A wide variation was found between hospitals. The amount spent on food per patient per day varied from £3 to £20, but there was no apparent relation between expenditure and quality.

Insufficient effort was put into determining patients' dietary needs; the needs of one third of patients were not being met.

The Commission fears that poor management will hamper the introduction of a £40m government initiative to improve the food available to patients. The initiative includes the establishment of a Better Hospital Food Panel, headed by TV chef Lloyd Grossman.

Audit Commission reports may be seen on: www.audit-commission.gov.uk.

- BBC Online

Public-private controversy

With slogans like 'Keep public services public!', the trade union movement is stepping up its campaign against in-

creasing private sector involvement in the health sector, especially the private finance initiative (PFI) for new hospitals. Unison and other unions are particularly concerned about the position of those NHS workers whose employment has been transferred to private companies. They feel these workers will lose out in their terms of service.

A focus of attention for the trade unions is the UK's first PFI hospital, where workers have voted in favour of industrial action. Unison balloted non-medical staff at Cumberland Infirmary about their pay dispute with their employers – Interserve (FM Ltd). The company insists it is paying staff the going rate, but Unison says workers are missing out on bonus payments they received before they were transferred from the NHS, and that the company has been unwilling to negotiate.

The issue also featured prominently at the TUC's annual meeting in Brighton, though this event (like many others) was truncated as a result of the terrorist attacks in America. Bill Morris, General Secretary of the Transport & General Workers' Union, and this year's TUC leader, attacked the increased use of the private sector to run public services. He said the trade union movement accepted the realities of a market economy but rejected the idea of 'a market society'. However, the Secretary of State for Trade and Industry, Patricia Hewitt, told the meeting that the rights of public sector workers would be safeguarded. The early end to the meeting came before firm decisions had been made on the action the TUC would take. The Prime Minister was also unable to address delegates as planned.

Complex legal problems have meanwhile emerged that could threaten the government's plans. Negotiations now in progress for three further PFI schemes are said to be stuck in a 'legal quagmire'. Government law officers are examining the problems. Construction companies, which the government wishes to involve in PFI schemes, have also been critical of the present process. They allege that procedures are 'unwieldy' making the time taken for procurement much longer than it needs to be.

• *Health Service Journal* 6th, 13th, 20th September, BBC Online, *Guardian* 10th September

Negligence and compensation

The issues raised by the report on the 'Bristol babies' heart surgery case are still playing a part in the debate over reform in the NHS. The Chief Medical Officer, Professor Liam Donaldson, has issued a document inviting views from the public and NHS staff on how to improve the current clinical negligence system. He said, 'Fundamental reform of clinical negligence is long over due. The current

system is slow and bureaucratic. It does not work for NHS patients or for NHS staff. The document, *Call for Ideas*, suggests some of the issues that could be explored. It may be seen on www.doh.gov.uk/clinicalnegligencereform.

Meanwhile, the BMA has called for a revamp of the medical compensation system. It says the recommendations in the Bristol inquiry report do not go far enough: 'In addition to the reasons stated in the report we believe that the current system fails to address the needs of some injured by the healthcare they have received, where that was not negligent. That is, they suffer an injury where no-one is at fault.'

• Press release (DoH), BBC Online

Compensation for vCJD families

The government has announced the establishment of a £55 million trust fund for the victims of vCJD and their families. This follows the publication of the report of the inquiry into BSE/vCJD published earlier this year. An interim fund was set up in April and most families have already received payments of £25,000. The move has been welcomed by the families. Dave Churchill whose son Stephen was the first known victim of vCJD said: 'The money will be of tremendous help to many families ... At a personal level for our family, compensation in terms of value was never an issue. What was more important was a recognition of the issue.'

The DoH says the number of 'definite and probable' cases of vCJD has now reached 106, only five of whom are still alive. There have been fifteen new cases this year. Expert opinion is still divided as to how the epidemic is likely to develop in future. Estimates of the likely total of the final number of cases vary from a few hundred to 140,000.

The government's advisory body on BSE/vCJD, the Spongiform Encephalopathy Advisory Committee (SEAC) is committed to greater openness and will in future be holding a number of sessions which are open to the public; registration is required and places will be allocated on a first come, first served basis. SEAC has complained that it continues to be 'thwarted' in attempts to obtain information from the food industry as to how much 'mechanically recovered' meat (MRM) was, in the past, used in processed food in the UK. SEAC believes the use of MRM in, for example, burgers may have played a key role in the epidemic. The Food Safety Agency also intends to pursue this matter with the industry. The CJD Support Network has, however, alleged that the FSA lacks 'enough teeth' to achieve this.

There has been speculation as to why vCJD is twice as

common in Scotland and the north of England as in the south. The most frequently suggested explanation is that the diet in the north includes more cheap pies, burgers etc, which would have increased exposure to MRM. Variations in genetic susceptibility could also be a possibility.

– Britain's access to life-saving blood products from the USA could be at risk from new legislation currently going through the European parliament. The proposed legislation aims to guarantee the highest level of quality and safety throughout the blood transfusion chain in throughout the EU. However, a narrowly-approved amendment stipulates that blood establishments shall ensure that 'all donations of blood and blood components are voluntary and unpaid'. The UK, where the risk of transmission of vCJD disease prevents the use of plasma from domestic donors, relies heavily on supplies from the US, where payments to donors are made. Whilst the European Commission agrees that ensuring all blood donations are unpaid is a legitimate longer-term goal, it is acknowledged that the specific British interest of plasma from the US must be taken into account. European public health commissioner David Byrne rejects claims that blood from a remunerated source is any less safe than donations from unpaid volunteers. He told members of the parliament that such fears have been raised in old studies and that modern research refutes the allegations.

• Press releases (DoH), BBC Online, *BMJ* 15th & 22nd September

MMR vaccine still controversial

Continuing doubts amongst the public about the safety of the MMR vaccine have been described as 'very frustrating' by Dr Helen Bedford, one of the authors of an analysis of all the studies into the measles, mumps and rubella vaccine. The analysis was published in the journal *Archives of Disease in Childhood*. Dr Bedford, of the Institute for Child Health, and Professor David Elliman, of the Department of Child Health at St George's Hospital, London said, 'While the final decision rests with parents, the evidence of the safety and efficiency of MMR vaccine is so overwhelmingly conclusive that health professionals should have no hesitation in recommending its use.'

They said there was no research to support the safety and effectiveness of giving the vaccines singly – as critics of MMR have advocated. The authors say that using separate vaccines is an 'untested policy' and that in terms of protecting children from infectious disease it is 'a backward step'. Their views are backed up by Dr Elizabeth Miller, an immunologist from the independent Public Health Laboratory Service (PHLS). Dr Miller said, 'The safety evidence

[for the MMR vaccine] is so overwhelming that health professionals should have no hesitation in recommending the use of this vaccine.'

To encourage doctors and parents to review the existing evidence regarding the MMR vaccine, discussion packs are to be sent to every GP in Scotland. The packs set out the facts on the most common questions about the vaccine, such as how the vaccine works and possible side effects. The Scottish minister for health and community care, Susan Deacon, said, 'We have a duty to continue to do all we can to ensure that parents have clear answers to the questions they have raised about MMR, answers which will help them make an informed choice about the health of their child.'

The General Medical Council (GMC) says there is not enough evidence to suspend immediately a Worcestershire GP, Dr Peter Mansfield, who has been offering parents the option of the single measles jab, instead of the combined MMR vaccine. The GMC says the evidence uncovered so far does not show his behaviour is an immediate risk to patients, so it will not be seeking an 'interim order' to stop him practising or giving vaccinations while it completes the investigation. However, Dr Mansfield could still face disciplinary action once its investigation was finished.

• BBC Online, *BMJ* 8th September

NHS staff and their pay

Alan Milburn has told the independent pay review bodies which set salaries for healthcare professionals that the government is committed to rewarding the hard work of NHS staff: 'That is why we have accepted the pay review bodies' recommendations year on year, which means pay for nurses and doctors has risen by at least twenty per cent since 1997 – more for some groups of staff.'

The Royal College of Nursing has, however, told the review bodies that a salary rise of eleven per cent is needed this year to stop nurses leaving the profession. The RCN points out that the starting salary for a nurse (£15,400) is still much less than that of a teacher (£20,000). The Royal College of Midwives, Unison and the GMB are also seeking increases for their members in the NHS.

Health minister John Hutton has announced the creation of 124 more clinical consultant posts for nurses; salaries for these top posts are up to £45,000 per year.

The Audit Commission has criticised the increasing reliance of the NHS on agency nurses. Its report, *Brief Encounters*, says such nurses are poor value for money and often provide inferior care. On a typical day there are 20,000 agency nurses working in the NHS, covering 10% of shifts. The Commission wants to see more use made of NHS 'pool nurses'; nearly half of NHS trusts have more

than one group of nurses they can call upon. The government has promised that an internal NHS agency 'NHS Professionals' will be up and running within a few weeks and it will enable the health service to reduce the use it makes of the outside agencies. Health minister said this would give better value for money. There would also be advantages for nurses, who would remain in the NHS pension scheme and receive support for their professional development.

– New moves have also been announced to boost the number of GPs. John Hutton said £22m would be put into GP training. In the meantime, however, the BMA is increasingly concerned about the low morale of GPs and the increasing numbers leaving the profession; it is organising a survey of all 41,000 GPs to give them a chance to spell out their grievances.

- Press releases (DoH), BBC Online

And so to beds

The number of general and acute hospital beds in the NHS has increased by over 700 during the last year. This is the first increase since 1971 and the biggest since records began in 1960. The government says it is now one third of the way towards the target, set in the NHS Plan, of 2,100 extra beds by April 2004. There has also been an increase in the number of available critical care beds in the NHS by 597 since July 2000, bringing the total to 2,940 by July this year. Health secretary Alan Milburn said, 'For three decades the prevailing orthodoxy in the NHS has been for less hospital beds rather than more. Patients see the consequences of that failed policy: unacceptable trolley waits, long waiting times and delayed operations. Today the NHS is growing again with thousands more doctors, nurses and other healthcare professionals, and an expanding number of NHS hospital beds.'

The DoH has, however, admitted that patients waiting for surgery in the south of England have not benefited from the recent improvements in waiting times to the same extent as those in other parts of the country. A survey conducted for *The Times* newspaper found the gap between the best and worst parts of England for most types of surgery was over six weeks. High demands and staff shortages were said to be responsible for the problems in the worst areas. 'Bed blocking' also remains a problem, particularly in orthopaedic units. (The term is used when elderly patients are kept in hospital for longer than is medically necessary, because there are no suitable facilities for them in the community.)

The prospect of sending patients abroad for treatment, at NHS expense, to reduce waiting lists has come in for much public discussion following the recent ruling by the

European Court of Justice (see *Health Insight* September). Dr John Chisholm of the BMA's GPs Committee has spoken of GPs' 'controlled enthusiasm' for the idea, although he feared that, 'only white middle class patients from the southeast of England would exploit the option.' One barrier could be uncertainty over how any patient whose treatment in a European health facility is unsatisfactory could seek legal redress, given that no other European country has such a comprehensive legal aid scheme as that in the UK.

Kent County Council is investigating the possibility of sending elderly people to care homes in France and Belgium, as there is a severe shortage of homes for the elderly in the county. Such a move is likely to be opposed, however, by the DoH.

One high-profile case in the news concerned a patient who made his own arrangements for care abroad. A 53-year-old Worcestershire man, who had a heart attack at the beginning of this year, sold his house to raise money and flew to South Africa for surgery. He was on the waiting list at John Radcliffe Hospital but had been told he still had another four months to go before tests could be conducted and an unspecified time to wait after that for surgery.

- Press releases (DoH), BBC Online, *BMJ* 22nd and 29th September, *The Times* 8th September

Dental news

Free toothbrushes and toothpaste will be given to a million children over the next three years as part of a £1m dental health scheme launched recently. The scheme is a key part of the government's dental strategy. It is hoped that, by 2003, five-year-old children should have, on average, no more than one decayed, missing or filled tooth – with seventy per cent of them having no tooth decay at all. The *Brushing for Life* project will help to meet this commitment by targeting the twenty-one health authorities with the highest levels of decay – eleven in the north-west, five in Yorkshire and five in London.

The postcode lottery of healthcare also applies to dental care, according to the consumer magazine *Which?* A survey found that some private dentists were charging six times the NHS rate for routine treatments such as fillings. Edinburgh and Croydon in south London were shown to be the most expensive places for dental care; the cheapest was Newport in south Wales. *Which?* looked at more than 200 dentists from Belfast, Cornwall, Croydon, Edinburgh, Newport, northeast England, north-east Scotland, and Yorkshire. Dentists in rural as well as urban areas were included in the survey. Helen Parker, the magazine's editor, said that the price variations were 'startling'. The NHS

has fixed charges for a variety of the most common dental treatments – for example, a simple check-up including ‘scale and polish’ is usually about £13. However, the survey found that some private dentists were charging up to four times this amount.

Better Opportunities for Women Dentists is a report of a review of women in dentistry undertaken by the Chief Dental Officer, Dame Margaret Seward. Women generally earn less than men from practising NHS dentistry, and proportionally fewer women are practice owners in the general dental services. Health minister, Hazel Blears, said, ‘I am very grateful to Dame Margaret for identifying the measures that need to be taken to enable women to realise their full career potential in dentistry.’ Ms Blears has recently announced an extension to Dame Margaret’s appointment as Chief Dental Officer until the end of October 2002.

- Press releases (DoH), BBC Online

News from Scotland

Scotland is the least healthy part of the UK, according to a survey published by the Office of National Statistics. The survey gives an up-to-date picture of regional differences in health across Britain, as well as trends in income, housing costs, and unemployment. It shows that Scots take more sick days, suffer more cancer and heart disease, and are more likely to have a ‘couch potato’ lifestyle. A spokesman for the Scottish Executive admitted that, although Scotland’s health was getting better, there was more work to be done. Heart disease and cancer were clinical priorities and initiatives were also planned to improve Scots’ diet and exercise levels. On the same day as this report was published, Scotland’s Chief Medical Officer, Dr Mac Armstrong, launched the *Health in Scotland 2000* report. He highlighted the fact that women were smoking and drinking more than ever before, and warned they should not try to ‘keep up with the lads’.

Infections picked up in Scottish hospitals could be claiming more lives than road accidents. Dr Andrew Walker, a scientist from the University of Glasgow’s Robertson Centre for Biostatistics, has estimated that hospital-acquired infection (HAI) is the major factor in about 457 deaths each year in Scotland, compared with the 316 people who are killed annually through road traffic accidents. In his report, commissioned by pharmaceutical firm Pharmacia, Dr Walker predicted that it could cost the NHS up to £186m each year to treat such infections. Scottish National Party health spokeswoman Nicola Sturgeon said action was needed at a national level to tackle the problem. ‘I am deeply concerned at these findings,’ she said. The Scottish Executive said it was continuing to invest in improving

cleanliness and infection control within the health service.

A Scottish health trust, which is soon to open a new privately funded ‘super hospital’ has announced it is to make 200 staff redundant. Lothian University Hospitals Trust said the cuts were necessary to help reduce a £5m overspend. However, its Chief Executive, Allister Stewart, denied the move was the result of costs associated with the privately built Edinburgh Royal Infirmary. ‘We are quite rightly looking at how we can be more efficient,’ said Mr Stewart. ‘Let me make this clear, it has nothing to do with the building whatsoever. This is an issue for this year and the facilities we have now.’ When it opens in February next year, the £210m hospital will be the biggest medical teaching centre in Europe. It will have 900 beds, 24 operating theatres, and 25 wards.

A report has been published into an outbreak of severe illness among injecting drug users in the west of Scotland, which killed 23 people last year. The victims were heroin users who injected into muscle tissue, as opposed to a vein. It is still not known how the heroin was contaminated. The bacterium it contained, helped by citric acid used to dilute it before injection, established an infection. In many cases the *Clostridium novyi* infection caused untreatable multiple organ failure, according to the clinical analysis of the outbreak. Doctors from Greater Glasgow Health Board have drawn up twelve recommendations, including improving communications between doctors and hospitals dealing with any further outbreak, and also the flow of information to users. The contaminated batch of heroin first came to light in Glasgow at the beginning of May 2000 with the death of six addicts. A fatal accident inquiry will be held next month into the deaths of the users.

- BBC Online, Press releases (DoH)

Improving figures for referrals

More than 90% of patients in England urgently referred to a hospital specialist for any suspected cancer were seen within two weeks, although there was considerable variation between different regions, according to figures for April to June this year. The findings, which applied to patients whose referrals were received by hospitals within twenty-four hours of seeing their GPs, indicated that many hospitals are meeting the two-week target set out in the national cancer plan. National cancer director, Professor Mike Richards, said, ‘These figures show that we are making significant progress in our drive to cut waiting times from referral to first outpatient appointment.’ However, if

the GP's referral letter is not received by the hospital within twenty-four hours, far fewer patients get seen quickly. Health minister Lord Hunt said that overall the figures were 'encouraging'. He said, 'Patients want to be seen quickly – that is why dramatically improving cancer diagnosis and treatment and speeding up the time it takes for patients to be seen are priorities for this government. We are determined to meet these targets but we know that we will need more doctors, more nurses, better equipment and modern methods of working.'

The Coalition for Prostate Cancer, however, says that although positive steps have been taken since the government published its Prostate Cancer Programme a year ago, men are still not being seen within the two-week limit. Shaun O'Leary, director of services for the Prostate Cancer Charity, said, 'While we recognise that inroads have been made into reducing waiting lists ... it must be acknowledged that this is not yet consistent nationally.' Ian Gibson, chair of the All Party Group on Cancer, said, 'The government needs to be reminded that the job is not yet done...This is a commitment that we must deliver on. There is too much at stake.'

– To return to the good news – a hospital in an area with the highest incidence of heart disease in Wales has been praised for its swift treatment of heart attack victims. A survey by the Commission for Health Improvement has shown that Prince Charles Hospital in Merthyr is the fastest in Wales to administer clot-busting drugs, and is among the best in the UK. Patients with a suspected heart attack by-pass the accident and emergency department so that they are given specialised treatment as quickly as possible.

• BBC Online, Press releases (DoH)

Patient power

Patients are to be given more control over managing their own illness, according to a new report published by Chief Medical Officer, Professor Liam Donaldson. The report, *The Expert Patient – a new approach to chronic disease management for the 21st century*, sets out how the NHS will allow those living with chronic long-term medical conditions to become key decision-makers in their own care.

User-led groups will be set up in local NHS services and pilot groups will be set up by all Primary Care Trusts between 2001 and 2004. Professor Donaldson said, 'This will be an ambitious and challenging programme for the NHS. Thirty years ago the very idea of patients taking a lead in their own treatments and therapy would simply have been out of the question. It has long been recognised that people with chronic diseases have considerable knowledge and experience of their own illness. Research has shown

that with proper training this can be turned into practical skills to enable the patient to play a bigger part in managing their own condition.' The report will be available on the *People and Communities* section of the *Our Healthier Nation* website: www.ohn.gov.uk.

– Patient power is credited with helping to save three heart and lung transplant centres facing closure in the government's shake-up of the service. Health ministers have announced that units at Manchester, Sheffield, and Birmingham will remain open and undertake more operations. There are three other units in the UK – Papworth Hospital near Cambridge, Harefield Hospital in London, and the Freeman Hospital in Newcastle; another London hospital, St George's in Tooting, stopped carrying out transplants after a series of deaths (see our story 'Governance matters'). A discussion document conceded that professional advisers had raised more than one concern about keeping six units going, but said that reducing the overall number of units could 'reduce the access of patients' to transplant teams. Patients and relatives in some parts of the country would face long journeys to the nearest centre. Launching the document, health minister John Hutton, said, 'The government explored in detail the proposal to reduce the number of units to four. There is no firm evidence that reducing the number of centres would lead to better outcomes.' However, John Evans, the chairman of the British Organ Donor Society said he believed the proposal to keep the units open was a 'retrograde step'. 'The professional advice is to reduce the number of transplant centres' he said. 'I can understand the loyalty felt by former patients of these centres, but the advice should have been followed.'

• Press releases (DoH), BBC Online

More NHS consultation documents

Patients and other members of the public are being invited to give their views on proposed changes to the number and boundaries of health authorities, which will result in at least £100m for investment in front-line NHS services. Twenty-two simultaneous consultation exercises are taking place to determine the boundaries of what is currently expected to be twenty-eight new health authorities. These will be established from 1st April 2002 when the existing health authorities are disestablished. London and eastern regions are each conducting a single consultation for the whole of their region; other regions are conducting separate exercises. Details of the regions involved are available from: www.doh.gov.uk/shiftingthebalance.haconsultation.

A report, *Tackling Health Inequalities – Consultation on a plan for delivery* has recently been published by the DoH. The consultation document sets out the six priorities that will address the national health inequalities targets promised in the NHS Plan. These priorities include a healthy pregnancy and early childhood, improving opportunities for children and young people, and tackling the major killers – cancer and coronary heart disease. The report is available on www.doh.gov.uk/healthinequalities. Another report, published alongside *Tackling Health Inequalities*, is *From Vision to Reality*. This report highlights the progress in public health since the publication of the White Paper, *Saving Lives: Our Healthier Nation* in 1999. It outlines the new programmes intended to sustain and continue these improvements, particularly in smoking cessation, diet, and nutrition. The document is available on the DoH website www.ohn.gov.uk. *From Vision to Reality* is being circulated with *The NHS Plan Technical Supplement on target setting for health improvements*. This technical supplement provides background on health outcome targets and is intended to help target setting and assessing progress across the diverse range of influences on health and health inequalities.

- Press releases (DoH)

Please read the label – if you can

Young people are risking their health by failing to follow instructions on how to take medicines. A survey by the Royal Pharmaceutical Society (RPS) showed that over 50% of eighteen to thirty-nine year-olds stopped taking medication before they had completed the course. Patients failed to follow advice on when and how to take medication, and carried on drinking alcohol despite instructions to the contrary. The survey, which quizzed around 200 people, showed that older people tended to follow instructions more closely. Across the age ranges, only 55% always followed all the instructions; the rest ignored some of the instructions some of the time.

The Committee on Safety of Medicines (CSM) has set out proposals for the clearer labelling of drugs to benefit patients and health professionals. The CSM is an independent expert scientific committee, which advises the Medicines Control Agency on medicines. The consultation document fulfils one of the recommendations set out in the Chief Medical Officer's *Organisation with a Memory* (OWAM) report, which aims to reduce the impact of medical errors in the NHS, and reduce the number of serious errors in the use of prescribed drugs by 40% by 2005. Copies of the consultation document can be obtained from

the Medicines Control Agency website at www.open.gov.uk/mca in the *What's New?* Section.

The Royal National Institute for the Blind (RNIB) has warned that one in five people could be at risk because they are unable to read the small print on their medicine bottles. Ian Bruce, director of the RNIB, said the risks were horrendous and could result in people taking the wrong doses of medicine. He said that printing patient information leaflets, medicine labels and instructions in bigger print or Braille should make life safer. 'This situation is quite simply unacceptable, especially as a lot of the solutions are easy and inexpensive,' said Mr Bruce. For many older people large print can help. 'For people who cannot see to read print at all, Braille, tape and other "formats" are vital.'

- BBC Online

Health charities put their case

The number of people who suffer from asthma in the UK has soared in recent years, according to the National Asthma Campaign (NAC). The charity estimates that 5.1m people – one in thirteen adults, and one in eight children – are currently being treated for the condition. This compares with similar research in June 1999 when the figure was 3.4m. It is unclear why asthma is becoming more common, but it is thought to be due to a complex combination of genetic and environmental factors. Although it has not been proved, a rise in pollution has been blamed; another theory is that an unhealthy diet plays a role, with too many additives and not enough fresh fruit and vegetables. It is thought that the most important trigger is viral infection. Figures from the NAC audit indicate that serious asthma is responsible for 74,000 A & E admissions every year. In many cases patients' lives are under threat. The NAC is calling for improved care for asthma patients to reduce the need for emergency hospital admission.

The British Pregnancy Advisory Service (BPAS) says so many women are demanding abortions that it will be hard to meet government targets without radical changes. Under the National Strategy for Sexual Health and HIV, the government has pledged that by 2005 women who are legally entitled to an abortion should get one within three weeks. BPAS offers about 48,000 a year, 60% of these through the NHS. Ann Furedi of BPAS said the UK was increasingly looking to the US for new methods to meet targets. She said the US made greater use of the abortion pill, used for pregnancies of up to nine weeks, meaning women spent less time in hospital. 'We have to break the mould of the way abortions are carried out here,' she said,

'We need to educate women about the options that are available.'

Psychiatrists say care for the mentally ill is a 'Cinderella service' with insufficient funding. The mental health charity SANE surveyed seventy consultants to mark the organisation's fifteenth anniversary. They were asked for their views on services of the last fifteen years, during which the Care in the Community programme was introduced and many old asylums closed. Two-thirds of the consultants said more funding, more staff and beds, and better facilities for patients were all crucial for the improvement of mental healthcare. Ninety-one per cent questioned said there was a 'worrying gap' between the rhetoric and reality of mental health services, both in hospitals and in the community. Marjorie Wallace, chief executive of SANE, said, 'This survey is the most revealing indictment by people at the coalface of the shortcomings of government policies. It is disappointing that, despite all the promises and efforts to modernise mental health services, mentally ill people and those responsible for their care should continue to be let down so badly by the system.' Professor John Cox, president of the Royal College of Psychiatrists said the survey gave a true picture of what was happening around the country. He said there was an expectation that things would improve, and the next few years would be crucial for the service.

• BBC Online

Advocacy and complaints: new proposals

Uncertainty continues as to what form of patient advocacy procedures will be established in England to replace Community Health Councils. The government intends to abolish CHCs, even though delays in parliament made it impossible to include the abolition in the recent Health & Social Care Act.

The government has now published a document which proposes the creation of a statutory agency or 'Voice', within each strategic health authority area' – see www.doh.gov.uk/involvingpatients/index.htm#intro. Voices would be made up of specialist staff, with no lay representation. There would also be a national body – 'Voice: the Commission for Patient & Public Involvement in Health'. Health minister Hazel Blears said Voices would 'provide a framework of standards for patient and public involvement'. A national Voice telephone number will provide access to information on how and where to take concerns and complaints, and how to get involved in the NHS.

The proposal has received a cool welcome from Labour backbenchers and the Association of CHCs. The lack of lay membership of the Voices has been particularly criticised.

Meanwhile, the government has published a 'listening document' on NHS complaints – www.doh.gov.uk/nhscomplaintsreform/listening.htm. It recommends 'a uniform procedure, applied to primary care and hospital services' and clear lines of responsibility. The Consumer's Association and the Patients Association have said that the document does not go far enough in its proposals for reform.

• *Health Service Journal* 6th September

The Novartis Foundation Bursary Scheme

Bursaries are offered for Novartis Symposia to be held in 2002.

The purpose is to enable young scientists to attend Novartis Foundation symposia (in London unless otherwise stated) and, immediately following the meeting, spend between four and twelve weeks in the department of one of the symposium participants. The awards cover travel and board and lodging.

Details on www.novartisfound.org.uk/bursary.htm Tel 44 20 7636 9456 Fax 44-20 7436 2840 E-mail bursary@novartisfound.org.uk

In brief

– The Director of the Antibiotic Resistance Monitoring & Reference Laboratory has said there are new drugs that offer hope in the battle against antibiotic-resistant microorganisms. Professor David Livermore told the annual conference of the Public Health Laboratory Service that two drugs already available and others still in development showed effectiveness against Gram-positive bacteria, including the best-known 'super-bug', methicillin-resistant *Staphylococcus aureus* (MRSA). Gram-negative bacteria were proving more of a problem for researchers. He said 'less and better' prescribing of antibiotics would help combat the growth of resistance.

• BBC Online

– Poor antenatal care might have contributed to the outcome in up to half of stillbirths recorded in England, Wales, and Northern Ireland during 1996 and 1997. A report published by the Confidential Enquiry into Stillbirths & Deaths in Infancy, showed that stillbirth re-

mained the commonest category of death in babies between twenty weeks of gestation and one year of age. Key areas of concern included lack of coordinated antenatal risk assessment and referral practices throughout pregnancy, poor recognition and management of the growth restricted baby, failure of the mother to report any reduced movement by the baby, poor communication (lack of planning, poor documentation), and lifestyle issues such as smoking and poor attendance. Copies of the report are available from the CESDI Secretariat at www.cesdi.org.uk.

- *BMJ* 22nd September

– Almost one in ten women under twenty-five are infected with potentially-damaging chlamydia, according to a pilot study jointly run by the DoH and the Public Health Laboratory Service. In a one-year study, ending in August 2000, over 18,000 sexually-active women between sixteen and twenty-five were offered testing. It was found that over 9% had a chlamydia infection. This disease often does not show any symptoms and if left unchecked it can lead to pelvic inflammatory disease and ultimately infertility. Dr Jeanne Pimenta, from the PHLS, said the best way to prevent the spread of the chlamydia infection was to practise safe sex.

- BBC Online

– Care for patients with head injuries does not match standards set down two years ago, research suggests. Two separate audits of hospitals, published in the journal *Emergency Medicine* indicated ‘major deficiencies’ in the service. The reports compared standards of services with those set out in a Royal College of Surgeons of England report in 1999, and a further report from the Society of British Neurological Surgeons in 2000. One study looked at 20 acute hospitals and two neurosurgical units in the Eastern region, which covers the area from Norfolk to Bedfordshire. The second assessed just over 200 A & E units across the UK. Researchers concluded that patients were not getting the care they should receive; funding, staff and the way the service was provided all fell short of desired standards.

- BBC Online

– Refugees and people seeking asylum in Britain are being turned away by doctors who fear that they will be ‘overwhelmed’ by demanding and time-consuming patients. At a conference held in London by Amnesty International, experts called for more resources to train healthcare workers, including receptionists and auxiliary staff, and to stamp out the myths, stigma, and racism that surround refugees and asylum seekers and can

lead to physical and mental health problems. The conference heard how many refugees are told, when they try to register with a GP, that the lists are full, or they are given only temporary registration, which means they are not entitled to health screening services. Guidelines for health professionals working with refugees and asylum seekers are currently being developed by the DoH and Dr Angela Burnett, a former east London GP who now works with various refugee charities, including the Medical Foundation for the Care of Victims of Torture. They should be available in November.

- *BMJ* 22nd September

– Health minister Lord Philip Hunt has called for tougher reforms of the European medical device regulatory system to maximise patient safety. The minister was speaking at the Medical Devices Agency’s first open annual conference, attended by manufacturers, suppliers, patient groups, healthcare professionals, managers, and international regulators. ‘The medical devices industry is an innovative one,’ said Lord Hunt. ‘If we are to have safe and effective equipment to be used in our hospitals then we have to pay increasing attention to the regulatory role of the Medical Devices Agency and the adequacy of the European system of regulation.’

- Press release (DoH)

– Two surgeons have been charged with manslaughter after an operation in Llanelli in January last year, in which a healthy kidney was removed from a patient instead of his diseased kidney. The patient died five weeks later. Both doctors were already suspended by their hospital, which says it has introduced procedural changes to reduce the chance of such errors happening in future.

- BBC Online

– An independent group of experts is to take a leading role in advising the government on new healthcare standards for kidney services. The External Reference (ERG) for the Renal National Service Framework brings together health professionals, services users and carers, health service managers, and other advocates to develop a blueprint for renal care. The renal NSF aims to raise standards, reduce variations in services, and improve the healthcare of renal patients. It will produce national standards on areas such as prevention, dialysis and transplantation in order to help achieve these objectives.

- Press release (DoH)

– More British mothers are now opting for breastfeeding, according to new figures from the DoH. The overall figure has risen from sixty-six per cent in 1995 to sixty-nine per cent last year. Further good news is that the

proportion of women smoking in pregnancy has fallen, during the same period, from twenty-three to eighteen per cent. The DoH believes that much of the improvement is due to the government's Infant Feeding Initiative. There is still concern, however, that breastfeeding is less common and smoking more common in lower socioeconomic groups.

- Press release (DoH)
- The most effective form of screening for Down's syndrome, the 'nuchal fold' test is not yet widely available in the UK. Only seven per cent of pregnant women are offered this form of testing, which involves two ultrasound procedures. The majority of women are offered blood tests, which researchers say are less accurate and less cost-effective. Dr Stuart Logan of the Institute of Child Health said better screening could save the NHS money and possibly prevent parents opting for terminations on the basis of unreliable results.
- BBC Online
- The governing body for nursing in the UK is expected to approve guidelines for situations when it is permissible for nurses to 'hide' medication in patients' food or drink. The United Kingdom Central Council (UKCC) said the guidelines would serve to bring a complex is-

sue out into the open. UKCC President Alison Norman said, 'The guideline is taking what might be an occasionally necessary covert practice and placing that in an entirely overt framework of professional decision making and consultation with relatives.' The patient's interests would be paramount at all times. The Alzheimer's Society says it will not condone the secret giving of medicine to patients. Other campaign groups for the elderly also oppose the move by the UKCC.

- BBC Online
- A leading rheumatologist in Wales says he is unable to prescribe a highly-effective, but expensive, new drug to most of the people who would benefit from it. Of the 500 patients in Wales with severe rheumatoid arthritis whom it would help, only thirty have received the drug, Enbrel, since it was launched last year. A year's treatment requires £8,000 per patient and Professor Brian Williams of University Hospital Cardiff has found that most health authorities in the principality do not want to take on the cost. He describes it as an example of 'post-code prescribing' and says, 'There is a moral issue about availability uniformity within the health service of effective therapy.'
- BBC Online