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New UK figures show further rise in sexually transmitted infections

Susan Mayor LONDON

The incidence of sexually transmitted infections is continuing to rise in the UK, particularly in young people and women.

The Health Protection Agency's figures show that the number of new diagnoses increased by 3% (from 470 701 to 482 696) from 2008 to 2009, continuing the trend of the past 10 years.

The rise was primarily due to an increase in genital chlamydia, with the number of new diagnoses going up by 7% over the past year (from 203 773 to 217 570). This was partly because of greater availability of screening.

New cases of gonorrhoea rose by 6% (16 451 to 17 385) and genital herpes by 5% (28 807 to 30 126) in the same period, while new diagnoses of genital warts were relatively unchanged and those of syphilis fell slightly.

"In recent years we have seen a steady increase in new sexually transmitted infections," said Justin McCracken, the agency's chief executive. "This year is no exception. These are all preventable infections, and it is a cause of considerable concern that we are still seeing increases across the UK."

Women are at particular risk, the figures indicate, with a 4% rise in new infections over the past year, whereas the rise in men was 1%.

New infection rates were highest in adults under the age of 25 years, and this age group accounted for around two thirds of new diagnoses in women and over half of those in men. The peak age for sexually transmitted infection was 19-20 years in women and 20-23 in men.

Nearly two thirds (65%) of diagnoses of chlamydia, half (50%) of all cases of gonorrhoea, and a similar proportion of genital warts (55%) occurred in the under 25 age group, according to figures for people attending genitourinary medicine clinics in 2009.

The HPA also found that in gonorrhoea resistance to drugs is emerging. No cases of treatment failure have yet been reported but laboratory testing of isolates showed an increase of bacteria with decreased susceptibility to cefixime (the main antibiotic currently used to treat gonorrhoea), from 0.1% in 2005 to 10.6% in 2009. More information is at www.hpa.org.uk.

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Military medics provide care on the labour ward of a hospital in Durban

South African army keeps hospitals open during strike

Pat Sidley JOHANNESBURG
South African troops have been deployed to 37 hospitals around the country as healthcare workers continue their strike over pay.

Defence forces and outside medical teams have been sent in to keep emergency services open and defend staff and patients in a dispute that has seen police shoot rubber bullets at striking staff. Protestors have blockaded hospitals, preventing patients and those doctors and nurses from entering.

More than 1.3 million civil servants have been striking for two weeks, with healthcare workers and teachers making up the bulk of the strikers. Doctors are not officially on strike. Public sector unions are united in their anger at what they see as the government's continuing neglect of their work.

The strike has seen a virtual shutdown of services at scores of hospitals and clinics around

the country. The health minister, Aaron Motsoaledi, said that the actions of striking workers were tantamount to murder. He was referring to violent blockades, intimidation, and protests that saw patients and working doctors and nurses unable to enter hospital grounds.

Hundreds of sick patients have been transferred to private hospitals, and members of the public have volunteered to provide services such as cooking and cleaning.

Trevor Fisher, a medical doctor and chief executive of Dr George Mukhari Hospital near Pretoria, which has 1600 beds, told the *BMJ* that he believes patients have died as a result of the strike.

"We normally lose about three patients a day. But within the next two days 10 were dead," he said. Dr Fisher said that the hospital discharged several patients earlier than they would normally have been. One of these, a baby, had died at home.

Dr Fisher recalled doctors who were on leave or on call and told them they would have to do all work, including that of nurses. "Doctors were allocated specific wards, have been doing the work that nurses would otherwise have done, and have remained on the wards to which they were allocated so that somebody is in constant attendance," he said.

The South African Medical Association supports the strikers' claims for an 8.6% pay rise. Mark Sonderup, the association's vice chairman, said, "We support the specific demand for a salary increase, but as an essential service we are unable to participate in the strike action."

However, he strongly condemned the alleged acts of violence and intimidation. See Chris Ellis's blog at <http://blogs.bmj.com/bmj/2010/08/23/chris-ellis-on-the-strike-in-south-africa>.

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IN BRIEF

New interpandemic flu is expected this winter in Europe: Winter flu in Europe will be a new interpandemic flu—a mix of circulating A and B viruses—that may change the pattern of infection, says an editorial in the latest issue of *Eurosurveillance* (2010;15(32):1-3, www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19637). The new variant may not be worse than its predecessor, it says, but previous knowledge, assumptions, and current risk groups will all need to be re-evaluated and monitoring systems strengthened, it warns.

NHS unit price of blood is cut: Improvements in manufacturing and processing led to a cut in the cost of a bag of blood from £140 (€170; \$215) to £130 in 2009-10, saving the NHS £20m, says NHS Blood and Transplant in its annual review (www.nhsbt.nhs.uk/annualreview.pdf). The authority supplied almost two million units of blood to hospitals in England and Wales last year at the same time as overseeing a 5% rise in the number of organ transplantations to 3706.

Rectal cancer rate is rising in under 40s in US: The incidence of rectal cancer among US people aged under 40 rose by an average of 3.8% a year from 1973 to 2005 (*Cancer* doi:10.1002/cncr.25432). The retrospective study used data from the surveillance epidemiology and end results cancer registry. The lead author, Joshua Meyer, said that young people presenting with rectal bleeding or other common signs of rectal cancer should undergo endoscopic evaluation.

Non-emergency number is launched: A new three digit non-emergency number (111) has been launched in Darlington and County Durham. The service is free and staffed by a team of call advisers, supported by nurses. The number can be used when patients have an urgent, non-life threatening condition but do not know where to turn. Further pilots are planned for the East Midlands and Luton.

Portuguese doctors criticise second opinion website: The Portuguese Medical Association has criticised a website that offers patients a second medical opinion at a cost of €60 (€50; \$76) (<http://segundaopiniaomedica.pt>). It offers second opinions in 78 different fields of medicine, and patients can scan their examination results.

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Case of German doctor who gave UK patient fatal overdose is under review

Ned Stafford HAMBURG

German regional government officials are to review the case of Daniel Ubani, a German doctor who was struck off the UK medical register earlier this year after killing a patient with 10 times the recommended dose of diamorphine while working as a locum GP in Britain, according to the Westfalen-Lippe Medical Association.

The association had planned to hold a fitness to practise hearing concerning Dr Ubani on 18 August, but the hearing was cancelled after a local administrative court ruled that only the regional government of Arnsberg, in North Rhine-Westphalia, has the authority to officially determine a doctor's fitness to continue practising medicine.

Markus Wenning, medical managing director of the medical association, told the *BMJ* that the regional government had previously reviewed Dr Ubani's case in 2008 and had decided not to act. But since then the UK General Medical Council's detailed report on the case has been released and reviewed by Arnsberg officials.

"I talked to the Arnsberg officials on [Friday] morning, and they said, yes, we now know all the facts and we want to bring the case again," Dr Wenning said.

The GMC struck off Dr Ubani in June after finding "serious and persistent failings" in the clinical care he gave to three patients (*BMJ* 2010;340:c3326). One patient, David Gray, aged 70, who had renal colic, was pronounced dead four hours after Dr Ubani gave him diamorphine.

Dr Ubani, 67, was taken on by the locum agency Cimarron UK, which supplied doctors to the out of hours agency Take Care Now. Cimarron insisted that robust checks were undertaken before deploying Dr Ubani, whose specialty in Germany was surgery and whose curriculum vitae showed no experience of general practice.

Dr Wenning said that Dr Ubani had instigated the administrative court proceeding to stop the fitness to practise hearing. "I do not know why he would oppose this," he said. "It would give him a chance to demonstrate that he is competent and that what happened in the UK was due to other reasons."

Dr Wenning said that the association plans to appeal the local administrative court's decision to a higher court. The appeal process is likely to last around eight weeks. He is confident that Arnsberg will conclude the case before the appeal process comes to an end.

"I told Arnsberg that this was urgent, that there was a need to act quickly," he said, adding that he also has discussed the matter with the state health ministry of North Rhine-Westphalia.

Dr Wenning said that his association had prepared an oral and a written examination for Dr Ubani's fitness to practise hearing. He doesn't know how Arnsberg regional government officials will assess Dr Ubani's fitness to practise but added that the association would be willing to examine Dr Ubani and then make a recommendation to Arnsberg officials, if invited to do so.

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US report calls for national strategy to reduce overuse of medical imaging procedures

Susan Mayor LONDON

Overuse of medical imaging exposes patients to unnecessary radiation and increases healthcare costs, warns a report published by a group of US radiologists.

The annual radiation dose to which the US population is exposed for medical procedures rose sevenfold from 1980 to 2006, show figures in the report (<http://radiology.rsna.org/>), which also said that the number of people exposed to medical radiation in this period rose by 32%.

Most of the increase in exposure to medical radiation resulted from self referral, which the report defines as when "the referring physician is also the service provider or has an interest and benefits financially by providing the service."

The report also warns of the rising number of

patients demanding imaging procedures, with some services—including whole body computed tomography—increasingly being marketed directly to the public.

Overuse of medical imaging is also being driven by the fee for service payment system, in which individual imaging costs are reimbursed on a per procedure basis. Defensive medicine—using procedures to safeguard against malpractice claims—is also common.

The report recommends that a national strategy be developed to reduce overuse of medical imaging that should include evidence based criteria for procedures and efforts to encourage greater use of practice guidelines in requesting and conducting imaging procedures.

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JUSTIN SULLIVAN/GETTY IMAGES

Californian health authorities are recommending that people be vaccinated against whooping cough

Eight babies die in Californian whooping cough outbreak

Bob Roehr WASHINGTON, DC

Health authorities in California are urging all citizens to immunise themselves against whooping cough amid what is set to become the largest outbreak of the disease in 50 years.

The state has seen a total of 2774 confirmed cases so far this year—seven times the number of cases last year—and eight babies have died. Seven of the babies were less than 2 months old and had not yet been vaccinated. The eighth baby had been born at 28 weeks and had received its first dose of the vaccine.

A higher than normal incidence of whooping cough has also been reported in Michigan, New

York, Pennsylvania, and South Carolina.

The incidence of whooping cough last peaked in the United States in 2004, when the rate was nine cases per 100 000 population. It then fell back to about half that in subsequent years; in 2008, the last year of complete data, the number of cases was 13 278, the Centers for Disease Control and Prevention said.

The peak season for the infection is about to start, abetted by the return to school and close contact among children that facilitates spread of the bacterium. “Pertussis is so contagious that the average number of secondary infection cases that are produced by a single index case is

12 to 17,” cautioned Lynette Mazur, a professor of paediatrics at the University of Texas Medical School, Houston.

California’s Department of Public Health is urging all Californians to ensure they are vaccinated against the disease, particularly if they are in contact with young children.

The roughly five year cyclical wave of infections is being made worse by a growing anti-vaccine movement that has led many parents to skip the standard childhood vaccinations. “We are seeing some of this in schools with very low immunisation rates, where parents have decided not to vaccinate their kids,” said Mitchell Katz, director of health for San Francisco.

Infants with immature immune systems are most at risk of death from the infection. But elderly people and people in poor health are also at risk of infection, because their protective antibodies are likely to have waned. However, Medicare, the federal health insurance programme for people aged over 65, doesn’t cover or reimburse for vaccination of adults against whooping cough because the clinical trials were conducted only in children and the Food and Drug Administration’s label indication is only for children, though off-label use in adults is widespread.

Dr Katz said that San Francisco is providing “vaccine at a subsidised rate, specifically for that reason.” The city clinics are “focusing on trying to increase vaccination rates, especially for people who come into contact with young children.”

The current vaccine has fewer side effects than earlier versions. But Dr Katz acknowledged that “the vaccine is not as good as some of the others” in terms of generating a durable immune response and is “more likely to wane over time.”

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Moscow cracks down on sales of alcohol

Andrew Osborn MOSCOW

Moscow is to ban the sale of spirits in its shops after 10 pm. The move, part of a government strategy to more than halve the nationwide consumption of alcohol in the next decade, will take effect on 1 September.

The law will make it illegal for the Russian capital’s supermarkets, shops, and kiosks to sell vodka and other spirits containing 15% or more of alcohol from 10 pm to 10 am. Current rules in Moscow ban the sale of vodka from 11 pm to 8 am, but a loophole means that more than 800 shops possess special permits to sell the spirit around the clock. That loophole will now be closed.

Yevgeny Bryun, a substance abuse official at the Russian ministry of health and social devel-

opment, said, “This decision can only be welcomed,” in an interview with the Russian news agency Interfax. “It is a very good measure that will make it possible to reduce the alcoholic strain on the population.”

Russian officials estimate that 500 000 people die from alcohol every year, while President Dmitry Medvedev has declared Russia’s drinking problem “a national disaster.”

Russians are among the world’s heaviest drinkers, says the Kremlin, which reports an annual consumption per person of 18 litres of pure alcohol, more than double the World Health Organization’s recommended maximum. Gennady Onischenko, Russia’s chief sanitary inspector, said the country had a “cynically liberal attitude” towards vodka. He estimated that 2.2 million of Russia’s population of 142 million were alcoholic and that a further 500 000 were dependent on alcohol.

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VIKTOR KOROTAYEV/REUTERS

Russians are among the world’s heaviest drinkers, with an estimated 2.2 million alcoholics



GETTY IMAGES FOR NORWICH UNION

The Olympic gold medallist Daley Thompson puts schoolchildren through their paces in Battersea Park

Public voices strong support for health advice from government

Adrian O'Dowd MARGATE

The public wants more decisive action from the government on public health, says a survey.

In contrast to the coalition government's preference for less interference, a survey of almost 1500 adults across Britain has showed that the UK public is in favour of the nanny state.

A survey carried out by YouGov for the Faculty of Public Health, a body representing public health specialists, showed the public would like to see the government ban smoking in cars if there are children in them, make two hours a week of sport compulsory in schools, and introduce an opt-out system for organ transplants.

The report, *Healthy Nudges: When the Public Wants Change and the Politicians Don't Know It*, was based on replies from a survey of 1448 adults

to assess attitudes to various health issues and to ask what actions the government should prioritise.

Results showed that:

- 82% of people believe alcohol manufacturers should have to print detailed information on bottles and cans about calories and units of alcohol
- 81% support a compulsory two hours of sport in schools each week
- 78% support introduction of a clear food labelling system with information on levels of fat, sugar, and salt
- 74% favour a ban on smoking in cars with children
- 60% support an opt-out organ donation system, rather than the current opt-in system; and

- The average figure people give when asked what proportion of the whole health budget should be spent on public health measures is 29%—far higher than the estimated 4% currently spent on public health.

Rachael Jolley, the report's coauthor and the faculty's head of policy, said: "Polling results carried out for this report show that the British really care about the nation's health and want stronger government action when it comes to issues such as smoking, sport in schools, and organ donation.

"Personal responsibility is important, but the British public seems to be overwhelmingly of the opinion that government intervention has its part to play too."

Alan Maryon-Davis, the other coauthor and the faculty's immediate past president, said no government wanted to be seen as unnecessarily intrusive.

However, he added: "We hope the government will take note of the public's call for action and their priorities signalled in this paper as well as consider history's lessons showing that personal responsibility, societal change; and government action can combine to create the right levers for improving health."

The Department of Health indicated that it was willing to listen to the messages from the survey and said a white paper on public health would be published later this year.

England's health secretary, Andrew Lansley, said: "We need a more effective public health strategy which provides better information and support to the public with new national and local strategies to encourage changes in behaviour."

The report is at www.fph.org.uk.

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MPs step in to save the UK's only mobile TB detection unit

Andrew Jack LONDON

A group of MPs is to discuss ways to support Find & Treat, the UK's only mobile x ray detection unit for tuberculosis, which is under threat of closure when existing government funding runs out later this year.

Baroness Masham, vice chair of the All Party Parliamentary Working Group on Global Tuberculosis, is convening a meeting with health service officials to discuss the problem in October, after a broader discussion next month on London's position as the "TB capital of Europe." Last year 3500 new cases were diagnosed in the city, falling

into the World Health Organization's definition of high incidence regions.

"Preventing drug resistant tuberculosis should be at the top of the agenda and prevention is better than the cure," she said. "[Find & Treat] is finding it difficult to reach the people who may be at risk."

Find & Treat was established in 2005 with pilot health service funding. It employs a driver, two radiographers, a social worker, a nurse, a technical manager, and a small support team of former patients working out of a converted car transporter equipped with an

x ray machine donated by the Dutch.

For an annual cost of about £1m (€1.2m; \$1.6m) it screens 10000 people. It has been estimated that it has saved more than 100 lives since its creation. It covers 220 locations around the city each year, screening and supporting homeless people, alcoholics, and drug addicts. These people are difficult to track down and are more likely to spend time in conditions which make them vulnerable to infection.

But its managers are concerned that neither London's strategic health authority nor individual primary care

trusts have been willing to extend funding. They fear that the current round of government cuts and the mooted shift to GP commissioning will further fragment finance and reduce the chances of future support.

Al Story, clinical lead at Find & Treat, said he had had no assurances of support after December and was already losing staff worried about their jobs. "I can't really see how GPs could commission our service for London should planned changes go ahead," he said. "If the financial crisis does not kill our service, then GP commissioning certainly will."

Government orders review of consultants' bonus payments

Susan Mayor LONDON

The UK government has announced a review of bonuses paid to consultants, to make the system more transparent and consistent with other public sector pay schemes.

The review will be undertaken by the independent Review Body on Doctors' and Dentists' Remuneration, alongside other NHS organisations, the British Medical Association, and the committees that make the awards in England, Wales, Scotland, and Northern Ireland.

The review will firstly consider whether bonuses on top of basic pay are necessary "in order to recruit, retain, and motivate the supply of consultants." It will look at the international medical job market; and one aim will be to maintain a comprehensive provision of consultants across the NHS. It has been asked to consider total compensation levels for consultants and "to make observations (rather than recommendations) on basic pay scales."

Secondly, the review will consider the need for incentives to encourage and reward excellent quality of care, innovation, leadership, health research, productivity, and contributions to the wider NHS. These include contributions beyond contractual expectations and beyond the immediate workplace. The review should reassess the structure of the awards scheme and ensure that any future scheme is fair and equitable and provides value for money.

England's health secretary, Andrew Lansley, said, "We want to continue to reward and recognise those individuals who give outstanding



The review will consider the need to encourage and reward leadership and good quality of care

patient care and go beyond the call of duty, but we must ensure that the system is effective and affordable." The reward system should be in line with other public sector pay schemes and be more "transparent and sustainable," he said.

Mark Porter, chairman of the BMA's Central Consultants and Specialists Committee, said that the BMA will engage with the review, but he added, "Clinical excellence award schemes have already been subject to review in recent years, with the conclusion that they are beneficial to the NHS. The innovative practices and research activity that they encourage not only benefit patients but also frequently save the NHS money and bring benefits to the economy."

Stephen Champion, chief executive of the Hospital Consultants and Specialists Association, warned that any proposal to reduce bonus payments could deter consultants from providing training and teaching, which are often not covered by their NHS salaries. "Under the new consultant contracts, employers often will not recognise time that consultants spend as clinical tutors or examining for royal colleges. If there is no remuneration for these activities, who will provide them?"

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He warned of the wider risks of tuberculosis spreading during a period of austerity, with more people marginalised and health and social care workers at risk of exposure. "There has been an increase in the number of people slipping through the cracks during previous rounds of reductions in the public purse spending cuts."

The Department of Health said its pilot funding would finish in December 2010 but that an evaluation of Find & Treat would be available in the autumn and that NHS London was "considering commissioning and funding arrangements for TB services in the capital after this date."

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The Find & Treat service targets vulnerable groups, such as the homeless, who are more likely to contract tuberculosis

GPs should not profit personally from NHS reforms, says BMA

Adrian O'Dowd MARGATE

GPs should not gain any personal profit from commissioning budgets under the proposed reforms to the NHS, say doctors' leaders.

The BMA's General Practitioners Committee has published what it says should be the fundamental principles underlying the development of GP commissioning.

In the committee's first position statement on GP commissioning since the publication in July of the government white paper *Equity and Excellence: Liberating the NHS*, the BMA says that its principles should be used to define policy, inform debate and negotiations, and ensure that good medical practice is guaranteed.

The government's reforms of the NHS will see the abolition of England's primary care trusts and strategic health authorities, as new consortiums of GPs take direct control of most of the NHS budget to commission health care on behalf of their patients by 2012.

In what is likely to be considered an attempt to draw a clear distinction between the new style of GP commissioning and GP fundholding of the 1990s, the BMA said that doctors must not personally profit from commissioning budgets and that any freed-up resources be reinvested in care of patients.

The BMA says that a contract held by a GP should never be allowed to conflict with his or her professional responsibilities in providing care for patients and that the new consortiums should ensure that, wherever possible, NHS providers are the providers of choice.

Laurence Buckman, the committee's chairman, said, "Under the white paper plans, GPs will be asked to take responsibility, through consortiums, of a large proportion of the NHS budget. However, their first responsibility should still always be to the patient."

Rebecca Rosen, a senior fellow at the health policy think tank the Nuffield Trust and a practising GP, said, "The BMA is absolutely right to emphasise the significant risks that would occur if it looks like making savings on the services you commission could directly benefit individual GPs. There has to be a very clear divide between the overarching commissioning group (and its finances) and the governance arrangement between that group and the individual practices and doctors who participate in each consortium."

The Principles of GP Commissioning is available at www.bma.org.uk.

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