



bmj.com UK government says it can't review price of orphan drugs until end of 2013
UK news Mutual organisation takes over ailing NHS hospital, p 1183
World news Dutch insurer refuses to support surgery at low volume hospitals, p 1186

For the full versions of articles in this section see bmj.com

NEWS

Cash deal is vital for climate agreement, poor countries say

John Vidal CANCÚN

Finance will be the first key to unlock any future agreement on combating global climate change, it emerged on the first day of two weeks' intense negotiations at Cancún, Mexico.

In the most optimistic atmosphere since the diplomatic debacle at Copenhagen last year, when expectations were high but only a weak political deal was achieved, the figure of \$1.75bn (£1.1bn; €1.3bn) a year to be transferred from rich to poor countries by 2012 and increasing to \$100bn a year by 2020 looked the most likely to be nailed down. The money will be used to adapt the economies of poor countries to the effects of climate change, but it is expected that it will be up to the countries themselves to decide how to spend it.

"Real money, not words, has to be put on the table," said Bruno Sekoli, spokesman for the group of 54 least developed countries, which are mostly in Africa. "The \$1.75bn is not enough, but there have been so many promises and nothing has happened."

"Unless the developing countries have something certain, nothing will be possible, and there is no point even in talking. Let's start here," Mr Sekoli said.

A "fast start" financial deal and a new fund to administer it are now on the cards, with the heads of state of as many as 25 countries likely to attend the high level segment of the talks next week.

The 193 countries represented in Cancún don't expect a final deal to be struck for at least a year but say that, with compromises, it will be possible to get close to key agreements on forests, technology, and "transparency" (the inspection of economic data).

But the distance between the parties here was clearly seen in the gap between rhetoric and reality over emission cuts. More than 80 countries have now pledged to hold or reduce emissions, but if all these pledges were fulfilled they would amount to just 60% of what a consensus of scientists say is needed to hold temperatures to a 2°C rise, says the United Nations' environment programme after a new analysis of the offers on the table.

John Vidal is the *Guardian's* environment editor.

Cite this as: *BMJ* 2010;341:c6919



Public Health England will look at plain cigarette packets, breast feeding at work, and alcohol displays

Central control ends as public health passes to local councils

Zosia Kmietowicz LONDON

The government is to hand the responsibility for public health to local councils and end the "hoarding" of power in Whitehall with its "multiple top-down targets," which it says have failed to reduce health inequalities across England.

The health secretary for England, Andrew Lansley, said that transfer of power to local communities aimed "to improve the health of the public and to improve the health of the poorest fastest."

Public health in England will have a ring-fenced budget of an estimated £4bn (€4.8bn; \$6.2bn) taken from the total NHS budget. Part of the budget will go directly to Public Health England, the new public health service, for population-wide issues. Another part will go directly to local authorities, which will be set a series of outcome measures to determine whether people's health actually improves.

The new public health agency will be staffed by experts from some of the bodies abolished earlier this year, such as the Health Protection Agency, and will be "supported by work with industry and other partners to promote healthy living," says the government's white paper, *Healthy Lives, Healthy People*.

A new "health premium" of extra funding will be distributed to councils according to their progress. Although the details on how the premiums will work have not yet been finalised, Mr Lansley said that they would take account of local health inequalities.

Mr Lansley said, "Too often in the past public health budgets have been raised by the NHS to tackle health deficits. Not any more. The money

will be ringfenced to be used as it should be: for preventing ill health.

"People's health will be at the heart of everything local councils do. It's nonsense to think that health can be tackled on its own. Directors of public health will be able to champion local cooperation so that health issues are considered alongside housing, transport, and education."

The government says it will adopt a less intrusive approach when it comes to promoting healthy lifestyle choices and will follow the Nuffield Council of Bioethics' "ladder of interventions," which lists eight levels of health promotion from "do nothing" to legislating against a behaviour.

Anne Milton, the public health minister, said that the intention was "to guide people—to nudge people to make the right choices."

She gave the example of displaying notices in shops about purchasing habits, such as, "Most people who shop here buy two pieces of fruit," which, she said, creates social norms and "nudges" people to make the right choices.

Michael Marmot, professor of epidemiology and public health at University College London and author of a report commissioned by the Labour government on the social determinants of health (*BMJ* 2010;340:c818) that formed a central plank of the white paper, said he was "absolutely delighted" with how the government had taken the messages of his research on board.

However, he expressed concern about responsibility deals with business, which so far remained unproved, he said.

The white paper is at www.dh.gov.uk/healthypeople.

Cite this as: *BMJ* 2010;341:c6938

IN BRIEF

Pressure mounts to investigate rape

in Congo: The World Medical Association has added its support to worldwide calls for an immediate inquiry into allegations that more than 700 women, men, and children were raped when Angola recently expelled thousands of people back to the Democratic Republic of the Congo. More than 8000 women were raped during fighting in 2009, the United Nations says.

Nearly half of adverse events in US elderly people are preventable:

One in seven US inpatients aged over 65 had an adverse event, contributing to death in 1.5% of cases, says the Department of Health and Human Services. Another one in seven experienced a temporary harm event. Physician reviewers said that 44% of events were probably preventable.

Landmine injuries fall by nearly a

third: About 1040 people were killed and nearly 3000 were injured by landmines and explosive remnants of war in 2009, 28% less than in 2008, says the 2010 landmine monitor report of the International Campaign to Ban Landmines (www.the-monitor.org/index.php/publications/display?url=lm/2010/). Most explosions (859) occurred in Afghanistan. Just 9% of the \$449m (£290m; €340m) in aid provided for action against mines went towards the needs of victims.

Netherlands sees rise in avoidable hospital deaths:

The estimated annual number of potentially avoidable deaths during hospital care in the Netherlands rose from 1735 in 2004 to 1960 in 2008, or 5.5% of all deaths in hospital, shows a survey by the Netherlands Institute for Health Services Research (Nivel (www.nivel.nl)), which looked at 4000 patient dossiers from 20 hospitals.

Europe bans bisphenol A from baby

bottles: The European Commission has announced a ban on the use of bisphenol A in plastics in baby bottles, which will come into effect during 2011. Evidence exists that bisphenol A can interfere with healthy growth and body functions and that it mimics the effect of oestrogen in the body.

Screened cancers are still diagnosed

late in US: The three cancers for which the US Preventive Services Task Force recommends population based screening are still being diagnosed in late stages, shows an analysis of data for 2004-6 in the *Morbidity and Mortality Weekly Report* (www.cdc.gov/mmwr/preview/mmwrhtml/ss5909a1.htm). Half of colorectal cancers, 34% of breast cancers, and 47% of cervical cancers were diagnosed at a late stage.

Cite this as: *BMJ* 2010;341:c6903

UK imposes restrictions on export of execution drug

Clare Dyer *BMJ*

The United Kingdom is to place restrictions on the export of thiopental sodium, an anaesthetic used in death row executions in the United States, after the business secretary, Vince Cable, reconsidered his original refusal to add it to the list of restricted products.

Mr Cable made the U-turn during the hearing of a High Court challenge to his initial refusal after learning that the import of the drug into the US for medical purposes is illegal, officials said.

Lawyers for two men on death row in the US, where some states make the use of thiopental sodium a requirement for any execution to go ahead, asked Mr Cable to restrict its export. They told him that supplies of the drug in the US were nearly exhausted and that thiopental sodium imported from the UK had been used at an execution in Arizona in October.

Mr Cable refused to oppose controls on the grounds that the main use of thiopental sodium is as an anaesthetic and that any restriction would affect legitimate trade of medical value (*BMJ* 2010;341:c6301). In addition, given that the drug is traded globally, any UK restriction would be unlikely to prevent an execution in the US, he argued.

But he changed his mind after the court received a statement from the US Food and Drug Administration that there "are no approved or

permitted foreign sources of [thiopental sodium] in the United States."

The judge adjourned the case for further inquiries to be made about the legality of importing the drug into the US. In a statement in open court the Department for Business, Innovation and Skills said "that under applicable federal law it is not currently lawful to import thiopental sodium into the United States for medical purposes.

"That means that an order controlling the export of [thiopental sodium] should not have any adverse impact on patients in the US or on UK exporters. In the light of that information, officials considered it appropriate to invite the secretary of state to reconsider his decision.

"Yesterday afternoon the secretary of state decided that these new developments significantly strengthen the arguments in favour of an order. Such an order would serve to underline the United Kingdom's moral opposition to the death penalty in all circumstances, without impacting on legitimate trade."

Once the order comes into force any exporter of the drug will need a licence issued by the department's Export Control Organisation. Anyone seeking a licence to export will have to answer questions about where the drug is going and for what purpose it will be used.

Cite this as: *BMJ* 2010;341:c6915

UK sets out to measure happiness alongside GDP to give fuller picture



The term "gross national happiness" was first coined and measured by Bhutan's former king Jigme Singye Wangchuk, father of today's ruler, Jigme Khesar Namgyel Wangchuk (above)

Reporting scheme leads to cut in central line infection rates

Andrew Cole LONDON

A nationwide scheme in England to cut the number of infections from central venous catheters in intensive care has had a major effect over the past year. But it is unlikely to deliver the cost savings originally envisaged.

Jeanette Beer, from the National Patient Safety Agency, told the annual risk and patient safety conference organised by Healthcare Events that she was asked by the Department of Health to head a two year project to try to match the dramatic savings made in Michigan, where infection rates were cut from 7.7 per 1000 catheter days to 1.4 per 1000.

If those savings were replicated across the United States, it was estimated that the initiative could save 1700 lives and cut US health-care costs by \$240bn (£155bn; €180bn).

The English initiative, entitled Matching Michigan, recruited 97% of acute trusts, accounting for 216 intensive care units. The main elements of the scheme involved defining and measuring infections and then reporting results on a monthly basis.

Between December 2009 and September 2010 this led to a fall in the rate of central line infections from 3.2 per 1000 catheter days in adult units to less than 1 per 1000. A similar scheme in paediatric units saw a drop in infection rates from 5.2 to below 3.



ANTONIA REEVE/SPL

The rate of central line infections fell from 3.2 to less than one per 1000 days in less than a year

But Ms Beer said it was more difficult to establish how much these changes would save the NHS, partly because many patients in intensive care had a range of comorbidities, "so even if you treated the infection you may still have the patient in the unit—very early on we recognised this was not going to be as easy as we anticipated."

Economic modelling indicates that savings will be between £120 000 a year and more than £48m, with a mid-point of £4.8m. Ms Beer thought the eventual savings were likely to be around the mid-point, "but even so this is not an insignificant amount."

Earlier in the conference Kevin Stewart, medical director for the NHS's QIPP (quality, innovation, productivity, and prevention) safe care work stream, outlined details of Safety Express, a new scheme to increase the safety of patients in four clinical areas: falls in care, pressure ulcers, catheter associated urinary tract infections, and venous thromboembolism.

Cite this as: *BMJ* 2010;341:c6861

Mutual organisation takes over ailing NHS hospital for 10 years

Nicholas Timmins FINANCIAL TIMES

A private hospital operator, Circle, has been given a 10 year franchise to run the ailing Hinchingsbrooke Hospital in Huntingdon, Cambridgeshire.

The most complete takeover to date of a district general hospital by the private sector in the NHS's 62 year history has provoked strong reactions. The BMA branded it an "untested and worrying experiment," while Unison, the large trade union that represents many health-care workers, condemned it as a move that would "put profits before patients" and "devastate the community," given that Circle has no experience of running a district hospital.

By contrast the employers' organisation the Confederation of British Industry praised the deal, which is still subject to formal ratification by the Treasury, as a "trailblazing" new form of public-private partnership.

The move stops short of full privatisation, as the NHS will retain the assets of the 359 bed hospital, and staff members will be seconded to Circle, retaining their NHS terms and conditions.

Hinchingsbrooke has long struggled financially, having built up £40m (£47m; \$62m) of accumulated debts on its £92m turnover.

See EDITORIAL, *BMJ* 2010;341:c6759

Cite this as: *BMJ* 2010;341:c6876

Nigel Hawkes LONDON

The UK government has announced that it is to start measuring the nation's wellbeing as well as its gross domestic product.

Following the lead of France and the kingdom of Bhutan, the prime minister, David Cameron, announced on 25 November that the national statistical system would start gathering measures of the quality of people's lives and how contented they felt.

Launching the idea at the Treasury, Mr Cameron said, "It's high time we admitted that, taken on its own, GDP is an incomplete way of measuring a nation's progress."

Denying that the idea was a bit airy fairy and impractical, he said that "just as GDP didn't give the full story of our economy's growth, so this new measure won't give the full story of our nation's wellbeing, but it will give us a general picture of how life is improving."

Such measures as already exist, such as the life satisfaction index, show little correlation with GDP per capita. While GDP has doubled

since 1973, satisfaction with life has remained static, with about 86% of people in the United Kingdom being satisfied with their lives in any one year. The satisfaction data come from a single question: "How satisfied are you with the life you lead?" to which respondents can answer "not at all," "not very," "fairly," or "very."

Jil Matheson, the UK national statistician, is seeking to produce a richer measure by adding a series of questions to the Household Survey. "There is no shortage of numbers that could be used to construct measures of wellbeing," she said, "but they will only be successful if they are widely accepted and understood. We want to develop measures based on what people tell us matters most."

A report commissioned by President Nicolas Sarkozy

Comedian Ken Dodd was known for his theme tune "Happiness"

of France and published last year has elevated a happiness index into the realms of respectability. Chaired by the US Nobel prize winning economist Joseph Stiglitz, the report recommended adding issues such as healthcare outcomes, unemployment insurance, education, the environment, and insecurity to the traditional economic measures.

For France, which has long believed its lifestyle to be far preferable to that of the United States, the new measure would have the advantage of narrowing the gap between the two countries.

No such motive seems to be behind the UK initiative, which formed part of the Conservatives' manifesto at the last election. Mr Cameron was challenged by claims that it was candyfloss—sweet but insubstantial. "If I thought that, I wouldn't be bothering with it," he said.

Cite this as: *BMJ* 2010;341:c6824



CHRIS JACKSON/GETTY IMAGES

UK women seek IVF treatment abroad owing to lack of eggs

Clare Dyer *BMJ*

Most women who travel from the United Kingdom to other countries for infertility treatment do so because of the long wait and shortage of donor gametes at home, show the results of a survey of "fertility tourists" from the UK.

Of the 51 women interviewed for the ongoing research project, more than 70% needed donor treatment, most of them with donor eggs or embryos but some with donated sperm, the principal investigator, Lorraine Culley, told a conference in London.

Professor Culley, director of the Mary Seacole research centre at De Montfort University in Leicester, outlined the still unpublished findings of the reproduction project at a conference on cross border reproductive care organised by the Progress Educational Trust, a charity aimed at promoting ethically sound research and practice in assisted reproduction.

The conference posed the question, "Cross border reproductive care—a problem or a solution?" By a show of hands at the end of the day most delegates agreed that it was "a solution with problems."

Professor Culley's interviewees were aged between 29 and 46, with a mean age of 39. They were mainly of the professional and managerial class, and 96% were white. Most were married or cohabiting, although they included six single women and one lesbian couple.

They went to 14 countries. Spain, the Czech Republic, and the United States were particularly popular.

Apart from the shortage of donor gametes in the UK they were motivated by a range of other factors, including the possibility of taking advantage of technology they thought wouldn't be available in the UK, the prospect of a more relaxed environment overseas, and the promise of better success rates. One woman was told that she would have a three year wait for donated eggs in the UK.

Only a few mentioned that they were specifically seeking an anonymous donor, no one mentioned sex selection, and no one was looking for a "designer baby." Professor Culley concluded, "There is no typical fertility tourist."

Overall, she said, experiences were positive. "Many who had treatment in the UK and overseas felt that the quality of care abroad was as good if not better, including good communication." There was one case of ovarian hyperstimulation syndrome, but apart from that no major problems were reported.

Cite this as: *BMJ* 2010;341:c6874



MARK THOMAS

Strictly come medicine

Kirsten Patrick *BMJ*

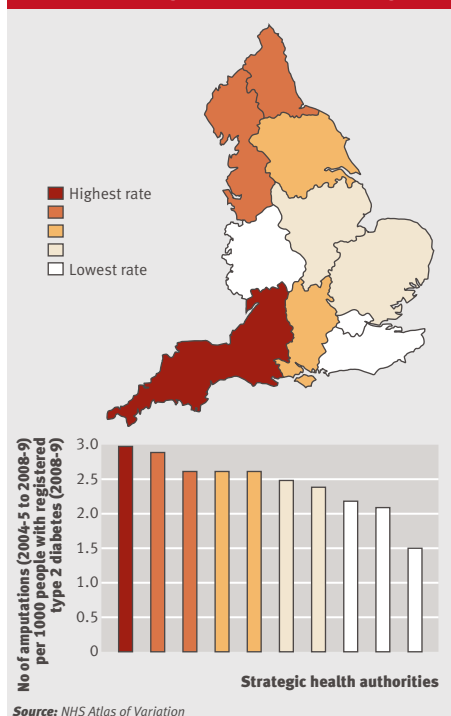
A UK National Institute of Dance Medicine and Science is closer to being formed after a donation of £30 000 (€36 000; \$47 000) from the manufacturer of dance floors British Harlequin. Dance UK, the national body representing dance professionals, aims to raise £550 000.

Lottie Murphy, of the Central School of Ballet (foreground), attended the announcement with (from left) Angela Towler, from the Rambert Dance Company; Graham Taylor, former England football manager; and Camilla Dallerup from the BBC's *Strictly Come Dancing* television programme.

Cite this as: *BMJ* 2010;341:c6934

Health atlas shows large variations in care in England

INCIDENCE OF MAJOR AMPUTATIONS IN PATIENTS WITH TYPE 2 DIABETES



Jacqui Wise *LONDON*

Large variations in the level and quality of NHS care in England in a range of clinical areas, including diabetes, stroke, and cancer, have been highlighted in an atlas.

The *NHS Atlas of Variation* shows the amount each of the 152 primary care trusts spends on various clinical services and links this with the health outcomes patients see. The results are presented in 34 geographical maps. The atlas, produced as part of the Quality, Innovation, Productivity and Prevention Programme, aims to stimulate awareness of variations that exist and help commissioners of care make better purchases.

Launching the atlas, the health minister Lord Howe said, "Making this information available to commissioners and patients will help them to identify and address unwarranted variation to better meet the needs of their populations."

The atlas shows a sixfold variation between primary care trusts in the emergency admissions rate for asthma among under 18 year olds. Although asthma is influenced by environmental factors, even among trusts in urban London there is a more than twofold variation

in the emergency admissions rate. The report says that this level of variation implies considerable scope for improvement in some trusts.

The atlas also shows a twofold variation among strategic health authorities in the incidence of major amputations among people with type 2 diabetes. The rate of amputations in the South West at three in 1000 is almost twice that in the South East. The report says that 80% of amputations are potentially preventable. The atlas also shows a 35-fold variation in the percentage of people with diabetes receiving nine key care processes, such as blood glucose, urine, and foot checks, as recommended by the National Institute for Health and Clinical Excellence.

Another map shows a fourfold difference between trusts in the proportion of stroke patients who spend almost all their hospital time in a dedicated stroke unit. NICE guidance recommends that all people with suspected stroke should be admitted directly to a specialist acute stroke unit.

The *NHS Atlas of Variation* can be found at www.rightcare.nhs.uk/atlas.

Cite this as: *BMJ* 2010;341:c6809

Rate of late diagnosis of HIV remains high in UK, new data show

Zosia Kmietowicz LONDON

A quarter of people in the United Kingdom who have been infected with HIV are unaware they have it, the latest figures show. And in more than half (3450) of the 6630 people who were given a diagnosis of HIV in 2009 the diagnosis was late, after the stage at which treatment should have started.

To improve detection rates, people living in areas of high prevalence of HIV should be encouraged to be tested when they register with a GP or are admitted to hospital, says the Health Protection Agency in its latest report.

An estimated 86 500 people in the UK were living with HIV in 2009, although almost

22 500 were unaware they had the infection—a proportion that has remained static over the past decade, says the agency.

Although this is the fourth year running that the number of new diagnoses has fallen (down from 7982 in 2005), the decrease is a result of fewer diagnoses among people who were infected overseas. The 3730 diagnoses of transmissions that occurred in the UK remains as high as in previous years.

The report shows that 1000 of the 3560 new infections of HIV acquired through heterosexual sex in 2009 occurred in the UK. And of the 2760 new infections among gay and bisexual men four in five were acquired in the UK.

Valerie Delpech, consultant epidemiologist and head of HIV surveillance at the agency, said that the rate of undiagnosed cases and cases diagnosed late was a cause for concern and that increasing access to HIV testing in areas of high prevalence was desirable.

“Pilot studies have shown that in these areas testing all adults registering at GPs or accessing certain hospital services can make an impact,” she said.

The agency also recommends that people in the UK who are at higher risk of contracting HIV, such as men who have sex with men, and black Africans living here, should consider being tested regularly.

The estimated prevalence of HIV in the UK in 2009 was 1.4 cases per 1000 of the population. Expanded testing for HIV is recommended in areas where the number of cases diagnosed is greater than 2 per 1000 of population. Of the 37 primary care trusts in England with a prevalence above this level in 2009 26 were in London, where the overall rate of HIV diagnosis was 5.2 cases per 1000 people.

HIV in the United Kingdom: 2010 Report is at www.hpa.org.uk/.

Cite this as: BMJ 2010;341:c6838

Stricter rules on prescribing will cut €1.3bn from Spain's deficit, new health minister says

Aser García Rada MADRID

From next year doctors in Spain will be able to prescribe the exact number of pills of certain drugs, the country's new health minister has announced. The move will save Spain €300m (£255m; \$400m), Leire Pajín told the health commission of the Congress, the parliament's lower house.

Ms Pajín said that at the moment prepackaging meant that patients often get more pills than they need, causing unnecessary expense and contributing to the risk of self treatment.

The Spanish Agency of Medicines and Health Products will shortly approve a resolution that will allow doctors to use a unitary dosing prescription system called “unidosis.” The measure is included in a royal decree published in May by Spain's president, Rodríguez Zapatero, to reduce the public deficit.

A spokesman for the health ministry said that 25 drugs will be able to be prescribed under the unidosis system: the H₂ receptor antagonist ranitidine; the proton pump inhibitors omeprazole, pantoprazole, lansoprazole, rabeprazole, and esomeprazole; the antibiotics doxycycline, amoxicillin, cloxacillin, amoxicillin-clavulanic acid, cefuroxime, ciprofloxacin, levofloxacin, moxifloxacin; the analgesics tramadol and paracetamol; and the anti-inflammatory or antirheumatic drugs diclofenac, aceclofenac, ibuprofen, naproxen,



Leire Pajín: patients get more pills than they need

meloxicam, dextetopfen, celecoxib, etoricoxib, and tetrazepam.

The proposal has caused concern among pharmacists and drug companies. Jorge Ramentol, the president of Farmaindustria, the Spanish National Association of Pharmaceutical Industry Business, told the health journal *Diario Médico*: “We agree with the philosophy of this project, but we have some questions about how to implement it, especially because it will apply to drugs that have already ridiculous [low] prices and for which it will be difficult to adequately compensate the pharmacists.”

Ms Pajín announced other measures to help reduce the public deficit, including a strategy to promote greater use of generic drugs.

The ministry will also change the way that reference prices are set, she said—the reference price is the maximum that the Spanish national health service will pay for each group of similar drugs. To date this has been set by taking the average of the three cheapest drugs in each group. In the future, however, the reference price will be based on the cheapest drug, and so all drugs in the group will have to match this price if they are to be paid for by the health service.

Cite this as: BMJ 2010;341:c6817



The maximum price the Spanish health service will pay for each group of drugs is to be lowered

Dutch insurer refuses to support surgery at low volume hospitals

Tony Sheldon UTRECHT

Courts in the Netherlands have ruled that one of the country's largest health insurers can publish on its website its ranking of hospitals for breast cancer surgery.

Centraal Zorgverzekeraar (Central Health Insurer) (CZ) ranks 93 hospitals in four categories: "best," "good," "can do better," and those with which it will "no longer contract." The rankings are based principally on the volume of operations performed each year (www.cz.nl/overzicht-beste-borstkankerzorg).

The insurer sparked a public debate after it announced that from 2011 it would not sign contracts for breast cancer treatment with six hospitals (later reduced to four) because it judged that at least 70 operations a year must be carried out for quality of care to be ensured.

The Dutch Healthcare Inspectorate responded by saying that all breast cancer treatment in the Netherlands met its standards for responsible care and that CZ's actions may have caused "misunderstanding and unnecessary unrest." The Dutch Association of Surgeons accused CZ of using "incorrect standards" and urged patients in doubt to "consult the doctor treating them for the correct information."

CZ used a 2006 European Union guideline stating that 150 new patients a year were needed to maintain optimal quality to rank the hospitals. Other criteria include a judgment of the patients' experience through an independent consumer quality index.

Besides the four excluded hospitals, 45 hospitals performing between 70 and 150 operations a year were ranked "can do better."

Plans to publish the scores had been suspended after a court accepted hospitals' complaints that publication could damage their reputations. However, after allowing hospitals an opportunity to respond to their ranking, the court permitted publication.

In a further action this week the court reinforced the earlier judgment, stating that the insurer could report that it would no longer contract with one hospital and that another fell into its category "can do better." It ruled that a 2006 Dutch law on healthcare insurance that created a market of competing health insurance companies gave insurers more "freedom of policy and decision" and that an insurer could, on the basis of its "own criteria," contract with what it regards as the "best" providers.

The Dutch Association of Surgeons said that CZ had set "arbitrary standards on their own initiative," bypassing those set by a national steering group of professionals and patients.

Marie Baas-Vrancken Peeters, a surgeon with the Dutch Cancer Institute, said, "CZ can say we only want to deal with hospitals where a certain number of breast cancer procedures are carried out, but we cannot accept these numbers as criteria for good or bad care. The number of operations is just a very small factor. Others, such as having the correct radiology equipment and contributing to the breast cancer audit, are much more important."

The chairman of CZ, Wim van der Meer, said that with 3.3 million policy holders it took seriously its responsibility to promote the quality of care.

Cite this as: BMJ 2010;341:c6853



Drug companies may provide information directly to EU patients

Rory Watson BRUSSELS

Drug companies will be able to provide information to the public on prescription drugs but only under strict conditions, according to draft legislation overwhelmingly adopted by the European parliament on 24 November.

The new measures would enable patients in European Union countries to receive data on a drug's characteristics and the disease or condition for which it is designed. Companies would be allowed to provide basic non-promotional information such as product characteristics in package leaflets and an accessible version of a drug's assessment report. Patients would be able to receive more specific answers on request. All information would require prior authorisation from national authorities.

The members of the European parliament agreed with the European Commission that information on prescription drugs should be banned on radio and television, and they extended the prohibition to the print media. They also decided that health professionals should declare any links to drug companies if they give information on drugs at public events or in the media.

Christofer Fjellner, the Swedish centre right

Refocus on prevention to make progress on AIDS, say US scientists

Bob Roehr WASHINGTON, DC

A report from the US Institute of Medicine hopes to refocus US and African AIDS policies on prevention and to strengthen education of healthcare workers, infrastructure, and accountability to achieve better outcomes.

UNAIDS, the joint United Nations programme on HIV and AIDS, estimates that Africa currently has 22.4 million people infected with HIV, about two thirds of the global total of 33.4 million.

The institute's report, released on 29 November in Washington, DC, estimates that in Africa alone that number will grow to more than 30 million by 2020 and to 70 million by 2050 "unless intervening forces come into play and can limit that number,"



Dr David Serwadda:
African governments
must do more

Plan for AIDS Relief (PEPFAR), has since its inception required beneficiary countries to have a national

said Thomas Quinn, co-chairman of the committee that wrote the report and a researcher at Johns Hopkins University, Baltimore.

The report urges each country to adopt its own 10 year road map for dealing with the epidemic. The US international programme on HIV and AIDS, the US President's Emergency

strategic plan of at least five years.

David Serwadda, professor of public health at Makerere University in Kampala, Uganda, and the committee's other co-chairman, said, "African governments need to take greater ownership of AIDS and rely less upon international organisations."

However, Gregg Gonslaves, an AIDS treatment activist who has worked in the US and southern Africa, said, "I am deeply disappointed with this report. It looks like it could have been written 10-15 years ago. It's a capitulation to the old guard in health and development... [that led to] crumbling health systems, dead mothers and babies, new epidemics, and revivals of old ones."

He believes that the key missing element is

MEP who steered the legislation through the parliament, admitted that just a year ago he would never have expected such overwhelming support for the measures being proposed. He said that this progress had been achieved by a focus on actual detail and listed three principles on which the latest text is based.

“We had to focus on the right of patients to receive information as well as the right of pharmaceutical companies which wished to provide it. No one was in favour of indirect advertising of drugs as you get in the United States. We had to make sure the information provided was checked.”

The draft legislation would guarantee that the information provided by companies would not stray into advertising, he insisted. “The basic principle is that all information to be provided by pharmaceutical companies must be approved by national authorities. The information can only be published in the form it was approved.”

Consumers’ organisations have generally endorsed the changes the European parliament has made to the draft legislation. A spokeswoman for BEUC (Bureau Européen des Unions de Consommateurs), the umbrella body for national consumer associations in Europe, said that MEPs had done “a good job to change the approach from the industry’s right to communicate to the patient’s right to be informed.”

However, she added: “We still question the added value of such legislation that could create a system favouring ‘blockbuster’ medicines for the most ‘profitable’ diseases and put non-drug therapies at a disadvantage.”

It now remains to be seen whether EU governments, which must also approve the legislation before it can take effect, will agree with the MEPs’ amendments.

Cite this as: *BMJ* 2010;341:c6883

political will in the US and in Africa, not information or resources. He pointed to what had been accomplished when activists pushed to reduce the cost of treatment more than 10-fold so that today about seven million people with HIV are being treated in Africa.

But Mead Over, a member of the committee, said that scaling up treatment “has not been rapid enough to solve the problems of this epidemic, and we have come full circle, back to the emphasis on prevention.” Also, new prevention options such as circumcision, microbicides, and pre-exposure prophylaxis have recently shown their usefulness, he added.

Preparing for the Future of HIV/AIDS in Africa: A Shared Responsibility is at www.iom.edu/.

Cite this as: *BMJ* 2010;341:c6920



OLAF DOERING/ALAMY

Insurance firms will not reimburse costs at hospitals that treat fewer than 30 babies born below 1250 g

Germany restricts specialist care to high volume hospitals

Annette Tuffs HEIDELBERG

Several German hospitals are launching a legal action against a ruling that will restrict the number of hospitals allowed to care for very low birthweight babies.

The ruling, by the Federal Joint Committee, the regulator of Germany’s statutory health insurance companies, says that only hospitals that have cared for more than 30 babies with birth weights below 1250 g in 2010 will be reimbursed treatment costs by the insurance companies in 2011. This means that only 70 of several hundred hospitals in Germany will be allowed to continue looking after the 8000 very low birthweight babies born in Germany every year.

The German Medical Association and the German Hospital Association have criticised the committee’s decision, saying that there is not enough evidence for introducing the strict regulation. But the ruling has been welcomed by patients’ groups, neonatologists, and health insurance companies, who have been campaigning for the establishment of a network of approved neonatal centres. The current system is said to encourage small hospitals to treat premature babies as substantial reimbursements are provided to the hospitals—more than €90 000 (£75 000; \$120 000) in some cases.

The joint committee’s decision follows an evaluation of neonatal care by IQWiG, the German Institute for Quality and Efficiency in Healthcare (sometimes referred to as Germany’s equivalent of the UK National Institute for Health and Clinical Excellence).

IQWiG evaluated 10 studies and said: “Over-

all the data provide clear indications of a statistical relationship, which shows that an increase in provider volume is associated with a trend towards risk reduction.”

IQWiG recommended that the new regulations should be subject to further evaluation.

The German Hospital Association pointed out that although IQWiG’s evaluation showed a relation between higher provider volume and risk reduction, it didn’t provide evidence for banning smaller volume hospitals from treating highly premature babies, and therefore the joint committee’s decision was illegal.

Closing down facilities in hospitals with fewer than 30 cases a year would jeopardise the care of very low birthweight babies nationally, it said. Furthermore, the limitation might actually threaten the medical care of mothers and babies at risk, as hospitals would be encouraged to reach the threshold of 30 cases a year and might therefore not try to prolong pregnancy in some cases, it added.

The Association of German University Hospitals, whose members will under the new ruling be the main providers of care for premature babies, said that a more thorough analysis was needed to judge quality of care. Such an analysis could consider, for example, whether qualified gynaecologists and paediatricians were always available in every hospital wanting to care for very low birthweight babies. But it also questioned whether it would be economically efficient to have highly specialised units in more than 300 hospitals.

IQWiG’s report is at www.iqwig.de/.

Cite this as: *BMJ* 2010;341:c6881