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Heroin contaminated with anthrax has killed 11 people

Bryan Christie EDINBURGH

Eleven people have died from the first ever drug related outbreak of anthrax caused by contaminated heroin, which is thought to be still circulating in Europe.

Since December, 10 deaths have been reported among injecting drug users in the United Kingdom and one in Germany. Only one case of anthrax infection in a drug user has ever been reported previously—from Norway in 2000.

The problem first appeared in Scotland in early December, and since then 21 cases have been confirmed in six separate Scottish health board areas, leading to nine deaths. Tests have shown that the German victim, who died in Aachen in December, injected the same strain of anthrax as in the Scottish cases. This suggests that it came from a single source and that the contamination occurred before the heroin was distributed.

The latest death was reported by the UK Health Protection Agency on 10 February and involved a drug user from Blackpool. This was the second case in England, after infection was confirmed in a drug user from London, who is being treated in hospital.

Health authorities across the UK are now working on the assumption that all heroin in circulation carries the risk of anthrax infection. They have issued warnings to drug users to stop taking heroin by any route.

Colin Ramsay, head of the outbreak control team at Health Protection Scotland, said, "Users should seek urgent medical attention in the event of symptoms such as redness or swelling at or near an injection site or other symptoms such as a high temperature, chills, or a severe headache, as early antibiotic treatment can be life saving."

The European Centre for Disease Prevention and Control says it is likely that additional cases will be identified in the UK, potentially in Germany, and in other parts of Europe.

Anthrax is most commonly found in hoofed animals such as cattle, sheep, and goats in Asia or Africa. The heroin may have been contaminated at its probable original source in Afghanistan through contact with infected soil or animal skins.

See **MINERVA**, p 430.

Cite this as: *BMJ* 2010;340:c937

Social care funding debate leads to "nasty party style" politics

Zosia Kmietowicz LONDON

England's health secretary, Andy Burnham, is set to meet politicians and interested parties on Friday 19 February to discuss the future of social care in England, after a heated debate last week ended in his Conservative counterpart refusing to attend unless a key proposal from Labour was dropped.

Eighteen charities, including Carers UK, the Alzheimer's Society, and Macmillan Cancer Support, signed a letter to the *Times* on 13 February calling for an end to the "party-political squabbling" that has dominated the debate on social care in the past week (www.timesonline.co.uk/tol/comment/letters/article7025519.ece). They said it was time for a consensus on social care reform that "delivers long-term solutions that will not be reversed by changes in government or in the economic climate."

Debate about how to fund long term care of elderly people has been smouldering since 1999, when a royal commission recommended that personal care and nursing care be provided free of charge (*BMJ* 1999;318:622).

Research conducted on behalf of the government by the London School of Economics shows that within seven years the demand for carers for the country's sick and elderly people will outstrip what families can supply. By 2017 this "care gap" will reach the equivalent of 5000 carers, rising to about 40 000 in 2022 and 85 000 in 2026.

Carers UK has warned that unless more services are provided in a way that helps families, more people will have to give up work to care for family

members. New research for the charity by the University of Birmingham estimates that every year families stand to lose between £750m (€860m; \$1200m) and £1.5bn in earnings if not enough is invested in care, assuming wages at national minimum levels.

The charity is calling for a "social contract" between the government, employers, public services, communities, and families that will recognise carers' contributions and make transparent the funding system for care.

One of the three funding options that Labour has outlined is a compulsory levy, possibly a 10% tax on people's assets when they die, to help fund a national care service.

Andrew Lansley, the Tories' health spokesman, has called this a "death tax" and portrayed it in posters depicting a gravestone with the slogan "RIP off." He said he would not be attending the conference called by Mr Burnham unless this proposal was excluded from the talks.

Mr Burnham defended the Labour proposals and emphasised that no decision had yet been made on what route the party would recommend to fund social care. He accused the Tories of "wrecking" the secret talks to achieve a cross party consensus, convened at Mr Lansley's request, that have been taking place over recent weeks and of resorting to "old politics, nasty party style" and of "scare stories and negative campaigning."

See **FEATURE**, p 396.

The Carers UK report is at www.carersuk.org/.

Cite this as: *BMJ* 2010;340:c974



Andy Burnham accused the Tories of "wrecking" talks to achieve a consensus on paying for social care

public health behaviour



NATIONAL INHALANT PREVENTION COALITION

Doctor could face financial ruin even if he wins libel case against device maker

Clare Dyer *BMJ*

An attempt to settle a libel battle between the British cardiologist Peter Wilmshurst and the US medical device manufacturer NMT Medical by mediation has failed, and the case now seems headed for a trial that could prove financially ruinous for him even if he wins.

NMT is opposing an application by Dr Wilmshurst's solicitor, Mark Lewis, for the company to pay into court enough money to guarantee that his legal costs will be reimbursed if he successfully defends its libel action against him.

The company, which is based in Boston, Massachusetts, is suing him over remarks he made to a US website alleging flaws in a clinical trial of its STARFlex septal repair implant (*BMJ* 2008;337:a2412).

So far he has incurred costs of around £200 000 (€230 000; \$313 000) fighting the claim, of which he has already paid his lawyers some £80 000. Trial costs could bring the total to £500 000 or

more, with no guarantee that he could recover the money if he won.

The case is one of several that campaigners say show how Britain's libel laws can inhibit scientists from speaking out on issues of public interest.

Mr Lewis is seeking security for costs on the grounds that NMT is an incorporated company whose recent accounts showed a loss and also a foreign entity, both of which he argues might make it more difficult to enforce an eventual costs judgment against it. UK judgments are enforceable in the United States, but some states have banned the enforcement of foreign libel judgments as a threat to free speech.

In opposing the application NMT is citing a case that established that UK courts must take into account the ban on discrimination in the European Convention on Human Rights in deciding whether a claimant outside the European Union must pay money into court as security for costs.

Cite this as: *BMJ* 2010;340:c967

BMA campaign urging public to help exclude private companies from NHS is criticised

Oona Mashta *LONDON*

The BMA is urging the public to support its campaign against private companies providing NHS care in England, which it says is adversely affecting many parts of the health service.

The BMA's "Look after our NHS" campaign (www.lookafterournhs.org.uk), which was launched in June 2009 to emphasise the problem among doctors, is now being extended to highlight the issue to the general public. Successive governmental policies have allowed commercially run firms to compete against existing NHS trusts and GP practices to provide NHS care, to the detriment of the health service, says the BMA.

As part of the protest the BMA will be sending "Look after our NHS" campaign packs to over 100 000 doctors and medical students in England. The packs contain posters of businessmen taking money out of the NHS and call on the public to "help us put patients before profits."

Hamish Meldrum, chairman of the BMA, said, "We want an NHS with patients, not profits, at its heart. The public values the NHS as a publicly provided, publicly funded service. Like doctors, they do not want vital public money to

be diverted to shareholders.

"Doctors have already backed the campaign. Now members of the public can show politicians the extent of opposition to commercialisation of their NHS."

The campaign packs state that the creation of a market in the NHS has meant an increase in bureaucracy; the number of senior managers in the NHS rose by 91% between 1995 and 2008—more than double the increase in numbers of doctors and nurses.

It also says that many private NHS providers have received millions in guaranteed payments for contracts, despite treating fewer patients than planned; on average, the first wave of independent sector treatment centres delivered just 85% of activity paid for—suggesting a shortfall of £220m (€251m; \$343m) on the £1.47bn contracts.

The health minister Mike O'Brien said, "Independent and third sector organisations were used successfully to get down waiting lists for operations and can make a contribution to this by helping to add capacity and increase patient choice."

The independent social policy think tank Civitas criticised the BMA's campaign for being out of touch with the public and trying to protect



MARK THOMAS

The BMA says that letting private firms compete against GP practices has been bad for the NHS

its members "from radical changes that will be required."

James Gubb, director of the Health Unit at Civitas, said: "The BMA's stance goes to the heart of the debate in the NHS: whether the financial challenges facing the NHS meant taxpayers' money should be spent supporting NHS providers or spent on the provider—NHS or non-NHS—that can offer the best deal on quality and cost.

"I suspect most of the public would side with the latter. Affinity lies with the values underlying the NHS: universal, comprehensive health care, free at the point of use, rather than who provides the service."

Cite this as: *BMJ* 2010;340:c884

Scientists protest against proposals on advisory group membership

Clare Dyer *BMJ*

Some of the United Kingdom's most eminent scientists are at loggerheads with the government over its attempt to defuse the row which erupted after the home secretary, Alan Johnson, sacked David Nutt as chairman of the government's advisory council on the misuse of drugs.

There was an outcry from leading scientists when Professor Nutt was dismissed last October after asserting in an academic lecture that cannabis and ecstasy were less dangerous than alcohol (*BMJ* 2009;339:b4563). After other members of the committee resigned in protest, the government promised to consult on new principles governing its relationship with members of its advisory groups, who are not government employees but give their part time services for little or no remuneration.

But the government's proposals have been condemned by more than 90 leading scientists, including Lord Rees, current president of the Royal Society, Lord May, a former president, Lord Krebs, former chairman of the UK Food Standards Agency, and Sir Michael Rawlins, chairman of the National Institute for Health and Clinical Excellence (NICE). Their joint response to the consultation, which closed this week, notes their concern at the lack of any specific reference to academic freedom. "It is vitally important to give academics specific assurance that their professional freedom is not jeopardised by an agreement to give advice to government," they say.

The most controversial principle the government proposes is that scientific advisers and ministers should "work together to reach a shared position, and neither should act to undermine mutual trust."

The scientists, who include many past and present members of advisory committees, say this runs counter to a key recommendation of the Phillips report on the BSE crisis that the assessment of evidence and government policy should remain separate.

"The principle that the work of independent advisory groups should be free from political interference, which is clearly affirmed under 'Independence' in the government's draft, is incompatible with advisers working with ministers to reach agreement on the advice that they give," they add.

Tracey Brown of Sense about Science, which has been pushing for a code enshrining the principle of scientific independence, told the *BMJ*, "Several people have told me they intend to resign from the positions they hold if the government doesn't come back with something satisfactory.

"There are also people who have written to us, who have over the course of eminent careers contributed to a lot of advisory committees and ad hoc groups, who are saying that if the government doesn't sort out what they're signing up to, particularly the principle of independent advice, they would never

contribute again."

Evan Harris MP, the Liberal Democrat science spokesman, said, "The government needs to understand that if it fails to respect academic freedom of scientists, seeks to allow the corruption of the advisory process by politicians, and threatens to sack advisers for being 'untrusted' or insufficiently 'respectful' of ministers, then the crisis of confidence will deepen and scientists will not be willing to serve.

"Without the best advice, policy is weakened and we all suffer."

Science minister Lord Drayson said, "The points of contention are fairly unanimous and I'm keen to address them, but we need to look closely at all responses and go back to the science cabinet sub-committee."

The government's consultation document, *Principles on Scientific Advice to Government*, is at <http://nds.coi.gov.uk/clientmicrosite/content/>.

Cite this as: *BMJ* 2010;340:c887



Opponents of the government proposals include (from top): Lord Krebs, Lord May, Lord Rees, and Sir Michael Rawlins

How posters promote

John Zarocostas *GENEVA*

This poster, produced by the Texas Prevention Partnership in 1991, contributed to a campaign against inhalant misuse.

During the project, which ran from 1990 to 1994 and included bilingual posters and radio and television announcements, use of inhalants fell by more than 32% in elementary schools and by about 20% at high schools.

It is one of a selection of posters published by the World Health Organization in a book looking at the power of the poster to change behaviour from the 1930s to the present day. It charts changing health priorities and developments in advertising over the decades.

The posters include examples in Arabic, Chinese, French, Russian, and Spanish.

Public Health Campaigns: Getting the Message Across is available to buy from WHO Press at <http://apps.who.int/bookorders/>, price 50 Swiss francs (developing countries 30 Swiss francs).

Cite this as: *BMJ* 2010;340:c964

Safety incidents are under-reported in general practice

Jacqui Wise *LONDON*

General practice lacks a safety reporting culture, with less than 0.5% of mistakes and near misses reported to the NHS safety watchdog coming from this sector, says the health and social care regulator.

In its first annual report to parliament on the state of health care and adult social care in England the Care Quality Commission says that although 90% of patient contacts take place at GP practices, only 3417 (0.3%) incidents (out of a total 1 061 934) were reported from this sector in the year to July 2009, compared with 693 700 from hospitals. The commission says it is crucial that organisations report incidents so that they can learn and put things right.

The overall reporting of serious incidents to the National Patient Safety Agency has improved greatly from 922 552 incidents in 2007-8 to 1 061 934 in 2008-9. But the reporting rate continues to vary across organisations. For example, reporting from primary care trusts with hospital beds varies more than 20-fold.

The report, *The State of Health Care and Adult Social Care in England*, can be found at www.cqc.org.uk/stateofcare.cfm.

Cite this as: *BMJ* 2010;340:c885

IN BRIEF

Dutch drugs bulletin is guaranteed future independence:

The future independence of the *Dutch Drugs Bulletin* (*Geneesmiddelenbulletin*) has been confirmed by the Dutch health minister, Ab Klink, after a campaign by doctors who feared that government proposals would harm its ability to provide information critical of drugs. The bulletin, a member of the International Society of Drug Bulletins, has a reputation for tackling controversial topics such as the use of selective serotonin reuptake inhibitors (*BMJ* 2008;336:112).

Sugar keeps vaccines stable:

Scientists have found that it is possible to store two different virus based vaccines on sugar stabilised membranes for 4-6 months at 45°C without any degradation (*Science Translational Medicine*, <http://stm.sciencemag.org>). Flushing the membrane with water rehydrates the vaccine in an instant. The technique will allow many more children in the developing world to be vaccinated, said the principal investigator, Adrian Hill of Oxford University.

Doctors want more training to manage abusive patients:

Over half (99) of 172 GPs and hospital doctors who responded to a survey by the Medical Defence Union said they had been physically or verbally assaulted in the past five years. A similar number (100) said they had not been trained in dealing with such situations and would like to feel more confident. NHS staff reported 54 758 physical assaults in 2008-9, including 3472 in primary care.

Scottish GP features on YouTube:

A group of family doctors in Scotland have turned to new media to publicise the benefits of their service. They have posted a film on YouTube that follows John Tobias, a GP in Glasgow, and his team as they go through a typical day's work (www.youtube.com/watch?v=771LhtSGeAQ). The 8 minute film is part of the first ever general practice week in Scotland.

Setting own work hours benefits health:

Self scheduling of working hours has been found to have positive effects on some health outcomes, including blood pressure, sleep, and mental health, a Cochrane review of 10 studies involving nearly 17 000 people has found (www.thecochranelibrary.com). In one study, police officers who were able to set their starting times showed better psychological wellbeing than police officers who worked fixed hours.

Cite this as:
BMJ 2010;340:c934

Survey finds 85% of labels on alcoholic drinks are inadequate

Susan Mayor LONDON

The governments in the United Kingdom have launched a public consultation on whether to introduce legislation that will require the drinks industry to include information on alcohol units and health warnings on labels, after a survey found that 85% of drink labels fail to provide the information required by the current voluntary agreement.

Under the agreement, made in 2007, the drinks industry said that by the end of 2008 it would introduce labels on most alcoholic drink containers showing units of alcohol and other health information.



A LABEL THAT COMPLIES FULLY WITH THE AGREEMENT REACHED BY THE UK DRINKS INDUSTRY AND THE GOVERNMENT

Know your limits



Uk chief medical officers recommend adults do not regularly exceed:

Men	3-4 units daily
Women	2-3 units daily

Avoid alcohol if pregnant or trying to conceive

www.drinkaware.co.uk

The agreement set out five key pieces of information that should be included on drinks containing alcohol: the drink's alcohol unit content; the government recommended limits on alcohol consumption for men and women; advice to avoid alcohol in pregnancy; a message about responsible drinking (such as "Know your limits"); and the URL of the website of the Drinkaware Trust, an independent charity that promotes sensible drinking.

An independent survey published this week found that 85% of alcoholic drinks failed to provide the information set out in the agreement.

Commenting on the findings, England's public health minister, Gillian Merron, said, "Overall progress on labelling is very disappointing. I expect to see much more leadership from more of the major producers."

The Department of Health for England, together with the Welsh Assembly, the Scottish government, and Northern Ireland's Department of Health, Social Services and Public Safety, is now launching a consultation asking for views on how best to improve unit and health information on the labels of alcoholic drinks. It is offering three options: continue with the current voluntary agreement; strengthen the self regulatory agreement; or introduce a mandatory requirement on labelling through regulations under the Food Safety Act 1990.

The report and consultation are at www.dh.gov.uk.

Cite this as: *BMJ* 2010;340:c966

Scottish MPs urged to put health first in debate on minimum pricing of alcohol

Bryan Christie EDINBURGH

More effective national and international action is needed to reduce the harm caused by alcohol, which is now responsible for as many deaths a year as HIV and AIDS, says a group of international specialists.

They have intervened in the debate on introducing minimum pricing of alcohol in Scotland by writing to every member of the Scottish parliament urging them to act in the interests of health.

The proposed legislation, which would make Scotland the first country in northern Europe to introduce minimum pricing for alcohol, has failed to win cross party support in the Scottish parliament, with Labour, the main opposition party, deciding to vote against the proposal. The scientists—Peter Anderson, a public health adviser to the World Health Organization;

Thomas Babor, professor of health care at the University of Connecticut; Sally Casswell, director of the Centre for Social and Health Outcome Research and Evaluation at Massey University, New Zealand; and Robin Room, professor of social research in alcohol at the University of Melbourne, Australia—say that alcohol related harm is rising around the world owing to the increased availability, affordability, and promotion of alcohol. Nearly three million people a year now die an alcohol related death—a similar death toll to that from HIV and AIDS.

They criticise the response of many governments that have introduced "weak policy measures" such as education and responsible drinking campaigns when tougher action is needed. "Strengthened regulatory controls on health damaging commodities such as alcohol are increasingly being viewed as necessary to limit



Michelle Obama starts project to combat childhood obesity

Janice Hopkins Tanne NEW YORK

The wife of the US president has announced an ambitious and comprehensive programme to “solve the problem of childhood obesity” in the United States within a generation.

About a third of US children are overweight or obese and at increased risk of future health problems such as diabetes, heart disease, high blood pressure, cancer, and asthma.

The programme, called “Let’s move” (www.letsmove.gov), which Mrs Obama announced on 9 February, aims to increase physical activity among children and make healthier food available in schools and in communities that have poor access to affordable and good quality food. It has the support of many US government departments, the American Academy of Pediatrics (and other medical organisations), state and local governments, and leading sports figures.

First ladies of the United States often take on worthy and uncontroversial causes. Last spring, together with children from a local elementary school, Mrs Obama set up a kitchen garden on the White House lawn. The aim was to bring fresh, local vegetables to the White House table and to nudge Americans towards eating more fresh food and less junk food.

The new programme has both non-profit and profit making sponsors and has created an



OLIVIER DOULIERY/EMPICS/PA

Michelle Obama launches the campaign, which will tackle eating habits as well as exercise

independent foundation, the Partnership for a Healthier America, which will work with federal and local government agencies.

The Food and Drug Administration will work with retailers and manufacturers to develop simpler nutritional labelling on food packaging, while the US Department of Agriculture has come out with a new “food pyramid” that tells consumers which foods are healthiest and should be eaten in large quantities and which should be limited. The department’s www.mypyramid.gov website is one of the most popular federal government sites.

The American Beverage Association, which makes soft drinks, will develop simple labels for the fronts of cans, bottles, and vending machines.

Cite this as: *BMJ* 2010;340:c948

FDA tells patients to record their exposure to medical radiation

Janice Hopkins Tanne NEW YORK

The US Food and Drug Administration has launched an initiative to reduce unnecessary radiation exposure from medical imaging. The initiative will promote the safe use of medical imaging, increase patients’ awareness, and encourage patients to record their history of imaging.

Concern about radiation exposure was raised by a paper late last year in the *Archives of Internal Medicine* (2009;169:2078-86) that reported a 13-fold variation between the highest and lowest dose in computed tomography in four hospitals in the San Francisco area.

Exposure to ionising radiation among the US population has nearly doubled over the past 20 years and is still growing.

The FDA said, “Because ionizing radiation can cause damage to DNA, exposure can increase a person’s lifetime risk of developing cancer.” The millions of scans performed every year are “an important public health issue,” it added.

Computed tomography, fluoroscopy, and nuclear imaging account for almost all (89%) of Americans’ total yearly exposure to radiation, although they account for only about 26% of procedures using radiation, the FDA said. These techniques use higher amounts of ionising radiation than dental imaging and mammography.

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health harm, and for the achievement of health equity,” they say.

The four scientists welcome the action being taken in a number of countries. Russia has recently introduced a minimum retail price for vodka in an effort to stem consumption and harm. France, Italy, and Spain have restricted the availability of alcohol in response to rising rates of alcohol related harm, and Australia has increased alcohol taxes, particularly on drinks that appeal to young people.

The Scottish government’s proposal to introduce minimum pricing is described as an innovative measure that is likely to have the most impact on the cheapest forms of alcohol. Although it has not been implemented in many countries and has not been evaluated extensively, the scientists say that the evidence of effectiveness of price rises in reducing alcohol consumption is very strong.

They conclude: “Our advice is that Scotland should implement a minimum price for alcoholic beverages, along with a strong evaluation of its effects. We look forward to the results of such an action, which will provide Scotland with concrete



JEFF MITCHELL/GETTY IMAGES

The Scottish government’s proposal is likely to have the most impact on the cheapest form of alcohol

evidence as a basis for future policy and will also put Scotland in a position to lead and advise the world on this important initiative.”

The Scottish government published its Alcohol Bill proposing minimum pricing in November

but it will need to overcome opposition if it is to pass into law. The alcohol industry has also lobbied strongly against the measure (*BMJ* 2009;339:b5339).

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BMJ GROUP AWARDS ✪ BMJ GROUP AWARDS ✪ BMJ GROUP AWARDS ✪ BMJ GROUP AWARDS

BMJ Group Awards: Primary Care Team of the Year category

Visionary GPs are extending scope of general practice**Domhnall MacAuley** *BMJ*

Sending 1500 Valentine cards to the vice chancellor of Nottingham University was one of the publicity ploys adopted by the university's health practice, students' union, and students' welfare body when they began to lobby for a sexual health promotion officer. If 95% of your 34 000 patients are in the age range 18-30, sexual health is clearly a major issue.

The university health service also ran nurse led screening clinics for sexually transmitted diseases. It raised the profile of the clinics through evening "road shows" where asymptomatic screening was offered in halls of residence and where students could register for free condoms. It had "pee in the pot" days as part of chlamydia screening, and it ran a "sexual health awareness and guidance week," with the memorable acronym of SHAG week.

The team from the university health service, which is based at the Cripps Health Centre, Nottingham, is one of four groups that have been shortlisted for the BMJ Group's Primary Care Team of the Year award, which is being offered this year for the first time.

The Charter Medical Centre, in Hove, East Sussex, focused on a different "hard to reach" group through its men's health project. The centre's success was in persuading men who rarely attend to come to the practice. But what set apart this initiative was the blend of practice staff and charitable and sports organisations who contributed to this Saturday morning session.

They offered advice on diet, exercise, alcohol consumption, smoking, cancer, stress, and erectile dysfunction. The session, which lasted two hours, had, they said, a party atmosphere.

The centre ran a similar cardiovascular disease primary prevention event, but this was for patients whom they had already identified. With queues at the door on both days, the centre's staff already have plans for sessions dedicated to teenagers and their health and one on living life in the 21st century, a holistic approach to health and lifestyle.

The James Wigg Practice, Kentish Town, north London, has focused on the built environment, and after 12 years of work and previous failed schemes the team got together to develop a state of the art building as a focus for the practice's future development. They looked at hot desking, open plan working with bookable office space, shared meeting rooms, spaces, and so on. But the building, which was shortlisted for the Stirling prize for architecture last year, also doubles as a conference centre, and the practice has an arts agenda, with rotating exhibitions.

The practice also works with a charity, "Tomorrow's People," to offer impartial employment advice to patients (*BMJ* 2006;332:258). The service has had better rates of getting people back to work or into training than standard government services.

Adolescent depression was the focus of a partnership between Lonsdale Medical Centre, north west

London, and the academic unit of child and adolescent psychiatry at Imperial College London. Together they developed techniques in routine consultations to screen for emotional distress and to evaluate young people's risk of depression; they also provide information and advice about how to cope with emotional problems when these are detected.

GPs and practice nurses were trained to identify adolescent distress and depression. After an initial pilot they extended and formally tested the programme, which they called TIDY (therapeutic identification of depression in young people), among all those attending aged 13-17 years. Responsibility for identifying teenagers with high levels of emotional distress was shared across the practice team. The GPs and nurses believe that the programme has improved their skills, increased the patients' wellbeing, and given young people techniques to cope with depression in the future.

GPs and their practice teams are often reluctant to put themselves forward for awards: they think that they are "just doing their jobs." But these four very different examples show how innovative, exciting, and dynamic primary care can be.

What made these four teams stand out was the shared responsibility for their projects—not just the participation of the entire team within the practice but also, more importantly, partnership with outside agencies, which brings enormous benefits. This cooperation may involve professionals from within the

health service, as in the Lonsdale Medical Centre; with professionals outside the NHS, as in the James Wigg Practice; with voluntary bodies, as in the case of the Charter Medical Centre; or with young people and their representatives, as in the Nottingham University Practice.

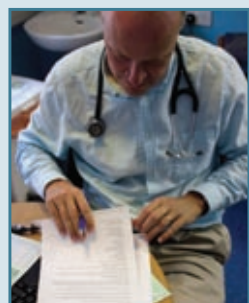
Choosing a winner will be no easy task for our final adjudication team, all GPs, each of whom has contributed in many other ways to enhancing primary care in education, management, and medical politics. Kate Adams is a GP in Hackney with considerable management experience. Bill Reith has always been closely involved with postgraduate training for general practice and is now chairman of the Postgraduate Training Board.

David Colin-Thomé is England's national clinical director for primary care and has held many roles in NHS management. Iona Heath was an inner city GP at the Caversham Group Practice in Kentish Town, London, is a strong advocate for patients, and is president of the Royal College of General Practitioners.

Laurence Buckman, a GP since 1983, remains in active single handed practice in Finchley, within a corporate group. He was elected to the BMA General Practitioners Committee in 1990 and has been chairman of the committee since 2007. And the sixth is Brian Patterson, former chairman of the Northern Ireland Council of the BMA.

For more information on the BMJ Group Awards go to <http://groupawards.bmj.com/>.

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From the left: the Charter Medical Centre, Sussex; the James Wigg Practice, north London; posters at the Lonsdale Medical Centre, north west London; the Nottingham University Health Service

Liberal Democrats will abolish £1.2bn NHS health quangos

Deborah Cohen *BMJ*

The National Patient Safety Agency, National Treatment Agency, and the NHS Litigation Authority would all be abolished under Liberal Democrat proposals to reduce bureaucracy in the NHS.

In their blueprint for the NHS (not the official manifesto), Norman Lamb, Liberal Democrat health spokesman, described a “complex web of quangos and regulators” costing the NHS £1.2bn (€1.4bn; \$1.9bn) per year.

Also on the Liberal Democrats’ list for the axe are primary care trusts, which would be replaced by directly elected health boards that have a legal duty to provide value for money. It is this shift from central “bureaucratic control” and emphasis on NHS finances in the run up to the election that has marked the Liberal Democrats out from the other parties.

Jonathan Nicholls, research director of health and the NHS for pollsters Ipsos MORI, said that NHS finances don’t seem to be part of the debate. “Even flat funding for the NHS over the next three years equates to a 15–20% cut,” he said.

But speaking at the King’s Fund this week, Mr Lamb described the four main planks of his blueprint that would deal with this cut: decentralisation of power and accountability; better use of financial levers; workforce liberation; and patient rights and responsibilities.

Although policy analysts predict that there will not be huge differences between health manifestoes in the coming election campaign, the Liberal Democrats are distinguishing themselves by proposing a shift from central to local accountability.

Currently, Mr Lamb said, there was “too much central bureaucracy for political reasons” rather than rational judgments. He cited the deep clean to fight hospital infections as an example.

But how local health boards would work remains uncertain. Anna Dixon, acting chief executive of the King’s Fund, said that there was no evidence it would result directly in improvements to the quality of care.

“Although people have strong views about changes to local services that directly affect them—like the closure of a hospital ward—it is not clear how much appetite the public have to play an active role in deciding how money is spent day to day,” she said.

Politicians across the parties have been paying lip service to public involvement, and Mr Nicholls said that according to their polling 60–70% say they want more public involvement.

Cite this as: *BMJ* 2010;340:c870



A man sells pharmaceuticals on the streets of Port-au-Prince after the earthquake in January

THONY BELIZAIRE/AFP/GETTY IMAGES

Officials look into possible misuse of medical aid in Haiti

John Zarocostas *GENEVA*

The Haitian government has started an investigation into claims that some public hospitals and private health facilities on the earthquake devastated island charged patients for donated drugs.

Mirta Roses, director of the Pan American Health Organization, said that Haiti’s ministry of health is taking the allegations seriously and investigating the claims of fees being collected “for services or medicines” given to patients in public hospitals that have received supplies free from the programme on essential medicines and supplies (PROMESS).

Paul Garwood, the World Health Organization’s spokesman for health action in crises, told reporters that the agency was hearing anecdotal accounts, mainly in the press, of how some hospitals were charging people for drugs but noted that WHO had “no confirmation.”

On 9 February the Associated Press reported that United Nations officials told the news agency that “about a dozen hospitals—both public and private—have begun charging patients for medicine.” But it noted that the officials did not provide the names of the facilities, which reportedly were in various parts of the island.

UN officials said that with immediate effect any hospital found levying fees would be cut off from receiving supplies.

The Pan American Health Organization, WHO’s regional body for the Americas, said that PROMESS continues to supply drugs and related supplies throughout Haiti.

Health officials say that reports from medical

teams in Haiti “continue to show a decline in trauma injuries requiring treatment, but the need for overall medical care is rising.”

Health aid organisations arriving in the country are being asked to stay between six months and one year so that existing needs can be met and to ensure continuity of care, said WHO.

WHO has launched a programme, together with the World Food Programme and Unicef, to prevent severe malnutrition among infants and children. Under the programme pregnant women, breastfeeding mothers, and children under 5 years old who are living in makeshift shelters across the capital, Port-au-Prince, are receiving high energy food supplements.

The agencies hope to reach more than 17 000 women and 53 000 children within three weeks, they said.

With regard to infectious diseases, the agencies note that respiratory infections are the main cause of morbidity, followed by diarrhoea and malaria.

Two isolated cases of typhoid have been confirmed by laboratory tests, and 12 suspected cases of measles have been reported, although so far none has been confirmed, said WHO and the Pan American Health Organization.

Mr Garwood said that vaccination campaigns that began on 2 February against measles, rubella and diphtheria, tetanus, and pertussis (with vitamin A) are continuing in many areas of the island.

Efforts are also under way to boost psychological, psychiatric, and social support.

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