GPs should take on bigger child safeguarding role

Jacqui Wise LONDON

GPs are ideally placed to take on a greater role in safeguarding children by spotting early warning signs of maltreatment and using their skills to provide children and their families with direct support, a new report concludes.

The report estimates that for every child who is subject to a child protection plan there are another eight who are experiencing neglect and emotional abuse but are not receiving services. The report, a collaboration between the Royal College of General Practitioners, the National Society for the Prevention of Cruelty to Children (NSPCC), and researchers from the University of Surrey and University College London’s Institute of Child Health, said that GPs often got to know families better than did other professionals. As such they were ideally placed to identify possible neglect and provide early intervention that could help prevent a situation getting worse.

The report reviewed research, policy documents, and guidance relevant to the four UK countries. It called for a public health approach to child maltreatment and said that GPs should use their skills to provide children and parents with direct support, as well as referring cases to social care services when appropriate.

For example, the GP may be able to deal with problems that affect a parent’s capacity to care for the child, such as mental ill health and drug or alcohol misuse. They could also advocate for parents to help them get help and support.

Jenny Woodman, from the Institute of Child Health and the report’s lead author, said, “Policy and guidelines focus on the GP’s role in referring children to social care services, but this is only a small part of what GPs can do. Policy makers should look at what is already happening in some GP practices and think about the policy and other services that can support GPs to use their skills as family doctors to help maltreated children and their parents.”

Maureen Baker, chairwoman of the Royal College of General Practitioners, commented, “By recognising early signs of strain in children and their families, which may involve physical or emotional symptoms, GPs can be of real help and in some cases help prevent situations or conditions getting worse.” She added that it was unacceptable that only half of trainee GPs currently got the opportunity to undertake a specialist paediatric placement during their training. The college is campaigning to extend GP training from three to four years, with a particular focus on child health and mental health.

Chris Cuthbert, head of strategy and development at the NSPCC, said, “By spotting opportunities to help families face to face and to intervene before problems become chronic, GPs could ultimately reduce the number of children needing to enter the child protection system. For example, they could monitor a parent who is struggling to care for their children, give them advice and support at appointments and check-ups, and advocate for the family with children’s services.”

Cite this as: BMJ 2014;349:g4494

England’s NHS faces a funding crisis as it runs out of easy money saving devices

Nigel Hawkes LONDON

The NHS in England faces a funding crisis this year or the next, as it runs out of easy ways to save money and service transformation remains a distant prospect, the think tank the Nuffield Trust has concluded in a new report.

Charged with making efficiency savings of 4% a year to balance the books, commissioners and NHS trusts are missing the target by a growing margin, making smaller and smaller savings each year. In 2013-14 clinical commissioning groups made savings of less than 2% of their total spending, while NHS foundation trusts achieved 3%. Although numbers of permanent staff have been cut, spending on agency staff to fill the gaps has risen enough to swallow any savings. In 2013-14 foundation trusts’ spending on agency staff rose 27%, by £300m. While the deficits are not huge—£100m over all NHS trusts in 2013-14—this marks a deterioration from the previous year, when trusts were in surplus to the tune of £383m. The number of trusts in deficit rose from 45 to 66, with London and the Midlands having the most in deficit.

Commissioners also found it harder to balance budgets, with NHS England turning in the worst performance by overspending on specialised commissioning by £377m. Commissioning groups as a whole underspent, but 19 ended the year in deficit.

Andy McKeon, a senior policy fellow at the Nuffield Trust and one of the report’s authors, said, “The NHS has risen to the challenge of living within its means over the past three years. But it has now reached a tipping point. “With hospital finances increasingly weak, growing pressure on staffing, and the goal of moving care out of hospitals and into the community proving elusive, the NHS is heading for a funding crisis.”

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Organ donations rose by 10% in UK last year but increase may be slowing

Jacqui Wise LONDON

The overall number of people who received an organ transplant rose by 10% in the United Kingdom in the past year, with 4655 carried out by the end of March 2014.

However, the Organ Donation and Transplantation Activity Report 2013-14 shows that four in 10 families refused deceased donation when approached.1 The report said that 456 patients died while waiting for an organ on the active transplant list and that a further 828 were removed from the list because of deteriorating health.

The deceased donor transplant rate is currently 54.9 per million population, up from 49 per million in 2012-13. However, the report said that there was still a long way to go to achieve the target set out in the UK strategy, Taking Organ Transplantation to 2020. The strategy set a target for a deceased donor transplant rate of 74 per million to match the best countries in the world by 2020.2

The activity report shows that compared with the previous year there was a 9% increase in deceased donors to 1320 and a 4% increase in living organ donors to 1146 in 2013-14.

The report, from NHS Blood and Transplant, showed that 59% of families approached about organ donation said yes but this figure rose to 69% when a specialist nurse in organ donation was involved. Only 36% of black, Asian, and other ethnic minority families said yes to organ donation when approached, compared with 63% of white families.

Paul Murphy, national clinical lead in organ donation at NHS Blood and Transplant, said, “The biggest challenge remains family consent, and everyone has a part to play in overcoming this. Every hospital will have people in their community in need of a transplant, and it is vital that they work with their donation committees to ensure that the benefits of donation and transplantation are promoted within their hospitals and in local communities.”

He added, “Worryingly, early signs from this year so far are showing that organ donation may no longer be increasing. We need to ensure that we keep going forward.”

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Blood test may predict progression to Alzheimer’s disease, say researchers

Krishna Chinthapalli LONDON

A blood test for 10 protein biomarkers in people with mild cognitive impairment can predict who will develop Alzheimer’s disease over the following year, a new study has claimed.1

Abdul Hye, lead author and a researcher at King’s College, London, said, “There are thousands of proteins in the blood, and this study is the culmination of many years’ work identifying which ones are clinically relevant. We now have a set of 10 proteins that can predict whether someone with early symptoms of memory loss, or mild cognitive impairment, will develop Alzheimer’s disease within a year, with a high level of accuracy.”

The secretary of state for health, Jeremy Hunt, said, “Developing tests and biomarkers will be important steps forward in the global fight against dementia as we search for a cure.”

The researchers analysed blood samples in 1148 participants who were assessed for dementia over at least one year in the United Kingdom, Europe, and Canada. They measured the serum levels of 26 proteins, which they had previously found to be associated with the development or progression of Alzheimer’s disease. In 220 people with mild cognitive impairment, 16 proteins were found to be correlated with the person’s degree of brain atrophy, and these were further evaluated in 10 iterations in a set of data at different cut-off levels.

By measuring the levels of 10 proteins in a different test set of participants, the researchers were able to identify those with mild cognitive impairment who would go on to develop Alzheimer’s disease within one year with 85% sensitivity, 88% specificity, and 87% accuracy. The proteins studied were: ApoE3, TTR, A1AT, PDEF, CC4, ICAM-1, RANTES, A1AcidG, Cystatin C, and Clusterin.

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FEATURE, p15

IN BRIEF

Rate of adverse incidents in fertility clinics is unchanged: The rate of adverse incidents at fertility clinics in the UK remained steady from 2010 to 2012, with an average of 500 to 600 incidents a year from more than 60000 cycles of in vitro fertilisation treatment.3 Most incidents (783 over three years) were classed as the less serious grade C, such as one of a patient’s eggs being rendered unusable. A further 714 were grade B, for example where all of a patient’s embryos are lost, and three were grade A, such as where a patient is implanted with someone else’s embryo.

Review to look at end of life care: The government has commissioned a review to look at what care people want at the end of life, the support they need, and the services required that will enable choice. The review is chaired by Claire Henry, chief executive of the National Council for Palliative Care, which is the umbrella charity for people involved in palliative, end of life, and hospice care in England, Wales, and Northern Ireland. It will report in February 2015.

Smoking quit rate is slowing in the US: Adult smoking rates in the US have dropped from 42% in 1965 to 21.3% in 2014, but the rate of decrease is slowing.7 The use of cigars and smokeless tobacco products remained unchanged, while the use of electronic cigarettes (e-cigarettes) was rising rapidly. Adults who smoked cigarettes and said that they had tried e-cigarettes doubled from 10% in 2010 to 21% in 2011.

Digital map for global health: The Global Health Research Process Map (http://processmap.org/) has been launched to help doctors and nurses conduct research studies into global health issues, such as diarrhoeal disease, maternal health problems, and neglected tropical diseases.

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Inhaled insulin is licensed in the US: The US Food and Drug Administration has approved a rapid acting inhaled insulin for use at mealtimes by adults with diabetes mellitus. The product, which will be marketed as Afrezza (insulin human) Inhalation Powder, must be used in combination with long acting insulin in people with type 1 diabetes, the FDA warned.

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FEATURE, p15
GPs increasingly have to tackle patients’ debt and housing problems

In the second part of his investigation into the effects of changes to the welfare system, Gareth Iacobucci hears how referrals to employment and welfare advisers are becoming as much a part of general practice as referrals to orthopaedic surgeons.

Doctors have reported a rise in numbers of patients presenting to them with housing problems in the past year, many of whom have been affected by the introduction of the new under-occupancy penalty, dubbed the “bedroom tax” by its critics.

The new penalty was introduced as part of the Welfare Reform Act 2012, which has led to some claimants having their housing benefits cut because they have a spare room in their property.

**What The BMJ’s survey found**

Some 68% of 1056 respondents to The BMJ’s survey said that the under-occupancy penalty had increased their workload to some degree. (See the first part of the investigation for the survey details and methods.)

As with the employment support allowance (ESA) (covered in the first part of the investigation), the under-occupancy penalty seems to have had most impact on doctors working in inner city areas. Three quarters (77%) of these respondents said that the policy had increased their workload, comprising 22% who said it had “significantly increased,” 29% who said it had “increased,” and 26% who said it had “slightly increased” their workload (fig 1).

As a result of this and other measures such as the £26 000 a year cap on benefits, many doctors said that they were seeing an increase in patients presenting to them with problems connected to unemployment and debt. Nearly all the GPs (92%) said that debt among patients had increased their workload (fig 2).

Almost nine in 10 GPs (89%) said that unemployment among their patients had increased their workload to some degree during the past 12 months, with 29% saying that it had “significantly increased,” 38% that it had “increased,” and 22% that it had “slightly increased” their workload. Only 11% said it had not increased their workload.

GPs in inner city areas were again most affected, with more than a third reporting a “significantly increased” workload because of patients’ debt (reported by 36% of these GPs) or unemployment (38% of these GPs).

The new personal independence payment (PIP), which was also part of the Welfare Reform Act 2012 and which will gradually replace the disability living allowance, is also contributing to GPs’ workload. PIP will not be fully rolled out until 2017, but 65% of those GPs who responded to this question said that it had added to their workload in the past 12 months.

**How benefits have changed**

In the first extracts from interviews conducted at three general practices across England, published in the first part of the investigation, The BMJ asked health professionals and patients to describe the effects of austerity measures on them. These interviews focused on the impact of the employment support allowance (ESA), which has increased financial hardship for many patients and resulted in more work for doctors.

In this part of its investigation The BMJ’s interviews focused on other recent welfare changes, including the under-occupancy penalty (box). The new penalty, which the government describes as a “spare room subsidy,” reduces housing benefit payments to all claimants who are deemed to have too much living space in the property they are renting. Ministers said that the policy would help reduce welfare dependency and support working families.

Under the new rules, benefits are cut by 14% for one extra bedroom and by 25% for two or more extra bedrooms. The rule was applied to tenants in local authority and housing association accommodation when the act came into place in April 2013.

But critics, including the opposition Labour
What GPs, staff, and patients said about the changes

For this investigation, The BMJ visited three GP practices to observe the impact of austerity policies and welfare reforms. In these extracts, advisers, doctors, and patients discuss the under-occupancy penalty, the effects of debt and unemployment, and how referrals to food banks have become commonplace.

JONATHAN GORE
GP partner, Lawson Practice
Hackney, northeast London
In deprived inner city areas such as Hackney, housing is often a challenge for patients. Gore describes how some of the patients at the Lawson Practice have been adversely affected by the under-occupancy penalty.

I have had two patients who have been affected by the bedroom tax. One is a grandparent who supports their daughter who struggles with her young family, and the spare room is used a few nights a week when the grandchildren come and stay overnight. That really makes a difference to them, as the mother is much less stressed. But that person can’t afford to stay where they are because of the extra money deducted for the extra bedroom.

My other patient who has been badly affected has an anxiety disorder and has coped with this by withdrawing from the world, largely living on benefits and living in the flat that they grew up in that was their parents’ home. The parents have since died, and for that person the thought of moving is far too difficult and has caused a lot of anxiety and stress. The patient has had frequent visits to A&E, [and] to myself, and has had treatment from a psychologist and been on antidepressants as a result of the crisis that was induced by the coming of the bedroom tax.

HAMRA YUCEL
Family support coordinator
Hackney WellFamily Service (part of the charity Family Action)
During her weekly sessions at the Lawson Practice Yucel has met several patients who have fallen into financial difficulty because of the recent changes to the welfare system.

We see lots of people who are affected by the bedroom tax. They [the assessors] are saying, “Either you move somewhere smaller or get a lodger.” Nobody wants a lodger. Also you become a landlord and are subletting it. It needs to be [done] with permission, and it affects your benefits. So nobody knows how to do it. And transferring to another property? Even if you request a smaller house there aren’t any in Hackney or any new houses in the social sector. It’s a terrible situation, and it’s affecting people.

Another issue is the personal independence payment (PIP), which has replaced disability living allowance. If the person gets their decision and it’s a positive decision, they will backdate it from the time they applied. But there are people who have been waiting since September 2013, and they need the money. Disability living allowance is a lifesaver for a lot of people. I haven’t seen a single person yet who has been given their decision.

The biggest thing we are seeing is people having difficulty paying utility bills … I’ve heard a lot of people say, “In winter we disperse to different people’s houses, because it’s too costly to heat your place.” They go to libraries, other people’s houses, because they can’t afford to burn their gas.

The need for food vouchers has been desperate and widespread for two years. Now there is a food bank in Hackney. They are not only [used by] unemployed people. I’ve got one single parent family with a mother and three kids. She gets only £400 a month from her job, and she relies heavily on child tax credit and working tax credit. They stopped her tax credits pending an investigation, and all of a sudden she needs food vouchers.

MIKE DOUGHTY
Debt adviser, Felixstowe Citizens Advice Bureau
Felixstowe, Suffolk
Patients from the Haven Health practice with financial problems are sometimes referred to Doughty. He cites an increase in people dealing with the effects of the under-occupancy penalty and says that more and more of his overall client base are people with disabilities or long term health conditions.

In 2011-12 30.4% of all my debt case work clients would describe themselves as disabled or with a long term health condition. This year, so far, it’s 38.6%. So it’s gone up 8% in two years. Of those, 27.5% would say they have a mental health condition. So that’s the background of the people I’m seeing. People may have a mental health issue to begin with, but with the debt it just spirals out of control.

More people are having problems with housing associations and rent arrears because of the bedroom tax. If they have a spare bedroom there is always going to be a bit of a gap in their benefits. So people are starting to come in more with rent arrears who wouldn’t necessarily have had arrears a few years ago.

We’ve had a few people
who’ve had notice of possession, which is a few stages before they would lose their home. We have had some people who have had to move, and they have had to have support from Snap [a local voluntary organisation] or other organisations to find somewhere else to live.

**JANET MCGREGOR**
*Outreach worker*
Felixstowe Citizens Advice Bureau
McGregor holds weekly advice sessions at Haven Health. As well as offering advice on benefits (see the first part of the investigation), she helps patients with debt, employment, and housing issues.

Since the middle of last year we’ve given out 78 food vouchers, and we’ve given out 64 fuel vouchers to help people.

**“MR M.” PATIENT**
*Haven Health*
This patient in his 40s, who was given a diagnosis of paranoid schizophrenia 12 years ago and who has arthritis, had his benefits cut drastically after an Atos workplace capability assessment last year, which judged that he should be actively looking for work. While awaiting the outcome of an appeal he has faced mounting debt problems and been forced to use local food banks to survive. He told The BMJ that he believed that the current system is punishing the sick and vulnerable.

There appears to be a culture of sanctions in place. The first time they turned it [the application] down in September [2013], they wrote to me and told me that I hadn’t met the burden of proof for receiving ESA. I thought, “What more ‘burden of proof’ do you need than an official sick note from a GP who’s qualified, who has assessed me, and this is his conclusion?” It’s absolutely ridiculous. I was left without a safety net. There needs to be more of a lifeline for people in my situation.

I’d spent about three months where I couldn’t contact any of my family. They don’t live here. I’ve been cut off on the telephone, cut off on the internet, I didn’t even have any money for stamps.

I wasn’t able to meet the demands of looking for jobs, because they just aren’t out there for somebody my age. They know that I’ve been cut off, so I couldn’t get on the internet—so I was going to the library, but I couldn’t visit these websites every single day because it’s not open every single day.

Once things like that started happening, I’d be lucky if I was eating a tin of soup a day, let alone being harassed by my creditors. It just made me ill. They started paying me again after I put in an appeal. By that time I was pretty ill. I was in a situation where my mental health was suffering.

If the latest appeal finds against me, God knows what will happen. There needs to be more of a lifeline for people in my situation.

I’m a graduate. I graduated 20 years ago. I’m not sitting here scrounging, it’s just that I’m not as well as I used to be. My arthritis has kicked in in my hip, and I can barely move. I’ve had various operations in the last few years, and the stress on top of that was a bit too much.

I was just ending up in state of learnt helplessness. I’ve got plenty of books here, so I could sit and read. But when there wasn’t any food, that’s really where the problems start.

To ease any social problems and making people ill, there needs to be more of a support network and it needs to be better organised. It’s back to the Victorian view of the deserving and undeserving poor.

**NIGEL ROWELL**
*GP, Endeavour Practice*
Middleborough, Teesside
Located in an area of high unemployment, the Endeavour Practice employs a welfare rights adviser and an employment adviser to help patients with non-medical problems. The advisers have become increasingly important during the recession and period of austerity.

Unemployment has always been an issue. Whenever there’s a boom in the economy there is just a slight ripple that just about makes it out to the north east. Then when it’s austerity times we’re on the decline.

We have got two things which have been absolute godsend. One has been a welfare rights adviser, which is a joint funding from the CCG [clinical commissioning group] and the council. The second one is an employment adviser, who can provide advice to people on how to find a way back. That’s been really helpful. She combines that with almost like a counselling role.

I refer people probably at a rate of one person a fortnight to her and around one a fortnight to the welfare rights adviser. It’s as much as I refer to orthopaedics. They are based in our practice. I think that’s absolutely brilliant. It’s a very soft target for a cut, but for people who have been thrown out of a job or can’t do a job because of illness, or who have a health problem and can’t get back to their old job, then the retraining thing is really crucial. It gives people hope where hope wasn’t there. I find them really valuable.

The employment adviser comes in for an afternoon and usually sees about four or five referrals. The patient feedback is very, very positive. It’s giving them hope, and hope can be worth as much as an antidepressant prescription.
Chris Shaw
Pain-in-the-ass persistent

CHRIS SHAW  professor of neurology and neurogenetics at the Institute of Psychiatry at King’s College, London, felt ambivalent about a career in medicine until he met his first patients. Privileged access to their hopes and fears, he says, makes treating them more than the sum of their symptoms—and, as a specialist in motor neurone disease (MND), he is privy to more hopes and fears than most doctors. For the past decade he has led the creation of a new research facility, the Maurice Wohl Clinical Neuroscience Institute, which was due to open this month and brings together 250 scientists and clinicians working on neurological and psychiatric disorders.

Do you believe in doctor assisted suicide?
Yes; I strongly believe that this should be a legal option in the UK. It would be very challenging for the clinician assisting someone’s suicide, and I doubt that I could fulfil this role for my patients.

What single un heralded change has made the most difference in your field in your lifetime?
The discovery by Manuela Neumann and her colleagues that TDP-43 protein accumulation in motor neurones is the disease defining event common to 95% of all people with MND. This has given us a clear therapeutic target.

What book should every doctor read?
Thinking, Fast and Slow, by Daniel Kahneman. It is important not just to think reflexively but also reflectively.

Where are or were you happiest?
On safari in the Masai Mara with my family.

What would be on the menu for your last supper?
Beef pesto from the Sugar Club restaurant, and rhubarb crumble made by my wife, Pinar.

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