NEWS

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Report calls for review of sick notes

Caroline White LONDON

GPs would be able to refer patients who have been signed off sick to a "fit for work" multidisciplinary team, under radical new plans designed to overhaul attitudes to occupational health and reverse Britain's "sick note culture."

An estimated 175 million working days were lost to illness in the United Kingdom in 2006. In England the annual cost of sick leave and worklessness added up to more than £100bn (€130bn; $200bn)—more than the current annual NHS budget for England and Wales.

Under the new plans, drawn up by Carol Black, the UK's national director for health and work, occupational health would also be brought into mainstream health care and its academic base and profile bolstered.

The fit for work teams, based in primary care, would provide rapid early treatment in a bid to prevent the slide into long term sick leave and incapacity benefit. The teams would follow a "hub and spoke" model, with a case manager at the centre linked to an array of occupational, physical, and mental health practitioners and advisers, such as debt counsellors.

These services could eventually be located in super-surgeries or polyclinics, if the pilots proved successful, said Professor Black.

Last month health secretary Alan Johnson sparked anger among GPs, who feared that they would be forced into a policing role, when he mooted the idea of "well notes," ahead of Professor Black's report (*BMJ* 2008;336:468).

"It's a pity that GPs got this message without the teams," Professor Black told the *BMJ*. The proposals, which also call for sick note certification to become electronic and to shift to a "fit note," focusing on what patients are capable of doing, would "take the burden away from GPs," she added.

But Hamish Meldrum, chairman of the BMA council, remained cautious. "The detail of how a 'well note' system would operate needs to be carefully examined, including the workload implications and the avoidance of any conflict of interest," he said.

Earlier this month more than 30 organisations, including the BMA, signed a consensus statement pledging to do more to help people enter, stay, or return to work.

But the report says that healthcare professionals have been hampered by a lack of training on the health benefits of work. The Royal College of General Practitioners is set to roll out an online educational programme within the year, to boost GPs' confidence in handling these issues, said Professor Black.

Employers' attitudes also need to change, says the report. In particular, employers need to do more to help people with mental health problems, 200 000 of whom end up on incapacity benefit every year, the report says.

Paul Farmer, chief executive of the mental health charity Mind, said. "It's not just employees who need support with sickness; employers need help too."

Working for a Healthier Tomorrow **is at www.workingforhealth.gov.uk.**

TANG CHHIN SETHY/AFP/GETTY IMAGES

Cambodian tuberculosis patients in a hospital outside Phnom Penh

WHO calls for extra resources to step up fight against tuberculosis

John Zarocostas GENEVA

Governments need to scale up national programmes to fight and control tuberculosis, which remains a major cause of illness and death worldwide, says a new report from the World Health Organization.

In 2006 an estimated 9.2 million new cases and 1.7 million deaths from tuberculosis occurred worldwide, including 700 000 million cases and 200 000 deaths in HIV positive people, says WHO's report. It estimates that the total number of cases in 2006 was 14.4 million.

Some progress has been achieved, the report says. The incidence per capita is falling worldwide, and the prevalence and death rate are also falling, and the decline is now faster. The worldwide incidence fell by 0.6% to 139 cases per 100 000 population between 2005 and 2006. Prevalence fell by 2.8% from 2005 to 2006, to 219 per 100 000 population, it says.

But although the directly observed therapy short course (DOTS) programmes, the internationally recommended strategy for controlling tuberculosis, are reducing mortality and prevalence, "they have not yet had a major impact on TB transmission and trends in TB incidence around the world," it warns.

"To make progress," said Margaret Chan, WHO's director general, "firstly programmes must be further strengthened. Secondly we need to fully tap the potential of other service providers."

Tuberculosis: the latest statistics from the World Health Organization

- From 2005 to 2006 the death rate from tuberculosis fell by 2.6%, to 25 per 100 000 population. The WHO target is to reduce the death rate to 14 per 100 000 by 2015.
- In 2006 the global rate of case detection in DOTS programmes was 61% (for new smear positive cases). This was short of the target case detection rate of at least 70% by 2005. The case detection rate in WHO's African region remains low, the report says, at 46%.
- The rate of successful treatment in DOTS programmes was 84.7% in 2005, just short of the target for 2005 of 85%. Success rates were lowest in the European region (71%) and highest in the South East Asia and Western Pacific regions, where 58 countries achieved the 85% target.

Tuberculosis Control 2008 is available at www.who.int/tb

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IN BRIEF

Mid Staffordshire death rates under investigation: The Healthcare Commission has launched an investigation at Mid Staffordshire NHS Foundation Trust, after data seemed to show high mortality, particularly in emergency admissions. For more details see bmj.com.

A quarter of US teenage girls have sexually transmitted infection: A study by the Centers for Disease Control and Prevention (CDC) found that 26% of girls aged 14-19 were infected with human papillomavirus (HPV), chlamydia, herpes simplex, or trichomoniasis. The figure in black American girls was 48%.

Poll shows that doctors want to change antidepressant prescribing: Last week's bmj.com poll asked whether doctors should change how they prescribe antidepressants in the light of last month's study in *PLoS Medicine* (*BMJ* 2008;336:466). Almost three quarters (870) of the 1220 respondents agreed, while 350 (29%) thought that doctors should continue as before.

Drug rehabilitation in UK prisons is well below standard: The standard of health care and support for prisoners with drug problems falls well below the acceptable minimum in too many prisons, and too little of the support is evidence based, says a report from the UK Drug Policy Commission (www.ukdpc.org.uk, *Reducing Drug Use, Reducing Reoffending*).

Identifying wrong patient is most common source of error in radiology: One in three errors in radiology involve the wrong patient, and the reporting of such incidents is patchy, says the Healthcare Commission (www.healthcarecommission.org.uk). The commission analysed 329 incidents reported to it by 107 organisations between November 2006 and December 2007. In most of the incidents the dose of radiation was low and carried little risk to patients.

BMA welcomes extra tax on alcohol: The government's decision to increase tax on alcohol, putting an extra 4p on a pint of beer, 14p on a bottle of wine, and 55p on a bottle of spirits, recognises that the UK has a real problem with alcohol misuse, said the BMA, welcoming the chancellor of the Exchequer's move.

Hong Kong closes primary schools in flu outbreak

Jane Parry HONG KONG

The Hong Kong government closed all the territory's primary schools, special schools, kindergartens, and day nurseries for two weeks on 13 March to try to minimise infection during the peak of the flu season and to calm the nerves of anxious parents. The government has not taken such a drastic public health measure since the outbreak of severe acute respiratory syndrome in 2003, when all school classes were suspended for seven weeks.

Although Hong Kong is experiencing its expected seasonal peak for flu, two deaths have unexpectedly occurred. On 1 March a 3 year old girl died of respiratory causes and tested positive for influenza A (H3). A 7 year old boy died on 11 March, and laboratory tests gave positive results for influenza A (H1N1). Both patients had been discharged from Tuen Mun Hospital and then readmitted after their condition deteriorated. A preliminary investigation has found that there were other underlying causes in both cases. The 3 year old may have had a metabolic defect that increased the severity of her disease, and the 7 year old had taken steroids for asthma, which may have suppressed his immune system. Officials say that the cases do not signify a significant public health threat.

LAURENT FIEVET/AFP/GETTY IMAGES

A mother takes precautionary measures against flu in Hong Kong

A third child, a 3 year old boy, was hospitalised on 11 March with persistent fever, cough, and shortness of breath and transferred to intensive care on 12 March. He also tested positive for influenza A (H1N1). By that date outbreaks of flu-like illness had occurred in 23 schools, affecting 184 people.

FDA committee recommends restricting use of anti-anaemia drug in cancer

Janice Hopkins Tanne NEW YORK

The US Food and Drug Administration's oncologic drugs advisory committee has recommended limits on the use of synthetic erythropoietin products, used to treat anaemia, in many cancer patients.

The FDA is not obliged to follow the committee's recommendations but often does so. A spokeswoman said that the agency "will review the information and have internal discussions before rendering its final decision."

FDA documents state: "Trials have demonstrated an increased risk of death and/or tumor promotion in head/neck, non-small cell lung cancer, breast (neoadjuvant and metastatic settings), lymphoid malignancies, and cervical cancers. Tumor types, other than those listed . . . have not been adequately studied."

Many of the trials used high doses of the drug.

Erythropoietin is sold as Aranesp and Epogen by Amgen and as Procrit by Ortho Biotech, a division of Johnson & Johnson. The drugs are used instead of blood transfusions to combat anaemia caused by chemotherapy in patients with several types of cancer. They are also used to combat anaemia in patients undergoing dialysis.

The advisory committee voted to change current restrictions and limit use of the drugs to patients with small cell lung cancer, in whom it did not cause a higher risk of death. It said that the drugs should not be used in patients with potentially curable cancers.

The committee voted against use of the drugs in metastatic breast cancer and head and neck cancer. It voted that the drugs could still be used instead of transfusions to treat anaemia caused by chemotherapy in patients with cancer, if the patient and doctor signed an informed consent form.

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Government will not meet its health inequalities targets in England, says report

Adrian O'Dowd MARGATE

The government has failed to reduce the gap in life expectancy between people living in the richest and the poorest areas of England, a Department of Health report has found.

The government's third update of the *Tackling Inequalities: A Programme for Action* strategy of 2003 shows that overall health is improving, with increased life expectancy for all social groups and falls in infant mortality.

But life expectancy in the most deprived areas has increased by just 2.5 years for men and 1.5 years for women in the past decade. This means that the life expectancy of people living in poverty has fallen further below the national average.

Babies born to poor families now have a 17% higher than average chance of dying at birth, compared with a 13% higher than average chance 10 years ago.

The cross department strategy is part of a plan to reduce health inequalities in infant mortality and life expectancy at birth by 10% before 2010. But experts doubt that these targets will be met.

The Department of Health said that there had been improvements in the health of disadvantaged groups and areas as well as long term progress on reducing child poverty. Gaps in deaths from cancer and circulatory heart disease among the rich and poor are also narrowing, it says.

The public health minister, Dawn Primarolo, said, "This report proves what we already know—health inequalities are difficult to change. We've set ourselves an ambitious target, and we're the only country in the world to have a plan to reduce [them]."

Ms Primarolo said that the government would be publishing a long term strategy later this year to continue tackling health inequalities, including the 70 "spearhead" local authority areas and 62 primary care trusts with the greatest deprivation.

John Appleby, chief economist at the health think tank the King's Fund, said, "On current figures, the government's targets to reduce the infant mortality and life expectancy gaps by 10% by 2010 will not be met."

"Recent attempts to channel money into spearhead primary care trusts to tackle the worst health inequalities appear to have produced very little result," he added. "Although target inequalities have reduced in some of these areas, there is no evidence to attribute this to the actions of the NHS or local authorities. Indeed, there is evidence that much of the targeted inequalities money has been used to plug recent financial overspending in the NHS rather than its intended public health use."

Michael Marmot, who chaired the scientific reference group that oversaw the development of the report, said, "The report shows a very welcome improvement in life expectancy for all social groups, including disadvantaged groups."

Tackling Health Inequalities: 2007 Status Report on the Programme for Action **is at www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083471.**

Mothers and babies on council estate in Bradford, Yorkshire

PAULA SOLLOWAY/PHOTOFUSION PICTURE LIBRARY/ALAMY

Top health officials face questioning by health select committee

Adrian O'Dowd MARGATE

Less than half of England is on track to meet government targets to reduce health inequalities, MPs have been told.

Across the country only 41% of local government areas (which tie in with primary care trusts (PCTs)) are expected to meet the national strategy targets of reducing inequalities in health outcomes by 10% by 2010.

Department of Health officials confirmed the figure when giving evidence to the parliamentary health select committee as part of the first evidence session of the committee's inquiry into health inequalities.

The session took place on the same day that the department published its third update report of its *Tackling Inequalities: A Programme for Action*, a strategy it published in 2003 (see accompanying story above).

MPs on the committee asked how confident the department was of meeting the targets. Fiona Adshead, deputy chief medical officer, giving evidence, said, "It is too early for any of us to know whether we are going to be meeting those targets, but we have tried to constantly refine the way we are tackling things at a local level through toolkits and also getting more timely data."

The committee's inquiry is looking at the extent to which the NHS can help to achieve a reduction in health inequalities, particularly through primary care and public health services.

Howard Stoate, Labour MP for Dartford and a GP, said, "Although life expectancy is improving for everybody, the gap is, if anything, widening between manual and non-manual workers over the last 60 years. Why isn't it getting better?"

Dr Adshead replied: "There are a broad range of reasons for that, some of which are socioeconomic reasons captured in the *Tackling Inequalities* report. Some of them are [because] we are not doing the things we know we should do systematically and on a scale that would work."

The health department was talking to trusts and local authorities about simple interventions such as getting people to stop smoking, she said.

Fellow witness Mark Britnell, director general for commissioning and system management at the health department, said that PCTs were likely to improve how they dealt with inequality as they became more established.

"PCTs now have a good investment platform on which they can plan over the next three to five years. PCTs will get better at long term health investment planning."

The inquiry continues.

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FBI arrests doctor wanted in Australia

Bob Burton HOBART

Jayant Patel, a surgeon sought by the police in Queensland over allegations concerning his medical registration and his performance at a hospital in the state, has been arrested in Oregon by the Federal Bureau of Investigation.

Dr Patel operated on about 1000 patients while he was at Bundaberg Base Hospital between April 2003 and April 2005. Australian authorities want Dr Patel extradited from the United States to face 16 charges, including three of manslaughter, two of causing injuries, and seven counts of fraud. US Department of Justice documents filed with the District Court for Oregon state that Dr Patel "faces up to two life terms plus over 100 years in prison" if convicted on all the charges.

A Department of Justice memorandum filed with the court states that in 1984 New York regulators had found Dr Patel guilty of gross negligence and incompetence, fined him, and placed him on probation.

Dr Patel subsequently gained a licence to practise in Oregon in 1989. In 1998 Dr Patel's employer there, Northwest Permanente, placed restrictions on his licence and, in May 2001, initiated moves to fire him. Providence Portland Hospital, the documents state, revoked his surgical privileges in May 2001, and other hospitals "required that he have a second surgeon present for any surgery."

The extradition complaint filed by lawyers acting for the Australian government states that Dr Patel, by not disclosing these restrictions when he went to work in Queensland, had "defrauded" Queensland officials "into hiring him as a surgeon" and that he "schemed to hide his history of professional misconduct from hospital and medical licensing officials." Between April 2003 and April 2005 Dr Patel was paid more than $A400 000 (£185 000; €240 000; $376 000). The extradition complaint also alleges that Dr Patel "operated on one patient and concluded the surgery even though he knew that the patient was still bleeding internally," removed a healthy gland from another patient while leaving a cancerous one intact, and "performed unnecessary surgeries on patients in poor health when there were less risky alternatives."

A commission of inquiry into Dr Patel's performance was set up after complaints by the nurses' union (*BMJ* 2005;330:985), but on 1 April 2005, a month before the inquiry commenced, Dr Patel, a US citizen, left Australia for the US. Although the inquiry's preliminary report recommended his extradition (*BMJ* 2005;330:1468), the commission was terminated after a judge found that commissioner Tony Morris, who headed the inquiry, had displayed bias against several witnesses (*BMJ* 2005;331:536).

AP/PA

Jayant Patel

Although Queensland premier Anna Bligh has welcomed the arrest of Dr Patel, legal experts caution that comments by politicians on the case could be used as an argument by Dr Patel's lawyers against the extradition application. Don Rothwell, professor of international law at the Australian National University, said that the US courts had the discretion to consider arguments as to whether Dr Patel could get a fair trial, given the publicity over the case since 2003.

The extradition application will be heard by the District Court of Oregon on 10 April. Dr Patel has been remanded in custody pending a hearing on whether he is to be granted bail.

China plans antismoking clinics

Roger Dobson ABERGAVENNY

China is planning a national chain of antismoking clinics, according to a report.

Smoking habits among key groups, including doctors and teachers, are to be surveyed beforehand, says the report in the *Chinese Medical Journal* (2008;121:402).

According to the report, the survey, to be carried out later this year, will look at smoking in 31 provinces, autonomous regions, and municipalities.

"The goal is to have at least one outpatient facility in each province, where smokers would be offered a combination of medical and psychological treatment depending on their nicotine dependence," says the report.

It says that two out of three people in the country either smoke or are affected by it. China has 350 million smokers, a figure that is growing by three million a year. An additional 50 million teenagers are thought to smoke. The number of people affected by passive smoking is estimated to have been 540 million last year, with one third of them younger than 18. Estimates also show that the number of deaths caused by secondhand smoking now totals more than 100 000 a year.

But the report says that despite the scale of the problem, there are few outpatient antismoking clinics in the country: "In the capital, Beijing, for example, 22 clinics were set up in 1996, but only three remain."

The survey will look at whether people know of the risks of smoking and how informed they are about ways of stopping. Other planned measures include smoke-free workplaces, says the report.

The Olympic games in Beijing in August are to be promoted as smoke free, a move that is expected to boost other antismoking efforts in the country.

The report says that the country has also made efforts to reduce support for tobacco products. In May 2003 the Chinese government signed the Framework Convention on Tobacco Control, which took effect two years later and has helped limit the promotion of domestic tobacco enterprises.

LARS HALBAUER/PA

A no smoking sign in Beijing, China

The treaty requires a comprehensive ban on tobacco advertising, promotion, and sponsorship within five years of a country ratifying the treaty. Prominent health warnings are required on products, and non-smokers must be protected in workplaces, public transport, and indoor public places.

According to the official website of the Beijing Olympic games—which cites *China Daily*—the city wants smoking bans in all hotels that provide services for athletes and in all competition venues in the Olympic village.

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Doctors warn of premature move to polyclinics

Adrian O'Dowd MARGATE

Fears are growing among doctors that many primary care trusts (PCTs) are already preparing for polyclinics—large centres with GPs and specialists under one roof—even before the government gives the final go ahead later this year.

Doctors' leaders believe that, despite promises from the government that local areas will be able to choose how they modernise primary care, implementation of the policy of polyclinics is inevitable.

PCTs are placing a growing number of advertisements in trade publications such as the *Health Service Journal* and *GP* magazine for GPs or companies to run such clinics, says the BMA. It is worried that polyclinics are unstoppable and may undermine the basis of general practice.

The BMA expects that polyclinics will feature large in junior health minister Ara Darzi's final proposals, which are due by June with the publication of his second stage review.

Professor Darzi first mentioned polyclinics in the report *Healthcare for London: A Framework for Action*, published in July last year (*BMJ* 2007;335:61). The report provided a blueprint for "cradle to grave" health care, with super-surgeries or polyclinics across London that would, by 2017, carry out up to half of outpatient treatment currently handled by hospitals.

Then last October Professor Darzi published an interim report of his review into the future of the NHS in England as a whole. This did not mention polyclinics but spoke of large health centres in a similar vein.

On the back of that report, health secretary Alan Johnson said at the time that a £250m (€325m; $510m) access fund would be used to deliver at least 100 new general practices in the 25% of PCTs in England with the poorest provision. In addition, the fund would also pay for at least 150 new GP-run health centres (polyclinics), the idea being that each PCT in the country would have at least one.

Results from a public consultation on plans for polyclinics held earlier this month have not yet been published, but many trusts seem to be forging ahead anyway.

Two north London trusts have already drawn up plans for the capital's first polyclinic. University College London Hospitals NHS Foundation Trust and Camden Primary Care Trust plan to have a polyclinic based next to the accident and emergency department at University College Hospital, with several practices under one roof.

Last week doctors in Warwickshire marched to protest against plans to replace single GP surgeries with larger polyclinics, and the London-wide consortium of local medical committees has said that the vast majority of GPs in its area do not support the idea (bmj.com, 8 Mar, doi: 10.1136/bmj.39511.557917.4E).

Richard Vautrey, deputy chairman of the BMA's General Practitioners Committee, said that he knows through local medical committees that an unofficial timetable exists for PCTs to start the tendering process this month in anticipation of polyclinics starting to operate by December.

Iona Heath, a London GP and chairwoman of the Royal College of General Practitioners' international committee, said, "I believe the plan is for all these polyclinics to be at the front door of hospitals and run by foundation trusts for their convenience.

"There would be a few entrepreneurial GPs involved, but it will mostly be foundation trusts and commercial organisations that will run these.

"It is obvious that PCTs have had instruction from somewhere in government that they should have a polyclinic. I have a horrible feeling that pressure is coming from the No 10 policy unit. There is pressure coming from strategic health authorities for PCTs to get on with this. There is such a gap now between Darzi's rhetoric and what is happening on the ground."

Trusts have little choice but to forge ahead, Dr Vautrey thinks. "Strategic health authorities are telling trusts that this is something they must do," he said.

"On one hand you have health secretary Alan Johnson and Darzi himself saying that one size does not fit all and that local areas can determine how facilities are going to work, but on the other hand the reality is that PCTs are steaming ahead at a rapid rate of knots to get these facilities up and running in line with the desire of health authorities."

Dr Vautrey said that the BMA supports the principle of doctors working together to provide better services, but he added: "Our concern about polyclinics is that this is a vehicle for introducing private commercial companies into an area and providing a potential duplication of services."

David Stout, director of the PCT network of the NHS Confederation, the body that represents NHS organisations, said that he did not see a problem in trusts pushing ahead, but he cautioned against a "one size fits all" solution for the whole country.

Mr Stout believes that there is already an expectation in the Department of Health for the 150 polyclinics to be set up after Professor Darzi's new report comes out.

Mr Stout said, "When Darzi's final report comes out, that may throw some new policy challenges back to trusts, but it wouldn't be right for trusts to sit around waiting for the national answer to emerge.

"I don't think they are jumping the gun, as long as they have gone through a proper process of developing a strategy and consultation."

Protesters in Rugby, Warwickshire, fear that their traditional surgeries are under threat

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