Audit Commission scrapped in drive to save £50m a year

Lynn Eaton  LONDON

The abolition of the government’s spending watchdog, the Audit Commission, could lead to the greater use of private financial consultants, a leading health economist has warned.

Alan Maynard, professor of health economics at York University, said he was “shocked but not surprised” by the announcement last week by Eric Pickles, the secretary of state for communities and local government, that the commission would be wound down by 2012.

“The commission has become very expensive,” Professor Maynard said. “The intention seems to be to use private consultancy firms instead, like Price Waterhouse and KPMG. The risk is that money will be spent inappropriately. But I think there’s a lot of uncertainty about how things will proceed.”

The Audit Commission is responsible for the annual audit of all NHS trusts. It has also monitored the Payment by Results programme that pays trusts for efficiency and quality. The commission says that since the programme started in 2007 it has identified around £9m (€11m; $14m) of financial errors in the NHS in England.

Audit Commission staff received news of the disbandment in an email last Friday. Local health bodies will get a new audit framework, and the changes will save the “taxpayer £50m a year,” a statement from the Department of Communities and Local Government said.

Mr Pickles added: “The corporate centre of the Audit Commission has lost its way. Rather than being a watchdog that champions taxpayers’ interests it has become the creature of the Whitehall state.”

Nigel Edwards, the acting chief executive of the NHS Confederation, which represents most NHS organisations, said that the new GP consortia as well as the whole NHS were likely to need auditing support.

He said, “Government policy envisages an information revolution for the NHS, so we will need to think carefully about replacing an organisation responsible for producing a large chunk of NHS [data] and more general population data.”

Lansley vows to put an end to “indignity” of mixed sex wards

Lynn Eaton  LONDON

England’s health secretary, Andrew Lansley, is to introduce tough new measures to “name and shame” hospitals that continue to put patients in mixed sex wards. And he plans to strengthen the existing fines that primary care trusts can impose on hospitals that breach the rules against such wards.

But the measures—including initial reports that the minister planned to ban mixed sex wards completely by the end of the year—have been greeted with cynicism from some health commentators.

Hamish Meldrum, chairman of the BMA Council, said, “This is going to be difficult to achieve at a time when NHS finances are being squeezed, particularly in older hospitals where expensive building work may be needed to create new wards.”

And the NHS Confederation, which represents most NHS organisations, was also doubtful. “The easy bit has been done,” said Jo Webber, its deputy director for policy. “Where it’s been possible, people have simply got on and done it. The areas left are those where it’s most difficult.”

The announcement follows a Department of Health study showing that between April and June this year half of all NHS trusts in England breached guidelines on mixing the sexes on more than 8000 occasions without clinical justification. The total number of breaches was 30 939, although the trusts argued that most of these (19 011) were clinically justified.

Mr Lansley. “I am determined to put an end to this practice where it is not clinically justified.

“In the future NHS organisations will have clear standards spelling out when they should report a breach. Where NHS organisations fail to meet this standard we will let the public know that they have failed, and we will strengthen the fines which may apply.”

At present a primary care trust can refuse to pay for the treatment of a patient who is accommodated in a mixed sex ward when the hospital says it is not clinically justified. “Patients should not suffer the indignity of being cared for in mixed sex accommodation,” said Mr Lansley.

But the vast differences in the trusts’ figures indicate that reporting is inconsistent. One trust reported 4553 breaches, of which 4509 were claimed to be clinically justified. Others reported only one breach and said that this was clinically justified.

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Doctors attack obituary that left out professor’s Nazi past

Annette Tuffs HEIDELBERG

In an open letter 81 German medical historians and doctors have criticised the present and past presidents of the German Medical Association, Jörg-Dietrich Hoppe and Carsten Vilmar, for omitting the Nazi history of another past president in a recent obituary.

The obituary of Hans Joachim Sewering, who died in June, was published last month in the German equivalent to the BMJ, the Deutsches Ärzteblatt (2010;107:28-9).

The letter, printed in the latest issue of the journal, said that Professor Sewering’s obituary “did not refer in any way to the role he played in the Nazi period” (Deutsches Ärzteblatt 2010;107:31-32). As the German medical community has made considerable efforts to come to terms with its Nazi past, this concealment is incomprehensible, says the letter, whose lead signatory is Gerrit Hohendorf, a medical historian at Munich Technical University Hospital.

The letter says that the obituary’s concluding words are particularly hard to swallow: “Sewing has rendered outstanding services to the protection of ethical values in medical practice.”

Professor Hoppe responded to the criticism by saying that he should not speak ill of the dead. The editor of the Deutsches Ärzteblatt, Gerd Stüwe, said that Professor Sewering’s involvement with the Nazis had been mentioned in a previous short article on his death.

He added that the German Medical Association and the Deutsches Ärzteblatt have worked hard to throw light on German medical history during the Nazi period for instance, by commissioning independent research projects and giving them ample space in the Deutsches Ärzteblatt.

Historical studies have long proved that Professor Sewering was a member of the Nazi party and the SS, write Dr Hohendorf and his co-signatories. In 1942 Professor Sewering joined a lung hospital near Munich, where disabled children were looked after by nuns. Between June 1943 and February 1945 he ordered that at least nine of these children be transferred to another hospital widely known for its practice of euthanasia. Five children are known to have died there of malnutrition. A certificate from Dr Sewering said that one of the patients, Babette Fröwis, had to be transferred there because she was too agitated.

After the war Professor Sewering became an official in the Bavarian and German Medical Associations, and from 1973 to 1978 he was president of the German Medical Association.

Professor Sewering’s Nazi past was unveiled by the media in 1993 when he made a bid for the presidency of the World Medical Association, which then denied him the presidency. However, in Germany he continued as an honoured past president of the national association and received several distinctions.

Cite this as: BMJ 2010;341:c4468

Australian authorities are criticised for vaccine response

Melissa Sweet SYDNEY

Australian health authorities failed to respond quickly and appropriately after a spike in febrile convulsions and other adverse events among children given seasonal influenza vaccination, says a review.

The review was conducted by Bryant Stokes, clinical professor of surgery at the University of Western Australia, for the state government of Western Australia, which is the only Australian state to publicly fund flu vaccination of young children and was the site of most of the adverse events reported.

The vaccination programme was introduced in 2008 after the highly publicised deaths of young children from flu and because of concerns that children aged 6 months to 5 years have the state’s highest rate of admission to hospital for the disease.

The review calls for improvements to national reporting and surveillance measures for adverse events after vaccination.

It also notes concerns about perceived conflicts of interest, with expert members of immunisation bodies also involved in pharmaceutical companies and clinical trials for vaccines.

The review calls for consumers to be given more accurate information about vaccine content, testing, and safety, noting that the product information for patients for CSL’s vaccine did not mention the side effects of vomiting and diarrhoea, which was included
anatomical reasons.” In adults most wounds were in the extremities, but for children it is the reverse: their smaller bodies meant they were “more likely to have chest or abdominal wounds and thus life threatening injuries.”

He said that delays in reaching treatment complicated wounds, and road closures after terrorist bombing incidents sometimes resulted in injured people bleeding to death before they received medical intervention.

Dr Strada said that Afghanistan’s health system was “extremely badly equipped” to deal with so many civilian casualties and that Emergency’s surgical hospital in Kabul had the only intensive care unit in the public health system. In 10 years in Afghanistan, his charity had treated 2 659 223 people.

Patrick Watt, Save the Children’s director of development policy, called on all sides “to do everything they can to protect civilians in accordance with international humanitarian law.” He added, “This report is a shocking reminder of the impact that the conflict in Afghanistan is having on the lives of innocent people.”

Last week’s murder of 10 members of a medical aid team, including British doctor Karen Woo, has caused widespread condemnation, as has the Taliban’s public flogging and execution of a woman for conceiving out of wedlock.

Director of Physicians for Human Rights, Frank Donaghue, told the BMJ, “These latest incidents once again reveal the Taliban’s blatant disregard for human life and fundamental rights. When a widow is executed for bearing a child and foreign doctors are murdered for delivering medical care, the people of Afghanistan and their future are also the victims.”


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AstraZeneca to pay $198m to patients over diabetes claims

Janice Hopkins Tanne NEW YORK

The US drug company AstraZeneca is to pay out $198m (£127m; €155m) to 17 500 patients, most of whom claimed that the antipsychotic drug quetiapine fumarate (Seroquel) had caused them to develop diabetes.

The company has reached agreements in principle with attorneys representing patients, but the agreements have not yet been finalised. The specific terms of the agreement, which resulted from court ordered mediation, are confidential.

The company’s spokesman, Tony Jewell, told the BMJ, “Plaintiffs generally claimed that taking Seroquel caused them to develop diabetes or associated illnesses.”

He also told the BMJ that the 17 500 claimants include about 5 500 claimants who were previously reported to have reached a $55m settlement with AstraZeneca. He said that the company was facing a total of about 26 000 lawsuits, including those in the agreements in principle.

Settlements were estimated to be $10 000-$12 000 per claimant.

The company said that about 2 900 additional cases have been dismissed by order or agreement, and about 1 825 of these were dismissed with prejudice, which means that they cannot be reopened. AstraZeneca won the only jury trial to date, the company said.

Quetiapine is the company’s second best selling drug, worth about $4.9bn in sales last year. The company said the settlements would not affect its core earnings per share for 2010.

Cite this as: BMJ 2010;341:c4422

Campaigners urge patient groups to reveal their corporate sponsorship funding

Tony Sheldon UTRECHT

An international campaign group is urging the European Medicines Agency to tighten its rules that require patient and consumer bodies working with the agency to disclose any corporate funding they receive. This follows the group’s research findings that two thirds of the bodies advising the agency received “partial or significant” funding from pharmaceutical manufacturers or industry associations.

At the same time, fewer than half of these bodies met the agency’s own financial reporting guidelines, the report by Health Action International Europe shows.

The campaign group investigated the funding and disclosure of 23 organisations that were eligible to work with the agency from 2006 to 2008. This showed a 70% increase in the average annual corporate funding and “low compliance” with the agency’s 2005 guidelines on financial transparency.

Fifteen organisations received between 0.2% and 99% of their annual funding from corporate sources.


Cite this as: BMJ 2010;341:c4459
IN BRIEF
NICE rules out asthma drug: The UK National Institute for Health and Clinical Excellence has ruled out omalizumab (Xolair) for severe persistent allergic asthma in children aged 6-11 years. In new draft guidance NICE said that it offered little extra benefit over existing treatments so was not an effective use of NHS resources (www.nice.org.uk/guidance/index.jsp?action=folder&o=50292). Appeals must be submitted by 26 August.

Northern Ireland general practices will each lose £10 000, BMA warns: A recent cut of £3.6m (£4.4m; £5.6m) to funding of general practice in Northern Ireland will mean every practice losing around £10 000, the BMA says. On 7 August the province’s health and social care board sent a letter to GPs informing them of the cut to the general practice budget—about 1.5% of the overall primary care budget. The BMA said this would lead to job losses, cuts to services, longer waiting times in A&E, and more admissions to hospital.

Children with autism should not take SSRIs: A Cochrane review has found that selective serotonin reuptake inhibitors do not benefit children with autism and in some cases cause harm. The review of seven randomised controlled trials that between them compared four SSRIs (fluoxetine, fluvoxamine, fenfluramine, and citalopram) with placebo involved 271 adults and children (doi:10.1002/14651858.CD004677.pub2). One trial (149 children) showed no positive effect of citalopram, and one child had prolonged seizures.

Reports of euthanasia rise in Holland: In 2009 Dutch doctors reported 2636 cases of euthanasia and assisted suicide, a 13% rise in the number of reports (though not the actual number of cases) from 2008. Of these, 2153 cases involved cancer patients, and nine were referred to legal authorities for further investigation. Over 10 years the number of reported cases first fell then rose steadily from the previous peak of 2216 in 1999 (www.euthanasiecommissie.nl).

Foundation trusts predict first ever drop in income
Adrian O'Dowd MARGATE
Foundation trusts in England are predicting that their income over the next three years will fall for the first time and that clinical targets could be affected, according to the independent regulatory body, Monitor.

Monitor’s yearly review of NHS foundation trusts’ annual plans (2010-11) warned that the economic recession has hit this part of the NHS. Pears have also arisen that around a quarter of foundation trusts will miss performance standard targets linked to cancer care and hospital infections.

Foundation trusts have greater clinical and financial freedom than traditional NHS trusts.

Monitor has reviewed the annual plans of all 129 NHS foundation trusts in operation on 31 March to identify future challenges and important risks emerging over the next three years. Overall, Monitor concluded that there was a “growing financial risk” across the whole foundation trust sector. The review says, “This is the first time we have seen foundation trusts forecasting a decline in their income, reflecting their assessment of the impact of changes to the economic environment.”

Monitor’s financial risk rating system places trusts on a scale of 1, which is the highest financial risk, through to 5, which is the lowest level of risk. In the new review, around a third of the trusts (39) had their financial risk rating for 2010-11 changed to a higher risk. The number of trusts maintaining a 4 rating (safe risk) fell from 75 to 53 when comparing 2009-10 with 2010-11, whereas trusts with a 3 (moderate risk) rating increased over the same period from 41 to 70.

Income growth of just 1.7% (from £29.23m (€35.41m; $45.56m) to £29.72m) across all foundation trusts was forecast for 2010-11, but over the next three years income was expected to decline by 0.8% to £29.22m.

Twenty three foundation trusts said they may not meet cancer targets, nine trusts declared a risk to targets for meticillin resistant Staphylococcus aureus (pictured left), and six trusts declared a risk to Clostridium difficile targets.

The review also shows that foundation trusts are enthusiastic about new opportunities, with 53 of the trusts highlighting potential acquisitions such as taking over community health services from primary care trusts.

A predicted fall in NHS activity generally is one of the main risks to foundation trust income, said Monitor. Changes in the national NHS tariff for emergency admissions will also restrict income, and commissioners such as primary care trusts will withhold payment for activity above contracted levels.

A Monitor spokesman said, “The overall NHS budget has been protected by the government, but foundation trusts are facing tougher times than they’ve ever experienced.”

The review is at www.monitor-nhsft.gov.uk.

Cite this as: BMJ 2010;341:c4438

Poorest are more likely to die in hospital
Nick Smallwood LONDON
People on low incomes are more likely to die in hospital than the richest people, a report on care at the end of life in England has shown.

The report, published by the National End of Life Care Intelligence Network, found that 62% of the most deprived fifth of the population and 55% of the most affluent fifth die in hospital.

It shows cause of death to be an important determinant of place of death: 69% of people with respiratory disease die in hospital, whereas only 48% of people who die from cancer do. The proportion of deaths in which cancer is recorded as the underlying cause is slightly higher (29%) in the least deprived fifth of the population than in the most deprived fifth (26%). Deaths in which respiratory disease is recorded as the underlying cause are slightly higher in the most deprived (15%) than the least deprived fifth (12%).

Differences between social classes in disability profile may partly determine the variation in their place of death, said the report’s lead author, Julia Verne, director of the South West Public Health Observatory, which carried out the study.

The report reveals regional variations. Two thirds of deaths in London occur in hospitals, whereas in the south west the figure is 54%. Differences are even starker at local authority level, with the percentage of deaths in hospital ranging from 44% in Torbay, Devon, to 78% in Waltham Forest, London. South Cambridgeshire has the highest proportion of deaths at home, at 27%, nearly double that of Hertsmere, Hertfordshire, and the London borough of Kingston upon Thames, both of which recorded 14%.

Cite this as: BMJ 2010;341:c4518
**First cases of cholera are reported in Pakistan, say aid agencies**

**Nayanah Siva** LONDON

The first suspected cases of cholera have been reported in flood stricken Pakistan, and cases of acute diarrhoea are rife, aid agencies report.

“**We have seen a lot of suspected cholera cases in more than one district,**” said Ahmed Mukhtar, medical coordinator for Médecins Sans Frontières in Pakistan. “**It seems there is some kind of alarming trend.**” Dr Mukhtar said that several cases were suspected throughout the country but that he was still awaiting laboratory confirmation from samples that had been sent for testing.

Most of the suspected cases were reported in the Swat valley in the northwestern province of Khyber Pakhtunkhwa. “**In the Swat [district] we saw 60 patients with acute diarrhoea who fulfilled the clinical case description of cholera,**” Dr Mukhtar said. “**We had another 11 cases in a neighbouring area, the Malakand district, and another four suspected cases in another district, Lower Dir.**”

“We are following all suspected cases closely and have started to treat them as if they are cholera cases.”

Cite this as: BMJ 2010;341:c4525

**Medical supplies and water are thrown from a rescue helicopter**

**Trusts still being allowed to drag their feet on compliance with safety alerts, claims charity**

**Caroline White** LONDON

An absence of any “coherent central policy or guidance” is allowing trusts to drag their feet on compliance with patient safety alerts, claims the charity Action against Medical Accidents.

In February the charity found that about three quarters of all trusts in England had over-run the required deadline for implementing mandatory patient safety alerts in at least one case (BMJ 2010;340:c984).

Its latest report, published last week and based on Department of Health data obtained under freedom of information legislation, found little evidence of improvement.

By 7 June almost two thirds (63%) of trusts had missed the deadline for complying with at least one safety alert, leaving a total of 1242 reported incidents for which action had not yet been taken.

Only 146 (37%) trusts said they had completed all required actions or that no action was required. Twenty nine trusts, including 11 foundation trusts, had not complied with 10 or more alerts. Some of the disregarded alerts dated back several years, the report found.

Even urgent alerts, such as those relating to oxygen safety in hospitals and the use of injectable medicines, which should have been acted on by the end of March, had not been in 116 and 67 trusts, respectively.

“There remains no coherent central policy or guidance on who should be monitoring compliance … or who should intervene with trusts who are not complying,” says the report, which also states that no independent verification exists of a system that relies on self declaration.

“Our findings are very worrying, bearing in mind that patient safety alerts deal with recognised life and death issues,” said Peter Walsh, chief executive of Action against Medical Accidents.

“There can be no excuse for trusts continuing to put lives at unnecessary risk by not complying with these alerts or for the relevant authorities turning a blind eye,” he added.

The report criticises the health and social care regulator, the Care Quality Commission, claiming that it failed to tackle non-compliant trusts identified in its February report and only contacted the worst offenders after prompting.

A spokeswoman for the commission explained that it had taken time to draft a new regulatory framework and that some work had been required on the central alerting system.

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