NHS warns frontline services are at risk

Several factors indicating serious pressure on the NHS have prompted workforce and financial experts, as well as profession leaders, to warn of troubled times ahead.

NHS England’s chief financial officer, Julian Kelly, disclosed at a board meeting on 6 October that there could be an extra unexpected shortfall of £6bn or £7bn in NHS finances for 2023-24 because of possible further waves of covid-19, higher inflation, and staff pay settlements. This was on top of an estimated £14bn worth of efficiency savings that have to be found by 2024-25.

This led Matthew Taylor, chief executive of the NHS Confederation, to warn that a “financial hit of this magnitude will undoubtedly have a very real and hard impact on frontline patient care” and needed to be dealt with urgently.

The confederation said that, given the NHS was facing a funding “black hole” of over £20bn by 2024, services would become even more strapped for cash and waiting lists would spiral further out of control. Almost seven million people are waiting for elective procedures in England, against a backdrop of more than 132 000 staff vacancies, it said.

The effect was already being felt on frontline services, said Tim Cooksley, president of the Society for Acute Medicine.

“We are deeply concerned that workforce and capacity issues are simply not being addressed quickly or comprehensively enough to avoid disastrous consequences this winter,” he said.

There were delays in emergency departments because patients could not move into acute medical units, those patients that were able to be moved into these units then could not get onto wards, and patients could not go home from wards because of challenges in social care, he said.

“Pressures throughout each of these areas mean that patients are not moving through the system in a timely way and are not getting their care delivered effectively,” said Cooksley. “The potential of a bad flu season and further covid waves, combined with the risk of worsening health issues owing to cost-of-living challenges, workforce and capacity issues in the NHS, and a system still in paralysis is truly daunting.”

A Department of Health and Social Care spokesperson said, “Our Plan for Patients sets out how we will support the NHS through this winter and next, and we are building capacity in the workforce, including by recruiting 50 000 more nurses by 2024.”

The threat of an already depleted workforce dealing with a possible surge of covid and flu cases is “truly daunting”

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Adrian O’Dowd, London

LATEST ONLINE

- Patients with developmental disability at higher risk of preventable harm in hospitals, study finds
- Health secretary must tackle NHS workforce and pay or face “painful winter,” leaders warn
- US gun deaths increased by 35% during the early covid pandemic
SEVEN DAYS IN

Don’t let economic crisis distract from future pandemic preparations

Most countries haven’t learnt all the lessons of the pandemic and need to take further action to ensure health systems are resilient enough to face another pandemic, heard the World Innovation Summit for Health (WISH) in Doha, Qatar, which hosted health leaders from 136 nations.

In a keynote discussion Sarah Gilbert (left), who led the Oxford University and AstraZeneca covid-19 vaccine team, said she believed it would be possible to develop and scale up a vaccine for another pandemic in less than a year, now the technology was in place. She said the 26 vaccine production sites around the world should be manufacturing covid and other vaccines for their local populations, to ensure equality of access in any future pandemics.

“Many pharma companies have reduced their manufacturing of vaccines since the start of the year owing to reduced demand, but we need to ensure production capacity is maintained,” said Gilbert.

Richard Hatchett, director of the Coalition for Epidemic Preparedness and Innovation, said its “100 day challenge” to cut vaccine production times to less than four months was achievable. However, some at the summit were concerned pandemic preparedness had moved down governments’ priorities, as countries face economic and energy crises. Gilbert said, “We are already seeing investment moving away. I hope politicians don’t take their eye off the ball.”

Paul Dinndale, Doha
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Mental health
Discrimination against patients “must end”
Health and social care providers should run national training courses for all staff, a global commission has recommended, including mandatory training on the needs and rights of people with mental health conditions, co-delivered by people with such conditions. The Lancet Commission on Ending Stigma and Discrimination in Mental Health also advised employers to take evidence based action to promote full access to educational opportunities, work participation, and return-to-work programmes for people with mental health conditions, as set out by the World Health Organization’s Comprehensive Mental Health Action Plan and in WHO guidelines.

“Hidden waits” force patients to visit A&E
Almost a quarter (23%) of patients in mental healthcare are waiting more than 12 weeks to start treatment, the Royal College of Psychiatrists has found. Its poll of 535 British adults with a diagnosed mental illness, conducted by Savanta ComRes, found that 78% of those on a “hidden” waiting list (the wait between initial referral and the second appointment) reported turning to emergency services or a crisis line in the absence of mental health support. “If we don’t train more doctors by increasing medical school places, waits will keep getting longer,” warned Kate Lovett (below), the college’s presidential lead for recruitment.

Primary care
Babylon withdraws NHS GP service from Birmingham
The digital healthcare provider Babylon Health announced that its GP at Hand NHS facility would withdraw its service from Birmingham next month. GP at Hand will close its physical clinic and virtual consultation service on 30 November, meaning that its 5000 registered NHS patients must transfer their care to other local practices. A Babylon spokesman for GP at Hand said, “With the funding pressures the NHS is under, and the costs of capital rising, we’ve decided these partnerships are no longer financially sustainable as we focus on Babylon’s long term financial viability.”

Industrial action
Ambulance workers to hold formal dispute ballot
Almost 3000 paramedics and ambulance workers who are members of the GMB union will be balloted on strike action across the East and West Midlands ambulance services. The move was announced after consultative ballots in both services showed a strong appetite for industrial action. Stuart Richards, GMB senior organiser, said, “Ambulance workers should be out on the streets trying to save lives—instead, they’re worrying about feeding their own families. It’s a national disgrace. We now face the first ambulance strike in 40 years, and it’s a damning indictment of [the Conservative Party’s] leadership.”

Regulation
Doctor who plagiarised theses is suspended
A doctor who plagiarised two other doctors’ theses when submitting his own thesis for a master’s degree in medical education has been suspended from the medical register for six months. Ashesh Saha, a locum consultant in acute medicine at the Royal Derby Hospital, also self-plagiarised by including text from a previous diploma in his thesis for the degree at University College London. He sent in the plagiarised work despite being warned that the thesis submission software’s routine analysis had generated an unusually high “similarity score” of 48%.

Cancer
Payment delays are harming patients, charity warns
People with cancer are seeing their health suffer because of delays in receiving the essential financial support they are entitled to, warned Macmillan Cancer Support. It said that delays in issuing personal independence payments (PIPS) were “a critical situation” and that its benefit advisers were hearing daily from people who were going into debt, skipping meals, and delaying or cancelling medical appointments because of travel costs after PIP delays. The charity has launched a petition calling for the UK government to cut “distressing” waiting times for PIP down to 12 weeks.
HRT
Prescriptions in England rose 35% in a year
Last year saw a 35% increase in prescriptions for hormone replacement therapy prescribed in England, showed figures from the NHS Business Services Authority. Some 7.80 million items were prescribed in 2021-22, up from 5.78 million in 2020-21, while an estimated 1.93 million patients had HRT prescribed, up 30% from 2020-21. The most deprived areas had the fewest patients with an HRT prescription. The statistics were released to help tackle supply chain shortages and taboos around HRT, the authority said.

Pensions
Relaxation of abatement rules is extended
Emergency measures that relaxed NHS Pension Scheme abatement rules to allow retired staff to return to work in the pandemic without having their pension cut will be extended, said the Department of Health. The relaxation for special class status (SCS) members of the 1995 section of the scheme will be extended until 31 March 2025. Abatement for other members and rules that limit some members’ work to 16 hours or less in the first month after retirement will be relaxed until next April. The 16 hour rule is then set to be abolished.

Cholera
Haiti records first cases and deaths in three years
On 1 October Haiti recorded its first case of cholera in three years, just as the country was preparing to declare itself free of the disease. As of 6 October it had recorded 152 suspected cases and seven deaths. WHO has said that gang warfare and water shortages will make the outbreak hard to contain, while hospital closures and malnutrition make Haitians vulnerable. Haiti’s last cholera outbreak in 2010-19 infected around 870 000 people and killed 10 000.

Public health
Heatwave deaths warrant action, says UK agency
Over 2800 people aged over 65 who died in England during the five heatwaves from June to August would not have done so otherwise, found an analysis of Office for National Statistics data by the UK Health Security Agency. The agency’s chief scientific officer, Isabel Oliver, said the figures showed “we must adapt to living safely with hotter summers. Prolonged periods of hot weather are a particular risk for elderly people, those with heart and lung conditions, or people who are unable to keep themselves cool.”

Workforce
Care home staff are more at risk of poverty
The Health Foundation called for more investment in social care to tackle low pay and poor working conditions. The charity found that a fifth of residential care workers in the UK were living in poverty, compared with one in eight of all workers. Around one in 10 staff experienced food insecurity, and 13% of their children lived in material deprivation, compared with 5% in all working families.

SIXTY SECONDS ON... SPONGE PARKS
IS THAT SPONGEBOB’S COUSIN?
Actually, we’re talking about something a lot more porous than the underwater cartoon character. Inspired by the “sponge cities” designed by Beijing landscape architect Yu Kongjian, sponge parks are a nature based solution to flooding. Their purpose is literally to soak up as much excess water as possible.

HOW ABSORBING
A great example of a sponge park can be found in Manchester. West Gorton Community Park (below) uses plants and clever landscaping to prevent the surrounding roads and buildings from flooding and to stop drains overflowing.

UNBE-LEAF-ABLE
The park features swales—shallow, broad vegetated channels that take up runoff water and remove pollutants—as well as rain gardens filled with plants that thrive in water and bioretention tree pits designed to store storm water, which is then slowly absorbed.

WHAT’S THE ROOT ISSUE?
These parks and “cities” can now be seen around the world, with countries such as New Zealand, Poland, Spain, the UK, and the US joining China in realising their potential in combating flooding, which has become more frequent because of climate change. They also help to fight pollution.

ABOUT THYME
Manchester City Council is now bidding for money to develop another one. Councillor Tracy Rawlins said, “Manchester is committed to fighting its full part in tackling the urgent threat of climate change. We need to be doing radical new things.”

WILL THERE BE LEEKS?
Sharing many of the same aims as sponge parks, urban food forests are another movement gaining popularity. These grassroots projects have seen communities introducing edible plants into local green spaces with the aim of combating climate change, providing food, increasing biodiversity, and reducing flooding and pollution.

LETTUCE EAT
These projects are springing up all over, from London’s Finsbury Park to Mexico City, Parma in Italy, and Plettenberg Bay, South Africa.

Elisabeth Mahase, The BMJ
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Government is urged to expedite covid antibody treatment for vulnerable patients

The government has been urged to re-examine its decision not to purchase a new covid-19 antibody drug for clinically extremely vulnerable people, amid warnings these patients face renewed risk this winter.

AstraZeneca’s Evusheld combines two long acting antibodies, tixagevimab and cilgavimab. It is given as two separate, sequential intramuscular injections and can be administered in the community, unlike some other monoclonal antibodies, which are given by intravenous infusion in hospital.

Evusheld was approved for use in the UK in 2022 by the MHRA after trial results showed it cut the risk of developing symptomatic covid-19 by 77%, with protection lasting at least six months after a single dose. But in August the government said it will not purchase the treatment yet because of “insufficient data” on the duration of protection it provides against omicron and its subvariants. This remains its position. The drug is undergoing NICE approval, but this process is not due to conclude until well into 2023.

Extra vaccine doses “not sufficient”

In a letter to England’s health secretary, Thérèse Coffey, on 26 September, Saad Shakir, director of the independent Drug Safety Research Unit, urged the government to make Evusheld available to the most vulnerable patients, alongside robust real time monitoring of side effects.

Shakir argued that this approach was taken with other covid treatments and vaccines and that the 500 000 immunosuppressed people in the UK, including organ donor recipients and patients with cancer or leukaemia, deserved the same expedient approach. “For these people, providing additional vaccine doses is not sufficient,” he wrote. “There will be numerous covid-19 related hospitalisations among clinically extremely vulnerable people if they remain unprotected.”

Policy inconsistencies

The Drug Safety Research Unit argued that the “post-authorisation” approach that was used to roll out covid vaccines and treatments straight after clinical trials, using observational studies and monitoring of adverse reactions through the UK’s yellow card scheme, should also be used for Evusheld.

Lennard Lee, an academic medical oncologist at Oxford University and a member of the National Clinical Expert Group for Immunocompromised Patients, told The BMJ, “We are isolated in this: 32 other countries have rolled it out. France, Israel, and America all have data showing effectiveness against omicron.”

Lee said there was inconsistency between the policy on vaccines and the approach to antibody treatments, and he warned that the window for protecting very vulnerable patients this winter was rapidly closing. “We’ve already seen that the fourth wave of covid is coming now [in the UK], so I’m calling for a pilot—if not an implementation—this winter,” he said.

Department cites lack of evidence

In a statement a Department of Health and Social Care spokesperson said, “We are keeping the evidence under close review, and NICE has begun its appraisal of Evusheld. If it considers the treatment to be clinically and cost effective, it will be made available on the NHS in the usual way.”

On 6 October DHSC published a response to two letters from a coalition of charities that had urged ministers to shift its stance on Evusheld. Steve Barclay, Coffey’s predecessor, said the view of the expert panel that advises the government, RAPID C-19, was that there were limitations in sample sizes, methodologies, and overall robustness of the available data on Evusheld. He said “there remained uncertainty that Evusheld would prevent symptomatic covid-19 caused by current omicron variants in the vulnerable population who would potentially be eligible.”

Patients exposed to risk

Martin Eve, an immunocompromised patient with rheumatoid arthritis and vasculitis who leads the Evusheld for the UK patient campaigning group, told The BMJ “the government was “out of line with international consensus” and argued that Evusheld was “being held to a higher standard than other covid drugs.”

He told The BMJ, “The DHSC says that the ‘duration’ of protection is the problem. Yet the rapidly authorised Moderna vaccine specifically states that ‘it is not known [for] how long you will be protected.’ The calls for further randomised trials on this vulnerable group at this point are also unethical. You don’t test parachutes that have been shown to work 80% of the time in the real world by giving them to only 50% of people jumping out of a plane.

“The immunocompromised are told, time and again by the DHSC and JVCI, that although the vaccines will not provide them with full protection, ‘something is better than nothing.’ The DHSC takes the opposite view on Evusheld. As a result, a significant patient population will now continue to live in isolation and at extreme risk over a third winter of covid.”

Gareth Iacobucci, The BMJ
Cite this as: BMJ 2022;379:o2431
Covid antiviral bought by UK “does not lower risk of hospital admission”

Molnupiravir, a covid antiviral drug on which the government spent an estimated £1bn for 2.23 million doses, is no better than placebo at lowering the risks of death and hospital admission, a pivotal UK trial has found.

Preliminary results released from the Panoramic trial of 25 783 people who were randomly assigned to open label treatment with molnupiravir plus usual care or to usual care alone found no significant difference between the two groups for the primary endpoint of death or hospital admission. The study, published as a preprint, has not yet been peer reviewed.

The UK was the first country to authorise Merck Sharp and Dohme’s molnupiravir (Lagevrio) for the treatment of mild to moderate covid-19 in adults with at least one risk factor for severe illness, last November. The European Medicines Agency has still not approved the drug.

The price paid for the drug is confidential, but Andrew Hill, senior visiting research fellow at Liverpool University, estimates it to be around £1bn.

Recovery times

The study, sponsored by Oxford University, found that 0.8% of patients in the molnupiravir group (103 of 12 516) and 0.8% in the usual care group (96 of 12 484) were admitted to hospital or died in the first 28 days (adjusted odds ratio 1.061 (95% bayesian credible interval 0.80 to 1.40)).

All participants were confirmed to have coronavirus infection, and the patients were either aged over 50 or were adults with comorbidities. Almost all participants (99%) had had at least one covid vaccine.

On the secondary endpoint, the observed median time to first self-reported recovery was six days shorter in the molnupiravir group (nine days v 15 days). In other analyses of the Panoramic trial, clinical recovery was three to four days faster with molnupiravir.

However, Hill said that the Panoramic study was open label and that recovery could be quite subjective. “There was no benefit for molnupiravir in terms of clinical recovery in the placebo controlled Move-Out trial, when the patient did not know if they were taking active drug or placebo,” he said. “Also, other much cheaper drugs have been shown to improve recovery times, like budesonide in the Oxford Principle trial, which costs less than £1.5 per course.”

After five days of treatment the patients in the Panoramic trial showed significantly lower viral load levels than those in the control arm (P=0.001). However, after 14 days of treatment the viral load was significantly higher in the molnupiravir arm (P=0.015).

Early approval

The UK approved molnupiravir after early results of Merck’s Move-Out trial last October. However, this was based on an interim analysis of 762 patients, showing a 50% reduction in hospital admission. The risk of admission or death was 7.3% with molnupiravir (28 of 385 participants) and 14.1% in the placebo group (53 of 377). However, when the full results of 1433 unvaccinated participants were published in the New England Journal of Medicine the difference was much smaller (6.8% v 9.7%). When the results of the Panoramic and Move-Out trials are combined, molnupiravir shows no significant benefit in hospital admission or death (P=0.53). Only 13 944 of the UK’s 2.23 million doses of molnupiravir have been administered outside clinical trials in the UK, show NHS data up to 25 September.

A health department spokesperson said, “Molnupiravir will continue to be available to high risk patients, alongside other medicines, free testing, and vaccination, as it speeds up recovery time and reduces the amount of virus in patients. We look forward to seeing the final, peer reviewed data when it is published.”

Jacqui Wise, Kent

Cite this as: BMJ 2022;379:o2444

Other much cheaper drugs have been shown to improve recovery times

Andrew Hill

Media “promoting AF screening despite lack of evidence”

Screening for atrial fibrillation is largely being promoted by commentateurs, NHS organisations, and charities that have direct or indirect financial conflicts of interest, a study has found. UK and Australian researchers carried out a cross sectional study of references to AF screening in the UK mainstream media, an NHS webpage, patient information websites, and charity websites and content between 1 January 2018 and 31 July 2021. They found that, while the UK National Screening Committee recommends against screening for AF, much of the UK media “promotes screening.” They also said information from sources without a conflict of interest was rare.

The study came after The BMJ revealed that two linked patients’ groups, the Arrhythmia Alliance and AF Association, had launched a campaign calling for pressure to be put on the screening committee to overturn its decision. Both groups had received funding from companies that sell treatments to prevent stroke in people with AF.

The committee reviewed the evidence in 2014 and decided against a screening programme because of uncertainty over whether it would do more harm than good. A 2019 review again concluded “the benefit of screening was not shown.”

The UK and Australian paper, published in BMJ Evidence-Based Medicine, identified 217 stories published by lay media outlets containing 284 comments about screening. Within these, 194 individuals or spokespeople were quoted, with 44 quoted more than once. The researchers found that of those 44, 41 (93%) were in favour of screening and that 37 of those had a direct or indirect financial conflict of interest.

The researchers also looked at spokespeople, advisers, and trustees listed on the websites of two patients groups. They reported that 12 of the 14 people from the AF Association had made disclosures of interest from industry, as had 11 of the 20 from the Arrhythmia Alliance.

The BMJ contacted the Arrhythmia Alliance and the AF Association for comment but had not received responses at the time of publication.

Elisabeth Mahase, The BMJ  Cite this as: BMJ 2022;379:o2449