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Putting commissioning into GPs' hands will save £1.3bn every year, says the government

Jacqui Wise LONDON

The biggest overhaul of the NHS in its history has been labelled a huge gamble by critics, but the government says the reforms were a necessity and will save more than £5bn (€5.9bn; $7.9bn) over the next three years.

The Health and Social Care Bill went before parliament on 19 January and transforms the NHS in England. By April 2013 GP led commissioning consortiums will have control of 80% of the total health budget and be responsible for buying in patient care. They will be overseen by a new independent NHS Commissioning Board, which will be headed by David Nicholson, the current NHS chief executive.

The health secretary, Andrew Lansley, said: "Modernising the NHS is a necessity, not an option—in order to meet rising need in the future, we need to make changes." He said he was shifting responsibility away from the centre and ensuring that decisions and accountability moved closer to the patient.

The bill says the NHS Commissioning Board will commission some services, such as dentistry, and hold the consortiums to account. The cap on how much foundations trusts can earn from private patients will also be abolished.

The impact assessment issued alongside the bill said the reforms will cost £1.4bn but that this would be paid for through savings within two years. The bulk of the costs (£1.02bn) will go on redundancy payments—this is based on an estimate of 40% of staff leaving primary care trusts and strategic health authorities. The remainder are expected to transfer to other NHS bodies, including the new consortiums, or local authorities that are taking on responsibilities for public health. It estimates that the overall reduction in management costs will save the NHS over £5bn by 2014-15 and then £1.7bn every year after that.

There are now 140 GP led commissioning consortiums signed up to the pilot pathfinder scheme covering more than half the population. The final number of consortiums could be around 300—similar to the number of existing primary care trusts (PCTs).

Mr Lansley said, unlike with PCTs, there will be set limits on what the new consortiums can spend on administration costs. He said this would probably be around £25 a head. The Department of Health calculates that the future costs of commissioning will be £1.3bn less than existing costs, per year.

The Department of Health says that, compared with earlier versions of GP led commissioning, the new system will deliver benefits as each consortium will hold hard budgets. And consortiums that make savings, for example by successfully reducing admission rates, will accrue the savings themselves rather than these savings remaining with the provider.

See all *BMJ* articles about the NHS reforms in England at bmj.com/nhsreforms.

Cite this as: *BMJ* 2011;342:d418

MARK THOMAS

Doctors from the Keep Our NHS Public campaign deliver a letter to the Department of Health

NHS reforms may damage quality of GP services, warns watchdog

Adrian O'Dowd LONDON

The quality of service provided by GPs could drop as they adapt to their new commissioning role, England's spending watchdog has warned.

In its new report the National Audit Office summarises the new arrangements for the NHS and warns about their potential short term effect on the cost and quality of services. The report will inform the House of Commons Public Accounts Committee's questioning of the Department of Health on 25 January.

The watchdog emphasises the scale of changes ahead. More than 500 organisations are likely to be abolished or created or to have their functions changed, and more than 90 000 staff will be directly affected by the changes, with many more affected indirectly.

"Given the scale of the proposed reforms and the number of interdependencies between different parts of the system, the Department [of Health] faces a major challenge in ensuring coherence during the transition period, so that different rates of progress in different parts of the system do not adversely affect each other," says the report, which adds that effective risk management will be crucial.

The report identifies a number of "undesirable results" that follow from poor risk management: poorly thought through plans, unrealistic timetables, and weak controls.

A key objective of the proposed reforms is to improve the quality of services offered to patients by the NHS, says the report. "However, during the transition process, there are a number of risks to service quality—for example, the risk that GP services to patients may decline as GPs focus on getting to grips with their new commissioning role."

National Health Service Landscape Review **is at www.nao.org.uk.**

Cite this as: *BMJ* 2011;342:d450

Some hospital closures are likely under health reforms

Matthew Limb LONDON

Some large hospitals will have to close as the NHS gears itself towards delivering better health outcomes and value for money, a conference has heard.

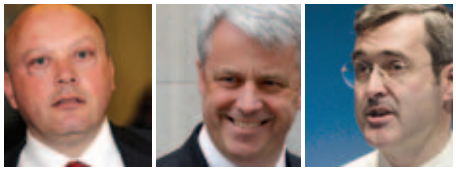
Steve Field, former chairman of the Royal College of General Practitioners, said that London had too many hospitals and that health ministers would have to "grasp" the need for closures.

Robert Naylor, chief executive of University College London Hospitals NHS Foundation Trust, also called for a "radical" approach to reorganisation, saying, "There are too many hospitals in big cities."

Gareth Goodier, chief executive of Cambridge University Hospitals NHS Foundation Trust, said that the NHS was facing one of the most difficult periods in its history. He told the conference: "Some tough decisions will have to be made."

The event, entitled "Maximising Quality, Minimising Cost," was held in London on 24 January jointly by Monitor, the independent regulator of NHS Foundation trusts, and UCL Partners, a group of five leading medical research centres and hospitals in London.

Some 450 people, including many clinicians and managers from NHS trusts, discussed the concept of value for money in healthcare, how to raise the quality of care, and the importance of clinical leadership.



Steve Field, Andrew Lansley, and Jonathan Fielden disagreed on whether fragmentation was inevitable

Speakers reflected on major changes taking place in healthcare against the background of the coalition government's overhaul of NHS structures and push to save costs. These changes included a stronger emphasis on quality, the growth of primary care, the rising use of medical and information technologies, and patients' wish to have more control over their treatment.

The health secretary for England, Andrew Lansley, put his case for extending competition in the NHS, saying that it would give patients more choice and drive up quality standards.

He denied that the reforms would spark a "free for all race to the bottom" on the basis of reducing costs. "The evidence is that where there is effective competition, all producers are driven to raise their game. Competition is a tide that lifts every boat," he said.

Mr Lansley said that his Health and Social Care Bill, published on 19 January (*BMJ* 2011;342:d418), would give clinicians the incentives they had lacked until now to radically improve outcomes for patients. He promised a more dynamic and entrepreneurial health service that would free clinical staff to be innovative and deliver more responsive services in organisations such as social enterprises. Variation in services would still exist, he admitted, but not "unwarranted variation" as now.

Jonathan Fielden, medical director at the Royal Berkshire NHS Foundation Trust, challenged the health secretary, saying that many in the NHS believed that greater competition would cause fragmentation. "To deliver value within constrained budgets will require substantial reconfiguration of services. Will that be politically acceptable?" he asked.

Mr Lansley responded that greater competition in social markets encouraged better integration of services around patients' needs. He said that regulation under the reformed system would be strong and independent, with Monitor, in its new role as economic regulator, ensuring a "level playing field."

On reconfiguration Mr Lansley said that this had been happening already "in a way the public doesn't regard as accountable." He suggested that decisions made by GPs in the new commissioning consortiums, working alongside elected local councillors, would be more accountable than those made by primary care trusts.

See all *BMJ* articles about the NHS reforms in England at bmj.com/nhsreforms.

Cite this as: *BMJ* 2011;342:d547

Food and drink industry says it is not irresponsible

Adrian O'Dowd LONDON

The food and drink industry is not guilty of irresponsibility over the public's consumption of unhealthy food or excessive alcohol, it claims.

Individuals' choice within a responsible selling environment is crucial, said industry leaders giving evidence to the House of Lords science and technology select committee on 19 January.

The committee was questioning witnesses as part of its inquiry into the use of behaviour change interventions.

Justin King, chief executive of the supermarket chain Sainsbury's, giving evidence, was asked whether Sainsbury's felt responsibility for encouraging healthier eating behaviour among its customers to reduce obesity.

Mr King replied, "We see ourselves as having an absolute responsibility to help our customers eat healthily and well. We were the first retailer to [add] front of pack nutritional labelling."

Cochrane review questions evidence for statins for primary prevention

Susan Mayor LONDON

A Cochrane review published on 18 January questions the evidence for prescribing statins for primary prevention in people at low cardiovascular risk, after finding selective reporting of outcomes, failure to report adverse events, and inclusion of people with cardiovascular disease in published studies.

The reviewers analysed randomised controlled trials of statins in adults where no more than 10% of participants had a history of cardiovascular disease (*Cochrane Database of Systematic Reviews* 2011;1:CD004816).

The team found 14 randomised controlled trials, with a total of 34 272 participants.

None of the eight trials reporting on total mortality showed a reduction, but pooling the data gave a 17% reduction (relative risk 0.83 (95% confidence interval 0.73 to 0.95)).

There was a 30% reduction in fatal and non-fatal cardiovascular events (relative risk 0.7 (0.61 to 0.79)).

Shah Ebrahim, professor of public health at the London School of Hygiene and Tropical Medicine, said, "Estimates of benefit were in line with previous reviews, but as we included only low risk people, confidence intervals were wide. Absolute benefits were small, and evidence of selective reporting of outcomes makes the evidence less robust than suggested in previous reviews." More than a third of trials reported outcomes selectively. And some trials were stopped early after reaching end points.

"Some patients may be taking statins with little chance of benefit because their CVD risk is low," said Professor Ebrahim. "This is a waste of NHS money and exposes patients to potential—and inadequately assessed—harms."

Cite this as: *BMJ* 2011;342:d480

Sainsbury's had removed confectionery from its tills in larger stores after receiving customer feedback but had not done so in smaller convenience stores where, he said, mothers were less likely to shop with small children. Fruit and nuts were also placed near tills so customers had choice.

Peers challenged him over this, saying that it verged on being irresponsible because schoolchildren were still likely to be shopping in the convenience stores where chocolate bars were placed near tills.

"I don't believe it is irresponsible," said Mr King. "We removed confectionery [from] tills because the majority of our customers told us it makes their lives easier. We are not making a moral or ethical judgment in doing that over whether children should or shouldn't consume confectionery. We think that's largely a matter for their parents. A chocolate bar can still have a role in a perfectly healthy diet."

There was a role for government in this area, he said, adding: "We are not against legislation. In fact, in some instances we would positively encourage it. It creates a common and fair playing field for all companies."

Mark Baird, corporate social responsibility manager at Diageo, the drinks producer, spoke of various campaigns run by his company aimed at tackling antisocial drinking. One example, targeting 18-24 year olds, had highlighted the risks and consequences of drinking too much.

The committee's peers asked about the UK government's plan to introduce a minimum pricing for alcohol in England and the possible effect on people's drinking behaviour.

Peers asked whether there was a need for stronger regulation of alcohol advertising and product placement on television.

Mr Baird said the UK has some of the tightest legislation in the world.

Cite this as: *BMJ* 2011;342:d423

STUART CLARKE/REX

Justin King, Sainsbury's chief executive, said the company supported healthy eating

Humana pulls out of UK unconvinced of opportunities

Nick Timmins FINANCIAL TIMES

Humana, the giant US health insurer, is pulling out of the United Kingdom, unconvinced that Andrew Lansley's plans to hand over the commissioning of perhaps £70bn (€82bn; $112bn) of NHS care to GPs in England will open up a lucrative market in commissioning support.

Other potential providers of the wide range of skills needed—from data analysis to negotiating and procurement skills—also seem to be making cautious assessments of the opportunities that the market will yield, at least in the short term. These companies include Bupa, Tribal, and the US owned Aetna and UnitedHealth.

The coalition government's plans, set out in full in the longest NHS bill in history on 19 January (*BMJ* 2011;342:d418), have seen health sector unions, including the British Medical Association, voice fears over large scale involvement of private firms in commissioning or even a takeover of it.

Humana invested in the UK in 2006, offering new ways to improve care of patients with long term conditions and support for primary care trusts in the commissioning of NHS care.

That came as the Labour government opened up the market for commissioning support to primary care trusts. To help with that the Department of Health drew up a framework contract to reduce the burden for primary care trusts and the private sector in negotiating such deals. It proved cumbersome, however, and few trusts used it.

Lee Phillips, Humana Europe's marketing director, said last week that the focus of the US parent company of Humana UK had changed. But he added that the health department had now made it clear that the priority at the moment was to use existing primary care trust staff to support the emerging GP commissioning consortiums.

The 140 or so pathfinder consortiums are being given only a small allowance for the forthcoming financial year to develop their role. And although the final management allowance will be in the region of £25 to £35 a patient by 2013, precise details of what that will cover have yet to be spelt out.

As a result, Mr Phillips said, "the market for private sector commissioning support is unlikely to develop dramatically in the next year or so."

Humana is looking to sell off its limited UK business (it employs 70 staff) and is likely to close its operations within six months.

Although potential private sector suppliers are in extensive talks with GPs, the indications are that the suppliers themselves will form consortiums, since few on their own have all the skills needed to support commissioning.

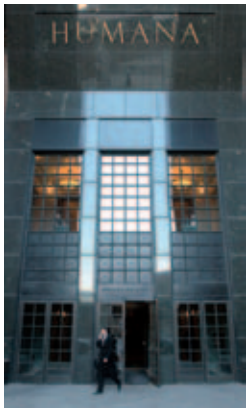
KPMG has teamed up with the National Association of Primary Care (a grouping of GP enthusiasts for commissioning), UnitedHealth, the commercial law firm Morgan Cole, and others to form a "commissioning partnership." It has won a contract across London to support the development of pathfinder consortiums.

Kingsley Manning, executive chairman for health at Tribal, said that potentially £1.5bn a year could be spent on commissioning, "but we don't expect a huge and growing market in the near future," not least because the private sector itself has limited capacity to provide all the support that consortiums will need.

He said, "We are chiefly working in partnership with PCTs [primary care trusts] and others." Over time, he added, "I suspect that the market will evolve into a small number of larger scale players. But while we are cautiously optimistic we do not expect this is going to be a gold rush."

See all *BMJ* articles about the NHS reforms in England at bmj.com/nhsreforms.

Cite this as: *BMJ* 2011;342:d490



BRIAN BOHANNON/SP/PA

The focus of Humana UK's parent company has changed, said Lee Phillips

IN BRIEF

Publishers reinstate free access to journals in Bangladesh: The American Academy for the Advancement of Science and the publisher Elsevier have reinstated free access to their journals, including *Science* and the *Lancet*, for people in Bangladesh, after withdrawing access rights in January along with other publishers through the World Health Organization's Health Inter-Network for Access to Research Initiative (HINARI) (*BMJ* 2011;342:d196).

Cholera vaccination is effective in outbreaks: A study of cholera vaccination during a major outbreak in Hanoi, Vietnam, has shown that one or two doses gave 76% protection against infection. And a modelling study showed that vaccination even 33 weeks after an outbreak is reported could be beneficial (*PLoS Neglected Tropical Diseases* doi:10.1371/journal.pntd.0001003).

December drink driving campaign arrests nearly 7000: Police forces across England and Wales stopped and tested 169838 people during the coldest December in 120 years in 2010. Despite the dangerous weather conditions 6613 people were arrested for having alcohol or drug concentrations above the legal limits, though this was 13% lower than in 2008.

Fewer Americans want gun control: Latest figures from the Pew Research Center, which has studied attitudes to guns since 1993, show that 50% of US citizens surveyed in September 2010 wanted control of gun ownership and that 46% were in favour of the right to own guns. Until 2009 about two thirds of people favoured gun control over the right to own guns (http://people-press.org/).

Social workers should have immediate access to paediatricians: New standards from the UK Royal College of Paediatrics and Child Health recommend that children's social workers have immediate access to paediatricians when they have child protection concerns. Where there is evidence of recent injury, it says, an initial strategy discussion should take place within two hours and the child should be assessed within 12 hours.

BMA offers funds for NHS staff doing humanitarian work abroad: NHS teams planning humanitarian work overseas can apply for grants of up to £3000 (€3510; $4800) from the BMA Humanitarian Fund (contact international.info@bma.org.uk).

Cite this as: *BMJ* 2011;342:d525

PHILADELPHIA POLICE DEPT/AP/PA

MATT ROURKE/AP/PA

The grand jury report said that no regulator had inspected Kermit Gosnell's clinic for more than 15 years

"Baby charnel house" doctor is charged with multiple murder

Janice Hopkins Tanne NEW YORK

Kermit Gosnell, a doctor who operated an abortion clinic in Philadelphia, Pennsylvania, and nine associates were charged with eight counts of murder for allegedly killing seven babies who had been born alive by cutting their spinal cords with scissors and for the death of a 41 year old Bhutanese refugee woman who died from an overdose of painkiller in 2009.

The Philadelphia district attorney, Seth Williams, said that hundreds of other babies had probably died in Dr Gosnell's clinic between 1979 and 2010. State authorities have suspended Dr Gosnell's licence and closed the clinic.

William Brennan, the lawyer who represented Dr Gosnell during the grand jury investigation, said that the doctor believed that he had provided general medical care in an impoverished area for 40 years. Mr Brennan said that he was no longer representing Dr Gosnell, the Associated Press news agency has reported.

A grand jury report called Dr Gosnell's clinic dangerous and filthy. It recommended prosecuting Dr Gosnell and members of his staff for a long list of offences, including murder, infanticide, carrying out illegal late term abortions, violations of the Controlled Substance Act, and obstruction.

In the United States grand juries investigate allegations that may lead to civil or criminal charges after hearing testimony from witnesses and experts.

The grand jury's report called the clinic "a baby charnel house" and "a house of horrors." It said that failure to inspect the clinic and to act on complaints was due to "a total abdication" by the Pennsylvania Department of Health, which licenses and oversees doctors, and the Philadelphia Department of Public Health, which is supposed to protect the public's health.

It also criticised doctors at the Hospital of the University of Pennsylvania who did not report patients brought from Gosnell's clinic for emergency surgery and the National Abortion Federation, which refused to admit Gosnell's clinic because it didn't meet standards but which didn't report to the authorities "the horrible, dangerous things" the inspector saw.

The report said that Dr Gosnell may have

GSK set aside $3.4bn in last quarter of 2010 to cover legal costs related to liability cases

Janice Hopkins Tanne NEW YORK

GlaxoSmithKline has set aside $3.4bn (£2.1bn; €2.5bn) to cover legal costs in the fourth quarter of last year. That amount wipes out the company's profit for the fourth quarter, the news agency Reuters has reported. However, a GSK spokeswoman said that she could not give sales projections as they would be reported on 3 February.

In July the company set aside $2.36bn to cover costs related to product liability cases settled or received at that time and other problems, bringing the company's legal costs for the year to $5.8bn.

The costs are related to litigation over its antidiabetes drug rosiglitazone (marketed as Avandia); the company's sales and promotion practices concerning several drugs, including paroxetine (Paxil) and bupropion (Wellbutrin); and prac-

received nearly $1.8m (£1.1m; €1.3bn) a year, mostly in cash. It also said, "We think the reason no one acted is because the women in question were poor and of color and because the victims were infants without identities, and because the subject was the political football of abortion."

The gruesome report comes when newly elected Republican legislators are pressing for restrictions on abortion. The *New York Times* reported that legislators are drafting bills to ban abortion coverage by insurance companies in the new health exchanges. Other proposed bills would restrict abortions to fetuses less than 20 weeks' gestation and require women to view ultrasonography scans and be subject to a 24 hour waiting period and counselling.

Pennsylvania law already requires that a woman be counselled about alternatives to abortion and to wait 24 hours before the procedure. Most Pennsylvania clinics will not provide abortions after 20 weeks, and abortion after 24 weeks is prohibited. Dr Gosnell's clinic was reported to have violated those rules.

Problems at the Philadelphia clinic came to light only after the press reported a raid on the clinic because it was said to have freely dispensed prescriptions for regulated drugs such as powerful painkillers that could be resold on the street.

In February 2010, because of reports of illegal drug activity, agents from the Federal Bureau of Investigation and detectives from the Philadelphia District Attorney's Office used search warrants to enter Dr Gosnell's clinic. The federal Drug Enforcement Administration, the Philadelphia Police Department, and the district attorney's Dangerous Drug-Offender Unit had been investigating Dr Gosnell and his clinic for months.

In the grand jury report investigators described the clinic as "filthy," "disgusting," and "by far, the worst" they had ever encountered.

A toxicology report on the dead woman, Karnamaya Mongar, showed "an extremely high level of Demerol [pethidine], a drug Gosnell used at the clinic to anesthetize patients."

The grand jury's report is at www.phila.gov.

Cite this as: *BMJ* 2011;342:d489

Denmark and Ireland top cancer league table dominated by rich countries

Jo Carlowe LONDON

Denmark has the highest incidence of cancer in the world, with 326 new cases each year for every 100 000 people. It is followed by Ireland (317), Australia (314), New Zealand (309), and Belgium (307).

The data, compiled by the World Cancer Research Fund, show that every year 267 in every 100 000 in the United Kingdom develop cancer, putting it in 22nd place. When the data are broken down by sex the UK ranks 33rd in the world for men but 12th for cancers in women and 11th for breast cancer alone.

The fund used statistics compiled by the World Health Organization to compare cancer rates around the world. The ranking shows that rich countries have much higher rates of cancer than poor ones. WHO puts this down to these countries having better diagnosis and recording rates of new cases but also to their sedentary lifestyles and higher levels of obesity and alcohol consumption.

Martin Wiseman, a medical and scientific adviser for the World Cancer Research Fund, said, "There is strong scientific evidence that these factors increase the risk of several common cancers, and these figures show the effect of this. When you look at the list it is clear that the countries that do worse for these factors tend to be nearer the top.

"The bad news is that around the world things are heading in the wrong direction. The general trend is for people to become more overweight, eat more high energy foods, and become less active.

"This is why we need to raise awareness about what people can do to reduce their cancer risk, and as a society we need to make the kind of changes that make it easier for people to make these healthy choices."

Earlier this month the UK government launched its new cancer strategy (*BMJ* 2011;342:d267, 17 Jan), in which it pledged £750m (€870m; $1.2bn) over four years to make

Sedentary lifestyles, obesity, and increased alcohol consumption are pushing up cancer rates

"survival rates among the best in Europe." The strategy aims to raise awareness and improve early diagnosis.

But Chris Askew, chief executive of the charity Breakthrough Breast Cancer, expressed concern over the government's ability to deliver on the strategy, asking whether specialist nurses would "disappear" as a result of its efficiency savings.

And Tam Fry, of the National Obesity Forum, said that the prevalence of obesity would be reduced only if national health checks were introduced. He said, "Obesity is a major factor in cancer. Handing out leaflets about what to eat doesn't make any difference. We need proper surveillance followed by interventions such as exercise on prescription."

Sarah Woolnough, Cancer Research UK's director of policy, warned that the World Cancer Research Fund data were misleading because of differences in data collection: "In some countries, such as the UK, the whole population is accounted for in the data. But in others coverage is much smaller, so the overall figures might not actually be representative of the whole country."

The league table is at www.wcrf-uk.org.

Cite this as: *BMJ* 2011;342:d537

tices at a former manufacturing plant in Puerto Rico.

A GSK spokeswoman told the *BMJ* that the Puerto Rico issues dated back to 2002 and concerned a plant owned by a related company, SB Pharmco. This company operated a plant that was found to be inconsistent with good manufacturing practices. GSK closed the plant in 2009.

GSK faces about 13 000 lawsuits over rosiglitazone in the United States. The drug has been associated with an increased risk of heart attacks.

Rosiglitazone was taken off the European market by drug regulators in September 2010 (*BMJ* 2010;341:c5291). In the US the Food and Drug Administration placed strong restrictions on its use, and sales of rosiglitazone have been falling since then.

$3.4bn

Since then GSK has been facing more product liability cases over rosiglitazone in the US. In a statement the company said, "The number of new claims received is substantial, and the group has now completed its assessment of these additional cases and estimate of likely future claims." It said that there was a possibility that legal costs might "exceed the amount of the provisions [funds set aside previously to take care of claims] . . . by a material amount."

Elpidio ("PD") Villareal, GSK's senior vice president for global litigation, said in a statement, "We recognise that this [the $3.4bn] is a significant charge, but we believe the approach we are taking to resolve longstanding legal matters is in the company's best interests. We have closed out a number of major cases over the last year, and we remain determined to do all we can to reduce our litigation risk."

Cite this as: *BMJ* 2011;342:d488

European parliament agrees rules on cross border healthcare

Rory Watson BRUSSELS

From 2013 people living in European Union countries will be able to receive reimbursable healthcare in another EU country, as long as the type of treatment and costs involved would normally be covered in their own national health jurisdiction.

The European parliament agreed the conditions for benefiting from this right in legislation adopted on 19 January. The new rules are designed to clarify the situation for patients and health services after a series of judgments by the European Court of Justice over the past decade opened the door to receiving medical care abroad.

Françoise Grossetête, the French MEP who steered the legislation through the parliament, said afterwards, "Patients will no longer be left to their own devices when they seek cross border healthcare and reimbursement. This directive will at last clear up patients' rights, because until now they have been very vague."

National authorities, which would have to pay the costs involved, may require patients to receive prior authorisation for any treatment involving an overnight hospital stay or specialised healthcare. However, any refusal will have to be fully justified and will be limited to a restricted list of reasons, such as possible risks to the patient or the general public. National contact points will be established to provide patients with practical information.

The new legislation has generally been welcomed by medical organisations in member countries. The NHS Confederation, which represents NHS organisations in the United Kingdom, said that it provides clarity to commissioners and patients. It also reduces the risk of legal challenges from patients seeking healthcare abroad that they wouldn't be eligible for in the NHS.

However, the confederation warned that the new measures will take effect in two years' time, when primary care trusts, the organisations in England that currently have the power to make decisions on cross border healthcare, will be winding down and the NHS will be going through major reforms. It argues that further clarity will then be needed on who is responsible for granting or rejecting requests for treatment abroad.

The Standing Committee of European Doctors, an organisation representing doctors in the EU, also supports the legislation, which will be formally agreed by EU governments in the next few weeks.

See bmj.com Analysis: Cross-border healthcare in the European Union: clarifying patients' rights (*BMJ* 2011;342:d296).

Cite this as: *BMJ* 2011;342:d492

FEIJE RIEMERSMA/ALAMY

A baby in Freetown, Sierra Leone, is vaccinated in a programme against pneumococcal disease

Funding is needed for pneumonia and diarrhoea vaccines

Kate Womersley BMJ

Up to one million children's lives could be saved every year if new vaccines to tackle the causes of pneumonia and diarrhoea were widely available in the developing world, says a report from Save the Children published on 21 January.

Pneumonia and diarrhoea kill more under 5s globally than any other illnesses, accounting for three times more deaths than malaria and HIV combined. The report says that the death toll could be cut by up to one quarter if children were routinely vaccinated against these diseases.

The causes of most deaths of children in developing countries are pneumonia, diarrhoea, and malaria and complications and infections during and immediately after birth, the report says. "Children are continuing to die in huge numbers in the poorest countries, not because the solutions are unknown, but because the known solutions are not reaching them," it argues.

Part of the answer is improving access to vaccines, including new vaccines against pneumonia and diarrhoea, such as the pneumococcal conjugate vaccine and the rotavirus vaccine.

In early 2011 infants in Kenya, Sierra Leone, Yemen, and Guyana will be vaccinated against pneumonia through their public health service for the first time. And in the most ambitious global campaign against pneumonia to date the Global Alliance for Vaccines and Immunisations (GAVI) has approved the roll out of the latest, most effective vaccines to 19 countries. But 26 other countries have not yet been guaranteed funding.

Save the Children is warning that campaigns to provide immunisation programmes to protect children against pneumonia and diarrhoea in developing countries may stall because of lack of funding.

Justin Forsyth, the charity's chief executive, said, "Just when we are on the brink of a breakthrough against these two major child killers the cash is running out. Without it children will continue to die on a scale, and from causes, that would be unimaginable in Britain.

"It's not just the new vaccines that are at stake. Millions of children are already missing out on even the most basic immunisations against illnesses like whooping cough and tetanus."

Since 2000 GAVI has raised funds, in part through issuing innovative "vaccine bonds" on the capital markets, to enable it to agree deals with drug companies to sell lower priced vaccines to the developing world.

An estimated 288 million children have already been vaccinated under this scheme, but GAVI needs £500m (€580m; $790m) a year over the next five years to ensure that the programmes can continue, partly because the new vaccines for pneumonia and diarrhoea are more expensive, even at a discounted rate.

Save the Children is challenging the G8 group of the world's richest nations and other high income countries to pledge the money at a conference to be hosted by the UK government in June. ***No Child Born to Die: Closing the Gaps*** **is available at www.savethechildren.org.uk/en/54_14725.htm.**

Cite this as: *BMJ* 2011;342:d534

WHO calls for action to restrict marketing of unhealthy foods and drinks to children

John Zarocostas GENEVA

The World Health Organization has urged countries worldwide to act to restrict the marketing to children of foods and non-alcoholic beverages that are high in saturated fats, trans fats, added sugars, or salt.

The measure is among the agency's recommendations to tackle the growing global epidemic of overweight and obesity among children.

Tim Armstrong, WHO's coordinator for surveillance and population based prevention, said, "Currently there are 42 million children under the age of 5 who are overweight or obese; 35 million of these are living in middle and low income countries, and that is a huge issue for WHO."

Bjorn-Inge Larsen, Norway's chief medical officer, described the rise as a "new mega-trend in public health." Norway has seen a doubling over the past 10 years in the number of young children who are overweight or obese, he said.

Hong Kong's murky skyline is linked with excess deaths

Jane Parry HONG KONG

Hong Kong's air pollution is associated with 1200 excess deaths a year in the city, say researchers at the University of Hong Kong. For every 6.5 km reduction in visibility from a clear horizon of 30 km there is a 1.13% rise in all non-accidental causes of death, they say.

Anthony Hedley, the study's principal researcher and honorary professor of the university's School of Public Health and its Li Ka Shing Faculty of Medicine, said, "Visibility is now the most dominant feature of Hong Kong's environmental air quality problem, with serious implications for health, economic activities, and the overall status and brand value of the [territory]."

The study is one of the first of its kind to use visibility data to assess the effects on health of pollution, a method that can easily be replicated in other locations, the authors say.

Poor visibilty has "serious implications for health," said the study's principal researcher

MIKE CLARKE/AFP/GETTY IMAGES

The research combined 4018 days' worth of visibility measurements from 1996 to 2006 and air pollutant data on particulate matter with aerodynamic diameter ≤10 micrometres (PM_{10}), nitrogen dioxide, sulphur dioxide, and 8 hour mean concentrations of ozone. These data were combined with death rates and causes of death, particularly cardiovascular, respiratory, and accidental deaths.

The researchers then used Poisson regression analysis to calculate the association between visibility and excess deaths with a lag of 0, 0-1, and 0-4 days, taking into account temperature, humidity, day of the week, and the epidemics of flu and severe acute respiratory syndrome that occurred during the study period.

Thach Thuan-quoc, honorary assistant professor at the School of Public Health, said, "The majority of the additional avoidable deaths were due to respiratory and cardiovascular disease."

The findings were published in *Environmental Research* last August (2010;110:617-23), but the research team waited until the winter, when Hong Kong's pollution is at its highest, to publicise the findings. Professor Hedley said, "There is a marked U shaped curve in seasonal pollutants, and it's in the winter when the biggest hit to people's health is happening."

The association between impaired visibility, suspended particulates, and greater mortality is accepted by the Hong Kong government, but using visibility as a measure is not in itself particularly useful, said a spokeswoman for Hong Kong's Environmental Protection Department. "The use of visibility would only be a surrogate for air pollution in an absence of air pollutant data. That is, however, not the case in Hong Kong," she said.

But Professor Hedley maintains that visibility is an easy measure for the lay person to understand and can also be used in places without sophisticated air quality monitoring.

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The purpose of WHO's new recommendations is to help countries to strengthen efforts to restrict or reduce harmful marketing practices. They were drawn up after consultations with governments, interest groups and charities, the private sector, the advertising industry, and manufacturers.

Mr Armstrong explained that the recommendations "seek to reduce the use of powerful techniques to market these unhealthy products to children." They advise that settings where children gather, including nurseries, schools, preschool centres, playgrounds, family child clinics, and paediatric services, should be free from all forms of marketing of unhealthy foods.

Countries should also cooperate to put in place "the means necessary to restrict the impact of cross border marketing," the guidance says. Dr Larsen, arguing that "more global solutions" were needed, said, "A lot of the advertising pressure is coming through international channels, [so national] legislation would only be so effective."

The recommendations leave it up to WHO member nations to choose what approaches they take. Mr Armstrong said that national governments "must lead the process."

WHO's recommendations are at www.who.int/.

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Obesity is a "new mega-trend in public health," and restrictions on advertising are vital

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