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Doctors call for "radical" reform to paediatrics

Ingrid Torjesen LONDON

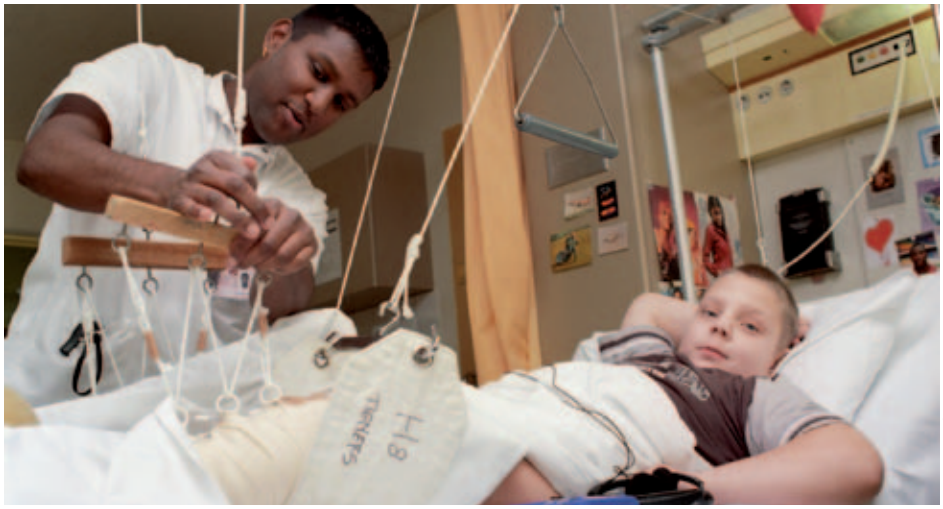
A radical redesign of paediatric hospital services is needed to safeguard and improve health outcomes for children and young people in the UK, a report from the Royal College of Paediatrics and Child Health (RCPCH) has warned.

The report describes how underinvestment and increasing demand are stretching children's hospital services to breaking point. Many are operating with dangerously low levels of staff, with trainee doctors left to manage wards because there are not enough senior consultants.

The college is calling for a larger proportion of care to be delivered by consultants, supported by more specialist children's nurses and GPs trained in paediatrics, to ensure that the quality of services is maintained and improved.

The college wants a 50% increase in the number of paediatric consultant posts and fewer trainees, a substantial expansion in the number of highly skilled children's nurses, and more opportunities for GPs to gain children's hospital experience. Inpatient services that cannot ensure minimum quality standards would be closed down.

Ten service standards for acute general paediatric services that the RCPCH believes are necessary to ensure better quality and more efficient care are set out in the report. These include: ensuring that any acute paediatric admission is seen by a middle grade paediatrician within four hours and a consultant within 24 hours; all short stay paediatric assessment units (SSPAUs) have access to a paediatric consultant when open; all general acute paediatric rotas are made up of at least 10 whole time equivalent staff; and at least one medical handover is led by a paediatric consultant every 24 hours.



HENNY ALLIS/SPL

Children could expect more direct care from consultants and less from junior doctors

To achieve the standards, the current UK consultant workforce needs to expand from 3084 to between 4500 and 4900, depending on the specific reconfiguration model adopted.

The report suggests converting 32 of the UK's 218 inpatient units to SSPAUs and closing 16. If this model was adopted the number of specialist training trainees needed would fall from 2929 to 1720 whole time equivalents.

Terence Stephenson, president of the RCPCH, said some aspects of the "radical" package of reforms would be unpopular.

"The alternative, of making small, piecemeal changes is simply not viable. If we are to have any prospect of making sure children in this country have the same health outcomes as other leading Western nations, it is time to face the future and redesign children's health services so they meet the standards that children and their parents rightly expect.

The report is at www.rcpch.ac.uk. See Analysis (*BMJ* 2011;342:d1277)

Cite this as: *BMJ* 2011;342:d2663

Libel case against Wilmshurst collapses as firm goes into liquidation

Clare Dyer BMJ

The long running libel action against cardiologist Peter Wilmshurst by the makers of a medical device has collapsed dramatically after the company suing him announced it was going into liquidation.

US based NMT Medical has pursued Dr Wilmshurst in the UK courts for more than three years over his comments alleging flaws in a clinical trial of the STARFlex septal repair implant, quoted on a US website for cardiologists. He was a lead investigator on the MIST (migraine intervention with STARFlex technology) trial, carried out in the UK from 2004 to 2006.

Dr Wilmhurst, a consultant at the Royal Shrewsbury Hospital, has run up a six figure legal bill, although the case was nowhere near reaching court. The case was held up by campaigners as an example of the chilling effect of English libel laws on scientific debate and played a part in the UK government's decision to reform the libel laws.

The company had complied with a court order to pay £200 000 (€226 200; $331 200) into court as security for any costs that might eventually be awarded against it. It will be up to the court to decide what happens to those funds.

Mark Lewis, Dr Wilmshurst's solicitor, told the *BMJ*: "After three and a half years, Peter Wilmshurst emerges into the daylight blinking. This nightmare isn't over yet—we now have to sort out the costs." He said that was likely to take four or five months.

Dr Wilmshurt said: "It is good news that it seems that my libel case may now be over. However it has cost me all my free time for the last three and a half years.

"It has also cost hundreds of thousands of my own money and about £200 000 on the conditional fee agreement with my lawyers, Mark Lewis and Alastair Wilson QC.

"Now that NMT have gone into liquidation, we are uncertain how much of the money we will get back."

Cite this as: *BMJ* 2011;342:d2646

Finding that QOF has had little effect on health inequalities is "disappointing"

Anne Gulland LONDON

The incentive scheme for GPs in England, the Quality and Outcomes Framework (QOF), has failed to lead to better health promotion in deprived areas, research has shown.

The study, which was carried out by the health think tank the King's Fund and the London School of Hygiene and Tropical Medicine and was based on an analysis of qualitative data and interviews, found that the framework has "promoted a medicalised and mechanistic approach to managing chronic disease which does not support holistic, patient-centred care or promote self care and self management."

QOF, introduced in 2004, rewards GPs for meeting a range of quality targets, such as on managing coronary heart disease, heart failure, and hypertension; cervical screening; and surveillance of child health. The study acknowledges that reducing health inequalities was not an explicit aim of QOF but that "there has been interest in its potential to achieve these goals."

Practices that were eager to reduce health inequalities and promote public health did so because of factors such as leadership from GPs, values, and a sense of responsibility for their patients, the study found.

It states: "If preventive activities were in place at all, they usually pre-dated the QOF."

The study also looked at the differences between general practices in the least and most deprived areas. Although it found that variation in performance on QOF has gradually decreased over the years, there is still only limited evidence of the effect of QOF in reducing health inequalities. This narrowing between rich and poor areas may result from practices improving their QOF scores rather than reducing health inequalities, it says.

The report also found that the framework seemed to favour practices that had more resources and were more organised. Practices that had a dedicated QOF manager also scored better.

Despite QOF incentives to keep a register of patients with certain chronic conditions, practices in deprived areas have not sought to identify new cases or reach out to patients, the study found.

The researchers said that QOF points should be weighted to encourage action to reduce health inequalities. They also called for incentives to be developed that better reward practices in deprived areas.

The study comes after publication of the King's Fund inquiry into general practice, which found widespread variation in practice and gaps in the quality of care (*BMJ* 2011;342:d1833, 23 Mar).

Anna Dixon, policy director at the King's Fund, said that a lot of money had been spent on financial incentives for GPs and "it is disappointing that we have not gained greater return . . . so far in terms of health improvement in deprived areas."

She added, "The development of GP commissioning provides an opportunity to improve the current system of incentives to ensure practices take

MIKE GOLDWATER/ALAMY

QOF should be weighted in areas of deprivation to encourage GPs to tackle inequalities

Wards will close and services will be cut to achieve £20bn efficiencies, say managers

Adrian O'Dowd LONDON

Hospital wards could close and services be cut back to achieve mandatory efficiency savings, claim around half of finance managers at NHS trusts, a report has found.

John Appleby (left) and David Flory agreed that pressure on the NHS is growing

The report from the health policy think tank the King's Fund published on 19 April described the harsh reality of trusts having to make the £20bn (€22.7bn; $32.7bn) worth of efficiency savings demanded by the government by the end of 2014-15.

The report—the first update from a series to be published by the think tank every quarter—gives a snapshot of the state of the NHS by combining analysis of key performance data with the views of a panel of NHS finance directors.

The report also points out that waiting times for hospital treatment have reached their highest level for three years as trusts are showing signs of strain in delivering productivity improvements while their budgets are being squeezed.

A panel of 26 finance directors interviewed for the report was drawn from acute, mental health, and primary care trusts from all English regions. More than two thirds said they might not meet their productivity targets for 2011-12.

They discussed various plans for improving productivity in their area, including workforce changes, redesigning services to improve efficiency, and reducing lengths of stay in hospital.

However, only six identified back office efficiencies among the main ways that productivity targets would be met, despite the government's promise that efficiency savings would not affect frontline patient care.

Almost half (12) of the panellists identified closing hospital wards and reducing services among the main ways that savings would be delivered in their area.

The King's Fund report also analysed latest NHS data and found that in February, nearly 15% of hospital inpatients waited over 18 weeks for treatment—the highest level since April 2008.

The proportion of patients waiting more than four hours in accident and emergency departments also rose sharply at the end of 2010 to 3.5% from 2% in the previous quarter, reaching its highest level since 2004-5.

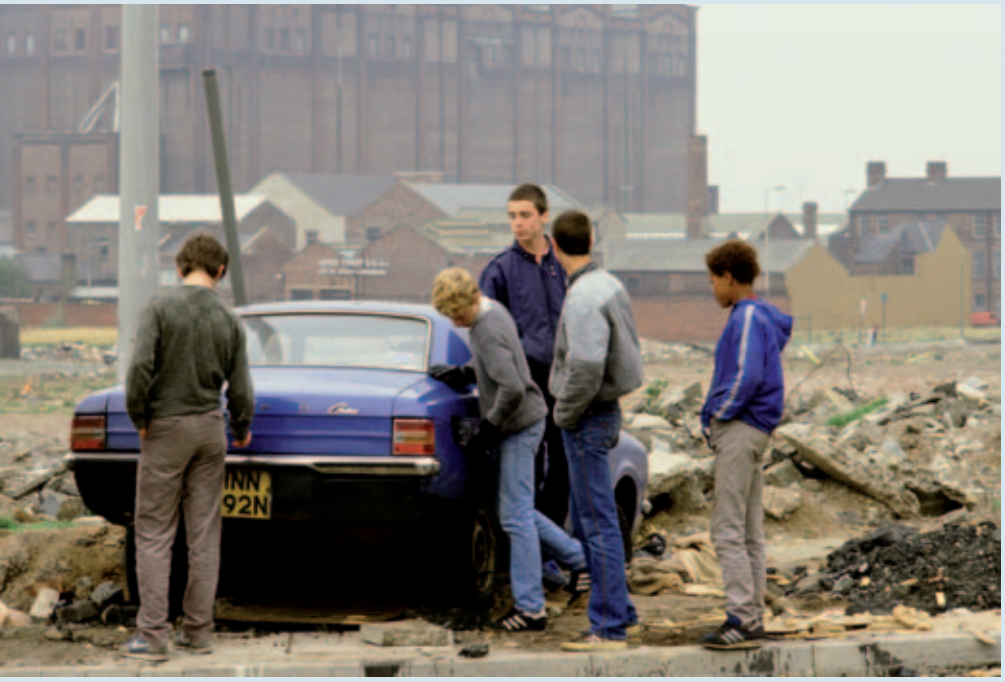
The proportion of patients waiting more than six weeks for diagnostic services, however, fell back to 1.5% in February, reversing a steady increase since June 2010.

John Appleby, chief economist at the King's Fund, said: "This report highlights significant concern among NHS finance directors—who are well placed to report on the stresses in the system—about the prospects for the year ahead. With hospital waiting times rising, the NHS faces a considerable challenge in maintaining performance as the financial squeeze begins to bite."

David Flory, deputy chief executive of the NHS, said: "Despite continued good performance, the NHS is still facing pressure from growing demand and will do so for many years to come."

The report is at www.kingsfund.org.uk/.

Cite this as: *BMJ* 2011;342:d2612



responsibility for population health, not just treatment of the patients in front of them."

Laurence Buckman, chairman of the BMA's General Practitioners Committee, said, "Health inequalities exist for reasons that stretch far beyond the reach of general practice. GPs working in deprived areas, with populations that need a lot of care, often struggle to deliver healthcare with the resources they have. Addressing this is much more complex than simply altering the QOF. Tackling health inequalities is a matter for society as a whole."

The report is at www.kingsfund.org.uk.

Cite this as: *BMJ* 2011;342:d2536

Judge rules that government must disclose figures on abortions after 24 weeks

Clare Dyer BMJ

The UK government has lost a High Court battle to keep secret "sensitive" statistics on late abortions, which it argued could lead to the identification of patients and doctors.

The small numbers who had late abortions for certain conditions meant that individual patients could have their identities revealed, with potentially "awful consequences," the Department of Health argued.

But at the High Court in London, Mr Justice Cranston upheld a ruling by the Information Tribunal in October 2009 that freedom of information rules required the statistics on late abortions to be disclosed. The ruling followed a freedom of information request from the ProLife Alliance, which opposes abortion.

The alliance is concerned that doctors may be sanctioning abortions to prevent the births of "less than perfect" babies, such as those with cleft palate whose conditions could be corrected by surgery. In England and Wales, a pregnancy may be terminated at any stage if there is a substantial risk that the child if born would have "such physical or mental abnormalities as to be seriously handicapped" (ground E).

Until 2002 the department published a table—"Legal abortions: principal medical conditions for abortions performed under ground E England and Wales residents"—indicating how many were done at more than 24 weeks' gestation.

In 2003, the statistics included no figures for ground E abortions at more than 24 weeks, and provided only total figures for congenital malformations and chromosomal abnormalities. In 2005 the ProLife Alliance made a freedom of information request asking for the 2003 statistics for ground E abortions as they had been published in 2002 and previous years.

When the request was refused, the alliance appealed to the information commissioner, who ordered disclosure, but the department appealed further to the Information Tribunal, which also ruled that the statistics must be disclosed.

The Department of Health, which is considering a further appeal, said it "will now consider the implications of this judgment."

Cite this as: *BMJ* 2011;342:d2643

Findings on H1N1 vaccine prompt new prescribing advice

Geoff Watts LONDON

New findings on the suspected link between the H1N1 vaccine Pandemrix and narcolepsy in children and adolescents have prompted the European Medicines Agency to recommend interim changes to its product information.

The findings in question are the preliminary results of a Swedish registry study of a group of children and adolescents aged under 20 years who received Pandemrix between October 2009 and December 2010. The number of cases of narcolepsy in this group was four times the number in an unvaccinated group of the same age: 4.1 cases per 100 000 person years versus 0.97 cases per 100 000 person years (relative risk 4.2 (95% confidence interval 1.8 to 12.1)).

This difference is broadly in line with the findings of an earlier study from Finland.

The agency's Committee for Medicinal Products for Human Use, the body responsible for assessing the new data, said that the Swedish study had some inherent limitations but had been well conducted.

It said, "The lack of a clear increase in reports of narcolepsy following Pandemrix in other EU [European Union] and non-EU countries may point towards the influence of other unknown factors affecting the trend seen in some countries." It added that there is currently no plausible biological explanation for the association and that further non-clinical studies will be needed.

In addition to providing prescribers with the new epidemiological data, the amended product information will say, "When considering the use of Pandemrix in children and adolescents, an individual benefit risk assessment should be performed taking this information into account."

The committee describes its ruling as an interim measure pending the outcome of a European review of Pandemrix expected to conclude in July 2011. It also plans to hold a meeting with international experts, the World Health Organization, and the European Centre for Disease Prevention and Control.

In a statement GlaxoSmithKline, the manufacturer of Pandemrix, said, "GSK maintains that further information must be gathered on a potential likelihood of a causal relationship between Pandemrix and narcolepsy before any conclusions can be drawn." An epidemiological study of narcolepsy and pandemic in nine European countries is under way, it said.

Cite this as: *BMJ* 2011;342:d2524

IN BRIEF

Avalanche survival more likely in Switzerland than Canada: People buried in avalanches in Canada have a lower chance of surviving than those in Switzerland, researchers have found after examining data for 301 victims in Canada and 946 in Switzerland (*CMAJ*; doi:10.1503/cmaj.101435). Trauma and characteristics of the snow contributed to the survival differences. Rescue times, however, were significantly quicker in Canada than in Switzerland (18 minutes versus 35 minutes).

Obama cracks down on abuse of prescription drugs: The Obama administration has announced plans to reduce the non-medical use of prescription psychotherapeutic drugs by 15% over five years. The US Food and Drug Administration has already ordered opioid manufacturers to produce educational materials to help train doctors and counsel patients about the correct use of opioids. Prescription drug monitoring programmes and efforts to tackle doctor shopping and pill mills will also be beefed up.

Three parent babies one step closer: A review by the UK Human Fertilisation and Embryology Authority (www.hfea.gov.uk) has found no evidence that mitochondrial transfer is unsafe. The technique would enable women carriers of mitochondrial disease to have healthy children by transferring the nucleus of an egg into a donor egg where the nucleus has been removed, which would then be fertilised by her partner's sperm. The secretary of state for health will now consider holding a public consultation on changing the regulations.

More Britons travelling to Dignitas clinic: Figures from Dignitas show that since the first Briton travelled to the Zurich clinic to commit suicide in 2002, the number of British suicides there has increased from around 13 a year between 2003 and 2005 to about 25 a year between 2008 and 2010. No individual has yet been prosecuted over any of the Britons who have died at Dignitas.

Measles outbreak hits Europe: Thirty countries in the World Health Organization's European region have reported a marked increase in measles cases. In Belgium there have been 100 cases of measles so far in 2011, compared with only 40 in 2010. France faces the largest outbreak with 4937 measles cases officially reported from January to March 2011, a figure almost equal to the 5090 cases reported for the whole of 2010.

Cite this as: *BMJ* 2011;342:d2596

US doctors call for vaccine advertisement to be pulled

Jeanne Lenzer NEW YORK

US paediatricians have urged media giant CBS Outdoor to stop showing an advertisement in Times Square because they say it puts children's lives at risk.

The 15 second advertisement, which runs hourly, 18 hours a day, until 28 April, shows a woman cradling a baby and the statement, "Vaccines: Know the Risks." The advertisement then fades to an image of the Statue of Liberty with the words, "Vaccination. Your health. Your family. Your choice."

Dr O Marion Burton said that the advertisement sponsors oppose the US vaccine schedule

The advertisement is sponsored by the National Vaccine Information Center and Mercola.com, two organisations widely perceived to be antivaccine. The centre states that it "supports the availability of the safest and most technologically advanced vaccines as an affordable healthcare option for all who choose to vaccinate" and it "opposes forced vaccination."

Barbara Loe Fisher, president of the centre, states that her organisation is not antivaccine. "We do not advise for or against vaccines," Fisher told the *BMJ*. "If we were antivaccine, why would we have advocated for 14 years for a safer DtaP vaccine? What we do believe is that people should have the right to full access to all information."

On 13 April, O Marion Burton, president of the American Academy of Pediatrics, wrote to CBS Outdoor, asking that it take down the advertisement. Dr Burton wrote, "By providing advertising space to an organisation like the [National Vaccine Information Center], which opposes the nation's recommended childhood immunization schedule and promotes the unscientific practice of delaying or skipping vaccines altogether, you are putting the lives of children at risk, leaving them unprotected from vaccine-preventable diseases. Diseases like measles and pertussis (whooping cough) can have serious consequences, even death."

Dr Burton told the *BMJ* that the academy is not against informed consent but that "the best way to be informed is to sit down with your paediatrician or family physician to get information about vaccines. I think there are a lot of organisations that want people to be fully informed. But if you link to a lot of websites, they provide information that will only confuse the public." He added that some sites have caused "undue fear" by promoting "research that has proved not to be correct and that might have even been fraudulent."

Gary Schwitzer, publisher of HealthNewsReview.org, a national journalism watchdog project, told the *BMJ* that questions about running the advertisement should not rest solely on freedom of speech issues. He said, "I think our founders, while affording us this tremendous and vital freedom, nonetheless had concerns about public safety, and the flip side of course are the public safety questions that can arise in the absence of vaccination. So, in our community, for example, there has been news about Andrew Wakefield meeting with our large Somali community, and—according to the Associated Press—some worry that he's stoking vaccination fears at a time when we have more than a dozen measles cases."

Cite this as: *BMJ* 2011;342:d2639

All Dutch women up to 45 can freeze oocytes

Tony Sheldon UTRECHT

Women in the Netherlands will be allowed to have their egg cells frozen for later use in in vitro fertilisation (IVF) treatment on social not just medical grounds, ending three years of controversy.

Despite opposition from three Christian parties, most MPs have accepted that there is no reason to ban the treatment for women up to the age of 45 who may wish to delay pregnancy because they are single or don't want to take a career break.

Recently the IVF clinic at Amsterdam's Academic Medical Centre announced that it was to begin offering the treatment on social grounds, reigniting the issue. Its professor of human reproductive biology, Sjoerd Repping, said that since then his phone has not stopped ringing.

The health minister, Edith Schippers, held talks with the Dutch Associations for Obstetrics and Gynaecology and for Clinical Embryology, reporting to MPs that she "wanted to be certain that the technique is now sufficiently safe to be applied more broadly than just in the context of a scientific study." Last week parliament agreed.

Professor Repping confirmed that so far 100 women have approached his clinic for treatment.

Cite this as: *BMJ* 2011;342:d2530

Use artesunate not quinine to treat severe malaria, say experts

Geoff Watts LONDON

The international medical charity Médecins Sans Frontières (MSF) is calling for a prompt switch from quinine to artesunate to treat all cases of severe malaria. In a new report the charity claims that the change could save 200 000 lives a year.

The call finds timely support in a policy change announced on 18 April by the World Health Organization. Having backed artesunate for use in adults since 2006, WHO is now recommending that the drug be used in children.

Artesunate is a derivative of the plant compound artemisinin. A clinical trial carried out in 2010 in nine African countries concluded that using it to treat children with severe malaria reduced the risk of death by nearly a quarter (*Lancet* 2010;376:1647-57).

Nicholas White, of Mahidol University in Bangkok, said, "This trial has convinced the World Health Organization to recommend clearly and unequivocally that everybody with severe malaria should get this drug."

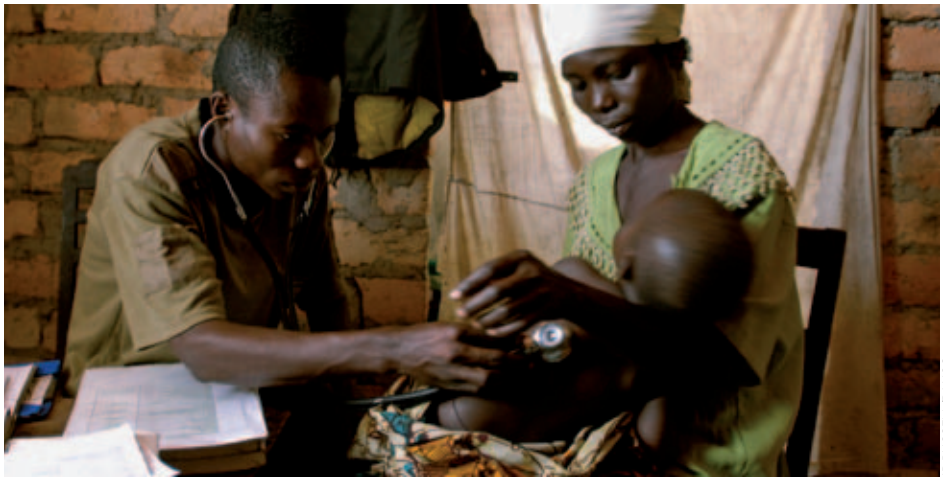
The mainstay of malaria treatment has long been quinine, and almost all African countries still rely on it for dealing with severe cases of the disease. But the dose required must be calculated precisely according to the patient's body weight and given three times a day over four hours in a slow intravenous drip. Artesunate, by contrast, can be given in four minutes in an intravenous or intramuscular injection.

Health workers, particularly in rural Africa, may lack appropriate training and equipment for giving quinine. Veronique De Clerk, MSF's medical coordinator in Uganda, said, "One in four patients is not treated correctly with quinine because of the difficulties of calculating the correct dose." Overdosing with quinine can cause permanent blindness, convulsions, cardiotoxicity, and coma.

MSF claims that the evidence in favour of change is now overwhelming, but that evidence alone will not be enough. Although artesunate for adults with severe malaria has been backed by WHO for the past five years, nearly every country in Africa still uses drugs other than artesunate for first line treatment, said Nathan Ford, author of the new report. Support for the increased cost of switching from quinine is needed, he said.

Making the Switch **is available at www.msf.org.uk.**

Cite this as: *BMJ* 2011;342:d2590



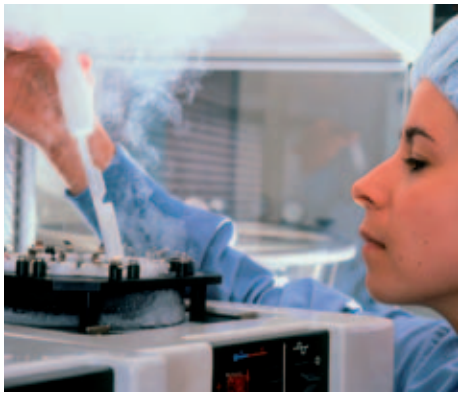
JB RUSSELL/PANOS

Nearly all African countries still use drugs other than artesunate for the first line treatment of malaria

CORRECTION

Journal withdraws article after complaints from drug manufacturers

This News story by Nigel Hawkes (*BMJ* 2011; 342:d2335, print publication 16 April, pp 842-3) wrongly stated that Novo Nordisk manufactures the drug exenatide (marketed as Byetta). In fact, the drug is manufactured by Amylin Pharmaceuticals and Eli Lilly.



HANK MORGAN/SPL

Doctors said freezing oocytes for social reasons can no longer be regarded as experimental

HIV prevention trial in women is abandoned

Bob Roehr WASHINGTON, DC

A trial to determine whether treating African women prophylactically with a drug used to treat HIV can prevent them becoming infected with the virus has been stopped early after an independent data monitoring committee said it was "highly unlikely" that the study would demonstrate effectiveness.

The FEM-PrEP study was being conducted at four sites in Kenya, South Africa, and Tanzania. It used orally available placebo or Truvada, a mainstay of HIV treatment in the US and Europe. Truvada is a single pill that combines the drugs emtricitabine and tenofovir disoproxil fumarate.

The monitoring committee conducted a planned interim analysis on 18 February after the trial accrued 56 infections or 75% of the planned 72 infection end points. On the basis of that analysis it recommended on 14 April that the trial be stopped.

The results were a surprise because the parallel Pre-Exposure Prophylaxis Initiative (iPrEx) study, in a population of gay and bisexual men, had found that Truvada cut the rate of HIV infection nearly in half (*BMJ* 2010;341:c6737).

The iPrEx study measured adherence to the daily regimen through both self reporting and monitoring of blood levels of the drugs. It found discordance between the two; people were more likely to say they had taken the drug than their blood test indicated. Protection correlated with adherence as measured in the blood.

Lut Van Damme, the principal investigator of the FEM-PrEP study, said the rates of new HIV infection were the same in the placebo and Truvada groups, which was "surprising and disappointing."

Timothy Mastro, a senior investigator with the study, said self reported adherence to the drug was about 95% in the week before the monthly visits that were part of the trial. But he acknowledged that self reporting is not the most reliable indicator of adherence.

John James, US publisher of *AIDS Treatment News* (www.aidsnews.org), suggested that some of the participants might have given their pills to family or friends infected with HIV who could not get access to treatment. Or they might have sold them. The FEM-PrEP study was conducted in regions of Africa where levels of HIV infection are high and access to treatment can be difficult.

Cite this as: *BMJ* 2011;342:d2613