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# NEWS

## Religious leaders call for fair treatment for people with HIV

**Tony Sheldon** UTRECHT

In the first summit of its kind, about 40 religious and spiritual leaders from every continent and many faiths pledged this week to work to eliminate stigma and discrimination against people with HIV and AIDS. They stressed that "AIDS was an illness, and not a sin," and spoke of "remorse" for the harm people with HIV have suffered in the name of religion.

The summit, held in the Netherlands, was organised by the Geneva based Christian network, the Ecumenical Advocacy Alliance. Leaders who were Buddhist, Christian (Protestant and Roman Catholic), Hindu, Jewish, Muslim, Baha'í, and Sikh met with executive directors of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Population Fund (UNFPA).

In a joint statement they called for "universal respect for the human rights" of people affected by HIV and a "renewed sense of urgency" in response to HIV that included "holistic prevention including safer practices."

Each participant signed a personal pledge, which included a commitment "to protect human rights within my faith community." It also said that "clear words and actions that stigma and discrimination . . . are unacceptable" were now needed.

Michel Sidibe, UNAIDS executive director, said religious leaders had a vital role to play, which included promoting "community solidarity" so ensuring "dignity and respect," and the Reverend Dr Richard Fee, the Alliance chair and member of the Canadian Presbyterian Church, argued that in the midst of "AIDS fatigue" religious leaders could "inspire change."

The summit heard that faith based groups provide 30% to 70% of health care in Africa. In Lesotho and Zambia they account for 40% to 70% of HIV related care.

Norway's bishop emeritus Dr Gunnar Stålsett said he felt a sense of humility that although faith based groups were prominent care givers, they were also among those promoting stigma.

Representatives of people with HIV were also present at the summit in an attempt to "bridge the gap" with religious leaders.

Cite this as: *BMJ* 2010;340:c1726


RICK MAIMAN/AP/PA

**Fire officers leave the building housing Anthony Weiner's office after he received a suspicious envelope**

## Protests follow US Congress's passing of health reform bill

**Janice Hopkins Tanne** NEW YORK

Violent protests took place after President Barack Obama signed into law the health reform bill passed on 21 March by the House of Representatives (*BMJ* 2010;340:c1635, 22 Mar). Days later, on 25 March, the House passed the reconciliation bill to finalise changes, bringing the bills passed by the Senate and the House in line. The president will sign the reconciliation bill this week.

Republicans moved immediately to repeal health reform. The attorneys general of 14 states began legal fights to declare the bill unconstitutional.

Republicans said they would campaign on the issue in the November elections, when all members of the House of Representatives and a third of the Senate will be running for re-election.

President Obama dared the Republicans to try that tactic. "If they want a fight we can have it," he said to a crowd in Iowa.

In the past, important social legislation such as Social Security (pensions for elderly people) and Medicare and Medicaid (health insurance for elderly and poor people) met objections at first but then was widely accepted. Several polls have shown increasing support for health reform.

Republicans said that health reform was unconstitutional because it forced people to buy health insurance or face penalties. They also said it was expensive, would cause job loss, would hurt small businesses, and would mean a leftist government takeover of a significant part of the US economy.

The influential conservative talk show host Rush Limbaugh said, "We need to defeat these bastards. We need to wipe them out." Another conservative talk show host, John Gambling, suggested that the healthcare reform bill was "an 'ism'—communism, socialism, fascism, whatever you call it, not what this country is about."

Several Democrats have received death threats. Windows and glass doors of local offices of several Democrats were shattered. The local office of a New York Congressional representative, Anthony Weiner, received a white powder in the mail, a reminder of the anthrax attacks in 2001. It turned out to be harmless.

Sarah Palin, who ran for vice president in the 2009 election, joined Mr McCain at a "Tea Party" rally supporting his re-election campaign and called for the repeal of health reform. The Tea Party movement is a loosely organised conservative group.

**See OBSERVATIONS p 742**

Cite this as: *BMJ* 2010;340:c1771

# A third of £11bn public services savings will come from the NHS

**Zosia Kmietowicz** LONDON

The health sector is to contribute the most out of the pubic services towards repaying the country's debt by making £4.35bn (€4.83bn; $6.5bn) worth of efficiency savings by 2012-13, the government announced in the Budget last week.

The Chancellor, Alistair Darling, confirmed it will stick to its plans to keep NHS spending at its current level in 2010-11, but that from 2011 it would be seeking annual savings of £11bn across government departments to halve public spending as a proportion of the economy over the next four years.

The health secretary, Andy Burnham, said the NHS savings would be made by cutting £1.5bn from the costs of procurement, £100m from the National Programme for IT, £130m by reducing energy consumption and managing estates more efficiently, and up to £555m by reducing staff sick absence.

Mr Burnham said the NHS was in a strong position to make the savings after a decade of record investment. He added, "Today's announcement is part of the challenge that I set out last December. To go from good to great, the NHS must become more preventative, more people centred, and more productive. We have already challenged the NHS to deliver efficiency savings of £15-20bn by 2013-14. By making tough efficiency savings, this will mean we can continue to increase real terms resources available for patient care year by year. Work on this has already begun and delivering these efficiencies will be an historic achievement."

Data from the Office for National Statistics released on the same day as the Budget showed that productivity in the NHS fell by 3.3% between 1995 and 2008, an average of 0.3% a year. Early estimates also indicate that in 2008 productivity fell by 0.7%.

PA

**Mr Darling said savings made from freezing thresholds on inheritance tax would go towards paying the rising bill for social care**

The figures for 1995 to 2008 reflect the fact that investment in the health service rose by 75% during this time and activity by 69%.

The analysis also shows that the number of hospital and community services, including operations and outpatient consultations, rose by around 40%. There has been a rise in healthcare quality every year since 2002 and a more than

# GMC panellist did not disclose his links with Scientologists

**Clare Dyer** BMJ

The General Medical Council has been forced to disclose documents it tried to keep secret about its handling of a case involving a lay panel member who was banned from hearing professional conduct cases after failing to disclose the extent of his links with the Church of Scientology.

The UK regulator has written to around 70 doctors to tell them that Christopher Brightmore, one of the panel members who sat on their cases, had his contract as a panellist terminated in 2004. The Citizens Commission for Human Rights, founded by the church, campaigns against "the seduction and contamination of medicine by psychiatrists."

The internal documents showing the circumstances in which Mr Brightmore, a former detective chief superintendent, was removed from the list of panellists were released in response to a freedom of information request by William Thackeray, an anti-Scientology campaigner.

The GMC initially refused to disclose the documents, and that decision was upheld by the information commissioner.

But Mr Thackeray appealed to the Information Tribunal, which ruled that the papers should be disclosed.

Cite this as: *BMJ* 2010;340:c1766

PA

**Wayne Jowett's death in 2001 from intrathecal vincristine galvanised the safety culture in the NHS**

# Greater awareness leads to rise in safety incidence reports

**Jacqui Wise** LONDON

A fall last year in the number of reported patient safety incidents that resulted in death, along with a rise in the total number of reported incidents, shows an improved patient safety culture in the NHS in England, says the National Patient Safety Agency.

The organisational patient safety incident reports for each trust show that 1160 incidents resulting in death were reported in the six months from 1 April to 30 September 2009, down from 1856 in the same period in 2008.

The number of reported incidents that resulted in severe harm to the patient also fell, from 3643 to 2412. At the same time the total number of patient safety incidents reported to the agency rose sharply, from 379 345 to 473 162, reflecting an increase in reporting of incidents resulting in no or low harm.

The agency's director of patient safety, Suzette Woodward, said, "These latest data provide real evidence of an improved patient safety culture in the NHS, with a decrease in the severity of incidents reported and a corresponding, real increase in the number of patient safety incidents reported to the NPSA across all categories. The trend is extremely positive and goes to show just how seriously frontline services view reporting and, more importantly, learning from incidents."

Cynthia Bower, chief executive of the Care Quality Commission, said, "I strongly welcome the increase in reporting and urge trusts to improve levels of reporting further still."

From 1 April it will be mandatory under the commission's new registration system for all NHS organisations to report all serious incidents to the National Patient Safety Agency. Ms Bower added: "Trusts that don't report incidents could face enforcement action. Trusts that report incidents show that they are monitoring safety as an important aspect of their operational work and that they are contributing to common learning across all trusts."

The agency analyses incident reports so that it can identify common safety problems that need action across the NHS. Such work has resulted in guidance on gentamicin, vaccine storage, monitoring of patients who have been prescribed lithium, and safer spinal and epidural devices.

threefold increase in the volume of drugs prescribed by GPs.

Steve Barnett, chief executive of the NHS Confederation, said that the figures show "that we are doing more for the same number of patients" and also that "when you have that kind of rapid expansion in investment and activity, overall efficiency is unlikely to increase at the same pace."

John Appleby, chief economist at the healthcare think tank the King's Fund, said that to make the savings outlined in the budget productivity in the NHS would have to increase by around 3% or 4% a year.

Professor Appleby added, "Improving productivity has to be the top priority if the NHS is to maintain quality and avoid having to cut services. Politicians will need to be honest about the scale of the challenge ahead and help the public to understand that some of their services may need to change in order to improve efficiency and maintain quality."

**Reports on NHS productivity are at www.statistics.gov.uk/CCI/article.asp?ID=2383 and www.statistics.gov.uk/CCI/article.asp?ID=2384.**

Cite this as: *BMJ* 2010;340:c1724

Bruce Keogh, medical director of the NHS in England, said, "It is only through reporting on this scale that we can analyse otherwise rare events and work out how to prevent them so that they are not repeated elsewhere in the NHS."

But Brian Jarman, emeritus professor at Imperial College School of Medicine, London, criticised the figures as an underestimate: "These methods of self reporting are fundamentally flawed, and the NPSA is not recording all the incidents that occur." He believes that the hospital standardised mortality ratio, alongside other measures, is a much better way of flagging up when something is going wrong.

Professor Jarman has published a list of 25 trusts that have higher than expected death rates and has called on the government to ask the Care Quality Commission to investigate each of these trusts rather than relying on their own self assessments. He said that each of the trusts had at least 150 more deaths than expected in 2007-8. Across the 25 trusts there was a total of 4600 more deaths than expected. He added that a high death rate does not necessarily prove that a hospital is doing anything wrong.

Professor Jarman added: "We have some very good hospitals in this country but we also have some poor ones. I just don't accept that Mid Staffordshire is the only hospital with a problem."

Dr Woodward said Professor Jarman's criticisms were based on data from 2007 and 2008, whereas the latest agency data are based on reports of incidence that ocurred between 1 April and 30 September 2009.

Cite this as: *BMJ* 2010;340:c1767

# Obesity treatment is being neglected in favour of prevention, doctor says

**Caroline White** LONDON

The UK government's focus on prevention to curb the rising tide of obesity has ignored those who are already obese, which is costing the NHS dear, an expert has claimed.

Speaking at the Tackling Obesity 2010 conference in London, Dr David Haslam, chair of the National Obesity Forum, praised government initiatives, such as Change4Life, which aim to stave off obesity by advocating lifestyle changes.

But even that campaign presented an unrealistic "utopian" vision of prevention, he suggested, as the materials featured people who were all fit and slim. "It's like a kids' fairy tale without any villains," he said.


**The Change4Life campaign is "utopian" as the figures are all slim**

And GPs like him, faced with more obese patients in their surgeries, were being hobbled by insufficient resources to manage the condition and an increasing number of obstacles in their path, he said. This had substantial cost implications for patients and the NHS further down the line, he suggested.

"We are in the middle of an obesity epidemic," he said. But doctors had little more than a care pathway and an algorithm to go on. "It's like being in the middle of a house fire and calling the Health and Safety Executive to check the wiring," he said.

The conclusion reached by the government's 2007 Foresight Report, that there was no evidence on how best to manage obesity was "nonsense," he said, referring to the outcomes for Counterweight and the childhood obesity programme, MEND.

And he chided the government for wasting a valuable opportunity to tackle obesity effectively in its GP reward system for quality care, the Quality and Outcomes Framework, which would have "immediate effect" if used properly, he said.

"I'm now incentivised to identify fat people and list them but do absolutely nothing with that list. If they come back again a year later I weigh them again to check they are still fat, so I can get my payment," he said.

The availability of bariatric surgery on the NHS was also variable, with no requirement for trusts to provide it, despite National Institute for Health and Clinical Excellence guidelines, he continued.

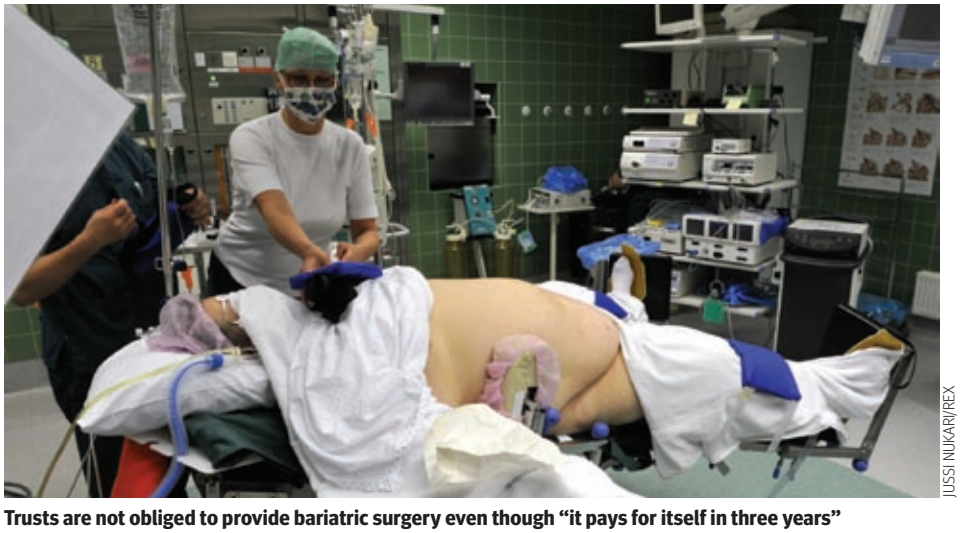
Yet this procedure paid for itself within three years. He said: "In nine out of 10 cases, patients with diabetes go into remission within two days of surgery, and it cuts premature mortality by 50%."

Strategies were great, he said. But the government was effectively telling obese people, "It's incurable and there's nothing we can do, so you might as well sit back, relax, and enjoy it," he said.

Andrew Lansley, shadow health secretary, told delegates that people needed to take more personal responsibility for the lifestyle choices they made to reduce their risk of obesity, but they could not be browbeaten into doing so.

A Conservative government would not "castigate" certain foods or "nanny" people or implement more regulations. "We can't pass the Elimination of Obesity Act 2010," he said. Rather, an integrated approach, working across all sectors, including the food industry, would be more productive, he suggested.

Cite this as: *BMJ* 2010;340:c1716



JUSSI NUKARI/REX

**Trusts are not obliged to provide bariatric surgery even though "it pays for itself in three years"**

# Spanish transplant model in EU would save 20 000 lives a year

**Aser García Rada** MADRID

A possible new European directive on transplantations that is based on the Spanish system could save 20 000 lives in the European Union each year, Spain's minister for health and social policy has said.

Trinidad Jiménez was speaking on 23 March at a conference in Madrid on organ donation and transplantation that aimed to reduce differences in transplantation rates.

Spain has been the world leader in organ donation since the early 1990s, with 34.4 donations per million inhabitants, double the European average of 18.1 per million. However, while other countries also have high rates, such as Portugal (31) and France (23.2), rates are very low in others, such as Bulgaria (1.1) and Romania (2.9).

The European directive on the quality and safety of human organs intended for transplantation, which is being backed by the Swedish and Spanish presidencies and is scheduled for approval in June, aims to double the number of organ donations and ensure that transplantations are carried out under the same standards of quality and safety.

Ms Jiménez told the conference: "If the donation rates throughout the EU . . . rise to those of the countries with the highest figures, 20 000 lives a year would be saved."

Rafael Matesanz, director of Spain's National Transplant Organisation, explained that the "Spanish model" is a voluntary donation system that is based on altruism. He told the *BMJ* that its success was based on effective training of hospital transplant coordinators, optimising detection of potential donors, and an integrated system that is coordinated at three levels: nationally, regionally, and by hospital.

He said, "Most donors are not lost because families say no but because they are not detected in the intensive care unit."

As well as having specially trained donor coordinators in hospitals, the organisation also trains doctors to recruit donors, so that even in small hospitals there is someone who can take on this task. "We are now also teaching intensive care residents, emergency physicians, and neurologists." Mr Matesanz said.

He said that it is much easier to get countries in Latin America, for example, to adopt the Spanish model, because they have no transplantation system in place. Many European countries, such as the UK and Germany, already have their own organ donor systems and are resistant to change.


**A current UK campaign highlights the shortage of registered donors**

Cite this as: *BMJ* 2010;340:c1758

# Doctors can decide which tool to use to assess heart risk

**Susan Mayor** LONDON

Healthcare professionals in the United Kingdom should use the cardiovascular risk assessment tool they consider most appropriate when assessing whether to prescribe lipid modifying therapy for the primary prevention of cardiovascular disease, an updated guideline from the National Institute for Health and Clinical Excellence (NICE) said this week.

It downgrades the previous recommendation of 2008 which said that the US derived Framingham risk equation should be used as the risk scoring tool of choice.

The NICE guideline recommends that healthcare professionals use a systematic strategy for identifying people likely to be at high risk for cardiovascular disease who would benefit from lipid modifying therapy.

The guideline recommends use of a risk equation to assess an individual's risk, with healthcare professionals choosing the most appropriate of three options: QRISK, which was developed from data from UK general practice; ASSIGN, which was based on a Scottish cohort; or the Framingham risk equation.

After reviewing new research published since 2008, including studies of QRISK, the committee decided that there was currently no clear evidence that any one method for assessing cardiovascular risk was better than another.

***Cardiovascular Risk Assessment and the Modification of Blood Lipids for the Primary and Secondary Prevention of Cardiovascular Disease*** **is at http://guidance.nice.org.uk/cg67.**

Cite this as: *BMJ* 2010;340:c1774

# Labour pledges to reform libel laws in England and Wales

**Clare Dyer** BMJ

The libel laws of England and Wales will be reformed to stem "libel tourism" and curb the law's chilling effect on free expression if Labour forms the next government, justice secretary Jack Straw has pledged.

Mr Straw promised a new bill in the next parliament if Labour wins the general election. However, he promised only to "give consideration to" the most important measure, a statutory public interest to protect responsible journalism from the effect of possible legal action.

Announcing the proposals in a written statement to parliament, he said he would ask the civil procedure rules committee to tighten the rules on libel actions being brought in the United Kingdom over material in foreign publications that can be accessed in the UK. The aim would be "to head off inappropriate claims at the earliest stage and stop them ever reaching court."

Other measures include the introduction of a single publication rule so publishers would not have continuing liability whenever an online archive was accessed. Claimants would have a year from the original publication to bring an action. The move follows a campaign by Index on Censorship, English PEN, and Sense about Science for reform of libel laws which they argue are stifling legitimate scientific debate.

Cite this as: *BMJ* 2010;340:c1712

# NHS commissioning system may need to be scrapped, MPs say

**Adrian O'Dowd** LONDON

Commissioning in the NHS in England has been a 20 year long "costly failure" and may need to be scrapped, MPs have concluded.

After its recent inquiry the parliamentary health select committee published a highly critical report on commissioning on 30 March. The report gives its verdict of almost two decades of NHS commissioning in England since purchasers and providers were split in 1991.

The MPs said that primary care trusts were not

REUTERS

About 40% of men and 23% of women in Poland smoke: the bill will allow them to continue to do so indoors

# Attempt to introduce a full smoking ban in public places fails in Poland

**Ned Stafford** HAMBURG

An attempt to impose a complete ban on smoking in public places in Poland failed on Friday 26 March, when its Senate approved a bill that will allow smoking in bars and restaurants that have more than one room, as long as a no smoking room is provided, and in hotels and student accommodation.

Łukasz Balwicki, of the Department of Public Health and Social Medicine at the Medical University of Gdańsk, expressed regret at the failure to introduce a full smoking ban. He said that the tobacco lobby had worked hard against a comprehensive ban on smoking in public. "The tobacco industry tried to convince [the government] that new stronger regulations would lower revenue . . . coming from tobacco taxes. In times of a financial downturn this is a strong argument," Dr Balwicki said

Health minister Ewa Kopacz is a smoker

The situation has been made worse by the fact that the country's health minister, Ewa Kopacz, a paediatrician, is a smoker and a strong opponent of a complete ban.

Dr Balwicki expressed relief, however, that the Senate's bill was not as retrogressive as one passed earlier in March by the Sejm, Poland's lower chamber.

The two chambers must now haggle over specifics to try to hammer out a single version of the bill, which would become law if signed by the Polish president.

Dr Balwicki, who is a member of the Polish Society for Health Programmes, said he thought that the Sejm would agree to the Senate version, as both houses are controlled by the same party, the centre right Civic Platform. The Senate version was approved only after consultation with Sejm colleagues, he added.

Dorota Sienkiewicz, policy officer at the European Public Health Alliance in Brussels, said that Poland had ratified the World Health Organization's Framework Convention on Tobacco Control in 2006 and for the past three years had been debating a more comprehensive public smoking ban.

The process seemed to be progressing smoothly, with strong political support in both chambers for a comprehensive smoking ban. "Nearly all politicians were in favour," she said. "But in the two weeks before the [Sejm] vote, everything changed."

On 4 March the Sejm approved a bill that would allow smoking in separate rooms in almost all public places, including in hospitals, schools, kindergartens and workplaces. The bill would also allow separate smoking rooms in pubs and restaurants over 100 square metres. In smaller venues the owner would be given the right to choose to be either a 100% smoking or non-smoking establishment.

The Sejm's bill was a step backward from current Polish law approved in 1995, which bans smoking in hospitals, schools, and workplaces, Ms Sienkiewicz said, adding that the 1995 law was "very progressive" when it was approved.

She agreed with Dr Balwicki that the tobacco lobby has been active in working against a comprehensive public smoking ban.

Cite this as: *BMJ* 2010;340:c1760

commissioning effectively, were too passive, and lacked the clinical knowledge and other skills to challenge hospitals over the provision of services.

Frequent NHS reorganisations and a high turnover of staff had worsened the situation, they said.

The committee questioned whether the government's "world class commissioning" initiative, designed to improve the quality of commissioning, will work. The report says: "There are concerns that WCC will be no more than a 'box ticking' exercise whereby people expend a lot of energy merely demonstrating they have the right policies in place, rather than actually transforming patient outcomes and cost effectiveness."

As part of its inquiry the committee commissioned the National Audit Office to conduct a telephone survey of commissioners, which showed that trusts themselves thought they were doing a good job. However, the committee said that trusts' positive perceptions of commissioning were significantly at odds with evidence received by the committee that pointed to weaknesses in the system.

Primary care trusts need a more capable workforce, higher quality management, the ability to attract talent, and more power to deal with providers, MPs say. But this could prove difficult, given that the government has announced a 30% reduction in management costs in primary care trusts and strategic health authorities from 2010 to 2013.

The report recommends that the Department of Health commission a study of what levers should be introduced to enable trusts to motivate providers of services better and to review contracts with providers so that they have fixed and enforceable measures of quality and efficiency written into them.

The committee cautioned against relying on management consultants to strengthen commissioning. "Whatever the benefits of the purchaser-provider split, it has led to an increase in transaction costs, notably management and administration costs," says the report. "Research commissioned by the Department of Health but not published by it estimated these to be as high as 14% of total NHS costs."

The committee said it was dismayed by the department's failure to provide clear and consistent data on the overall bureaucratic costs of commissioning.

***Commissioning: Fourth Report of Session 2009-10* is at www.parliament.uk.**

Cite this as: *BMJ* 2010;340:c1792

## IN BRIEF

**World's poorest children to receive pneumococcal vaccine:** Millions of infants and young children in the world's poorest countries will receive vaccines that help protect against pneumococcal disease, including pneumonia—the world's biggest childhood killer, the GAVI Alliance has announced. GlaxoSmithKline and Pfizer are the first two companies to make long term commitments to supply new vaccines against pneumococcal disease. Supply may start in 2010, at a fraction of the price charged in industrialised countries.

**Doctor calls for ban of photos that can provoke abuse:** After an "alarming" surge in news reports of sexually abused children, Wolfram Hartmann, head of the German Association of Paediatricians, is urging advertising agencies, businesses, and the media to refrain from publishing photos of "naked or almost naked" children. He says such photos can potentially stimulate adults who have a predisposition to such behaviour.

**UK to review response to swine flu:** Deirdre Hine, a former Welsh chief medical officer, will chair the independent review to examine the pandemic response across all four UK nations to inform future planning for pandemics. Swine flu is at the lowest level since the virus first appeared. WHO estimates that there have been at least 16 813 deaths from swine flu, including 457 flu related deaths across the United Kingdom to date.

**Orthopaedic waiting times fall in Scotland:** A review of orthopaedic services carried out by Audit Scotland has found that 95% of patients are now treated within 26 weeks, compared with just 66% in 2003. It warns, however, that the NHS will have to become more efficient if this improvement is to be sustained. Recommendations include increasing day surgery, reducing length of stay, improving the purchase of implants, and raising the productivity rate of teams working at below average levels.

**95% treated within 26 weeks**

**New regulator for foundation trusts:** Steve Bundred has been appointed the new chairman of the independent regulator of NHS foundation trusts, Monitor. Mr Bundred has been chief executive of the Audit Commission since 1 September 2003 and before that was executive director of the Improvement and Development Agency for local government. He also worked as chief executive of the London borough of Camden for seven years.

Cite this as: *BMJ* 2010;340:c1748

# MPs praise treatment of injured soldiers but call for better planning

**Jacqui Wise** LONDON

MPs have called for better contingency planning to cope with the possibility of greater casualties among soldiers in Iraq and Afghanistan.

A report on the Ministry of Defence from the House of Commons Public Accounts Committee praised the medical care provided for personnel injured as a result of fighting in Iraq and Afghanistan. It says that soldiers are surviving now who would never have survived in previous wars despite sustaining appalling injuries. Survival rates among these "unexpected survivors" are good in comparison with major trauma victims treated by the NHS.

Edward Leigh, the committee's chairman, said, "The department [the Ministry of Defence] and its medical staff are providing a level of care which compares favourably with that provided by the best NHS hospitals." But he added: "What concerns us is the extent to which the MoD would continue to be able to provide that high standard of care if the casualty rate were to increase significantly."

Since October 2001, 565 servicemen and women have been seriously injured in Iraq and Afghanistan. Those who cannot be treated at the field hospital in Camp Bastion, in southern Afghansitan, are mainly treated at the NHS hospital in Selly Oak, Birmingham. However, last summer injured soldiers took up a third of the hospital's trauma and orthopaedic beds. The NHS has voluntarily agreed that if a greater number of casualties were to arise it would take pressure off Selly Oak for five days by sending civilian trauma patients to hospitals elsewhere in the region.

The committee said that this agreement needed to be formalised. It was also worried that there were not sufficiently robust contingency plans in place if Selly Oak becomes full.

***Ministry of Defence: Treating Injury and Illness Arising on Military Operations*** **is available at www.publications.parliament.uk/pa/cm200910/cmselect/cmpubacc/427/427.pdf.**

Cite this as: *BMJ* 2010;340:c1785

CAPT R MCKINNEL RLC/MOD/CROWN C/PAWIRE/PA

**Medics from the Royal Anglian Regiment take part in a training exercise in Norfolk**


CHRISTOPHER FURLONG/GETTY IMAGES

**Mid Staffordshire Foundation Trust had conditions placed on its registration on 19 March**

# Ten more trusts are told to make urgent improvements

**Jacqui Wise** LONDON

Ten more NHS trusts in England have been told by the Care Quality Commission that they must urgently deal with concerns about safety and quality of care before they can be granted a licence to provide services. On 19 March Mid Staffordshire and Milton Keynes Hospital NHS Foundation Trusts also had conditions placed on their registration under the new tougher regulatory system (*BMJ* 2010;340:c1608, 19 Mar).

In this second wave of announcements the Care Quality Commission says it will register a further 204 NHS trusts without conditions, bringing the total registered to date to 280. All 381 NHS trusts in England have to be registered with the commission by 1 April.

The commission's chairwoman, Jo Williams, said, "This is just the first step in a tough new system of regulation. Once trusts are registered we will be monitoring them constantly, carrying out more unannounced inspections and using our enforcement powers to drive improvements."

In three of the 10 trusts, Surrey and Sussex Healthcare NHS Trust, Mid Essex Hospital Services NHS Trust, and Luton and Dunstable Hospital NHS Foundation Trust, the concerns were mainly to do with infection control procedures. Each trust has been given a deadline to address the concerns.

At Scarborough and North East Yorkshire

# HPV vaccine project stirs controversy in India as protestors claim that its price is prohibitive

**Ganapati Mudur** NEW DELHI

A project in two states in India to vaccinate 32 000 girls aged 10 to 14 years against the human papillomavirus has struck controversy, with women's groups, health activists, and some doctors questioning its rationale, ethics, and informed consent procedures.

A women's organisation has asked the government to investigate reports of deaths and side effects among girls who have received the vaccine under the project, which is being run by the Indian Council of Medical Research, the nation's leading health research agency, and the non-profit Program for Appropriate Technology in Health (PATH), which is based in Seattle, Washington.

The vaccine has been available to the public in India through private medical practitioners since October 2008.

Project officials have said that the vaccination initiative in Andhra Pradesh and Gujarat seeks to "generate critical data and experience" to plan cost effective strategies to prevent or control cervical cancer. Merck Sharp and Dohme and GlaxoSmithKline donated vaccines for the study.

India lacks infrastructure for routine and widespread screening for cervical cancer, and the Indian Council of Medical Research estimates that about 130 000 cases of cervical cancer are diagnosed in India each year, with strains 16 and 18 of the human papillomavirus predominating. "The project will help the [Indian] ministry of health with programme planning in future: [whether] to introduce the human papillomavirus vaccine or to expand screening programmes," said Martha Jacob, director of reproductive health at PATH's India office.

Women's groups have also questioned the government's decision to study a vaccine whose current cost precludes its use in the public vaccination programme.

Sama, a women's health group, sent a note to the health minister last October asking whether the government can afford a vaccine whose three doses would cost 9000 rupees (£135; €150; $200) when it has not been able to deliver a vaccine against diphtheria, tetanus, and pertussis, which costs three rupees, to more than about half of eligible children.

Cite this as: *BMJ* 2010;340:c1775

DBIMAGES/ALAMY

**Women's groups claim the government will not be able to afford the vaccine for young women, as it costs £135, and it hasn't been able to vaccinate all children against diphtheria, tetanus, and polio, which costs 4p**

Healthcare NHS Trust a shortfall in the number of junior doctors at two hospitals led to locum doctors being employed and consultant medical staff acting down so that the junior doctor rota was covered. There was also a shortfall in the number of medical records staff.

The trust was also told to develop a clear plan to improve the buildings and general environment, as it could put patients' safety at risk.

A number of concerns were raised about Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, including patients left to wait in corridors in accident and emergency after being dropped off by ambulances.

In the case of Devon Partnership NHS Trust the commission said that registration was conditional on the trust improving its system for the supervision and appraisal of staff.

The other trusts registered with conditions are Kent and Medway NHS and Social Care Partnership Trust, Surrey and Borders Partnership NHS Foundation Trust, West London Mental Health NHS Trust, and Yorkshire Ambulance Service.

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# Nepal's premier medical school closes over alleged bribery for exam papers

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The careers of thousands of Nepalese medical graduates have been put on hold because the country's postgraduate medical school has closed after a dispute over alleged payments for entrance exam papers.

During protests over the allegations 15 doctors, including the medical school chancellor, were rounded up by police and 20 other demonstrators were hurt. The university's main hospital was also closed to all but emergency patients after a grievance committee of doctors, professors, and students launched an indefinite strike.

The clash began when the chancellor and students at the Institute of Medicine at Tribhuvan University, Kathmandu accused senior medical school figures including the dean of taking bribes worth $150 000 for leaking questions ahead of the exams for postgraduate courses.

Manoj Kumar Poudel, president of the students' union, who has been steering the committee, said, "Our demands include resignation of the dean, cancellation of the entrance examinations, and probe the irregularities."

The Institute of Medicine is credited with pioneering medical studies in Nepal and was the country's first institute to start graduate and postgraduate medical courses.

Ganendra Bhakta Raya, who sat postgraduate entrance exams on 13 March, said, "This alleged rigging in examinations comes as a great taint to the institute's . . . history of conducting fair exams for graduate and postgraduate studies."

Dean Arun Sayami rejected the accusations against him, claiming in a television interview that the campaign was driven by politics and personal grudges. "It is an attempt to cast a slander on my career," said Dr Sayami.

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