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NICE recommends that food industry eliminates trans fats

Jo Carlowe LONDON

The National Institute for Health and Clinical Excellence has issued guidance aimed at saving "tens of thousands of lives" in England by focusing on the effect that food production has on the nation's diet.

The guidance, launched on Tuesday 22 June, targets three "toxic components" of our diet: salt, trans fats, and saturated fats.

Key recommendations include speeding up the reduction of salt intake in the population—aiming for a maximum intake per person of 6 g a day by 2015 and 3 g a day by 2025. This alone could save 20 000 lives every year, claim members of NICE's guidance development group.

The guidance also encourages manufacturers to substantially reduce hidden saturated fat in food products, supported by legislation if necessary, and calls for industrially produced trans fats to be completely eliminated.

Industrially produced trans fatty acids in food products are already banned in Denmark and Austria. The NICE team estimates that between 5000 and 7000 deaths could be prevented by eliminating trans fats and as many as 30 000 by cutting down the levels of saturated fats.

Klim McPherson, chairman of the guidance development group and professor of epidemiology at Oxford University, said that where similar initiatives had been introduced overseas the benefits to public health had been immense. He predicted that NICE's recommendations would prevent 40 000 premature deaths from cardiovascular disease.

Ian Gilmore, president of the Royal College of Physicians, welcomed NICE's guidance: "Many of the diet related recommendations made by NICE have the . . . benefit of costing the public purse little to nothing. Banning trans fats and reducing salt consumption and saturated fat levels in processed food may initially pose operational challenges for manufacturers, but the profits of private firms ought not to take precedence when compared with the health of . . . people at risk in this country."

Prevention of Cardiovascular Disease at the Population Level **is at www.nice.org.uk.**

Cite this as: *BMJ* 2010;340:c3378

Real budgets for GPs will cause "significant challenges"

Adrian O'Dowd LONDON

The policy of giving GPs real budgets to commission health services could improve the care of patients and save money but will be difficult to implement, health experts say.

A joint report published on 23 June by six leading NHS organisations and think tanks says that several major challenges lie ahead if commissioning by GPs is to take off and succeed.

The report says that the new coalition government had made clear its intention to give GPs power and responsibility for holding real budgets and to commission health services on behalf of patients.

The organisations—the Nuffield Trust, National Association of Primary Care, NHS Alliance, NHS Confederation's PCT Network, Royal College of General Practitioners, and King's Fund—agree that the policy to empower GPs is worthwhile and has potential to improve care but will need time and careful design to succeed.

They emphasise that the government's plan differs from the existing model of practice based commissioning in that GPs would be handed real budgets and greater autonomy, as well as responsibility.

More details of the government's plans are expected in a white paper due next month, but in the meantime the six organisations have studied how commissioning has worked in England over the past 20 years and in other healthcare systems around the world. Existing evidence indicates that there will be "significant challenges in trying to engage more than an enthusiastic minority of GPs in holding real budgets for commissioning," says the report.

It highlights critical issues for the government, such as the need for policy makers to work out the appropriate mix of risks and incentives, and points out that a one size fits all model of commissioning will not work.

The report presents possibilities such as introducing commissioning as a core element if the GP contract is renegotiated—as the government is keen to do—and revising consultants' contracts to allow specialists to become part of commissioning groups.

Policy makers will need to decide whether

a minimum level of involvement by clinicians in certain aspects of commissioning should be mandatory or voluntary, it says.

Financial incentives and other rewards, such as greater autonomy and more attractive working conditions, should be clarified, the report recommends; this could mean GP groups keeping 100% of any savings made through their commissioning activity and being required to reinvest these in local services.

Determining an appropriate population size for GP commissioning groups and establishing what services are provided are other specific considerations.

Judith Smith, head of policy at the Nuffield Trust, said, "This policy is likely to be the centrepiece of the coalition government's NHS reforms and has much potential to engage GPs in decisions about how local services are planned, help shift care out of hospitals, and reverse the upward trend in avoidable hospital admissions. But the scale of the challenge should not be underestimated."

Steve Field, chairman of the Royal College of General Practitioners, said, "We will need to work closely with our specialist and management colleagues, but this report marks a new dawn. It puts GPs centre stage—right where we belong—in taking forward the NHS of the future."

Giving GPs Budgets for Commissioning: What Needs to be Done? **is at www.nuffieldtrust.org.uk/publications/index.aspx?id=145.**

Cite this as: *BMJ* 2010;340:c3361

Court of Appeal issues guidance on shaken baby cases

Clare Dyer BMJ

The Court of Appeal of England and Wales has issued new guidance on how judges and juries should deal with expert evidence in shaken baby cases, to ensure that verdicts are reached on a "logically justifiable" basis.

If there is a realistic prospect of an unknown cause for the injuries, judges must remind the jury of this possibility in their summing up, the judges said. And juries must be told how to approach the issue of conflicting medical evidence—including being asked to decide, if the issue arises, whether the witness has assumed the role of an advocate or strayed outside his or her area of expertise.

Lord Justice Moses gave the guidance on behalf of himself and three other judges in a judgment on three appeals by parents or carers from convictions for shaking a baby in their care. They upheld the convictions of childminder Keran Henderson for the manslaughter of 11 month old Maeve Shepherd and of Oladapo Oyediran for the murder of his 10 week old son Femi.

INS

Keran Henderson was convicted of manslaughter

But they allowed the appeal of Ben Butler against convictions for child cruelty and causing grievous bodily harm to his 7 week old daughter Ellie, who recovered. In that case, Lord Justice Moses said, the trial judge's summing up had been flawed.

He said that judges presiding over shaken baby cases must have an understanding of the medical learning on the subject and be in a position to identify whether the expert evidence that either side wishes to adduce is admissible. They must identify the real issues in the case, and the evidence must be properly marshalled and controlled before being presented to the jury.

Courts should be familiar with the 2004 report on sudden unexpected death in infancy from a working group convened by the Royal College of Pathologists and the Royal College of Paediatrics and Child Health, the judge added. This cautioned against doctors using the courtroom to "fly their personal kites or push a theory from the far end of the medical spectrum."

The judgment is at www.bailii.org/ew/cases/EWCA/Crim/2010/1269.html.

Cite this as: *BMJ* 2010;340:c3318

NHS clinicians' pay is frozen as government strives to reduce deficit

Adrian O'Dowd LONDON

The pay of most NHS staff will be frozen for the next two years, it has been announced in the government's emergency budget on Tuesday 22 June.

Chancellor George Osborne, in what he called a "progressive budget" that was "tough but fair," said that public sector workers had to play their part in tackling the £155bn (€190bn; $230bn) deficit in the United Kingdom.

Mr Osborne, who has pledged to balance the nation's books by 2015, said, "I know there are many dedicated public sector workers who work very hard and did not cause this recession, but they must share the burden as we pay to clean it up.

"The truth is the country was living beyond its means when the recession came, and if we don't tackle pay and pensions more jobs will be lost. That is why the government is asking the public sector to accept a two year pay freeze."

Mr Osborne said that he would protect the lowest paid and pledged that the 1.7 million public sector workers who earned less than £21 000—about 28% of the public sector workforce—would receive an annual flat pay rise of £250 for each of the next two years.

The budget also revealed that public service pensions would rise in line with consumer prices (prices of all consumer goods and services) rather than the higher retail price index, with

Government cuts targets to focus on "quality patient care"

Zosia Kmietowicz LONDON

The government has scrapped the target that guaranteed patients in England access to their GP within 48 hours.

Instead doctors are being given the authority to decide which patients need to be prioritised, although they will still be judged on patients' overall experience of the NHS, the health secretary, Andrew Lansley, has announced.

In its revision to the 2010-11 NHS operating framework the government also announced that it was to discontinue supervising the 18 week target on time from referral to treatment and reducing the four hour target threshold in hospital accident and emergency departments from 98% of patients to 95%.

Mr Lansley said, "I want to free the NHS from bureaucracy and targets that have no clinical justification and move to an NHS which measures its performance on patient outcomes. Doctors will be free to focus on the outcomes that matter: providing quality patient care.

"But I want to be clear: while the NHS will no longer be accountable to ministers or the department for its performance in these areas, it will be very much accountable to the patients and public it serves. Patients will still be entitled to rights under the NHS Constitution, and the quality of their experiences and outcomes are what will drive improvements in the future."

Laurence Buckman, chairman of the BMA's General Practitioners Committee, welcomed the scrapping of the 48 hour target on access to primary care, which he said was intended to improve access but had in fact resulted in "adverse consequences."

He said, "At the moment practices need to have enough appointments available on the day or the following day to meet the target, so those who want to book in advance find there are fewer appointments available. We would therefore welcome the scrapping of this target, as it will give GPs greater flexibility to organise their appointment booking system in a way that best suits their local patient population."

Keith Brent, deputy chairman of the BMA's Central Consultants and Specialists Committee, said that while the accident and emergency target had improved the NHS, it had also forced staff to make "inappropriate decisions."

John Black, president of the Royal College of Surgeons, also saw the changes to the targets as positive. He said, "The relaxation of the 18 week deadline should allow surgeons to treat patients depending on clinical need and not on whether they are about to breach a target."

But others did not view the developments in the same light. Jennifer Dixon, director of the Nuffield Trust, said that without targets waiting times in England would not have fallen "so precipitously." Relying on local commissioners and the public to report on waiting times is a problem, she said, not least because primary care trusts are facing 30% cuts in administration budgets and GP commissioners are significantly underdeveloped.

She added, "The worry is that these weaknesses will mean commissioners are not providing the robust pressure needed . . . to maintain the lower waiting times.

The Operating Framework **is at www.dh.gov.uk.**

Cite this as: *BMJ* 2010;340:c3368

the intention to save more than £6bn a year by the end of the parliament.

Mr Osborne also said that a medical assessment would be applied to new and existing claimants of the disability living allowance from 2013. The cost of paying this allowance was currently more than £11bn a year, he said, making it one of the largest items of government spending.

The cost of living will rise under the budget plans, as Mr Osborne also announced that value added tax (VAT) would rise from 17.5% to 20% on 4 January next year.

Everyone, said Mr Osborne, would be expected to contribute to reducing the deficit, but he added: "Everyone will share in the rewards when we succeed."

The NHS survived the worst of the public spending cuts announced on 24 May, designed to save around £6.2bn in the current financial year.

This week's budget means a further £17bn worth of cuts in departmental spending by 2014-15, but the Department of Health is protected from this.

The BMA's chairman, Hamish Meldrum, said: "Doctors understand that these are difficult times, and we accept the need to be reasonable and responsible about future pay rises.

"However, we are seriously concerned that the chancellor has overridden the whole negotiation process between the BMA and the independent review body and imposed a two year pay freeze for the majority of public sector workers.

"The public sector did not cause the financial crisis and should not be singled out as the main vehicle for dealing with it."

It is unclear whether the freeze on pay affects GPs' salaries.

More details of further spending decisions will be made later in the year when the government unveils its spending review on 20 October.

Cite this as: *BMJ* 2010;340:c3390

DAVID MOIR/REUTERS

Britain's chancellor of the exchequer, George Osborne, breaks the bad news to MPs and the wider public

Plan for new science research centre is to go ahead despite government spending cuts

Josephine Hayes BMJ

An ambitious new biomedical research centre in London is to go ahead, despite expected cuts in public spending.

The building of the UK Centre for Medical Research and Innovation in Somers Town, north London, in 2011, will not be affected by government cuts, which are expected to apply only to new projects, said John Cooper, the centre's chief operating officer and interim chief executive officer, last week.

The centre is protected partly because it combines the work of two established projects that have their organisational costs accounted for: the Medical Research Council's National Institute for Medical Research and Cancer Research UK's London Research Institute. Moreover, more than £100m (€120m; $150m) has already been spent on the project, and more than half the funding comes from non-governmental organisations.

"For Britain to emerge from this crisis its economy must grow, and this takes decent roads and rail and research labs," said Paul Nurse, chairman of scientific planning for the centre, quoting a leader article in the *Economist* on 18 June (www.economist.com/node/16377180).

Sir Paul added: "The current government is supportive. They see the sense in investing in the future to get the UK out of the current economic climate."

Malcolm Grant, president and provost of University College London, one of four partners involved in the project along with the Medical Research Council, Cancer Research UK, and the Wellcome Trust, agreed, saying, "This is the highest priority project for us at UCL. It is a worthwhile investment even at a time of public spending constraints."

As well as providing long term economic benefits it is hoped that the centre will improve Britain's standing in the scientific world.

Sir Paul said, "This is a great initiative . . . It sends a message to the rest of the world that the UK is serious about science."

The centre's main aims are to understand the basic processes that underlie disease, to strengthen biomedical research in the UK, and to support trainee scientists in the early and middle stages of their careers. The centre will be "there to support other research centres and not compete with them," said Sir Paul.

It will also provide public services to schools and other groups, making good use of its accessible location near King's Cross and St Pancras railway stations.

The centre will have a public laboratory, seminar rooms, and exhibition space to present the case for science to the public.

The public has been involved in the plans for the centre, and more than 30 local organisations were asked for their views over the past six months, said Mr Cooper.

Changes were made to the building's design after this dialogue, including a reduction in size. "A third of the building is now below ground, and the roof has also been altered to reduce the perceptible scale," explained Andy Smith, the centre's construction director.

Cite this as: *BMJ* 2010;340:c3353

An impression of the new centre, which will be sited next to St Pancras station, London

Food aid should target nutrient deficiency, not just hunger

Peter Moszynski LONDON

Médecins Sans Frontières has launched a new multimedia campaign to spotlight the neglected and "largely invisible crisis of childhood malnutrition."

The charity points out that an estimated 195 million children worldwide suffer from the effects of malnutrition, 90% of whom are in sub-Saharan Africa and south Asia. It also maintains that malnutrition contributes to "at least one third of the eight million annual deaths of children under 5 years of age."

Polly Markandya, the charity's director of communications, told the *BMJ* that the campaign is intended to highlight the fact that "malnutrition is not just caused by food shortages but also by micronutrient deficiencies caused by a lack of a balanced diet, which are frequently not addressed by existing aid programmes."

The campaign aims to "rewrite the story of malnutrition" through a series of multimedia documentaries that blend photography and video from a number of accomplished and award winning photojournalists.

The photojournalists Marcus Bleasdale, Jessica Dimmock, Ron Haviv, Antonin Kratochvil, Franco Pagetti, Stephanie Sinclair, and John Stanmeyer travelled to malnutrition "hotspots" around the world—from war zones to emerging economies—to "shed light on the underlying causes of the malnutrition crisis" and on "innovative approaches to combat this condition."

Their work is available online and also in the form of an international travelling exhibition, which is due to be shown at London's Barbican Centre for two weeks from mid-July.

FRANCO PAGETTI/MSF

Malnutrition contributes to at least a third of eight million annual deaths of children aged under 5

Starved for Attention captures frontline stories of malnutrition from Bangladesh, Burkina Faso, the Democratic Republic of Congo, Djibouti, India, Mexico, and the United States.

The charity says that poor diets are a "fact of everyday life" for hundreds of millions of children. "Malnutrition is not merely the result of too little food. It is a pathology caused principally by a lack of essential nutrients which not only causes growth to falter but also increases susceptibility to common diseases." This is why a common cold or bout of diarrhoea can kill a malnourished child.

The campaign says that current approaches to malnutrition have "serious limitations." In places where families have little or no access to highly nutritious foods, it says that "behaviour change approaches to malnutrition that focus on education about proper food choices, handwashing, and breastfeeding" are not enough. In the world's malnutrition hotspots—the Horn of Africa, the Sahel, and south Asia—"many families simply cannot afford more expensive nutritious food," it says.

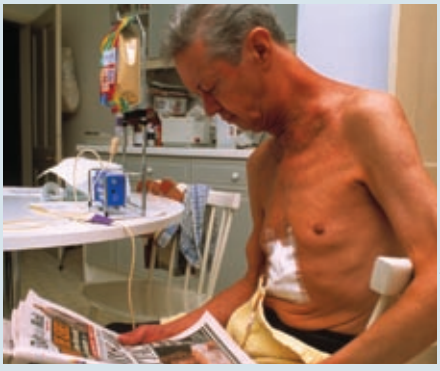
The charity says that most current food aid programmes "rely almost exclusively" on the fortified cereal blend of corn and soy "that may relieve a young child's hunger but does not provide proper nourishment." To end their micronutrient deficiencies, it says such children need access to "energy dense, nutrient rich foods," including animal-source foods such as milk, meats, and fish, "to provide the 40 essential nutrients a young child needs to grow and be healthy."

For more information see www.starvedforattention.org.

See PERSONAL VIEW, p 1419.

Cite this as: *BMJ* 2010;340:c3335

Doctors' use of parenteral nutrition is seriously flawed



DR P MARAZZI/SPL

Half of all metabolic complications in patients getting parenteral nutrition are avoidable

Anne Gulland LONDON

A national inquiry into how hospitals administer parenteral nutrition to adults and premature babies has found major flaws, with good practice present in less than a quarter of cases.

The study, from the National Confidential Enquiry into Patient Outcome and Death, reviewed the hospital care of 877 adults and 264 neonates given such nutrition. It found good practice in just 19% of adult cases and 23% of neonatal cases. The inquiry also found poor care and documentation when central venous catheters were inserted.

James Stewart, consultant gastroenterologist at Leicester Royal Infirmary and lead author of the report, said that although he thought that parenteral nutrition was not being carried out properly he was "taken aback at how parlous the state of affairs was."

The report also found that parenteral nutrition was administered for an inappropriate clinical reason in nearly a third of adult cases; it should only be given when all other options have been considered, it said.

Dr Stewart said the procedure was seen by some doctors as an easy option, despite the fact that it can be dangerous if given inappropriately.

"It's being given inappropriately due to a lack of training and an inability to think round the problem," he said.

US cancer patients often forgo follow-up treatments because of cost

Janice Hopkins Tanne NEW YORK

One in six patients in the United States with cancer skips some of their continuing health care because of cost, concludes a new study. The authors conclude that more than two million of about 12 million Americans with a history of cancer "did not get needed medical services because of financial concerns."

In one year in the study period, 2005, 7.8% of people who had had cancer went without some medical treatment because of the cost, reports the study, which was published in *Cancer*, the journal of the American Cancer Society (doi:10.1002/cncr.25209). The percentage of the general population who skipped treatment they needed that year because of cost was 5.2%.

The study, by Kathryn Weaver of Wake Forest University School of Medicine in North Carolina, and colleagues from the US National Cancer Institute and the University of Connecticut, reviewed data from the National US National Health Interview Survey from 2003 to 2006. They identified 6602 adult survivors of cancer and 104 364 people with no history of cancer. These individuals reported whether they had gone without health treatment because of cost.

Over the whole study period, among people who had had cancer, 7.8% skipped medical care because of cost, 10.7% delayed medical care, 9.9% did not get prescriptions filled, 11.3% did not get dental care, and 2.7% did not get mental health care. In all, just over 17% of cancer survivors went without at least one such medical service because of cost.

The authors wrote: "Access to timely cancer-related and noncancer-related medical care is an important issue for this growing population. Medical needs of cancer survivors include surveillance for primary recurrence and second malignancies, monitoring for chronic and late effects, treatment for other medical comorbidities, mental health services, and general preventive care . . . Relative to adults who had no history of cancer, survivors were most likely to be in fair or poor health and to have functional limitations."

Despite their need for continuing medical care, patients with cancer may have problems getting it. The authors say, "Cancer treatment may result in financial hardship and an inability to afford medical copayments [where the patient must pay part of the cost of a doctor visit, treatment, or prescription], prescription medications, and medical services perceived as nonessential (eg, dental and mental healthcare).

"In addition, cancer-related employment changes may result in loss of health insurance coverage, and survivors who qualify for government insurance may lose this coverage once their initial treatment is complete."

Hispanic and black patients with cancer were more likely than white patients with cancer to go without prescription drugs and dental care. Cancer patients younger than 65 were more likely to delay or skip all kinds of medical care than similar adults who did not have a history of cancer. However, individuals aged over 65 are covered by Medicare insurance for elderly people. Younger people may face regulations from different health insurance companies, be uninsured, or may lose their insurance.

Cite this as: *BMJ* 2010;340:c3312

"PN [parenteral nutrition] is a metabolically active substance and the catheter itself can cause complications. There's a high risk of sepsis. The substance itself has to be sufficiently monitored. A lot of these patients develop dangerous metabolic complications. If given badly [parenteral nutrition] can be potentially fatal," he said.

The study found that metabolic complications arose in 40% of adult patients and that in 49% of cases these complications were judged to be avoidable.

The study also found that hospitals were going against National Institute for Health and Clinical Excellence guidelines and a large proportion of adult patients (43%) were given precompounded bags without the addition of micronutrients.

The report said that if this figure was truly representative it showed a "very poor" standard of initial parenteral nutrition prescription.

Among neonates there were delays in recognising the need for such nutrition in 28% of cases and a delay in starting it once the decision to start the treatment had been made in 17% of cases. And in 37% of cases the first parenteral nutrition administered was not considered adequate for the patient's needs.

This was despite evidence and guidelines from European nutritional bodies that parenteral nutrition should be started as soon as possible for extremely low birthweight babies. The report said that some neonatologists may think that delayed or more gradual progression of amino acid and lipid content of parenteral nutrition is best practice.

See www.ncepod.org.uk.

Cite this as: *BMJ* 2010;340:c3267

Researchers try to protect patients from stem cell charlatans

Bob Roehr WASHINGTON DC

The International Society for Stem Cell Research has launched a patient education website "to smoke out the charlatans" who prey upon desperately ill people and their families, said Irving Weissman.

"I don't think that any society has ever done this before," the Stanford University researcher and president of the society said in addressing the opening of their annual meeting on 16 June, in San Francisco.

The problem is large and growing. A recent web search identified more than 200 practitioners or clinics making claims for stem cell cures. Most of the operations are located in developing countries where regulatory oversight is weak. One location in China claims to have treated over 8000 people, generating over $200m (£137m; €165m) in revenue.

The society's new website, www.closerlookatstemcells.org, offers basic education about stem cells. It says that a reputable clinical trial will have a body of scientific literature behind it; will be scrutinised by an independent review board; and will have the approval of the relevant national regulatory authorities.

The website also allows a person to submit the name of a clinic for review. The society will then ask the clinic for documentation on ethical and regulatory review of the proposed treatment. That information will form a publicly available online database.

Dr Weissman said he recently gave a public lecture in Great Falls, Montana, his home town, with a population of a little over 50 000. Afterwards a farmer came up and said he had paid $80 000 for a stem cell "cure" for his multiple sclerosis. The doctor said that people mortgage their homes in seeking a non-existent cure.

"It is our responsibility to say, those aren't stem cell treatments. Those people want to treat your wallet, not you," he said.

Stem cell tourism is "an exploitation of the promise of stem cells." Proponents of stem cell treatment are going overseas to avoid stringent regulations common in the US and other developed nations, said Jeanne F Loring from the Scripps Research Institute.

Cite this as: *BMJ* 2010;340:c3271

STEVE GSCHMEISSNER/SPL

IN BRIEF

MDDUS issues new warning on improper relationships with patients: Doctors who get too close to patients risk being struck off, the Medical and Dental Defence Union of Scotland has warned. In 2009 in the UK 15 doctors were struck off after fitness to practise hearings because of improper relationships with patients. In 2008 the figure was eight.

NHS trusts make too many mistakes with personal information: NHS Stoke on Trent primary care trust and Basingstoke and North Hampshire NHS Foundation Trust have agreed to implement new security measures after being found to have breached the Data Protection Act. Failings involved losing paper physiotherapy records and sending pathology reports through an unsecured email address. A quarter of all data breaches reported to the UK Information Commissioner's Office are from the NHS.

Doctors can breach confidentiality over firearms risks: Doctors should tell the police if a patient with a firearms licence poses a risk to public safety, the BMA says. It has updated its ethical guidance after talks with the Association of Chief Police Officers, and is discussing a system of electronic tags in medical records to indicate licence holders.

Early readmissions cost the NHS £1.6bn: Readmissions to hospital within 30 days cost the NHS £1.6bn (€1.9bn; $2.4bn) between July 2008 and June 2009, says CHKS, a provider of information on health care. Most of the 916 000 readmissions were emergencies. The health secretary, Andrew Lansley, has pledged to penalise trusts where patients are readmitted within 30 days.

Measles kills more than 700 children in Africa: The World Health Organization and Unicef have warned of a steep increase in numbers of measles cases in eastern and southern Africa. As at mid-June the outbreak had affected more than 47 907 children in 14 countries and led to 731 deaths.

***BMJ* research paper wins award:** A paper by William Hamilton and colleagues from the University of Bristol, published in the *BMJ* last August (*BMJ* 2009;339:b2998), has won the Royal College of General Practitioners' paper of the year award. The team found that abdominal distension is a common important symptom of ovarian cancer and warrants rapid investigation.

Cite this as: *BMJ* 2010;340:c3286

Scotland needs tighter controls on locum doctors, audit shows

Bryan Christie EDINBURGH

Robust reporting arrangements are needed in Scotland to ensure that poorly performing locum doctors are identified and action taken to reduce potential risks to the safety of patients, a new report says.

A report from Audit Scotland is critical of the lack of formal arrangements for pre-employment checks, induction, supervision, and performance management of locum doctors, which could allow bogus or poorly performing doctors to continue working.

Spending on locum doctors in Scottish hospitals almost doubled from 1996 to 2008, with the greatest demand occurring in rural areas, where numbers of vacancies are highest. The report says that employing locum doctors who may be unknown to local hospitals and unfamiliar with existing policies and practices presents a potential risk to patients' safety.

Audit Scotland's analysis of the use of locum doctors shows that a lack of formal policies means that pre-employment checks may not be completed at all times, it says. Induction and supervision arrangements vary between hospitals, and it is not possible to check the total number of hours worked by locum doctors.

Although it acknowledges that serious performance issues will be reported to the General Medical Council, there is no mechanism for reporting concerns about less serious performance issues and sharing them with other NHS employers. It recommends that the Scottish government update the national Locum Code of Practice and, within that, specify arrangements for reporting poor performance.

Audit Scotland says that in many cases NHS managers are not always clear about why locum doctors are being hired and for how long they are using them. The report concludes that better planning and recruitment could result in savings of around £6m (€7.2m; $9m) a year in Scotland, 15% of the total spent on locums.

Using Locum Doctors in Hospitals **is available at www.audit-scotland.gov.uk.**

Cite this as: *BMJ* 2010;340:c3308

Locum GP from Germany is struck off register

Clare Dyer BMJ

Daniel Ubani, the doctor from Germany who killed a patient with 10 times the recommended dose of diamorphine on his first day as an out of hours locum GP in Britain, has been struck off by the General Medical Council.

In the light of his "serious and persistent failings" in the clinical care of three patients on that first day, there would remain a serious risk to patients if he stayed on the medical register, the GMC's fitness to practise panel held. David Gray, 70, who had renal colic, was pronounced dead four hours after Dr Ubani gave him the painkiller at his home in Manea, Cambridgeshire, in February 2008 (*BMJ* 2010;340:c550).

The case has prompted concerns over commercial out of hours services and over reciprocal practice arrangements that allow doctors practising in another European Union country to be registered by the GMC with exemption from the normal training requirements for general practice.

The health secretary, Andrew Lansley, wants to make GPs responsible for organising evening and weekend cover, which he argues would encourage more of them to join together to provide the services themselves.

Cite this as: *BMJ* 2010;340:c3326

Struck-off GP admits to killing two patients without their consent

Clare Dyer BMJ

Police may reopen a murder investigation into Howard Martin, the County Durham GP acquitted of murdering three patients five years ago, after he told a newspaper reporter on Friday 18 June that he had ended the lives of two patients without their consent.

Dr Martin, 75, was struck off by the General Medical Council last week for putting 17 patients "at risk of serious harm or death" by administering large doses of painkillers "on the scantiest of evidence." In an interview with the *Daily Telegraph* published after the GMC's decision, he admitted hastening the deaths of some patients to ease their suffering, including two from whom he did not have consent.

He accepted that his confession put him at risk of "spending the rest of my life in prison" if police decided to reopen the case, but he insisted that he had acted out of Christian

Connections, influence, and passion: all in a day's work for the Scottish CMO, Harry Burns

In the first of a series of interviews with the chief medical officers of the UK's countries, **Bryan Christie** asks Scotland's Harry Burns about the future of public health

NEAL SIMPSON/EMPICS/PA

Scotland was the first of the UK's four countries to ban smoking in public places

Devolution is changing the face of health care in the United Kingdom. Scotland was first to ban smoking in public places and others have followed. Wales has scrapped prescription charges and Scotland has plans to do the same. Despite an early set-back the minority Scottish government intends to pursue legislation to set a minimum price for alcohol—a move supported by the UK National Institute for Health and Clinical Excellence (NICE).

These differences are a strength and not a weakness, says Scotland's chief medical officer, Harry Burns. "I don't think it is essential that all four governments move at the same pace and in the same direction. What is important is that we learn from each other and from other parts of Europe," he said.

Part of that learning comes from regular discussions among the chief medical officers of England, Scotland, Wales, and Northern Ireland. Dr Burns said that they were often in complete agreement with one another, for example, on the benefit of introducing minimum pricing of alcohol. "But at the end of the day we are each responsible to our own ministers," he added.

Dr Burns has been chief medical officer in Scotland for almost five years—less than half the time that Liam Donaldson served in England before he retired last month. In that time, Scotland has led the way in legislative action against smoking and alcohol. But Dr Burns would now like to see more investment in children's early years.

He is only too well aware that the solutions to Scotland's longstanding health problems lie more in the realm of social and economic intervention than in medical policy. Poverty has long been known to generate ill health, but Dr Burns says one of the successes of recent years has been the growing understanding of the link between adverse social conditions and poor health.

"It is more complicated than we thought, but the evidence points very firmly to the early years of life laying down a physiological pattern that predisposes to ill health in later life," he said.

"I think health improvement has been bedevilled by oversimplification," he said. "It is difficult to reduce it to one single set of interventions—to succeed we are going to have to try a number of different combinations of things." He is clear that the target area has to be early years and cites evidence of the success of investment in children in deprived areas of the United States in the 1960s. This has produced improved educational performance, better productivity, less crime, and better health.

Dr Burns is concerned that it may prove more difficult to make that kind of investment at a time of financial cutbacks.

He thinks that along with an understanding of the issues, a good CMO needs "a bit of passion." He says, "You could be a boring bureaucrat, but I think you make things more interesting for people around you if you have a passion for the things you are doing. For me that is health inequalities and early years."

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JOHN GILES/PA

Howard Martin said he acted out of Christian compassion

compassion and had only wanted to make his patients comfortable "in their hour of need."

The double jeopardy rule, which prevented defendants being charged a second time if they had previously stood trial for the same offence, was abolished in 2005, allowing another prosecution to go ahead if "new and compelling" evidence emerges that was not available at the time. Dr Martin did not give evidence at his trial, nor did he speak at inquests into the deaths of the patients, and he did not attend the GMC hearing.

He could also be charged with killing patients other than the three for whose murders he was tried at Teeside Crown Court and acquitted in 2005. Durham police said they would confer with the Crown Prosecution Service before deciding whether to take any further action.

The GMC's fitness to practise panel found that he administered doses of painkillers "far in excess" of the recommended doses. In one case, the panel heard that the patient might have gone on to recover from oesophageal cancer had Dr Martin not given him 200 mg of diamorphine on the day before he died.

Dr Martin's actions were aggravated by his "egregiously dishonest" actions towards that patient's family, said the panel's chairman, Brian Gomes da Costa. Dr Martin had told the family that the patient's cancer had spread, when "there was no truth whatsoever in that statement." The panel considered that "his dishonest statements were both despicable and dangerous."

The events span a period from 1994 to 2004, when Dr Martin practised from three locations in County Durham. He lives in retirement in Penmaenmawr, Gwynedd, in Wales.

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