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GPs are handed lion's share of NHS budget and sweeping powers in major shake up of NHS

Jacqui Wise LONDON

The NHS in England is to undergo a radical reorganisation, with GPs commissioning most services and the abolition of primary care trusts and strategic health authorities.

The government's white paper contains far reaching proposals that devolve power from central government to patients and doctors. Reaction to the proposals has been mixed, with one concern being whether GPs will be given enough support to take on their new expanded role. Another worry is that such large scale change is risky at a time when huge efficiency savings have to be made.

A key plank of the white paper is that all general practices must join a consortium that will commission most care for their patients. It is anticipated that GP consortiums will hold around 80% of the total NHS budget. The white paper states that the new model is "neither a recreation of GP fundholding nor a complete rejection of practice-based commissioning."

There will be no fixed size for the commissioning consortiums, although the white paper says that they must be big enough to manage financial risk and allow for accurate allocations. The aim is for a shadow system of consortiums to be in place in 2011-12, with primary care trusts supporting practices during the transition process. GP consortiums will take on responsibility for commissioning in 2012-13 and will take full responsibility from April 2013. At this date all 152 primary care trusts will be abolished.

An independent and accountable NHS Commissioning Board will be established, which will hold the consortiums to account for performance and quality. It will also allocate NHS resources to the consortiums, set commissioning guidelines, and commission dentistry, community pharmacy, primary ophthalmic, and maternity services. This will pave the way for the abolition of the 10 strategic health authorities in 2012-13.

FIONA HANSON/PA

Health secretary Andrew Lansley promised that the NHS would not become an unregulated free for all

Launching the white paper, health secretary Andrew Lansley said, "For too long, processes have come before outcomes, as NHS staff have had to contend with 100 targets and over 260 000 separate data returns to the department each year. We will remove unjustified targets and the bureaucracy which sustains them. In their place we will introduce an 'outcomes framework.'"

All NHS trusts will become foundation trusts, but it would not be a free for all, Mr Lansley said. He explained that Monitor, the regulator of foundation trusts, would become an economic regulator to ensure that the services being provided are efficient and effective.

Chris Ham, chief executive of the health think tank the King's Fund, said that the white paper was one of the biggest shake ups of the health system since the NHS was established. He said, "Giving GPs responsibility for commissioning care and managing NHS budgets should result in services being more closely aligned with patients' needs. But, while some GPs will seize this opportunity, many others may be reluctant to come forward and lack the skills needed." The deadline was very ambitious, he added.

Steve Field, chairman of the Royal College of General Practitioners, said, "If this is properly delivered and properly resourced, patients can expect to receive far more personalised services."

Equity and Excellence: Liberating the NHS **is available at www.dh.gov.uk.**

See EDITORIAL, p 111.

Cite this as: *BMJ* 2010;341:c3796

Key proposals in the government's white paper

- All GPs to join a local commissioning consortium
- GP consortiums to take full financial responsibility from April 2013
- Patients given right to register with any general practice
- Patients to be able to choose between consultant led teams for elective care by April 2011
- All NHS trusts to become foundation trusts by 2013-14
- NHS Commissioning Body to be established in April 2012
- A new public health service to be led by local authorities
- Healthwatch, a new independent consumer champion, to be established
- Monitor to become an economic regulator
- Strategic health authorities to be abolished in 2012-13
- Primary care trusts to be abolished from April 2013
- Reduction of NHS quangos by at least a third
- Personal budgets to be expanded
- NHS outcomes framework to be fully implemented by April 2012
- NICE to produce 150 quality standards by July 2015

Job cuts look likely as NHS faces final year of growth before freeze

Rebecca Coombes LONDON

The NHS is set to face a round of job losses as organisations confront the difficult economic situation.

Although ringfenced from the brutal public spending cuts expected in other public services, the NHS has been warned to expect zero growth in funding over the next six years.

Cambridge University Hospitals NHS Foundation Trust, which runs Addenbrooke's Hospital, recently invited staff to apply for a voluntary severance scheme. The *BMJ* also understands that several London trusts will launch voluntary redundancy or severance programmes over the next few months.

Speaking at a financial seminar in London last week, Chris Ham, chief executive of the healthcare think tank the King's Fund, said that although the NHS would be relatively protected it would still need to make up to £20bn (€24bn; $30bn) in efficiency cuts. "In large hospitals 70% of spending is on pay, so locum budgets are an obvious target. Managers may also look at sickness absence," he said.

Professor Ham said that the NHS was already "on a burning platform." He said, "Even in a year when the NHS budget has increased in real terms, our intelligence is that many organisations are running at a deficit, are already freezing vacancies, and are planning redundancy programmes. This is happening in a year of continued growth, so I suggest we are entering very challenging times."

John Lister, information director at London Health Emergency, an umbrella organisation for London groups campaigning to save NHS services, commented on the financial situation facing trusts. "This is the last year of real terms growth for the NHS before the 2011 spending freeze, and there is pressure on trusts to sort out long term standing deficits," he said.

He said that qualified staff were right to feel vulnerable. "Large numbers of trusts now don't employ ancillary staff but use independent sector companies. So if it comes to job cuts they are likely to fall on qualified staff. We are expecting large numbers of redundancies in London."

The BMA's regional coordinator for London, Andrew Barton, said, "NHS London has been busy getting an agreement on a pan-London workforce redeployment service. In a recession employers will look for voluntary redundancies." A spokesman for NHS London said, "This service will help us retain the right skills of NHS staff in London and avoid redundancies wherever possible." The service will operate by restricting access to vacancies in all NHS organisations in London firstly to those staff who have formally been declared "at risk."

A spokesman for Cambridge University Hospitals NHS Trust, which has just closed its voluntary severance scheme, said that doctors were not among the 51 staff members whose applications for voluntary severance were accepted by the trust board, although doctors did apply.

"Applications turned down by the executive directors were considered essential posts and could not be released without compromising patient care or business continuity," he said.

Carl Emmerson, deputy director of the Institute for Fiscal Studies, warned: "By 2014-15 this government will have reversed all increases in public spending under Labour."

Cite this as: *BMJ* 2010;341:c3782

Child abuse experts are "astonished" that convicted doctors' critic is in guidance group

PACA called Penny Mellor's inclusion in the expert group "an affront to paediatricians and other professionals involved in child protection work"

Clare Dyer BMJ

A row has blown up over the UK General Medical Council's decision to appoint the campaigner and parents' advocate Penny Mellor to the expert group it has set up to produce new guidance for paediatricians working in child protection.

The GMC, the regulator of doctors in the United Kingdom, announced that it was establishing the group on the day the paediatrician David Southall won his appeal in May against a GMC finding that he had accused a mother of murdering her son and a ruling striking him off the medical register (*BMJ* 2010;340:c2448, 4 May).

Mrs Mellor has admitted playing a part in about 30 complaints against Dr Southall, an expert on fabricated or induced illness, formerly known as Munchausen's syndrome by proxy. She told the *BMJ* that she had been involved in about 50 complaints to the GMC accusing doctors of misconduct, some of them multiple complaints against the same doctor.

A draft open letter from the steering group of Professionals Against Child Abuse (PACA) to the GMC's chairman, Peter Rubin, says that PACA is "astonished" by the appointment and calls Mrs Mellor's involvement "an affront to paediatricians and other professionals involved in child protection work." The letter says that Mrs Mellor has "created an environment in which doctors are now turning their back on child protection work, for fear of being targeted," and that by including her the GMC "denigrates the work of doctors involved in child protection."

Mrs Mellor served a prison term in 2002 for conspiracy to abduct a child to Ireland to keep her out of the hands of social services. She was sentenced to two years in jail, reduced to 18 months on appeal,

Trusts must link up to avoid delays in paediatric surgery

Zosia Kmietowicz LONDON

Children who need routine surgery could face delays and have to travel long distances for operations unless new networks are organised across the NHS to provide services in local hospitals, surgeons have warned.

The number of surgeons in England who can perform routine operations on children has dwindled in the past decade for a variety of reasons, says the Royal College of Surgeons.

Many general surgeons and urologists who treated adults but also operated on children have retired, and because trainee surgeons tend to specialise there are few new surgeons who can take on general paediatric cases. The college says that only one surgical trainee has taken the optional general paediatric surgery examinations in the past 10 years.

In addition, many trusts are failing to prioritise paediatric surgical services. In advertisements for general surgeon posts they do not encourage applicants with an interest or experience in children's surgery.

Excessive bureaucracy, such as repeat criminal records checks, has also made it difficult for surgeons to travel to other hospitals, which means that children have to travel to them instead.

Su-Anna Boddy, consultant paediatric urologist and chairwoman of the Children's Surgical Forum, said, "Sick children should not have to face long journeys or delays for relatively straightforward operations which, until recently, would have been available at their local hospital. General operations like hernia repairs . . . or draining abscesses are now increasingly being diverted to specialist paediatric units which exist to treat the most ill children or those with rare conditions requiring specialist surgery. These units are now completely snowed under and are struggling to cope."

In new guidance the college says that the best way to provide general paediatric surgery is through managed clinical networks of care. It defines these as "an interconnected system of service providers, which allows collaborative working and the development of standards of care, routes of communication and agreed thresholds for patient transfer for elective and emergency surgery."

The college calls on trusts to develop the networks, which it says "may need to be organised across traditional boundaries."

The networks will do two things: set up a formal mechanism to enable specialist surgeons to get to where they are needed rather than expecting patients to travel; and enable better sharing of skills and boost training in paediatrics for general surgery trainees. The idea is that once training and paediatric surgical services have been established trainees will recognise the value of pursuing this as a career.

The guidance is at www.rcseng.ac.uk.

Cite this as: *BMJ* 2010;341:c3711

and served eight months.

The judge sentencing her, Guy Whitburn, told her in his remarks, "You have been a self appointed advocate for those, amongst others, whose children are taken into care on the basis of what was known as Munchausen's syndrome by proxy . . . Your view was that this was a misdiagnosis, designed to cover up medical negligence. Impervious to debate, convinced you are right, you have traduced, complained about, and harried dedicated professional people working in this difficult area."

He said that she had a "cavalier disregard" for High Court injunctions and was the "architect" or "Svengali" of the abduction plan, which also led to prison sentences for both parents and the child's grandmother. The judge told her that she was being punished for "orchestrating an abduction of a child, in part at least for your own propaganda purposes," adding that the family members were unlikely to have participated without her encouragement. She maintains that she was wrongly convicted.

The GMC did not release the group's membership list until 12 July, but Mrs Mellor, who was not present when the group had its first meeting on 8 July, disclosed her membership in a rapid response on the *BMJ* website that day, in which she predicted, "I am sure this is going to cause a furore" (www.bmj.com/cgi/eletters/341/jul07_2/c3654#238498).

Speaking to the *BMJ* she said that other group members had since suggested that her posting breached the confidentiality terms agreed at the first meeting, which she was unable to attend. She asked for her comments to be removed from the website, but the *BMJ* refused to take them down, in line with normal practice.

The four consultant paediatricians on the group are Terence Stephenson, president of the Royal College of Paediatrics and Child Health and a GMC council member; Rosalyn Proops, child protection officer of the royal college; Heather Payne, associate dean of the Wales deanery; and Keith Brent, deputy chairman of the BMA's Central Consultants and Specialists Committee.

The group is chaired by Lord Justice Thorpe, a senior judge in the Court of Appeal and deputy chairman of the Family Justice Council. Other members are Anne Goymer of Barnardos, the consultant child psychiatrist Danya Glaser, Diane Hart of the National Children's Bureau, the GP Kathleen Lessells, Bridget Lindley of the charity the Family Rights Group, the Labour peer Jenny McIntosh, and GMC council members John Jenkins and Ros Levenson.

The *BMJ* understands that some of the paediatricians on the expert group have expressed reservations about Mrs Mellor's inclusion as a member. But the GMC's chief executive, Niall Dickson, said, "The view is that in order for this working group to have credibility we need to have the critics in and putting their view across. That's why she was invited to join the group.

"She is one member of a group which has quite a large number of other members who will necessarily have very different perspectives. The group needs to hear all these different perspectives.

"We decided that we would include someone who is a critic as part of the group. Our aim is to produce some guidance that will be signed up to by all the members of the group and hopefully take us forward from the debates of the past."

He added: "There is a perception among some paediatricians that the GMC has been out to get them. I don't think that that is the case. I think the evidence we have around our fitness to practise procedures is that paediatricians don't appear in large numbers at all.

"They may be complained against in large numbers because they're working in an extremely difficult and controversial area."

The group will take written and oral evidence and has a target date of the end of 2011 to produce its guidance. Mr Dickson said that the members had agreed not to speak publicly about the committee's work until its report was ready, at which point "it will all be transparent and public."

He said, "When you've got a group of people who feel very passionately about a subject and are trying to build up a bit of trust with one another it's absolutely right that they work in that way."

Cite this as: *BMJ* 2010;341:c3788

IN BRIEF

A third of Zimbabwe's under 5s are malnourished: The Zimbabwe national nutrition survey, carried out in January 2010, found that over a third of children aged under 5 years are chronically malnourished and short for their age. The prevalence of severe acute malnutrition is especially high among children aged 6 to 18 months (4.2%). The low rate of exclusive breast feeding, which stands at 5.8%, is a key problem, the survey said.

Dutch doctors strike over proposed new contracts: Thousands of Dutch hospital consultants have marched through The Hague in the first of a series of strike actions to protect their professional autonomy as the government plans to scrap their independent status and force them to negotiate salaried contracts with tightly budgeted hospital managements. The government, seeking cuts of €1.4bn (£1.2bn; $1.8bn), aims to make medical specialist costs more manageable.

More English children are eating school lunches: The number of pupils in England eating school lunches rose from 39% in 2008-9 to 41% in 2009-10 in primary schools and from 35% in 2008-9 to 36% in 2009-10 in secondary schools, show figures from the School Food Trust and the Local Authority Caterers Association. It means that an extra 321 000 pupils are now eating a school lunch every day.

German medical school is saved from closure: German science minister Annette Schavan has intervened to stop the closure of the medical school in Lübeck in the northern state of Schleswig-Holstein by saying that the government will fund a non-university geological research institute if the state continues to fund the medical faculty. In Germany only state governments can fund university departments. The Schleswig-Holstein government announced last month that the faculty would close in a bid to save €25m (£21m; $31m).

College welcomes 25 000th member: The Royal College of Physicians welcomed Helen Skinner, a consultant geriatrician at the University Hospital of North Tees, as a fellow at a ceremony on Friday 25 June. She became the 25 000th person to be a member or fellow of the college at any one time, the largest number since the college was founded in 1518. Consultant expansion and an increase membership among junior doctors have contributed towards the rise in numbers.

Cite this as: *BMJ* 2010;341:c3713

Obama bypasses Senate to appoint new Medicare boss

Bob Roehr WASHINGTON, DC

President Barack Obama has sidestepped the normal Senate confirmation process and named Donald Berwick as administrator of the Centers for Medicare and Medicaid Services (CMS) when the Senate wasn't sitting. The $800bn (£530bn; €635bn) programmes—Medicare for people aged 65 or over and Medicaid for people on low incomes and some disabled people—provide health insurance for about a third of all Americans.

Dr Berwick, a paediatrician, is affiliated with Harvard University and is president of the Institute for Healthcare Improvement, a not for profit organisation that works to contain costs and close the gap in the quality of health care in the United States. He is a strong advocate of patient centred health care.

His nomination on 19 April immediately drew fire from opponents of healthcare reform, and hearings on his confirmation had yet to be scheduled in the Senate. President Obama called the delay partisan bickering and said that his move would allow Dr Berwick "to get to work on behalf of the American people right away."

Dr Donald Berwick has expressed support for the NHS

The health reform legislation passed earlier this year left many questions concerning implementation to federal health agencies such as the CMS. How those regulations are written and implemented will be a major factor in whether the reforms succeed. President Obama wanted Dr Berwick's own strong leadership at the top of the CMS.

The president used the unusual but not rare mechanism called a "recess appointment," which allows him to name persons for positions when the Senate is not in session. The provision was created when horses were the principal means of transportation and the Senate

Government invites food industry to fund the Change4Life anti-obesity campaign

Zosia Kmietowicz LONDON

Government funding for the Change4Life public health campaign is to be withdrawn and replaced by investment from businesses and charitable organisations, England's health secretary, Andrew Lansley, announced on 7 July.

Mr Lansley said that the new government wanted to move away from state regulation and legislation to a framework in which communities and schools work together to build "young people's confidence and self esteem" to enable them to make better decisions. He outlined his vision for the future of public health at the UK Faculty of Public Health's annual conference in London.

"For too long our approach to public health has been fragmented, overly complex, and sadly ineffective," he said.

The Change4Life campaign was launched by Labour in January 2009 to tackle the growing problem of obesity among children in England. Over £50m (€60m, $76m) has been invested so far in marketing a healthier lifestyle to families. A review of the campaign in February found that 99% of mothers of children aged under 11 years had heard about it, and over a million had made changes to their children's diet as a result.

Although Mr Lansley said he was "impressed" with what the campaign had achieved, he said it was time for "a new approach" so that it was "less a government campaign, more a social movement—less paid for by government, more backed by business."

He was considering extending the campaign to the drinks industry, which has "a major further role to play in promoting healthier lifestyles."

However, experts in public health have reacted strongly to the move away from government regulation, which they say has led to massive gains in health through the control of industry and tobacco pollution.

Tim Lang, professor of food policy at City University in London, called on the government to "get real." He called Mr Lansley's plan "ominous," and "a structure which is obesogenic that pushes public health back 30 years."

Asking companies such as Cola-Cola, Kraft, and Pepsi, whose job it was to "sell fat and sugar," to make public health part of their corporate social

might not meet for months at a stretch. In this instance the Senate was out for 11 days. Under the provision the person appointed can serve only until the end of the next session of Congress, in this case about 18 months, after which any extension must be confirmed by the Senate.

Another unusual aspect is that Dr Berwick has not yet responded in writing to questions that some senators had posed to him in preparation for the confirmation hearing. This undercut President Obama's argument that the Senate was stalling.

"This recess appointment proves [that] the Obama administration did not have the support of a majority of Democrats and Republicans in the Senate and sought to evade a hearing," said the Kansas Republican senator Pat Roberts in a press statement.

Alluding to Dr Berwick's support of the UK's NHS he said, "Once again the Obama administration is going behind closed doors out of fear the American people will learn that Dr Berwick plans to use rationing as a cost cutting tool to achieve the billions of dollars in cuts to Medicare called for in the healthcare reform bill."

Max Baucus, the Democratic chairman of the Senate Finance Committee, was supportive of Dr Berwick but not the recess appointment.

Many Republicans in the Senate wanted to use the confirmation hearing to reopen the healthcare debate.

Cite this as: *BMJ* 2010;341:c3731

responsibility "won't work," he said.

Similarly, Tam Fry, spokesman for the National Obesity Forum, said "We have just witnessed the government colluding with the food industry. In the end it is not the food industry that has to clean up the mess but the NHS."

Lindsey Davies, president of the Faculty of Public Health, expressed "profound disappointment" at the strategy. "We make food free from bacteria, and yet somehow we don't take nearly as seriously the risk from trans fats, which have no nutritional value and contribute to thousands of deaths," she said.

Cite this as: *BMJ* 2010;341:c3680

Capturing the faces of AIDS funding

Zosia Kmietowicz LONDON

This photograph of a Peruvian man who is benefiting from antiretroviral treatment funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria is on display at the Access to Life exhibition in Berlin.

The groups hit hardest by HIV and AIDS in Peru have been men who have sex with men, drug users, and commercial sex workers. To qualify for free treatment Peruvians have to pass "adherence" tests showing that they have support from their family or community to help them stay on treatment.

For the exhibition the Global Fund sent eight Magnum photojournalists to India, Haiti, Mali, Peru, Russia, Rwanda, South Africa, Swaziland, and Vietnam to portray more than 30 people before and four months after they started HIV treatment. **The exhibition is at the Berliner Congress Centre, until 29 July.**

See FEATURE, p 124.

Cite this as: *BMJ* 2010;341:c3751

ELI REED/MAGNUM PHOTOS

Drinks industry has learnt from tobacco companies, study says

Melissa Sweet SYDNEY

Alcohol and tobacco companies have worked closely to share information and strategies in their fight against public health initiatives, a new Australian study says.

The researchers analysed 29 alcohol related documents retrieved from the millions of confidential tobacco industry papers that have been published online as a result of the Master Settlement Agreement in the United States in 1998, an agreement between four tobacco firms and the attorneys general of 46 US states.

The study, published in the *Australasian Medical Journal* this week (doi:10.4066/AMJ.2010.363), found that the two industries used similar marketing strategies, including product placement and targeting young people and specific ethnic groups.

"They develop and provide potentially counterproductive public education campaigns so as to appear socially responsible and in an effort to deflect tighter controls on products," the researchers said.

"Further, it can be drawn from these documents that the alcohol industry is concerned about public health groups and governments implementing similar strategies for alcohol products that have been used to regulate and control tobacco."

The study included a 1998 document showing how the Miller Brewing Company, bought by the Philip Morris tobacco company in 1970, identified "tobacco proactive efforts" that could be used to help counter the threat of new taxes and regulations on alcohol.

The suggested strategies included developing allies, promoting personal responsibility, and seeking legislative opportunities such as bills on privacy and antidiscrimination.

A 1995 document showed that Miller and Philip Morris shared their databases of beer drinkers and smokers. It said that Miller had rented names from a Philip Morris database for direct mail programmes. "The names are considered 'leads' for PM [Philip Morris]," the document says.

One of the study's authors, Mike Daube, professor of health policy at Curtin University in Perth, told the *BMJ* it was important that policy makers understood how these industries worked. "The more we know about them, the better placed we are to counter their influences," he said. "Unfortunately one of the really big lessons we've learnt about both industries is that you can never be too cynical."

However, Stephen Riden, a spokesman for the Distilled Spirits Industry Council of Australia, said that any similarity between the tobacco and alcohol industries' responses was because they faced the same calls for the same restrictions and regulations from the same non-governmental organisations.

See OBSERVATIONS, p 132.

Cite this as: *BMJ* 2010;341:c3708

Case against Italy's drug regulator is thrown out of court

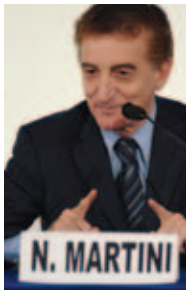
Fabio Turone MILAN

Nello Martini, former head of the Italian drug regulatory agency, Agenzia Italiana del Farmaco, has been cleared of the charge of "causing unintentional disaster," which in 2008 provoked his removal from his post. At the end of a hearing last week that took more than two years the Criminal Court in Rome stated that there was no legal basis to go to trial.

Senator Ignazio Marino, an MP for the opposition Democratic party and head of the parliamentary investigative committee on the healthcare system, said that he will launch an investigation into Dr Martini's sacking.

"It is worrying that Dr Martini was fired on the basis of such weak allegations before he even had the possibility to defend himself, despite the fact that he had been doing an excellent job for many years, proving to be a loyal, competent, and rigorous professional. I think he should be given his position back," he told the *BMJ*.

Dr Martini was accused of "causing unintentional disaster" by failing to update the safety warnings on many drugs.



Nello Martini's sacking is to be investigated by MPs

But despite protests from experts that the allegations were groundless, because the delay in updating of warnings involved only minor rewording and did not pose a risk to public health, Dr Martini was sacked in mid-July. A few days later it was announced, to protestations from a number of senior researchers and clinicians, that the agency's responsibilities would be curtailed, with several functions, including drug pricing, reassigned to the health and welfare ministry (*BMJ* 2008;337:a1276).

"I have always been convinced that the agency shouldn't only have a regulatory role," Dr Martini said. "My idea was that rules had to come within a context of promoting independent research and information, active pharmacovigilance, and continuing education of doctors. Furthermore, the responsibility for pricing allowed the agency to take into account the therapeutic value and the degree of innovation associated with each drug, so that we could assure access to innovative drugs while keeping spending within the limits imposed by government."

Cite this as: *BMJ* 2010;341:c3747

US puts comparison data on website to help patients

Janice Hopkins Tanne NEW YORK

The US Department of Health and Human Services has added important new data on its website to allow people to compare the quality of services at 4700 of its 5000 hospitals.

Barry Straube, chief medical officer of the Centers for Medicare and Medicaid Services (CMS), said in a teleconference with reporters, "Our goal is not to label hospitals as good or bad but to provide insight to the hospitals as well as the general public on what they are achieving in the care they render. Our ultimate goal is to achieve universally safe, effective, and efficient care for all Americans."

Marilyn Tavenner, acting administrator of the CMS, said that the expanded website information was part of Barack Obama's drive for transparency in government. She said she hoped that the new information would help people in their healthcare decisions.

Dr Straube said that death rates from heart attacks have continued to decline in the US, falling from 16.6% in 2005-8 to 16.2% in 2009. However, hospitals with high death rates from heart attacks and heart failure were concentrated in the southern states.

Dr Straube also said that some of the measures in the website data, called Hospital Compare, are likely to be used in a value based purchasing programme that will begin in 2013.

The information, which is posted on two government websites (www.hospitalcompare.hhs.gov and www.healthcare.gov), is based on data submitted by hospitals and data from millions of claims made under Medicare, the federal health insurance programme that covers people aged over 65 years and some disabled people.

Medicare volume and payment information indicates how many Medicare patients with a given condition, such as a myocardial infarction, were treated at each hospital and how much the hospital charged Medicare.

The websites, which have been available for five years, previously included only 10 measures of patients' experiences, such as whether they received prompt pain relief and were given adequate discharge instructions.

The new information added last week tells consumers how hospitals compare on measures relating to more than 30 medical conditions and surgical procedures. They also indicate whether hospitals overuse imaging techniques and whether they call women back too often or not enough for further checks after a mammogram.

Consumers can see whether a hospital is better than the national average, about the same, or worse on the rate of readmissions among patients with heart attack, heart failure, or pneumonia and on death rates for these conditions. Other measures indicate how quickly a patient with a suspected myocardial infarction received electrocardiography and what percentage of such patients received aspirin or clot dissolving drugs within an appropriate time.

The website also reports whether a hospital gave antibiotics at the recommended time before surgery and whether patients taking ß blockers were maintained on these drugs during their hospital stay.

Cite this as: *BMJ* 2010;341:c3743

Federal court allows preimplantation genetic diagnosis in Germany

RALPH ORLOWSKI/REUTERS

The Federal Supreme Court upheld the decision of a lower court

Annette Tuffs HEIDELBERG

A decision last week by Germany's Federal Supreme Court to acquit a gynaecologist of illegal abortion after he chose to carry out genetic diagnosis on several human embryos and discarded those with genetic defects has stirred a debate about the possible need for a new law tightening the rules on preimplantation genetic diagnosis.

The landmark ruling said that embryos created from in vitro fertilisation (IVF) can be screened for genetic defects before being implanted in the womb.

The 47 year old doctor, who was not identified, brought the case to