NEWS

UK news Clinical negligence claims against plastic surgeons rise "significantly"
World news FDA drug safety advisers had financial links to manufacturers

bmj.com
Risks of aspirin outweigh benefits in primary prevention, shows analysis

Hospitals have no excuse for cutting services, says Nuffield Trust

Jacqui Wise LONDON

A report from the health policy think tank the Nuffield Trust says that cuts in patient services in England are difficult to justify when opportunities exist to improve hospitals' efficiency.

The report points out that efficiency varies widely among hospitals across a range of measures, including length of hospital stay, proportion of day cases, and use of information technology. It says that bringing the worst performers up to the level of the best should be a priority.

Other areas where important savings can be made include the procurement of consumable goods and the organisation of back office functions such as finance, human resources, and estates management. The report says at least £600m could be saved each year if all NHS bodies were able to "simplify, standardise, and share" their practice in these areas.

The report is based on a review of British and international literature and on fieldwork in six hospital trusts that seem to have been turned around after financial difficulties.

International comparisons indicate that the average length of stay in hospital is longer in England than in many other countries. And there is significant variation between hospitals. The report says that hospitals should look at ways to reduce length of stay, such as by looking at the days on which patients are admitted for surgery and putting in place discharge arrangements that work seven days a week and throughout the day.

A key recommendation is that the new NHS Commissioning Board should set expected standards for day surgery rates, reducing length of stay, and avoiding hospitalisation. The report recommends that these form part of the new commissioning outcomes framework. The board should also strongly encourage clinical commissioning groups to make the most of new technologies and the guidelines of the National Institute for Health and Clinical Excellence.

The report also says that there are diseconomies of scale in merging and managing hospitals beyond 600 beds.

Can Hospitals do More for Less? **is at www.nuffieldtrust.org.uk/our-work/projects/quest-efficiency-english-nhs.**

Cite this as: *BMJ* 2012;344:e275

NHS CONFEDERATION

Getting the incentives right to reward high quality education and training is key, said Sue Slipman

Doctors are told to "make every contact count" to promote health

Helen Mooney LONDON

Doctors, nurses, and other healthcare professionals in England will be asked to question patients about their lifestyle, including smoking, diet, exercise, and alcohol consumption, at every meeting, under new plans backed by the government.

The proposal is one of a series of recommendations made by the NHS Future Forum, the body appointed to review the government's plans for the NHS, in its latest reports to the Department of Health.

Surgeons, midwives, and health visitors, as well as GPs and nurses, will be expected to sign up to the "make every contact count" plan in a bid to curb the soaring costs of healthcare and treatment as a result of people's lifestyle.

The health secretary, Andrew Lansley, said, "The forum's report shows there is widespread support for the NHS to take every opportunity to prevent poor health and promote healthy living by making the most of healthcare professionals' contact with individual patients. The government agrees that it should be the role of all healthcare workers in the NHS to make use of those contacts wherever appropriate."

The report also emphasises the need for rewards to improve the quality of education and training in the NHS. It calls for a review of the principles and aims of the 2008 Tooke report into medical education, saying that the proposed new local education and training boards need to have the governance structures in place to deliver "strong partnerships" across healthcare providers and academic institutions.

It also wants to see a national "properly structured process" to help nurses and midwives develop "post-qualification career pathways."

The forum's proposals mean that NHS trusts' budgets could be "top sliced" to fund a "quality premium," which would be given to organisations that are providing high quality training for NHS staff. The forum says that Health Education England, which is to be established in shadow form in October, should consider developing the quality premium to "reward excellence in training."

Sue Slipman, chief executive of the Foundation Trust Network of the NHS Confederation, told the *BMJ* that she welcomed the emphasis on education and training but said that the key would be getting the "incentives right."

"There will need to be some kind of tariff for this, and the incentives will need to be around rewarding quality. All organisations must make a genuine commitment to train and educate the current and future workforce," she added.

The reports are at http://healthandcare.dh.gov.uk/forum-report.

Cite this as: *BMJ* 2012;344:e319

IAN GAVAN/GETTY IMAGES

George Michael was given an eight week sentence for crashing his car while under the influence of cannabis

Expert panel will look at feasibility of setting levels for drug driving

Jacqui Wise LONDON

The UK government is putting together an expert panel to look at introducing a new law against taking drugs and driving.

The panel, set up by the Department of Transport, will look at how a specific drug driving offence could be defined and whether it is possible to set levels for the impairing effects of drugs.

This course of action was recommended in a 2010 review by the legal scholar Peter North (*BMJ* 2010;340:c3315). The review concluded that there is a substantial drug driving problem in the UK. There were 56 fatal and 207 serious injury incidents reported by police in 2008 as involving impairment by drugs, but the true scale of the problem is likely to be much greater.

The panel will examine whether it is possible to identify, for average members of the adult population, the levels of drugs that have an impairing effect broadly equivalent to the current blood alcohol level. It will also look at how these levels will vary across the population, including for habitual users.

The road safety minister, Mike Penning, said, "Britain has some of the safest roads in the world, but we know how important it is to tackle the menace of drug driving."

Vivienne Nathanson, head of science and ethics at the British Medical Association, welcomed the establishment of the panel but said that it would have a difficult job. "It is not like alcohol where you can draw a straight line graph showing the relationship between the alcohol level and impairment. Drugs affect different people in different ways," she said.

Professor Nathanson told the *BMJ*: "We should obviously enforce the message that you shouldn't drive under the influence of any drugs. But it is also important to know when it is safe to drive afterwards. For example, we don't know the effect of driving under trace amounts of cannabis in the bloodstream."

The panel will focus on a number of illegal drugs, including cocaine, MDMA, cannabis, and opiates. It will also look at the effect on driving of prescribed drugs and the interaction of drugs and alcohol and different combinations of drugs.

Membership of the panel will comprise academic and scientific experts. It is expected to start work in the spring.

Unlike with drink driving, there is no objective test for impaired driving due to drugs, no legal definition of impairment in the Road Traffic Act, and no offence of driving in breach of prescribed limits of specific drugs. Under that current law motorists can be charged with being unfit to drive through drugs, but the difficulty of securing proof means that prosecutions are relatively rare.

Whereas it is relatively easy to enforce the drink driving law with roadside testing kits, there are no drug screening tests currently approved in the UK, although they are used in other countries. Dtec International, a drug testing product company, told the House of Commons in 2010 that Germany successfully prosecuted 34 500 drug drivers in 2009. This compares with 168 drug driving guilty verdicts in Great Britain in 2008.

The North report pointed out that the current level of evidence on drug driving is poor. The DRUID (driving under the influence of drugs, alcohol, and medicines) study, due to report in 2012, is a EU project that aims to gain new insights into the degree of impairment caused by psychoactive drugs and their actual effects on road safety. It involves 19 European countries, but not the UK.

Cite this as: *BMJ* 2012;344:e73

Government puts pressure on private sector to pay for removal of PIP implants

Adrian O'Dowd LONDON

The UK government has announced that women who received a particular type of breast implant from France through the NHS should be able to have them removed at no personal cost.

Private clinics are expected to follow suit and to pay for any women with the implants to have them removed, if they choose to do so, without paying for the procedure.

Early indications are that some companies, but not all, will pay for removal of the implants but not replacement. The government has said that it will pay for removals in cases where women find that their clinic is no longer in business or refuses to help them.

The announcement on 6 January applies to implants produced by the French company Poly Implant Prosthèse (PIP), which went into administration last year after use of its implants was banned amid worries that they used non-medical grade silicone.

After concerns were raised in France about a possible link between the implants and cancer, experts there concluded that there was no link but that there was a raised risk of rupture, which led the French government to announce that it would pay for all 30 000 women in France with the implants to have them removed. Germany and the Czech Republic have followed this example.

However, in the UK the government said that the 40 000 women thought to have the implants should not have them removed automatically, as rigorous testing and monitoring by the watchdog the Medicines and Healthcare Products Regulatory Agency (MHRA) had shown them to have no link to cancer and a rupture rate of just 1%.

After a review of all available evidence the government said that if after the consultation a woman still had concerns and her doctor agreed that it was appropriate, then the NHS would pay for the implants to be removed and replaced if the NHS did the original operation.

Cite this as: *BMJ* 2012;344:e249

Doctor begins "Bevan's Run" to stop health bill

Annabel Ferriman BMJ

Clive Peedell (on right of photo), a consultant oncologist and leading opponent of the government's Health and Social Care Bill, set off on Tuesday 10 January to run from Cardiff to London to protest about the forthcoming changes to the NHS.

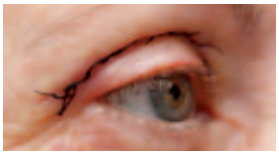
Clinical negligence claims against plastic surgeons rise "significantly"

Clare Dyer LONDON

Growing numbers of patients are launching compensation claims against plastic surgeons in private practice over operations that have gone wrong or failed to achieve the desired result, says the Medical Defence Union (MDU).

Claims against plastic surgeons are much more likely than other clinical negligence claims to result in a settlement for the patient, notes the MDU, the largest UK doctors' defence body.

The organisation, which indemnifies doctors against malpractice allegations, refused to specify figures for the growth in plastic surgery claims, citing commercial confidentiality, but a report in the latest *MDU Journal* that analysed claims over "a recent five year period" said that the rise was "significant," although the number of procedures carried out has also gone up significantly.



DURAND FLORENCE/SIPA/REX

Third most likely to give rise to claims was eyelid surgery (blepharoplasty)

Some 45.2% of plastic surgery claims concluded over the period ended in a settlement, which compares with only 30% for the MDU's clinical claims generally.

Breast surgery (reconstruction, augmentation, and reduction) was most likely to give rise to a claim, accounting for 37% of claims overall. Facelifts came next, at 14%, followed by blepharoplasty, rhinoplasty, and abdominoplasty.

In about 28% of cases settled consent was an issue. Patients complained that they had not been properly informed of the risks. Other cases resulted in a bad outcome, such as scarring or asymmetry, or the surgery "simply produced a result that did not meet the patient's expectations," the MDU said.

A patient who had a stroke after a facelift claimed that the surgeon did not carry out a full medical history or obtain fully informed consent. The claim was settled for more than £0.5m. Another by a 43 year old man left with a facial scar after being burned by a diathermy instrument during a facelift was settled for £25 000.

Over the same five year period the MDU assisted more than 50 plastic surgeons who were investigated by the General Medical Council, the UK doctors' regulator, with costs in some cases approaching £200 000.

An expert group set up by the UK government to consider the repercussions of the substandard French made PIP breast implants is to look at the need for better regulation of cosmetic surgery.

Surgeons' leaders have long called for the sector to be regulated more effectively. In 2010 an independent report on cosmetic surgery by the National Confidential Enquiry into Patient Outcome and Death concluded that regulation was poor and that some parts of the sector seemed like a "cottage industry."

Cite this as: *BMJ* 2012;344:e298

Doctors' views sought on direction of new IT strategy

Ingrid Torjesen LONDON

The Department of Health for England wants doctors to be more active in determining how information technology is used in the NHS.

Later this year the department will publish its long awaited NHS information strategy setting out the direction for use of IT and informatics for the next 5-10 years. Its previous strategy, the £12bn national programme for IT, was beset with problems and in large parts abandoned.

After criticism over the lack of clinical engagement with the national programme for IT, the health department's health informatics directorate and Intellect, an organisation that represents the IT industry, have issued a joint document setting out how clinical and other managers will be involved to foster "a healthy and vibrant healthcare market" for the benefit of patients and staff.

It says, "This can only be realised via a 'pull' from the business/clinical management of the NHS, and not with a technical 'push' from the IT/informatics community."

A joint initiative by the health department and the IT industry, it says, will engage with NHS clinicians and managers to equip them to become "confident, better, and informed clients" of the informatics and IT sector and will inform the direction of the information strategy. Further details of this engagement strategy will be published by the end of March.

The engagement exercise will cover how to improve flows of essential information while maintaining the security of patient identifiable data and the requirements for NHS systems and how they should be accredited and procured.

***A Joint Plan to Foster a Healthy and Vibrant Healthcare IT Market* is at www.connectingforhealth.nhs.uk/industry/support/jointplan.pdf.**

Cite this as: *BMJ* 2012;344:e185

Wakefield sues *BMJ*

Clare Dyer BMJ

Andrew Wakefield, the doctor who was struck off the UK medical register after triggering a worldwide health scare by linking the measles, mumps, and rubella (MMR) vaccine with autism, has launched a libel action against the *BMJ*, its editor in chief, Fiona Godlee, and the investigative journalist Brian Deer.

The lawsuit, which accuses the *BMJ* of publishing "false and defamatory statements" about Dr Wakefield, has been filed at a district court in Texas, where he now lives.

The *BMJ* said in a statement, "Despite the findings of the GMC's fitness to practise panel and his coauthors having publicly retracted the causation interpretation put forward by the *Lancet* paper, it would appear . . . that Mr Wakefield still stands by the accuracy of the *Lancet* paper . . . the *BMJ* and Mr Deer stand by the material in the *BMJ*."

Cite this as: *BMJ* 2012;344:e310

Dr Peedell, who is co-chairman of the NHS Consultants' Association, started his run at Cardiff's statue of Aneurin Bevan, who founded the NHS in 1948. He was inspired by Bevan's comment that there would always be an NHS "as long as there are folk left with the faith to fight for it."

Dr Peedell said, "I certainly have that faith, and that is why I have decided to run from Bevan's statue in Cardiff city centre to the Department of Health, Richmond House, London."

He began the 160 mile (260 km) run with Stefan Coghlan (left), chairman of the Welsh council of the BMA, and is being accompanied on the entire run by his colleague David Wilson (middle), a consultant clinical oncologist in Middlesbrough. The run is expected to finish on Sunday 15 January. They will run about 26 miles a day.

See http://blogs.bmj.com/bmj/2011/12/13/clive-peedell-campaigning-against-the-nhs-reforms-bevans-run/

Cite this as: *BMJ* 2012;344:d8320

JOHN O'BEIRNE/VALE PRESS PICTURES

IN BRIEF

Whooping cough cases more than doubled in 2011: The number of cases of whooping cough reported to the Health Protection Agency in England and Wales rose from 421 in 2010 to 1040 in 2011. The incidence of whooping cough rises every 3-4 years, and the 2011 figure is in line with the last peak year of 2008.

Almost everyone in area of South Darfur is infected with bilharzia: Sudan's health ministry has announced that over 91% of people in one district of South Darfur have contracted the parasitic infection schistosomiasis (bilharzia) and that 80% of people in neighbouring areas have the disease. Schistosomiasis is caused by a liver fluke transmitted by water snails and is predominantly due to poor sanitation.

Malnutrition threatens 250 000 children in east Africa as relief money runs low: The charity Save the Children has raised its emergency appeal target to £125m , double what it has raised so far to combat the worst drought in east Africa for 60 years. The charity warns that many of the 250 000 children it is feeding monthly are at risk of returning to malnutrition.

UK sports and exercise medicine centre gets £30m: The health secretary, Andrew Lansley, has announced £30m to set up the first national sports and exercise medicine centre of excellence. The centre will help people to be more active and treat injuries caused by exercise and conditions associated with lack it.

NICE guidance on epilepsy treatment: The UK National Institute for Health and Clinical Excellence has updated its clinical guideline on the diagnosis and management of epilepsy to take account of drugs that have been licensed since the guideline was originally published in 2004.

Twins multiply in US: Twins accounted for just 2% of births in the United States in 1915, but the proportion has risen since the 1970s and 1980s to nearly 3.5%, figures from the US Department of Health and Human Services show. Only a third of the rise is due to more older mothers, who are more likely to have twins, and the main cause is infertility treatment.

Cite this as: *BMJ* 2012;344:e291

FDA drug safety advisers had financial ties to manufacturers

Jeanne Lenzer NEW YORK
Keith Epstein WASHINGTON, DC

At least four members of a key committee advising the US Food and Drug Administration on the safety of a top selling drug have had financial ties to its manufacturers, raising questions about the rigor with which the agency minimises potential conflicts of interest.

Court documents reviewed by the *BMJ* and *Washington Monthly* show that at least four advisers conducted research for Bayer AG or other manufacturers or licensees of drospirenone, the synthetic progestogen contained in several oral contraceptive pills whose safety was under review. Another adviser agreed to conduct research for the company but never did. The advisers served as paid key opinion leaders, researchers, consultants, or speakers for Bayer and other manufacturers of drospirenone.

Each of the advisers with ties to manufacturers told the *BMJ* that they fully disclosed their ties to the FDA, although the FDA declined to release advisers' financial conflict of interest forms, saying that they are "confidential" and cannot be shared.

There is no reason to think that the advisers did not make the requisite disclosures. However, when asked whether the agency was aware of any financial ties between its advisers and manufacturers or distributors of drospirenone, the FDA spokeswoman Morgan Liscinsky said, "No waivers were issued." Waivers can be issued to allow advisers with ties to industry to vote if the agency believes that their expertise is required and no suitable alternates are available.

The committee met on 8 December to analyse the safety data of drospirenone, which is found in several branded oral contraceptive pills, including Yaz, Yasmin, Beyaz, and Safyral (all made by Bayer) and generic pills. Over four million women worldwide use Yasmin alone, Bayer says.

The FDA ordered the review after three articles published in the *BMJ* found an increased incidence of venous thromboembolism among users of drospirenone (2011;343:d6423; 2011;342:d2151; 2011;342:d2139). However,

Let doctors help terminally ill to die, says commission

Clare Dyer BMJ

Doctors in England and Wales could be allowed to assist terminally ill people to end their lives under strict safeguards without endangering the vulnerable, the most comprehensive UK inquiry into assisted dying has concluded.

The independent Commission on Assisted Dying, chaired by former Labour lord chancellor Charles Falconer, says doctors could safely be allowed to provide medication to those with a terminal illness and a prognosis of no more than 12 months' survival who want to decide for themselves when to die.

DIGNITY IN DYING

Geraldine McClelland wrote before her death at the Dignitas clinic on 8 Dec 2011: "I am not sad that I will die today. I am angry that because of the cowardice of our politicians I can't die in the country I was born in, in my own home"

To be eligible, they would have to be at least 18 years old and have the mental capacity to take the decision. Those who might be clinically depressed or experiencing pressure from friends or relatives would be protected by a comprehensive set of safeguards.

The commission, which included a former president of the General Medical Council, a former Metropolitan Police commissioner, and a professor of palliative care, were hosted by the think tank Demos and funded by businessman Bernard Lewis and best selling author Terry Pratchett, who has Alzheimer's disease. The campaigning organisation Dignity in Dying brokered the arrangement between Demos and the funders, but neither Dignity in Dying nor the funders played any part in the running or outcomes of the commission.

Currently, assisting a suicide is a criminal offence and doctors are more at risk of prosecution than relatives or friends.

Under the suggested framework, patients would have to be able to take the medication themselves. Those with physical disabilities could be given appropriate practical support to take it, but it could not be administered by another person.

Two doctors independent of each other would have to decide whether the criteria for eligibility were met and make sure that the patient was fully informed of all available options for treatment and care.

The report is at www.demos.co.uk.

Cite this as: *BMJ* 2012;344:e64

the committee did not see internal Bayer documents in which Bayer scientists determined that Yasmin's rate of all serious adverse events was "10 fold higher than that with the other products" (*BMJ* 2011;343:d8104, 13 Dec).

In a 15 to 11 vote the committee decided that the benefits of drospirenone outweighed its risks.

The first public sign that advisers may have ties to industry came in a court filing by the former FDA commissioner David Kessler (http://bit.ly/yzYccr), who reviewed internal Bayer documents which reveal payments from Bayer, he says.

The advisory committee's acting chairwoman, Julia Johnson, professor of obstetrics and gynaecology at the University of Massachusetts Medical School, conducted four clinical trials, including one of drospirenone as hormone replacement, for Bayer or its subsidiary Berlex. She said the FDA was aware of her research.

Other advisers with ties to industry include Paula Hillard, a professor of obstetrics and gynaecology at Stanford School of Medicine who has served as a paid consultant to Bayer Schering. Asked about her ties to Bayer, Dr Hillard said that she had fully complied with all FDA disclosures. The FDA declined to respond to any questions, citing the confidentiality clause of the Ethics in Government Act.

Cite this as: *BMJ* 2012;344:e244

MPs: review alcohol advice

Adrian O'Dowd LONDON

A review of guidelines is needed to reassess the safety of alcohol consumption and to find better ways of getting the message about safe drinking levels across to the public, MPs have said.

MPs on the parliamentary science and technology committee published a report on Monday 9 January calling for a UK-wide expert group to be formed to review current alcohol guidelines, the limits of which should not be eased, and recommending that efforts to work with the drinks industry to encourage more sensible drinking should be assessed a year earlier than the government had planned.

The expert group should review the evidence for the effects on health of alcohol, including risks and benefits, and the effectiveness of alcohol guidelines on informing the public and changing behaviour. It should also identify what terms work well in communicating risks and guidelines to the public.

Although the committee found that the public's awareness of the existence of guidelines was high, few people fully understood what the specific guidelines were and what constituted a unit of alcohol.

Alcohol Guidelines: Eleventh Report of Session 2010-12 **is available at www.parliament.uk.**

Cite this as: *BMJ* 2012;344:e231

JASON REED/REUTERS

Routine imprisonment of drug offenders, as in Thailand, has limited effectiveness, the study found

Ignoring evidence has led to ineffective policies to prevent drug misuse, shows research

Helen Mooney LONDON

National drug control initiatives often lack an evidence base, while existing international treaties have done little to prevent drug misuse, say experts in a series of studies published in the *Lancet*.

Every year some 200 million people worldwide use illicit drugs, and the burden of drug use in developed countries is similar to that caused by alcohol, shows one of the studies (*Lancet* 2012;379:55-70).

Speaking at a press briefing to launch the series, John Strang, head of the National Addiction Centre at King's College London and author of a study on the success of drug policies in different countries, said that "policy makers have pursued many drug control initiatives that lack scientific evidence for their effectiveness and that can cause harm through unintended consequences."

He added, "Much public debate in drug policy is only minimally informed by scientific evidence. Values and political processes are important drivers of drug policy, but evidence of effectiveness and cost effectiveness can help the public and policy makers to select policies that best achieve agreed goals."

His study found that wide scale arrest and imprisonment of drug offenders had only limited effectiveness, whereas drug testing people who are under criminal justice supervision, together with specific, immediate, and brief sentences, has produced substantial reductions in drug use and offending (*Lancet* 2012;379:7183).

Another study, which questioned how well international drug conventions protect public health, found that such treaties actually prevent innovative approaches (*Lancet* 2012;379:84-91). It found that the international drug control system had resulted in an inadequate volume of medical opioids for pain relief, especially in low income and middle income countries, besides failing to effectively restrict the non-medical use of controlled drugs and illicit drug use. It concludes that as a result the contribution of illicit drugs to the burden of disease has increased worldwide over the past decade.

"The system's emphasis on the criminalisation of drug use has contributed to the spread of HIV, increased imprisonment for minor offences, and has contributed to legitimating extremely punitive national policies, including executions, extra-judicial killings, and imprisonment as a form of treatment, all of which have caused harm to drug users and their families," it adds.

Louisa Degenhard, of the National Drug and Alcohol Research Centre at the University of New South Wales and author of a study on the extent of illicit drug use, found that the lack of good quality data on the prevalence of different types of illicit drug use and its harms meant that successive governments have not been able to provide more "intelligent policy responses to drug problems."

"This need is especially urgent in high income countries with substantial rates of illicit drug use and in low income and middle income countries close to illicit drug production areas," she added.

Cite this as: *BMJ* 2012;344:e148

Haiti's cholera outbreak provides vital lessons for global health

Peter Moszynski LONDON

A study into how a disease previously unknown in Haiti eventually led to the world's worst cholera epidemic offers valuable lessons for global health, says the US charity Partners in Health.

What is believed likely to be the first case of cholera in Haiti after the earthquake in January 2010 has been traced to a 28 year old man with severe mental health disorders who lived in a rural village in central Haiti downstream from the suspected source of the outbreak—a UN peacekeepers' encampment.

Lead researcher Louise Ivers told the *BMJ* that this case is "illustrative of the curious way infectious diseases can now rapidly move around the planet and show up in unexpected places." The study is published in the *American Journal of Tropical Medicine and Hygiene* (2012;86:36-8).

She said the case provides "the most poignant example of the challenges facing not just Haiti but the entire world to close the shocking gap between 'haves' and 'have-nots' of health."

Dr Ivers said that the case illustrates "the relationship between an infectious disease epidemic, mental health, and globalisation." Although most Haitians affected by this cholera epidemic did not have mental health disorders, "examining the case history reminds us that mental health services must be acknowledged as an important component of global health."

The report says the patient had an underlying mental health condition that led him to drink from the river, placing him at increased risk of waterborne disease, "obviously an important contributing factor to his illness." Like many other individuals throughout Haiti his mental illness was "undiagnosed, untreated, and stigmatised."

A second lesson can be drawn from the fact that this patient lived far from the capital. Such a town "would not have featured highly on any list of places in which public health authorities had concern for an outbreak of a deadly pathogen imported from overseas."

Cite this as: *BMJ* 2012;344:e39

CARL JUSTE/MIAMI HERALD/MCT/GETTY IMAGES

A child fishes in the river Artibonite, the suspected source of the cholera outbreak in October 2010

MPs warn government over wasting aid money in fragile countries

Anne Gulland LONDON

MPs have commended the UK government for donating money to countries emerging from years of conflict but have warned that ministers must reduce the cost of delivering aid programmes.

MPs on the select committee on international development stated in a report that they support the UK government's decision to increase the amount of money it spends in fragile states, from £1.8bn in 2010-11 to £3.4bn in 2014-15. However, the report warns that "money can easily be wasted" in such countries.

It adds, "It is more risky and more costly to deliver programmes in fragile and conflict-affected states. The Department for International Development (DFID) must be open about these risks and open about the costs. However, we want to see evidence that DFID is working to bring down the cost of delivery of its programmes in these states."

The report welcomes the department's focus on monitoring results but warns of the dangers of using third parties to deliver aid programmes in countries where "fraud and corruption are rife."

It states, "This means it [DFID] may not be able to guarantee value for money for every pound it spends. DFID should be open about this so that expectations of results are realistic."

The committee looked specifically at UK aid to Rwanda, which will receive £90m from the UK in 2014-15, and to the Democratic Republic of the Congo (DRC), which is receiving £790m between 2010 and 2015.

The committee applauded the government's decision to invest in the DRC. However, the report warned that violence against women and girls was still rife and urged the department to make reducing this its top priority there.

Working Effectively in Fragile and Conflict-Affected States is at www.publications.parliament.uk.

Cite this as: *BMJ* 2012;344:e145

Many Chinese cannot access treatment despite medical insurance

Jane Parry HONG KONG

China's three year ¥850bn (£87bn) programme has resulted in almost universal coverage by social health insurance schemes, conclude reports from official state media.

The Chinese health minister, Chen Zhu, announced last week that 89% of urban residents and 97% of rural residents are now covered by one of the country's three medical insurance schemes, up from only 55% of urban residents and 21% of rural residents in 2003, reports China's official Xinhua news agency.

Although this is a laudable improvement, population coverage is just one of three key aspects of universal coverage, said Henk Bekedam, director of the Division of Health Sector Development at the World Health Organization's Western Pacific regional office in Manila. He said, "You also need to look at the benefit package and the percentage of reimbursement, which is still around 30-50%. A poor person cannot pay 50-70% of the bill, and so even when they are insured they may not go to hospital, and catastrophic medical costs are the single biggest factor that propels people into poverty."

The health ministry announced last week that by 2015 all public hospitals will be barred from imposing a 15% surcharge on prescription drugs, with fees for services replacing the shortfall.

Cite this as: *BMJ* 2012;344:e248