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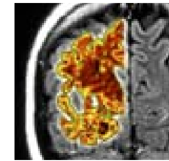

bmj.com
Home care staff lack skills for dealing with dementia

Locums make up a fifth of doctors in emergency units at weekends

Adrian O'Dowd LONDON

A locum company has warned that the NHS will not be able to continue with what it says is a "chronic" shortage of doctors working in hospital emergency departments.

HCL Workforce Solutions, a commercial provider of healthcare professionals to the NHS, said that acute care hospital trusts in England were facing a dangerous combination of factors that were undermining their ability to maintain sufficient emergency services and called for a long term radical review of emergency medical staffing.

In a report the company said that each month its medical locum division, HCL Doctors, received an average of 3200 requests for a locum doctor from NHS emergency departments—the highest number of requests from any specialty and accounting for more than 40% of all requests.[1]

The report used data from the HCL Doctors division, data obtained under a freedom of information request made to 54 NHS acute trusts in England, and interviews with specialists in emergency medicine.

It found that locum doctors made up almost a fifth of the total number in emergency departments at weekends, with around 13% supporting the service during the week.

At trusts with the highest reliance on locums, 40% of doctors in emergency departments were temporary. This was the case on weekdays at University Hospitals Coventry and Warwickshire NHS Trust and at weekends at South London Healthcare NHS Trust, the figures showed. Both these trusts have recently faced financial difficulties.[2,3]

Some trusts seemed to be unable to get their staffing needs under control, said the company, especially non-foundation trusts, which had an average spend on locum emergency doctors of around £9.19 per patient, almost three times the average spend of £3.16 per patient in foundation trusts.

Liz Bickley, managing director of HCL Doctors, said a review of emergency staffing was needed.

Read more about the staffing problems in emergency medicine in *BMJ Careers* (http://careers.bmj.com/careers/advice/view-article.html?id=20010042)

Cite this as: *BMJ* 2013;346:f1065

The new "pledge" is among measures to improve the health of children and young people

Ministers set out plans for doctors to cut UK child death rates

Adrian O'Dowd LONDON

The government has announced a new drive to reduce the rate of child mortality in the UK, which is currently one of the worst in Europe.[1]

Doctors will be able to look at colour coded maps showing local health trends for conditions such as asthma and diabetes, while GPs may be offered more training in children's health, under proposals from the government.

The Department of Health published its official response[2] on 19 February to the Children and Young People's Health Outcomes Forum, a body set up by the government last year to identify health issues important to young people. The forum reported back in July[3,4] that there was a pressing need for improvement.

The new "pledge" to cut child deaths, says the Department of Health, is part of steps to radically improve the health of children and young people.

The need for improvement is underlined in an accompanying pledge document signed by many organisations (such as the Royal College of Paediatrics and Child Health, Royal College of GPs, NHS Commissioning Board, and Care Quality Commission), which mentions various statistics, including:

- More than a quarter (26%) of children's deaths showed identifiable failure in the child's direct care
- More than 30% of children aged 2 to 15 years are overweight or obese
- About 75% of hospital admissions of children with asthma could have been prevented in primary care.

For its part, the government said that it would start a "data revolution" so that the NHS and local authorities had access to better information to use when improving the health of young people.

England's chief medical officer will lead a new Children and Young People's Health Outcomes Board, to bring health leaders together.

Local NHS organisations will be asked to review health services to see how they interact with young people or investigate why they might have children with lower survival rates for conditions such as cancer.

This could mean increasing numbers of specialist staff or making sure GPs are better trained in children's health to enable them to make earlier diagnoses.

The department backed a proposal by the Royal College of General Practitioners that GP training should be extended for a fourth year to include paediatrics, child health, and mental health and will see whether this is affordable.

Health minister Dan Poulter said all parts of the system "will play their part and work together to improve children's health."

President of the Royal College of Paediatrics and Child Health, Hilary Cass, said he was encouraged by the government's commitment.

Cite this as: *BMJ* 2013;346:f1155

Surgeons blame pressure from management for poor safety at Lincolnshire

Clare Dyer BMJ

A patient died after a surgeon was pressurised into carrying out three radical procedures in a day as part of a lengthy list because of waiting time target pressures at United Lincolnshire Hospitals NHS Trust, a leaked letter suggests.

The trust, one of 14 under investigation by the NHS's medical director, Bruce Keogh, because of high mortality rates,[1] is in the news after its former chief executive Gary Walker spoke of a "culture of fear."[2] Walker broke a gagging clause in the compromise agreement that he signed after he was forced out of his job in February 2010, accusing the trust of putting targets ahead of the safety of patients.

The surgeon's letter is one of three letters dating back to 2010 from doctors at the trust, leaked by independent Lincolnshire councillors on the local news website The Lincolnite. They include concerns that the pressure of meeting targets was compromising safety.

The surgeon, whose identity is redacted, wrote to someone at the trust in February 2010 "in the immediate aftermath" of the "tragic death" of an "otherwise well patient" two days after an operation performed by another surgeon.

"The patient's operation occurred on a day upon which, unusually, three radical procedures were undertaken by the same surgeon on a single extended list. Habitually, one or two procedures would be performed within this session and the additional case was required due to target pressures," said the letter.

It described how targets impacted on patient care and placed "enormous and unsustainable pressure on the operating surgeons." The trust said that its mortality figures had improved in the past year and that it had made significant improvements in all areas of patient safety.

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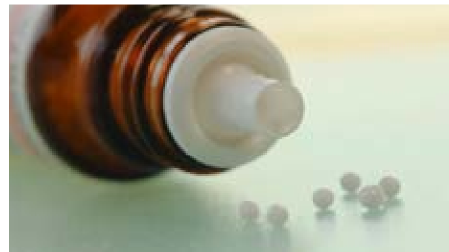


CLAUDIA REHM/WESTEND61/CORBIS

NHS Choices' content questioning the effectiveness of homeopathy was removed

Civil servants suppress evidence on homeopathy after charity's lobbying

Ingrid Torjesen LONDON

The way in which lobby groups and powerful people can influence government has come to light after an article on homeopathy on the public information website NHS Choices was stripped of all evidence questioning its effectiveness as a result of intervention by a charity set up by the Prince of Wales.

The Department of Health commissions the NHS Choices website from the private information company Capita to provide "objective and trustworthy information" to help patients make decisions about their health and treatment.

But evidence obtained under the Freedom of Information Act by David Colquhoun, emeritus professor of pharmacology at University College London and a fellow of the Royal Society, indicates that the health department can edit the content if it contradicts its own policies, even if that content is based on evidence.

Emails obtained from NHS Choices by Colquhoun show that even before the article on homeopathy was written the department invited the writer to a meeting with the Prince of Wales's Foundation for Integrated Health and the Complementary and Natural Healthcare Council to discuss the content "so we could start to piece this particular jigsaw together." The website's information on homeopathy was being rewritten after complaints from some readers that it was too much in favour of the practice.

After the meeting, a representative of the foundation wrote to the health department saying that the proposed content was "a bit horrifying" and "anti-complementary medicine." A department official responded on 7 January 2010, saying, "I have been assured by our editorial team that the content being prepared will be very much better."

The draft article on homeopathy, which was produced in January 2010 but which never appeared on NHS Choices, said that many independent experts would say that "homeopathy does not work" and that "there is no good quality clinical evidence to show that homeopathy is more successful than placebo."

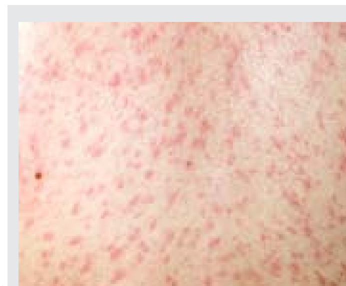
Comments added to the article by the health department said, "This report is really quite contentious and we may well be subject to quite a lot of challenge from the homeopathic community if published."

The article that finally appeared on the website in November 2012 had all comments referring to the lack of evidence to support homeopathy stripped out. Also deleted were references to a 2010 report from the House of Commons Science and Technology Committee that recommended that the NHS stop prescribing homeopathy, which it branded a placebo treatment.[1]

NHS Choices said that it repeatedly raised concerns with the department about its handling of the article and complained about the delays it was causing. An email from NHS Choices on 6 November 2012 said, "I am concerned that this is a reputational issue for NHS Choices, as well as a serious gap in the information we provide for the public."

A spokesperson for the health department said, "NHS Choices website is regularly updated to ensure it is neutral, factual, and objective. We are aware of some concerns regarding the content of one page, and we are currently looking into this."

Cite this as: *BMJ* 2013;346:f1071



DR P MARAZZI/SPL

Last year England and Wales had the highest number of measles cases since 1994

Doctors should isolate patients with suspected measles in waiting rooms

Jacqui Wise LONDON

With measles at its highest level in England and Wales for 18 years, a group of public health doctors is calling for more rigorous isolation of people with suspected measles in the waiting rooms of general practices and hospitals and for trusts to ensure that all staff members have received the MMR (mumps, measles, and rubella) vaccination.

There were 2016 confirmed cases of measles in England and Wales during 2012, the highest annual total since 1994. In northwest England 918 cases of measles have been confirmed since January 2012, with an ongoing outbreak in the Morecambe Bay area of Lancashire.[2]

Kenneth Lamden, consultant in health protection at Cumbria and

NHS trust will face "consequences" if gagging clause breached guidelines, warns health secretary

Clare Dyer BMJ

Health secretary, Jeremy Hunt, has written to the hospital trust that gagged a former chief executive from speaking out on safety concerns, asking whether the gagging clause breached NHS guidelines on whistleblowing.

Hunt has received a letter from Stephen Dorrell, chairman of the House of Commons Health Committee, asking for confirmation that Gary Walker, former chief executive of United Lincolnshire Hospitals NHS Trust, would not be pursued by lawyers if he spoke to the committee.

Walker signed a compromise agreement containing the clause when he was forced out of his job in February 2010 after his insistence that a "target culture" was threatening patient safety.

Walker broke his three year silence and described a culture of "fear and oppression" in the health service

Walker told BBC Radio 4's *Today* news programme that he and the trust's board had concerns about patient safety and suspended Department of Health waiting time targets for non-urgent treatment in the face of extra demand for emergency cases. But he said that he was told by the East Midlands Strategic Health Authority "to meet the targets whatever the demand."

Walker broke his three year silence to tell the BBC of a culture of "fear and oppression" in the health service, despite a letter from the trust's lawyers threatening him with reprisals if he broke the gagging agreement that he was obliged to sign when he settled his claim for unfair dismissal. He went public a week after the public inquiry by Robert Francis QC into failings at Mid Staffordshire NHS Foundation Trust called for gagging clauses to be banned.[1]

Before his interview with the BBC, the trust's solicitors warned Walker that if the interview went ahead he would be "in clear breach of the agreement and as a result the trust would be entitled to recover from you the payments made under the agreement and any costs including its legal costs." Walker, was reported to have been paid £500 000, including legal costs, when he signed the agreement. The official reason for his dismissal was gross misconduct, including swearing in meetings.

United Lincolnshire is one of 14 trusts now under investigation by the NHS's medical director, Bruce Keogh, because of high mortality data[2]—the signal that first alerted the Healthcare Commission to serious problems at Mid Staffordshire.

Walker claims that he blew the whistle about safety concerns to the then chief executive of the strategic health authority, Barbara Hakin, now the NHS's director of commissioning, and to the NHS chief executive, David Nicholson, who has faced calls to resign after the Francis report.

Hakin, a doctor, is under investigation by the General Medical Council over the allegation that she prioritised targets over safety.[3]

Dorrell, a former health secretary, told Hunt in his letter that the Health Committee was normally reluctant to be drawn into disputes between individual NHS employees and their employers.

He said that a health department official had previously told the committee that gagging clauses were "not acceptable" in the NHS, and the Francis report called for them to be banned as "not in the public interest." The committee also understood that they were not enforceable, under the Public Interest Disclosure Act, Dorrell added.

He asked Hunt to confirm that "neither the trust nor any other NHS body will seek to enforce any clause in Mr Walker's compromise agreement which would impinge on his capacity to respond fully to the committee's request."

Hunt later told the BBC Radio 4's *World at One* news programme that he had written to the trust to ask about the contents of Walker's compromise agreement and whether it complied with NHS guidance on whistleblowing. "If they've got this wrong there will be consequences," he added.

A spokesperson for United Lincolnshire Hospitals NHS Trust said, "confidentiality clauses relating to Mr Walker concerned his employment dispute with the trust. We can confirm that under the terms of our agreement with him, Mr Walker is able to raise any concerns about patient safety at ULHT."

Cite this as: *BMJ* 2013;346:f1083

Lancashire Health Protection Unit, and health protection colleagues from Liverpool and Manchester told the *BMJ* a failure to isolate patients with a rash of possible infective origin in waiting rooms has led to a considerable number of secondary cases and to labour intensive contact tracing exercises in the northwest outbreak. Measles is highly infectious and anyone in close proximity to an infected person for just 15 minutes—for example, in a general practice or hospital waiting area—needs risk assessment for immunoglobulin prophylaxis.

Dr Lamden said: "We recognise that isolation can be a problem if large numbers of children present with possible infective rash illness, but triage systems and clear procedures should be in place, including in general practice out of hours centres."

The public health doctors also write that in their experience few acute or community trusts have robust MMR vaccination programmes in place for their staff: "They don't appear to consider MMR an essential vaccination, and when they do, occupational health departments are stretched to deliver it." They add that in primary care, occupational health provision is primitive, with neither general practitioners nor primary care trusts seeming to see MMR vaccination as their responsibility. As a result, in the current northwest outbreak at least 16 healthcare workers have developed measles and a substantial number of staff have been excluded from work.

Dr Lamden said: "Vaccination is national policy and it is frustrating how long it has taken for this message to be heard."

Cite this as: *BMJ* 2013;346:f1127

IN BRIEF

Public keeps faith with doctors despite scandals: Doctors remain the most trusted professionals despite publicity surrounding the Mid Staffordshire hospital scandal, according to polling organisation Ipsos MORI. Of 1018 people interviewed in early February, 89% said that they trusted doctors to tell the truth, ahead of teachers (86%), scientists (83%), judges (82%), police (65%) and civil servants (53%).

Men in their 20s fail to attend one in six appointments: Men in their 20s miss considerably more outpatient appointments than women of the same age, Health and Social Care Information Centre figures show. Hospitals in England recorded almost one in six appointments for men aged 20-29 (415 000 (16%) of 2.6 million) as unattended in the 12 months to October 2012. Women of the same age missed one in 11 appointments (640 000 (9%) of 7.0 million).

Patients' medical information "must be protected": Government plans to allow patients to view their medical records online by 2015 could put at risk sensitive data, says the Medical Protection Society. The society said that its survey of more than 1700 people in England and 650 members highlighted the need for proper safeguards to protect patient confidentiality. Nearly three quarters (73%) of the public and 66% of doctors agreed that particularly sensitive information "should never be accessible online."

Regulator orders NHS trust to improve finances: Rotherham NHS Foundation Trust has been found to be in "significant breach" of its terms of authorisation, and ordered by regulator Monitor to strengthen its corporate and financial governance and improve its finances. Monitor said that the trust "failed to deliver" on its savings plans and failed to successfully implement a new electronic patient record system which led to problems booking patient appointments and loss of income for the trust.

Levels of unpaid care show big increase over decade: The number of unpaid carers looking after sick, disabled, and older people in England and Wales has reached about 5.8 million, a rise of 600 000 since 2001, says the Office for National Statistics. England showed a clear north-south divide, with the highest percentages of care provision being in the North West, North East, East Midlands, and West Midlands.

Cite this as: *BMJ* 2013;346:f1147

Questions raised over safety of common plasma substitute

Susan Mayor LONDON

Hydroxyethyl starch, a commonly used plasma substitute, is associated with increased risk of death and acute kidney injury in critically ill patients needing an increase in blood fluid volume, according to a new meta-analysis[1] that excluded trials from an investigator some of whose research has been retracted because of scientific misconduct.

"This study highlights the serious implications of scientific misconduct on patient safety," warned Massimo Antonelli, professor of intensive care medicine at the Università Cattolica del Sacro Cuore, Rome, Italy, in an accompanying editorial.[2] He added that it illustrated the importance of updating guidelines regularly as the evidence base changes.

Hydroxyethyl starch has been used since the 1960s

Synthetic colloids such as hydroxyethyl starch were approved in the 1960s without evaluation of their efficacy or safety in large phase III trials. Subsequent studies have generated conflicting results. The controversy increased when studies by Joachim Boldt, who worked at Klinikum Ludwigshafen, Germany, were retracted after an inquiry by the state medical association found data fabrication and scientific misconduct in his research.[3] Despite this, hydroxyethyl starch is still commonly used for volume resuscitation.

The meta-analysis, published in *JAMA*, included 38 trials comparing hydroxyl starch with crystalloids, albumin, or gelatin in more than 10 000 critically ill patients receiving acute volume resuscitation. Researchers analysed results with and without seven studies published by Boldt and colleagues, which have not been retracted because they were published before 1999 and misconduct investigations were limited to more recent trials.

Results including Boldt's studies showed no reduction in mortality with hydroxyethyl starch compared with other resuscitation solutions (risk ratio 1.07, 95% confidence interval 1.00 to 1.14; absolute risk 1.2%, −0.26% to 2.66%).

Analysis excluding the seven Boldt trials, which involved 590 patients, showed that hydroxyethyl starch was associated with increased mortality among 10 290 patients (risk ratio 1.09, 95% confidence interval 1.02 to 1.17; absolute risk 1.51%, 0.02% to 3.0%). Hydroxyethyl starch was also associated with increased renal failure among 8725 patients (1.27, 1.09 to 1.47; 5.45%, 0.44% to 10.47%).

"Our study should prompt physicians to reflect on their use of hydroxyethyl starch in all clinical conditions. In the absence of evidence to suggest hydroxyethyl starch is effective and safe, it should not be routinely prescribed for acute volume resuscitation," concluded lead author Ryan Zarychanski, assistant professor and haematologist and critical care physician at University of Manitoba and CancerCare Manitoba, Winnipeg, Canada.

Zarychanski added that hospitals should consider the appropriateness of unrestricted use of hydroxyethyl starch on their formularies and clinical guidelines, and that previous meta-analyses should be updated.

Cite this as: *BMJ* 2013;346:f1132

Hunt plans to cut NHS bureaucracy by a third

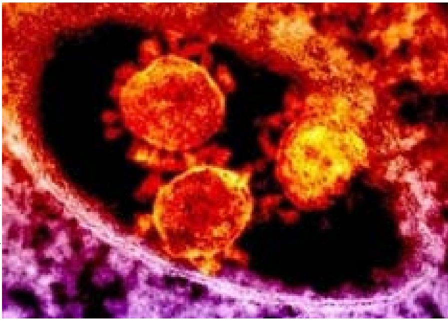
Helen Jaques BMJ

The secretary of state for health for England, Jeremy Hunt, has commissioned Mike Farrar, chief executive of the NHS Confederation, to look at how to reduce "bureaucratic burdens" in the NHS by a third.

Farrar's project will involve working with the national regulatory bodies to focus inspections on the outcomes that "matter most" to clinical success and patient care. Other approaches in the project will include ensuring that NHS trusts and regulatory bodies share information, getting trusts to embrace technology, and ending the duplication of paperwork.

In a speech at a conference held by the think tank Reform on 12 February, Hunt described the requirement to manage care and compassion through bureaucracy and box ticking as a "huge elephant trap."

Hunt quoted 2008 research by the Royal College of Nurses that found that nurses spent a fifth of their time on paperwork. "This is about freeing the outstanding doctors and nurses who deliver care week in and week out and stopping


E R FISCHER/NIAID/NIH

The UK patients have a type of coronavirus which emerged in the Middle East last year

First UK patient dies from novel coronavirus

Jacqui Wise LONDON

A patient with the novel coronavirus has died at the Queen Elizabeth Hospital in Birmingham.

The patient—who died on 17 February—is believed to have two relatives being treated for the condition in a Manchester hospital. Three cases in the United Kingdom have now occurred within the same family cluster, providing evidence of person to person transmission.[1]

The hospital disclosed that the patient who died was already an outpatient undergoing treatment for a long term, complex unrelated health condition, and was immunocompromised.

There have now been 12 confirmed cases of the coronavirus worldwide, four of which have been in the UK. In total, six patients have now died, one in the UK, three in Saudi Arabia, and two in Jordan. The Health Protection Agency said that the risk of transmission still remained low.

In the UK, the first member of the family cluster to fall ill had travelled to the Middle East and Pakistan. The other two family members had no recent travel history, indicating that the infection was acquired in the UK. The Health Protection Agency said it was following up other household members and contacts of the patient.

Cite this as: *BMJ* 2013;346:f1133

the dead hand of micromanagement from crushing the goodness out of them," he said.

Any new regulatory processes introduced in the wake of the inquiry by Robert Francis QC into failings at Mid Staffordshire NHS Foundation Trust should be balanced by removing other bureaucratic burdens, he added.

Farrar said that his project would involve determining what data the NHS needed to know, who needed to know it, and why they needed to know it, then removing unnecessary data collection. He will report his early findings in March to inform the NHS's initial response to the Francis inquiry.

Cite this as: *BMJ* 2013;346:f1077

Half of disability assessment bodies will be in the NHS

Adrian O'Dowd LONDON

Half of the 14 partner bodies that have been subcontracted to carry out new disability assessment work led by a private company are NHS organisations.

Atos Healthcare, the company which the government contracted to do assessments for a new disability benefit, published a list this week of the 14 "supply chain partners" that it has made agreements with to do most of the frontline work.

Observers, however, are puzzled as to why public sector providers are using a private sector intermediary to do work for the public sector.

Last year, the Department for Work and Pensions awarded a five year contract to Atos, worth £400m, to deliver assessments for a new disability benefit called a personal independence payment (PIP), which will replace the existing disability living allowance.

The government says the current allowance is out of date and that 71% of claimants get the benefit for life without systematic checks to see if they still need it.

Atos said that from April it would begin working with local NHS services and health professionals to deliver these assessments in England and Scotland.

Face to face interviews for the assessments have to be carried out by registered practitioners such as nurses, physiotherapists, or occupational therapists. It is believed that most of existing claimants will not be reassessed until after 2015.

As well as private firms and charities, the list of partner bodies includes:

- Bedford Hospital NHS Trust
- Croydon Health Services NHS Trust
- King's College Hospital NHS Foundation Trust
- Lancashire Care NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- University College London Hospitals NHS Foundation Trust
- York Teaching Hospital NHS Foundation Trust.

Nick Barry, general manager of the contract for the personal independence payment, for Atos said working with local NHS services would deliver a quality service that best met local needs.

He said, "This means that the face to face consultations will be undertaken by organisations with experienced staff who are used to dealing with people with disabling conditions, differing needs and challenges."

Tony Wilson, policy director for the think tank the Centre for Economic and Social Inclusion, welcomed the involvement of NHS organisations. He said they were experienced in the reassessment of people on incapacity benefits and had "a medical and social understanding" of the the barriers that disabled people face.

But, he said, "It does rather beg the question of why the public sector needs to contract to an intermediary who then subcontracts back to what would seem to be the pretty obvious public sector capability to deliver this."

He said it was unclear why NHS bodies had not bid for the contracts themselves directly.

A spokesman for the Department for Work and Pensions said no NHS organisations bid for a place on the Health and Disability Assessment framework and it was right to partner Atos.

Cite this as: *BMJ* 2013;346:f1143

From April, claimants of disability living allowance will be reassessed for a new benefit

PETER RAE/SMH/FAIRFAX

Yvonne D'Arcy, a 66 year old breast cancer survivor from Brisbane, brought the case with Cancer Voices Australia

Gene patent ruling could thwart future research

David Brill SYDNEY

Private companies can hold patents over human genes once they have been isolated from the body, according to a landmark ruling by the Australian Federal Court.

The judgment, which upheld Myriad Genetics's—a US based molecular diagnostics company—patent on the BRCA1 gene, could have far reaching implications for genetics in Australia. Experts fear it could hamper access to genetic testing, drive up costs, and stymie future research.

Gene patents have come under increasing scrutiny in recent years in Australia, but their validity had not been previously tested in court.

The case was brought by Cancer Voices Australia, a patient advocacy group, and Yvonne D'Arcy, a 66 year old breast cancer survivor from Brisbane. They argued that DNA and RNA are not patentable as they are naturally occurring substances, whose structure does not change even once isolated from the body.

Justice John Nicholas, however, rejected this argument, ruling that the process of extraction and isolation constituted "a manner of manufacture." Handing down his judgment released on 15 February, he ordered the applicants to pay costs. They have not yet said whether they intend to appeal.

Defending the patent was Myriad Genetics and Genetic Technologies, a Melbourne based company that holds exclusive rights over BRCA1 and BRCA2 in Australia.

Genetic Technologies has previously tried to enforce its patents, demanding in 2008 that public hospitals and laboratories stop performing tests on these genes. It eventually backed down, after a fierce public backlash. The company has declined to comment on how it will respond to the Federal Court ruling, and whether it will again attempt to exert its monopoly rights.

Kevin Carpenter, president of the Human Genetics Society of Australasia, said the ruling could "change the landscape" by empowering patent holders to charge more for their tests. If Genetic Technologies actively enforced its patent, he expected other companies to follow suit with patents on other genes.

"We don't believe human gene sequences themselves should be patented—any patents should be limited to isolation techniques or to other products that arise from the gene sequence," he told the *BMJ*.

"Given the relatively short timeframes that these patents run for—Myriad's patent in the US begins to run out next year for BRCA1—there may be commercial interests which say 'we should be making hay while the sun shines'."

Around 7300 BRCA1 and BRCA2 tests are performed annually for medical and diagnostic purposes in Australia, by nine laboratories in five states, according to the Royal College of Pathologists of Australasia. It is not clear how many are done in a research setting.

Luigi Palombi, a patent lawyer and academic at the Australian National University, said the court ruling was a "fairly radical decision" that "turns patent law on its head."

"It's now a matter for politicians to get together and correct this through legislation," he said.

The ruling echoes that made by the US Federal Court of Appeals in a 2012 case against Myriad. The case goes before the Supreme Court in April.

Cite this as: *BMJ* 2013;21:f1144

Doctors call for "duty" on sugary drinks to tackle obesity

Matthew Limb LONDON

Obesity programmes in the United Kingdom have failed and an urgent, society wide campaign is needed to fight the epidemic, says the Academy of Medical Royal Colleges.

The academy issued a 10 point action plan in a report[1] on 18 February, following a year long inquiry by its obesity steering group.

Its recommendations include piloting a 20% levy on the price of sugary soft drinks; mandatory, food based standards in UK hospitals within 18 months; and reducing fast food outlets near schools.

It says that health professionals should be better trained to provide more help for patients with weight problems, acknowledging that some clinicians are "insensitive, ineffective, and lack confidence."

Part of the problem, says the academy, is that there is a lack of services for doctors to refer people to so the report demands a big expansion in funding for weight management services.

Academy chairman Terence Stephenson said that the UK was facing its biggest public health crisis, with obesity related illness causing many needless deaths from avoidable diseases and costing the NHS an estimated £5.1bn a year.

He said a new campaign was needed to overcome vested interests and urged everyone to take collective responsibility—government, health professionals, food companies, educators, and individuals.

"It's now time to stop making excuses and instead begin forging alliances, trying new innovations to see what works and acting quickly to tackle obesity head on—otherwise the majority of this country's health budget could be consumed by an entirely avoidable condition," Stephenson said.

Health benefits of sweetened drinks tax "should be assessed"

The academy says some positive anti-obesity measures have been taken by the current and previous governments, including aspects of the "responsibility deal," the "five a day" nutritional scheme, and progress on "traffic light" food labelling. But overall it says that the programme to tackle obesity has been "largely piecemeal and disappointingly ineffective."

The academy recommends improving food quality in schools and hospitals and tackling the UK's "obesogenic environment." It seeks a ban on television advertising of foods high in saturated fats, sugar, and salt before the 9 pm watershed and "targeted" education and training programmes for health professionals.

Lindsey Davies, president of the Faculty of Public Health, said piloting a duty on sugar was "very sensible."

Cite this as: *BMJ* 2013;346:f1146