NEWS

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First UK prosecution for female genital mutilation moves a step closer

NHS England announces inquiry into ailing 111 service

Gareth Iacobucci BMJ

Providers of the new 111 urgent care telephone hotline should face financial penalties or even have their contracts revoked if they failed to demonstrate their ability to meet the required standards for the service, the deputy chief executive of NHS England has said.

Barbara Hakin told the organisation's board meeting on 3 May that the service had been "undeniably unacceptable" in some areas and that clinical commissioning groups should impose tough sanctions on providers that could not demonstrate improvements against standards.

The warning came as NHS England announced an inquiry into the management and implementation of the non-emergency telephone service, which has been beset by problems since its launch on 1 April, with reports of inappropriate delays in treatment, slow response times to calls, and "severe pressure" on emergency departments.[1]

In papers accepted at its board meeting,[2] NHS England reported that the target to answer all 111 calls in under 60 seconds was "still a struggle for a number of providers" across the country and that the service was "still fragile in a number of areas and many have needed contingency."

It did, however, report a "vastly improved picture" in comparison with the Easter bank holiday, with most providers now meeting the target that fewer than 5% of callers should abandon their calls before they were answered. NHS England said that it was keeping a close eye on the performance of providers and commissioners and pledged to review the rollout of the new system to determine "lessons learnt." Its review would scrutinise the scope and design of the service, examine whether the commissioning model was appropriate, and look at whether it was necessary to "manage the market in order to secure a full range of capable and sustainable providers," it said.

MARK RICHARDSON/ALAMY

GP John Hughes said there should be a public inquiry into the "disastrous" NHS 111 service

It added that it would work with clinical commissioning groups to "stabilise those providers that have failed to deliver their 111 service as well as ensure that those areas yet to go live are in a safe, and fit, state to do so."

Hakin said that 90% of the country was now covered by 111 but that there would be "no further rollout in any area until we are satisfied that that rollout can be delivered safely."

The board said that its actions were designed to ensure safe rollout of 111 across England by the end of the summer.

But Hakin added, "It is important to remember in most areas 111 has provided a very good service to patients. We have seen a very significant improvement from three or four weeks ago."

Hakin said that clinical commissioning groups could impose "financial penalties where services haven't been of a standard or revoke the contract where the providers have not been able to show they can improve on the standards."

She added, "In certain areas those financial penalties have been brought into play. But we will have to measure the balance between continuing to support a provider and looking at an alternative."

Speaking on Radio 4's *Today* news programme earlier in the day, a Salford GP, John Hughes, said that the review should have started six weeks ago when the "disastrous" system collapsed.

Hughes said that "the procurement, spending, and exactly what went wrong" warranted a public inquiry by the parliamentary health select committee or public accounts committee because of the amount of public money spent on NHS 111.

Cite this as: *BMJ* 2013;346:f2923

NHS referrals and children's surgery are suspended at Mount Alvernia Hospital

Adrian O'Dowd LONDON

Referrals of all NHS patients and all surgery on children have been suspended at a private hospital in Surrey after an inspection by the main NHS regulator found the hospital to be failing several quality standards.

BMI Healthcare's Mount Alvernia Hospital in Guildford, Surrey—an independent acute care hospital—has now replaced its management team after a highly critical inspection by the Care Quality Commission.

Care is now back to a good standard, it said.

Inspections carried out in December last year and January this year found medical, surgical, and nursing practices at the hospital were so poor that people were put at "significant risk" that was sometimes "life threatening," despite staff members themselves raising concerns with managers.

The commission found that the hospital was failing to meet eight of nine essential standards on quality and safety and demanded that action be taken in areas that included care and welfare of people using services; cleanliness and infection control; staffing; and safety and suitability of premises.

As a result the local clinical commissioning group has suspended all NHS referrals to the hospital until it is satisfied that the problems there have been dealt with and improvements made.

A Care Quality Commission report published on 2 May said that most of the people the inspectors spoke to were happy with the care and treatment they were receiving.[1] However, staff interviewed at the hospital had very different views, and the report said, "The documents and reports we saw highlighted very serious failings. Medical, surgical and some nursing practices at BMI Mount Alvernia hospital were so poor that people were put at significant risk. This risk was, on some occasions, life threatening."

Cite this as: *BMJ* 2013;346:f2926

LIFE IN VIEW/SPL

Regular checks for 40 to 74 year olds will continue

Government reneges on scrapping health checks

Ingrid Torjesen LONDON

The Department of Health has told Public Health England to prioritise regular health checks for people aged 40 to 74 years,[1] even though a recent Cochrane systematic review showed that such checks had little effect on health outcomes.[2]

In April 2009 the Labour government introduced NHS health checks, requiring primary care trusts to screen all adults aged 40 to 74, roughly 15 million people, for diabetes, chronic kidney disease, chronic lung disease, cardiovascular disease, and stroke risk.

The checks were introduced despite warnings from GPs' leaders that they would divert general practices' time and resources from sick people to the "worried well." And in 2010 the then shadow health secretary, Andrew Lansley, implied that the Conservatives would scrap the checks if his party were elected. He said, "The cardiovascular risk assessment was not entered into on the basis of research. It was in fact based on a NICE [the then National Institute for Health and Clinical Excellence] study that didn't regard it as cost effective."[3] The Cochrane systematic review, published by the *BMJ* at the end of last year, concluded, "Current use of general health checks is not supported by the best available evidence."[2]

Despite the concerns, responsibility for the five yearly checks passed to local authorities in April and they have been expanded to include risk assessments of alcohol consumption and dementia awareness. A spokeswoman for Public Health England said that the programme was "highly cost effective." She said, "Economic modelling shows the cost of the programme to be £332m each year at full roll out and the average annual benefit to be £3678 [in terms of care costs saved per patient?]."

John Middleton, vice president of the UK Faculty of Public Health, said, "The NHS checks programme may be of most value in areas of high early chronic disease. Risk stratification and identification of people most at risk through practice lists may be a more cost effective approach."

Cite this as: *BMJ* 2013;346:f2941

Staffing levels stop mortality rising on children's ITU at weekends

Zosia Kmietowicz BMJ

Children admitted to intensive care units as out-of-hours emergencies in England and Wales were no more likely to die than those who arrived during normal working hours, a study has found.

The study looked at 86 000 admissions to 29 paediatric intensive care units in England and Wales between 2006 and 2011.

The findings, published in the *Journal of Pediatrics*, showed that nearly half the children were admitted to intensive care units outside of working hours(40 948 (47%)). Risk adjusted mortality was no higher for those children admitted in the evenings and weekends than during the week (odds ratio 1.1, P=0.013).[1]

Roger Parslow, senior lecturer at the University of Leeds and co-leader of the study, said that previous literature on outcomes from units in paediatric intensive care had been ambiguous. "This is a very large study of over 86 000 admissions and we are confident that children admitted as an emergency outside normal working hours have the same chance of survival as those admitted in normal working hours," he said.

Parslow said that these wards have always had consultant input and specialist staff round the clock because of the intensive care required. "The finding on mortality will help inform the debate on what level of staffing is appropriate in other hospital wards, although this may be very different even in a general paediatric ward," he told the *BMJ*.

Pressure has been increasing for consultants to be available in hospitals round the clock since several reports identified that patients admitted to hospital in the evenings and weekends were at greater risk of death.[2 3]

In December 2012, NHS England, then known as the NHS Commissioning Board, proposed that doctors should work across seven days so that patients could access the same level of care in the evenings and the weekends as they do during the week.[4] Bruce Keogh, medical director of NHS England, established a forum to look at the proposal, which will report in the autumn. The move followed a report from the Academy of Medical Royal Colleges that said patients in hospital had a right to the same standard of care seven days a week.[5]

The study also found a 13% increase in deaths among children in intensive treatment units in November, December, and January compared with the rest of the year (odds ratio 1.13, P<0.001).

Parslow said: "It is not clear why we are seeing this effect in winter. It could be pressure on services, but it could also be that we are looking at a different mix of patients. When units are under

Oak moth caterpillar that causes rash is spreading

Gareth Iacobucci BMJ

A species of caterpillar that feeds on oak leaves and can cause allergic reactions in humans is reported to be spreading across parts of south London and Berkshire.

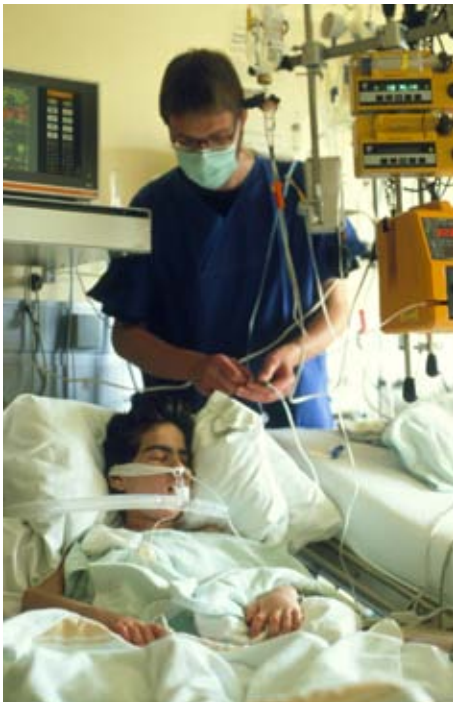
Caterpillars have been emerging from eggs laid by the oak processionary moth (*Thaumetopoea processionea*) since late April. In large numbers the caterpillars can strip oak trees bare of leaves. They can also cause a rash and serious irritation in humans when the caterpillar's microscopic hairs, which carry a toxin, are blown in the wind and come into contact with the skin, eyes, and bronchial tubes.

BLICKWINKEL/ALAMY

The Health Protection Agency said that antihistamines can be used to treat any irritation.[1]

The larvae, first found in the UK in 2006, are described by the Forestry Commission as "a significant human health problem when populations reach outbreak proportions, such as in the Netherlands and Belgium in recent years."[2]

Cite this as: *BMJ* 2013;346:f2964



MAXIMILIAN STOCK LTD/SPL

The findings will inform the debate on the seven day hospital, said study co-lead Roger Parslow

great pressure, less seriously ill children may be cared for in other specialist areas in the hospital. That would mean [that] the proportion of children in intensive care with life threatening problems is greater, and it is possible that our risk adjustment model may not fully take this into account. This is a topic for further research."

Cite this as: *BMJ* 2013;346:f2897

Most religious followers support assisted suicide

Zosia Kmietowicz BMJ

A large survey in the UK has found that a majority of those people who said that they followed a religion—64%—think that there should be a change in the law to allow assisted suicide for people who are terminally ill. Only among Baptists and Muslims was there a majority against such a change.

The survey of nearly 4500 adults, 2800 of whom were religious, found that the greatest support for a legislative change was among those who did not have a religion—of 1630 people who said that they did not follow a religion, 81% supported assisted suicide.

But there was also strong support for a change in the law among Anglicans (72% of 1519 responders in a weighted sample), Jews (69% of 82), Methodists (62% of 121), Presbyterians (61% of 108), and Catholics (56% of 391). Among the 48 Hindus who took part, 36% supported a change in the law, 28% opposed a change, and 35% were undecided.

The poll was carried out by YouGov for the Westminster faith debates, which have been researching the role of religion in public and private life.

When people were asked why they supported a change in the law, 82% said that individuals had a right to choose when and how to die, and 76% agreed that it was preferable to a period of long suffering.

Among those who backed the current law, 59% were concerned that vulnerable people would feel pressured to die, and 48% were concerned that safeguards would be difficult to build into the law.

Linda Woodhead, professor of sociology of religion at Lancaster University and organiser of the survey, said that there had been shift in attitudes in the United Kingdom around suffering and wellbeing. She told the *BMJ*: "It is very striking that most people now in this country do not think that life is sacred at all costs. They do not think that suffering is of value; it is quality of life that is important."

However, she said that legislating to allow family members or relatives to help someone end their life presented concerns for many.

Woodhead dismissed criticism of the survey by the Church of England. In the *Guardian* newspaper on 1 May, a spokesman for the church said that the findings showed that complex discussions on topics such as assisted suicide "cannot be effectively conducted through the medium of online surveys."[1]

Woodhead said: "The Anglican church just shot the messenger. It is a reliable finding. It is just not what they want to hear. The message is that there is a disconnect between their teachings and what their people think."

Cite this as: *BMJ* 2013;346:f2855

Small rise in rubella cases triggers warning

Jacqui Wise LONDON

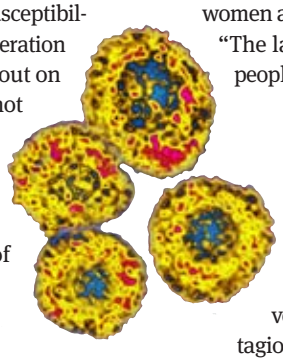
Last year saw the highest number of rubella cases in England and Wales since 1999.

Health Protection Agency figures show that there were 65 laboratory confirmed cases of rubella in 2012,[1] up from six in 2011, 12 in 2010, and nine in 2009. Fifty of the 65 cases in 2012 from the south east of England. The last large outbreak of rubella was in 1996, when close to 4000 cases were reported.

Pat Tookey, who leads the national congenital rubella surveillance programme at University College London's Institute for Child Health, told the *BMJ* that the current outbreaks of measles should be seen as a warning. "Rubella has been at an all time low, but last year there was a real small rise in circulating rubella, although this was mostly imported cases. There is a cohort of underimmunised people who are currently passing through adolescence and are susceptible to rubella as well as measles and mumps," she said.

She added that she would expect to see a rubella outbreak later than outbreaks of measles and mumps because the rubella component of the combined measles, mumps, and rubella (MMR) vaccine was more effective, and just one dose could provide 98% protection. Susceptibility to rubella is highest in first generation migrants who may have missed out on routine immunisation and had not acquired natural immunity.

In 1970 a rubella vaccination programme was introduced for schoolgirls in the United Kingdom and reduced the number of children born with congenital rubella syndrome, but rubella continued to circulate. This was discontinued in 1994 because the MMR campaign had been implemented. Before rubella vaccine became available, an estimated 200-300 babies were born each year in the UK with congenital rubella syndrome. Now only one or two cases are reported.



JAMES CAVALLINI/SPL

Joff McGill, spokesman for the charity Sense, which supports people who are deaf and blind, said, "We can't wait for rubella outbreaks to follow measles . . . We have to act now to protect pregnant women and their unborn babies" He added, "The large group of unvaccinated young people, along with evidence for increasing susceptibility to rubella in younger woman and in women from ethnic minorities, means immunisation can no longer be a childhood issue."

A spokesperson for Public Health England said that the spread of rubella through the community was very unlikely and that it was less contagious than measles. The spokesperson said, "Women who are considering becoming pregnant should make sure that they are up to date with their MMR vaccination or consult with their GP if they are not sure. Those who are already pregnant should wait until after their baby is born."

Cite this as: *BMJ* 2013;346:f2935

Minimum alcohol price is compatible with EU law, says Scottish court

Bryan Christie EDINBURGH

In a landmark ruling a court has judged Scotland's proposal to set a minimum price on a unit of alcohol as legal and compatible with European law.

However, the Scotch Whisky Association and the trade organisation Spirits Europe, which have challenged the legality of minimum pricing, said that they planned to appeal. The industry mounted a legal challenge in Scotland's supreme civil court, arguing that a minimum price would breach the United Kingdom's obligations under European Union treaties because it would restrain trade.

The Court of Session's ruling rejected that view and concluded that the plan to introduce a minimum price of 50p per unit of alcohol was within the powers of Scottish ministers and was not incompatible with EU law. The judgment from Lord Docherty also said that there was no need to refer any issues over alcohol pricing and EU law to another court.

The ruling delighted health campaigners and medical organisations, which see minimum pricing as a key policy in helping to reduce the harm caused by alcohol. Under the proposal the cheapest bottle of whisky would rise to around £14, wine to £4.69, and four cans of lager to at least £3.52.

The industry has 21 days to appeal. Gavin Hewitt, chief executive of the Scotch Whisky Association, said, "The view from Europe is very different to that expressed by the court, and we are not alone in having concerns about the legality of minimum pricing. The European Commission and more than 10 member states have expressed their concerns and their opposition to the Scottish proposals."

Cite this as: *BMJ* 2013;346:f2925

MICHAEL DEBETS/DEMOTIX/PA

Activists call for a change in the law 21 years after the Supreme Court said abortion should be permissible

Ireland is poised to allow abortion when a mother's life is at risk

Muiris Houston GALWAY

The Irish government has published the heads of a bill that would allow abortion in Ireland in limited circumstances.

In the case of a physical threat to the life of a mother, the Protection of Life During Pregnancy Bill 2013 will require two consultants (including an obstetrician) to approve an abortion.

If there is a "real and substantial" risk to the life of the pregnant woman owing to the risk of suicide, three consultants will be required to certify the need for a termination. While the woman's GP should be consulted by at least one of those doctors where possible, the GP is not required to certify the need for a termination.

The doctors who will make an assessment of suicidal ideation will comprise an obstetrician and two psychiatrists. They must "jointly certify in good faith" that there is a "real and substantial risk" of the loss of the woman's life by way of suicide, and that "in their reasonable opinion" this risk can be averted only by termination.

When asked about when the legislation would be implemented, prime minister Enda Kenny said that the parliamentary health committee would consider the issue, after which he hoped that the legislation would be introduced and enacted before the Dáil (parliament) rose for the summer. "I would hope that the bill can be enacted and, for the first time in 31 years, bring clarity and certainty to this area," he added.

Publication of the bill follows a government commitment to legislating after the report last year of an expert group tasked with advising on how to respond to a ruling of the European Court of Human Rights, which found that Ireland had failed to provide for abortion in circumstances when a mother's life is at risk. When enacted, the law will also give effect to the 1992 X case Supreme Court judgment, which declared that abortion was permissible if there was a real and substantial risk to the life of the mother, as distinct from a risk to her health. Such a risk included the threat of suicide.

The publication also comes after the death of Savita Halappanavar last October, amid allegations that she was refused a termination when 17 weeks pregnant.[1] The 31 year old died from septicaemia in Galway after a miscarriage.

Cite this as: *BMJ* 2013;346:f2875

Minimum alcohol pricing delivers better than expected health benefits

Owen Dyer MONTREAL

Placing a minimum price on a unit of alcohol delivers health benefits much greater than those predicted by the UK government's theoretical model, concludes a new report by the independent UK Institute of Alcohol Studies, which used empirical data from Canada, where minimum pricing has been in place for decades.[1]

A model developed by Sheffield University has estimated that in British Columbia a minimum price per unit of $C1.50 (£1) for all alcoholic drinks would reduce the number of wholly alcohol caused deaths (a category that includes alcohol poisoning but not cirrhosis) by 39 and the number of hospitalisations by 244 in the first year, with additional health benefits 10 years later. But the Institute of Alcohol Studies' report cites studies published in *Addiction* and the *American Journal of Public Health* which found that a $C1.45 minimum price resulted in an estimated reduction of 92 wholly alcohol caused deaths and 1212 hospitalisations in the first year, with additional health benefits in chronic disease seen two years later.[2 3]

These analyses concluded that a 10% rise in average minimum alcohol prices was associated with reductions of 32% in wholly alcohol caused deaths, 9% in chronic and acute hospitalisations, and 3.4% in total consumption.

Cite this as: *BMJ* 2013;346:f2939