# NEWS


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US website is launched to share cancer trial data

## More patients are waiting for hospital treatment, and for longer

**Gareth Iacobucci** BMJ

The growing pressure on elective services at hospitals in England has been laid bare by new figures showing that over 360 000 more people were waiting for inpatient or outpatient treatment in January 2014 than in the same month last year.

The latest quarterly monitoring report from the healthcare think tank the King's Fund shows that 9.6% of patients waited longer than 18 weeks for inpatient treatment in January.[1] Although this was just within the target for 90% of inpatients to be seen within 18 weeks of referral, this is the highest proportion of patients waiting longer than 19 weeks since June 2011.

The report said that the NHS as a whole had not repeated the previous year's significant breaches of the target for 95% of patients in emergency departments to be seen within four hours[2]—due in part to the relatively mild winter. In the last quarter of the financial year 2013-14, 4.8% of patients spent four or more hours in hospital emergency departments.

But the King's Fund warned that the figures masked "significant local variation," with more than 60% of hospitals with major emergency units missing the target over the last quarter of 2013-14.

An accompanying survey of NHS finance directors showed growing pessimism about the future, with fears that funding freezes, coupled with the transfer of £1.9bn from the NHS to local government to support integration between health and social care from April 2015, could plunge the health service into a fiscal crisis.

Only 40% of finance directors were confident that their organisation would achieve financial balance in 2014-15, and this figure plummeted to just 16% being confident of being in balance in 2015-16. Trust leaders were concerned that the transfer of funds to social care as part of the Better Care Fund would leave a black hole in health service finances.

To compensate for this loss of money, NHS England has estimated that hospitals would need to cut their numbers of emergency admissions by 15%, a prospect rated as very unlikely by almost 70% of hospital finance directors.

The survey was carried out online between 24 February and 10 March 2014.

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SPL

**Mr Justice Mitting said that the RCGP must take action to improve pass rates among ethnic minorities**

# RCGP's clinical skills assessment is cleared of ethnic discrimination

**Clare Dyer** BMJ

A High Court judge has ruled that the clinical skills assessment required to become a GP in the United Kingdom does not unlawfully discriminate against ethnic minority candidates.

The ruling is a blow for the British Association of Physicians of Indian Origin (BAPIO), which brought a legal challenge against the Royal College of General Practitioners and the General Medical Council over the assessment.[1]

But Mr Justice Mitting said that the association had won "if not a legal victory, then a moral success" and called on the college to act over the disparity in success rates between white UK graduates and those from ethnic minorities who qualified in the UK or abroad.

The judge cleared the college of unlawful racial discrimination and of breaching its public sector equality duty. He also rejected a claim that the GMC, which did not face accusations of unlawful discrimination in the legal action, had breached its equality duty. He said that the college had carried out many reviews that had identified the disparity between different groups and must now take action. "If it does not act, and its failure to act is the subject of a further challenge in the future, it may well be that it will be held to have breached its duty," he said.

The judge accepted that the assessment, which involves role play in which actors pose as patients and is taken at the end of three years' training, put trainees of south Asian origin—whether they qualified in the UK or overseas—at a disadvantage. But he ruled that the assessment was "proportionate" and designed to achieve "legitimate ends."

BAPIO's president, the consultant paediatrician Ramesh Mehta, said, "We are naturally extremely disappointed in the decision and still believe that the clinical skills assessment racially discriminates against both international medical graduates and UK graduates with ethnic minority backgrounds." The association is considering an appeal.

The royal college's chairwoman, Maureen Baker, said that the college had "commissioned and supported extensive research to understand what is happening and to try to identify what the causes may be."

She said the college agreed that further action was needed and would be working with BAPIO, the British International Doctors' Association, and the BMA, as well as with the GMC and the training deaneries or local education and training boards with responsibility for trainees.

Niall Dickson, chief executive of the GMC, said that his organisation was working to take forward recommendations from an independent review of the examination for membership of the RCGP and the clinical skills assessment by Aneez Esmail of Manchester University, published in *the BMJ*.[2]

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# IN BRIEF

**NICE sets new standards for care of sickle cell patients:** The National Institute for Health and Care Excellence has published new standards aimed at minimising pain and distress among patients with sickle cell disease who have acute painful episodes.[1] Key recommendations include that patients should be assessed and given pain relief within 30 minutes of presenting and be checked for chest pain, fever, and abnormal respiratory signs that can lead to acute chest syndrome.

**NHS trust boards are now more white than before:** The proportion of appointments of ethnic minority people to NHS trust boards fell from 8.7% in 2006 to 5.8% in 2013, shows a new report.[2] In contrast, the proportion of medical consultants from an ethnic minority background rose from 26% in 2006 to 35% in 2013, found the report, *The "Snowy White Peaks" of the NHS*, by Roger Kline, a research fellow at Middlesex University.

**EMA warns over combining renin-angiotensin agents:** The European Medicines Agency has advised that different classes of drugs that act on the renin-angiotensin system should not be combined and, in particular, that patients with diabetic nephropathy should not be given an angiotensin receptor blocker with an angiotensin converting enzyme inhibitor. Such agents have been combined in the past, but a review was launched amid concern that combination increased the risk of hyperkalaemia, low blood pressure, and worsened kidney function.

**New surgical techniques are not adopted quickly enough:** Patients are missing out on the latest surgical procedures because new techniques are not being adopted quickly enough, a report from the Royal College of Surgeons says.[3] The report calls on NHS England to work in partnership with the college and NICE to identify and review potential new techniques more quickly and to agree appropriate service delivery models.

**Viral hepatitis kills more in EU than HIV:** Viral hepatitis caused 10 times more deaths in the EU in 2010 than HIV did, shows the Global Burden of Disease Study 2010.[4] Hepatitis C and hepatitis B are estimated to have caused nearly 90 000 deaths that year in the EU (hepatitis C caused 57 000 deaths and hepatitis B nearly 31 000), while just over 8000 people died from HIV and AIDS.

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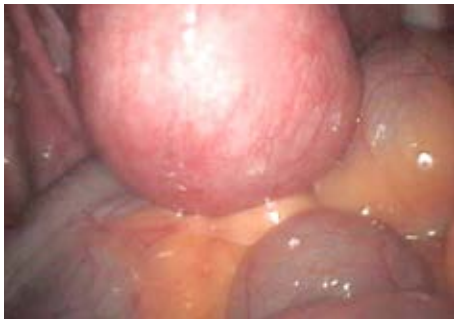

DR NAJEEB LAYYOUS/SPL

**Joint working may improve access to less invasive treatments, said Nelly Tan, who led the research**

# Hysterectomies fall after second opinion for uterine fibroids, study finds

**Susan Mayor** LONDON

Seeking a second opinion reduces the number of women undergoing a hysterectomy for symptomatic uterine fibroids, shows a study that indicates that multidisciplinary evaluation increases the use of less invasive treatments for this common condition.[1]

The researchers retrospectively reviewed treatment pathways for 205 women who were consecutively evaluated at a tertiary care multidisciplinary fibroid centre at the University of California in Los Angeles between July 2008 and August 2011. Most of the women had already had uterine fibroids diagnosed and had been offered hysterectomy as treatment.

Magnetic resonance imaging (MRI) detected one or more fibroids in 87% of the women (178 of 205 women). Contrast enhanced MRI showed that 13% of the women whose fibroids had previously been diagnosed at other centres actually had other conditions, including adenomyosis and endometrial polyps.

A gynaecologist and radiologist assessed MRI scans jointly and then discussed treatment options with the women, including conservative management, uterine preserving options, and hysterectomy.

Only eight of the 109 women who elected to transfer their care to the tertiary care centre underwent a hysterectomy—a rate of 7.3%, whereas the national figure for the US is 70%.

A total of 76 women treated at the UCLA centre had uterine preserving procedures, most commonly magnetic resonance guided, high intensity, focused ultrasound surgery or myomectomy (surgical removal of fibroids preserving the uterus). And 24 women either had no treatment or had medical therapy.

"Our findings suggest that women desire minimally invasive therapies, and joint effort between gynaecology and radiology may be one option for institutions to improve access to most, if not all, of the therapeutic options available for symptomatic uterine fibroids," said the researchers, led by Nelly Tan, who was clinical fellow in UCLA's department of radiology at the time of the study.

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# Failure to complain "poisons" services, MPs say

**Clare Dyer** BMJ

Lessons from the "shaming" case of Mid Staffordshire NHS Foundation Trust, where failure to listen to patients and staff caused "unspeakable disaster," need to be learnt across the NHS and the whole of public services, says a parliamentary committee.[1]

Good public services risk being "poisoned" by poor handling of complaints, says the House of Commons Public Administration Committee, which has launched its inquiry in the wake of Robert Francis QC's report on Mid Staffordshire.

"The shocking collapse of care at [Stafford] Hospital, and the exposure of the failure of the Mid Staffordshire NHS Foundation Trust and NHS leadership to hear both the complaints of patients and their families, and the complaints of their own staff, led to the unspeakable disaster at that hospital," says the committee. "The Francis report gave no comfort that a culture of denial did not exist across the NHS as a whole."

The committee added, "What the parliamentary and health service ombudsman referred to as the 'toxic cocktail' in respect of complaints handling—a reluctance on the part of citizens to express their concerns or complaints and a defensiveness on the part of services to hear and address concerns—so often poisons efforts to deliver excellent public services."

The MPs said that the best performing organisations valued complaints as a way to learn about and improve their services. They have called for a ban on using euphemisms such as "feedback" instead of the word "complaint."

The committee called on the UK government to ensure that the current Cabinet review of complaints handling changed attitudes and behaviour at all levels and to appoint a minister responsible for government policy on complaints handling, to provide leadership from the top.

It also recommended a single point of contact for citizens to make complaints about government departments or agencies, with "meaningful human support at the end of a telephone."

# Government will spend another £49m on Tamiflu

**Ingrid Torjesen** LONDON

The government will push ahead with its plan to spend £49m replacing stocks of oseltamivir (Tamiflu) that are due to expire, so as to maintain its stockpile of antivirals in case of a flu pandemic. It has made the decision even though the first complete systematic review of neuraminidase inhibitors by the Cochrane Collaboration last week questioned the drug's effectiveness and warned that stockpiling it was a waste of money.[1]

Announcing its decision in Treasury minutes on Thursday 10 April, the government said that the exchange of stock had already started, to ensure the country was "ready for a more serious flu pandemic" with stocks of oseltamivir that have a seven year shelf life and were bought at "prices agreed in the current contract."[2]

However, the government has agreed to "take account of the latest scientific evidence," including the Cochrane Collaboration review, before making future decisions on purchasing replacement or additional neuraminidase inhibitors for its stockpile.

Last week the collaboration published a review of all the data from the clinical trials on oseltamivir and zanamivir (Relenza) conducted by their respective manufacturers, Roche and GlaxoSmithKline—data that the researchers and *The BMJ* had fought for four and a half years to access. The Department of Health for England has so far spent £424m on oseltamivir and £136m on zanamivir for its stockpile.

The review concluded that oseltamivir shortened the duration of flu symptoms by around half a day but said that the data did not provide evidence that the drug prevented hospitalisations or complications such as pneumonia. Furthermore, when used as prophylaxis, oseltamivir did not prevent spread of the flu virus among people without symptoms but did increase the risk of serious complications, including psychiatric and renal problems.

KATIE COLLINS/PA

**The exchange of Tamiflu stock that is about to expire has already started**

The Treasury minutes argued, "The 2013-14 exchange programme was already in place. The process is time-critical—outbound stock must be shipped when it has a one month plus shelf life left. If the department had not exchanged the stock, this would have been written off."

They added, "Future stockpile decisions will take account of the latest scientific evidence and international comparisons, which will help to inform the department's policy for the desired population coverage levels and commercial factors, including the patent situation from 2016, which will inform the options available to meet the needs at that time."

The decision forms part of the government's response to the House of Commons Committee of Public Accounts report on the stockpiling of Tamiflu, which recommended that once the Cochrane Collaboration review was complete, the Department of Health, the Medicines and Healthcare Products Regulatory Agency (MHRA), and the National Institute for Health and Care Excellence "should consider whether it is necessary to revisit previous judgements about the efficacy of Tamiflu."[4]

The government plans to do this from 2015. The minutes say, "MHRA has not seen any new evidence that calls into question the regulatory decisions taken on Tamiflu. Roche is under a legal obligation to share any such information with regulators—if any new information comes to light, it will be carefully considered. Any regulatory action would need to be co-ordinated by the EMA [European Medicines Agency]."

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Ministers should personally investigate complaints that MPs raised with them, rather than delegating to others, the committee argues. Delegation contributed to ministers' "blindness" about events at Mid Staffordshire, it added.

The committee's chairman, Bernard Jenkin, the Conservative MP for Harwich and North Essex, said, "There needs to be a revolution in the way public services are run and how the public perceives government. The shocking collapse of care at Mid Staffs should be a warning to the whole public sector that too many managers in public services are in denial about what their customers and their staff think about them.

"There are encouraging signs of increased attention to good complaints handling, but the government itself does not comply with best practice in complaints handling or adapting to the needs and expectations of today's citizen. Unless and until we have a culture of leadership in public services that listens to, values, and responds to complaints from service users and staff, there will always be the potential for tragedies like Mid Staffs."

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# Doctor who ran business at work is struck off

**Clare Dyer** BMJ

A consultant histopathologist has been struck off for "continuous systematic abuse" of the confidence placed in him by his employer, Mid Essex Hospital Services NHS Trust.

Joseph Kaluba ran a car export business from his hospital computer and used it to deal in property in the United Kingdom and Zambia. An investigation at Broomfield Hospital in Chelmsford showed that nearly a third of his emails were not related to his duties. He used his computer extensively while on duty for social networking and banking, and he twice forwarded images of a sexual nature to another email account.

**Broomfield Hospital found that a third of Joseph Kaluba's emails were not related to work**

Kaluba was regularly missing from work and unaccounted for, the panel heard, having missed 46 days over a seven month period in 2012. On days when he came to work he would often disappear for lengthy periods, and his usual explanation, "going to the post office," became a catchphrase among hospital staff.

The panel ruled that he had breached good practice and hospital rules by altering a cancer patient's histology report to cover the fact that his original report was inaccurate, placing a patient at potential risk, and he had then denied having done so.

In May 2012 he agreed to the General Medical Council's invitation for a performance assessment, which he failed on five counts. Kaluba left the UK in 2013.

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# Des Spence

## Narcissistic, bossy, opinionated

PETER LOCKE

DES SPENCE, 47, is a Glasgow GP and former columnist for *The BMJ*, where his views were provocative and cogently expressed. He has little time for healthy diets, screening, or health checks, saying that well meaning advice from doctors to do this or avoid that can leave patients "more paranoid than Mr and Mrs Paranoid of Paranoid Avenue." His aim is to skewer "bad medicine"—a target so large, and expanding so quickly, that it urgently needs to have a sharp point inserted to deflate its pretensions. Spence, who would be happy to oblige, is currently working on a book provisionally titled *Bad Medicine Uncut*.

**What single unheralded change has made the most difference in your field in your lifetime?**
"'Dr Google' is the most influential doctor in the world today. Information was once the preserve of the professional and the specialist, but the internet has democratised information and is changing medicine; we've seen only the start"

**What was your earliest ambition?**
To become a world surfing champion. Or to be adopted by Bobby and Pam Ewing in *Dallas*. Or to jump the Grand Canyon on a motorbike or marry Marie Osmond. I haven't achieved any of these ambitions yet, but I might try the canyon jump in my 80s.

**Who has been your biggest inspiration?**
The ordinary, the dedicated, the generous, the kind, the tough, and the ignored.

**What was the worst mistake in your career?**
The one I didn't learn from. We are all captive to our negative experiences, and mistakes live with me. I have learnt to accept them.

**What was your best career move?**
Getting the wrong day for the first part of my MRCOG [Membership of the Royal College of Obstetricians and Gynaecologists] exam. That day I decided that I was a GP—why pretend to be something I wasn't? I have enjoyed being a GP; there is a medical career for everyone who wants it.

**Bevan or Lansley? Who's been the best and the worst health secretary in your lifetime?**
No one. It makes little difference in the reality. The work is the same irrespective of the government.

**What book should every doctor read?**
*Brave New World* by Aldous Huxley; *Animal Farm* by George Orwell; Delia Smith's *Complete Illustrated Cookery Course*; *Espedair Street* by Iain Banks; and *Private Peaceful* by Michael Morpurgo.

**Who is the person you would most like to thank and why?**
Mrs Forsyth, my primary school teacher, for teaching me to read. My mum, dad, step mum, step dad, all of my brothers; and my kids, for treating me with so much disrespect. All of my work colleagues, especially David and Kim for their counsel and support. And of course Susan, my wife.

**To whom would you most like to apologise?**
Every doctor I've offended by my writing—it was never meant to be personal.

**If you were given £1m what would you spend it on?**
I could pretend that I would give it all away to fight for world peace and combat global warming . . . but we all know that's bullshit; that's not how people really work. I'd have a big party, give some away, save some, buy a black Jaguar F-Type, and generally spend it irresponsibly. Life is for living.

**Where are or were you happiest?**
Friday night in the kitchen.

**What single unheralded change has made the most difference in your field in your lifetime?**
"Dr Google" is the most influential doctor in the world today. Information was once the preserve of the professional and the specialist, but the internet has democratised information and is changing medicine; we've seen only the start. As for me, online research papers revolutionised the process of researching topics.

**Do you believe in doctor assisted suicide?**
I have seen too many terrible deaths. If I had a progressive terminal illness that would see me lose my independence and dignity, would I want the option to end my life? Yes. I support Dignity in Dying. Doctor assisted suicide works in many countries. Currently we are merely exporting this problem.

**What is your guiltiest pleasure?**
Supporting the England football team in Scotland. (I support Scotland too, but England first.)

**If you could be invisible for a day what would you do?**
Go to work to see what they are saying.

**Clarkson or Clark? Would you rather watch *Top Gear* or *Civilisation*?**
I should say Clark, but at least Jeremy Clarkson can be amusing with his disregard for political correctness, which can only be a good thing.

**What personal ambition do you still have?**
To get through another working week, and then hopefully another 10 years full time.

**Summarise your personality in three words**
I asked my wife. She said, "Narcissistic, bossy, opinionated." I think she was being kind.

**Where does alcohol fit into your life?**
Weekends.

**What would be on the menu for your last supper?**
Beer, Hula Hoops, and cigarettes.

**Do you have any regrets about becoming a doctor?**
Polyester ties, tiresome lectures . . . but not really.

**If you weren't a doctor what would you be doing instead?**
Teaching history.

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