NEWS

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NHS staff will treat civilians injured in Gaza

Senior doctors attended 87% of anaesthestic cases

Helen Mooney LONDON

Anaesthesia is a predominantly consultant led service, with senior doctors present for 87% of all anaesthetics and 75% of the time when anaesthetic is given out of hours, a study has found.[1]

The findings of a survey by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland showed that anaesthetists were responsible for the care of more than 3.5 million patients a year—meaning that, in a given year, one person in 20 requires an anaesthetic.

The study also showed that three quarters of these patients underwent general anaesthesia, and the remainder had their procedure while either awake or sedated. And almost a quarter of procedures were emergencies, of which three quarters were done out of hours.

The specialties with the largest workload were orthopaedics and trauma (22%), general surgery (16%), and gynaecology (19%). Non-surgical cases made up 6.2% of the workload.

The survey, which was completed in 2013 by anaesthetists in every NHS hospital in the United Kingdom, also found that only nine deaths were recorded during the time a patient was under the care of an anaesthetist—a mortality rate of 0.06%, or 1 in 1700. Most of the patients who died were elderly, infirm, and undergoing emergency surgery.

The researchers described the study as the most detailed and complete of the UK's anaesthetic activity so far. With a 98% return rate and with data from all UK NHS hospitals, it captured detailed information on anaesthesia in 20 400 cases and provided a wealth of information about current anaesthetic processes and techniques.

MARK THOMAS/SPL

The UK survey reported a mortality rate of 0.06% when patients were under the care of an anaesthetist

Mike Sury, the study's lead author and a consultant anaesthetist at Great Ormond Street Hospital for Children NHS Foundation, said, "The findings contrast interestingly with other studies that have looked at mortality after surgery throughout a hospital stay, such as the European Surgical Outcomes Trial (EuSOS), which reported a 3.6% (1 in 28) mortality.

"The current survey covers a broader group of patients, but for a shorter period of time, and the mortality is notably lower."

Jaideep Pandit, consultant anaesthetist in Oxford and the project lead, said, "The high rates of senior doctor presence throughout the week show that anaesthetists are already embracing seven day working. In addition, the results clearly show the extent of service change that will be required for elective seven day working to become the norm."

The survey was conducted in 2013 and formed part of the fifth national audit project (NAP5) by the royal college and the association. This project studies accidental awareness during anaesthesia and will be published on 10 September 2014.

Cite this as: *BMJ* 2014;349:g5101

Diabetes prescribing in England consumes nearly 10% of primary care budget

Gareth Iacobucci THE BMJ

The NHS in England spent a daily average of £2.2m last year on prescriptions for managing diabetes in primary care, and almost 10% of the primary care prescribing budget is now spent on treating the condition.

New figures from the Health and Social Care Information Centre showed that the proportion spent on treating diabetes rose from just 6.6% in 2005-06 to 9.5% in 2013-14, having increased each year. The figures were detailed in *Prescribing for Diabetes*,[1] a new report that assessed trends in primary care prescribing for diabetes in England from April 2005 to March 2014.

In 2013-14, 45.1 million prescription items for managing diabetes were given out—an average of 123 610 items a day. This was an increase of 6.1% on 2012-13, when 42.5 million or an average of 116 510 items a day were given out, and a huge rise of 66.5% since 2005-06, when 18 million (49 370 prescription items a day) were given out.

Most diabetes prescriptions—70.3%, or 31.7 million items—were for anti-diabetic drugs prescribed only for type 2 diabetes. This was a 6.9% increase on 29.7 million items of this type prescribed in 2012-13, and almost double the 16.1 million in 2005-06. Around a seventh of diabetes prescriptions (14.3%; 6.5 million items) were for insulin items prescribed both for type 1 and type 2 diabetes, which was similar to the figure in 2012-13 (14.6%; 6.2 million) and slightly lower than in 2005-06 (17.4%; 4.7 million). The remaining spending was on prescribing diagnostic and monitoring devices—predominantly blood glucose testing strips.

The report highlighted that the cost of all three categories of diabetes drugs had increased since 2005-06. This trend was particularly noticeable among insulin items, where the rise in spending was found to be 11.6% higher than the rise in the number of items prescribed.

Cite this as: *BMJ* 2014;349:g5143

Six in 10 doctors in Scotland plan to vote against independence

Gareth Iacobucci THE BMJ

A snapshot survey conducted by *The BMJ*, to which 311 doctors working in Scotland responded, has found that most plan to vote against separation from the United Kingdom in the independence referendum on 18 September.

The survey found that 60% (185) planned to vote "no" to independence in next month's ballot, and just a third (33%; 104) intended to vote "yes." A further 6% (20) were undecided, and 1% (2) said that they did not plan to vote.

The results suggested that the doctors surveyed were more staunchly opposed to independence than the overall population of Scotland. The latest national poll by Ipsos MORI showed that 37% favoured the "yes" vote, 52% favoured the "no" vote, and 11% were undecided.[1]

The BMJ's survey was sent to 2297 doctors in Scotland and yielded a 14% response rate. It asked doctors to assess how their views on seven specific areas influenced their voting. These areas were the economy, the standard of health and social care, the state of medical research, the level of autonomy over the healthcare system and how it is financed, the level of autonomy over medical education, the level of regulation of the medical profession, and the ability to determine laws on issues such as abortion, surrogacy, and xenotransplantation.

Of the 185 doctors intending to vote "no," the most influential factor was a belief that the economy would suffer under independence—cited by 91% (166) of those planning to vote "no." This was followed by 72% of "no" voters (132) who said that their vote was steered by a belief that medical research in Scotland would suffer under independence, and 67% (122) who said that their vote was influenced by a view that Scotland did not need its own body to regulate the medical profession.

By contrast, the most influential factor for the 104 doctors planning to vote "yes" was a view that people would get better healthcare and social care under independence, with 86% (89) citing this. This was closely followed by 84% (87) who said that their decision was influenced by their wish for Scotland to have more autonomy about its healthcare system and how it is financed.

Of the 306 doctors who declared their role, 125 described themselves as GPs, 148 as hospital doctors, 13 as clinical researchers, and 28 as "other" types of doctor. (This totals 314, indicating that some have declared a dual role.)

In a debate about the referendum's effects on healthcare hosted by the BMA on 6 August, Richard Weller, an academic doctor from Edinburgh, asked Scottish National Party and Labour ministers what guarantees they could give that an independent Scotland would have the same level of research funding available. "We have about 8% of the population and about 14% of the funding from the UK. Without that, we can't do the world leading research," Weller said.

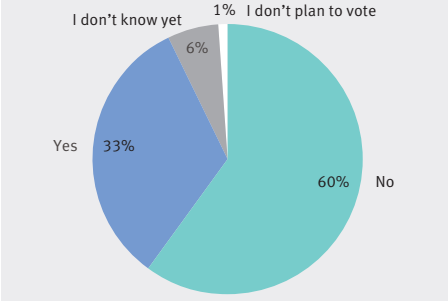
In response, Andrew Robertson of the UK Labour Party told Weller that there would be "no guarantees" that UK research funding would be protected. "In my view [if Scotland becomes independent], the same will happen to us as happened to Eire—within five years they were not getting that [same level of] funding from the UK," he warned.

But Bob Doris of the Scottish National Party, which is pro-independence, said, "I can't imagine that in a subscription based system, [UK] research councils would decide to place funding [on the basis of] where it's located. It will be based on the quality of research."

Cite this as: *BMJ* 2014;349:g5072

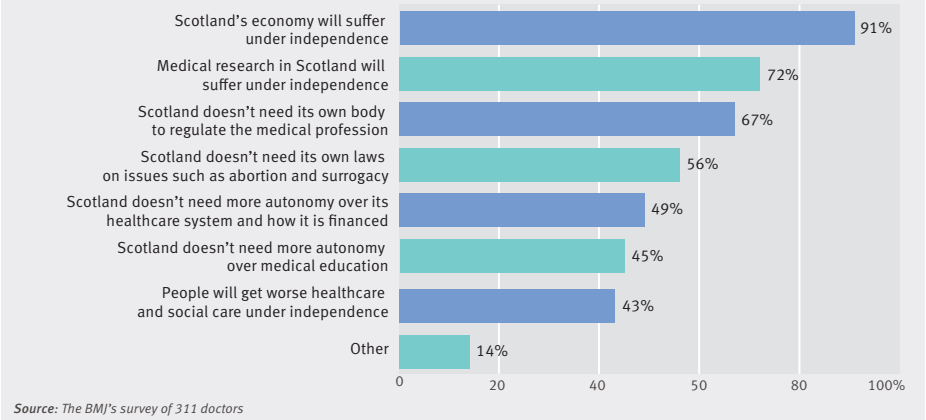
The economy influenced most doctors who voted against separation, followed by the belief that medical research would suffer under independence

Should Scotland be an independent country?



Source: The BMJ's survey of 311 doctors

Issues that have influenced the decision of "no" voters



Source: The BMJ's survey of 311 doctors

DAVID GORGON/DEMPTIX/PA

WHAT DOCTORS SAID ABOUT INDEPENDENCE FOR SCOTLAND

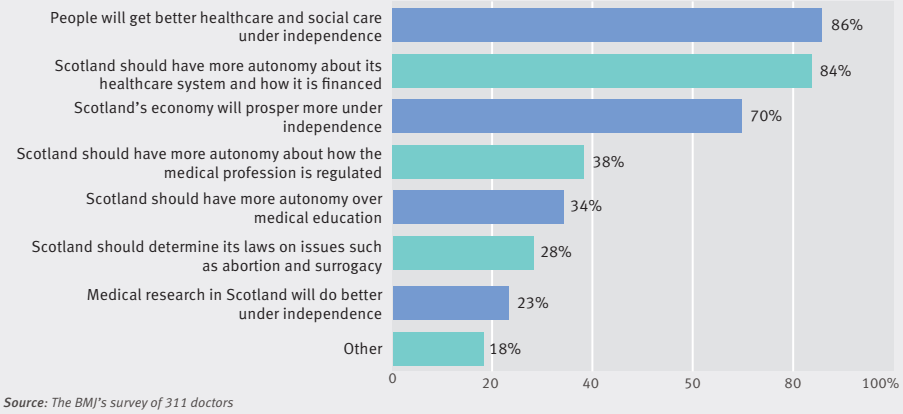
What **NO** voters said:

- "An independent Scotland cannot afford the current level of healthcare provision."
- "Independence would be very harmful for our long term health needs here in Scotland, particularly due to the poorly addressed economic impact, but also in relation to recruitment and retention of doctors."
- "NHS Scotland has already benefited from devolution . . . I would hope that this trend continues. However, I am concerned that Scotland's economy would take a nosedive, the NHS would be very strapped for cash, and therefore care would suffer."
- "It would be catastrophically detrimental to joint medical research initiatives to vote for independence."

What **YES** voters said:

- "Seeing how things are changing, and have changed, in the NHS in England, makes me thankful that health is devolved, and it seems that independence could make it easier for Scotland to tailor health and social care to what is needed, wanted, and works locally."
- "Scottish government are really listening and I am very pleased with their Early Years initiative [for] children. They are also leading the way regarding minimal pricing of alcohol."
- "Scottish independence is the only way we can protect our NHS from the predations of American finance through the Transatlantic Trade and Investment Partnership programme when it becomes law."

Issues that have influenced the decision of "yes" voters



Source: The BMJ's survey of 311 doctors

Alcohol should carry similar warnings to tobacco, MPs say

Gareth Iacobucci THE BMJ

Alcoholic drinks sold in the United Kingdom should carry similar health warnings to tobacco products to reduce the harmful effects of misuse, a group of MPs has urged. The recommendation is one of a series of measures laid out in a new manifesto from the All Party Parliamentary Group on Alcohol Misuse,[1] launched to advise ministers on ways to tackle the "national pandemic" of alcohol misuse.

The report called for all alcohol products to include mandatory labelling that provided "an evidence based health warning, as well as describing the product's nutritional, calorific and alcohol content." Including such warnings would allow people to make more informed decisions about the products they chose, it said.

The group also backed the introduction of a minimum unit price for alcohol; called for tougher regulation on the way alcohol was advertised, to protect children and young people; and urged the government to fund a national public awareness campaign on alcohol related health issues. It added that the government should increase funding for alcohol misuse services and encourage commissioners to prioritise "opportunistic early identification and brief advice from general practitioners and other health professionals."

The MPs also called for public health to be made a core licensing objective for local government, to ensure that the population's health was given greater consideration in licensing decisions.

Tracey Crouch, an MP and chair of the all party group, said, "Due to alcohol, one person is killed every hour and 1.2 million people are admitted to hospital a year. Getting political parties to seriously commit to these measures will be a massive step in tackling the huge public health issue that alcohol is."

Ram Moorthy, deputy chair of the BMA's Board of Science, said, "The All Parliamentary Group on Alcohol Misuse makeS a number of sensible proposals for tackling the impact of excessive alcohol consumption in the UK which are similar to those that the BMA has been advocating for some time. Each year, thousands of lives are ruined by the devastating impact of alcohol misuse and precious NHS resources spent coping with its health impacts.

"We cannot continue to ignore this serious challenge to the nation's wellbeing and need all politicians to take these proposals seriously."

Cite this as: *BMJ* 2014;349:g5130

The findings support the hypothesis that vitamin D may be neuroprotective, say the researchers

Study supports link between low vitamin D and dementia risk

Michael McCarthy SEATTLE

Being severely deficient in vitamin D is associated with a more than twofold increased risk of developing dementia, a new study has found.[1] The study appeared in the journal *Neurology*.

In the study the researchers analysed data from 1658 elderly US residents who had participated in the Cardiovascular Health Study—a prospective, population based study conducted in the 1990s to look at cardiovascular disease risks.

The participants selected for the new analyses had all been ambulatory when they enrolled in the Cardiovascular Health Study, they had been free of dementia, cardiovascular disease, and any history of transient ischemic attacks or stroke, and they had had their serum 25 hydroxyvitamin D (25(OH)D) concentrations determined.

For their analysis, the researchers from the University of Exeter Medical School defined 25(OH)D concentrations of less than 25 nmol/L as severely deficient, 25-50 nmol/L as deficient, and greater than 50 nmol/L as sufficient.

The researchers reported that, after a mean follow-up of 5.6 years (standard deviation 1.6, median 6.1, range 0.1 to 8.4), 171 participants had developed all cause dementia and 102 had developed Alzheimer's disease.

Compared with the participants who had sufficient 25(OH)D concentrations, the adjusted hazard ratio for all cause dementia was 2.25 (95% confidence interval 1.23 to 4.13) in participants who were severely deficient and 1.53 (1.06 to 2.21) in participants who were deficient. The hazard ratio for Alzheimer's disease was 2.22 (1.02 to 4.83) in participants who were severely deficient and 1.69 (1.06 to 2.69) in those who were deficient.

How vitamin D might reduce the risk of dementia and Alzheimer's disease is unknown, the researchers noted, but some vitamin D receptors are expressed in the brain, and the active form of the vitamin—1,25-dihydroxyvitamin D3—regulates neurotrophic factors involved in the survival, development, and function of neural cells.

In vitro, vitamin D stimulates macrophages, which increases the clearance of amyloid plaques, wrote the researchers, and the vitamin reduces amyloid induced cytotoxicity and apoptosis in primary cortical neurons.

The researchers concluded, "Our findings support the hypothesis that vitamin D may be neuroprotective and that "sufficiency" in the context of dementia risk may be in the region of 50 nmol/L."

Cite this as: *BMJ* 2014;349:g5049

GP is allowed to practise again after six year ban for affair with patient

Clare Dyer THE BMJ

A GP who was struck off six years ago for having an affair with a vulnerable patient has been allowed to practise again.

Keith Fraser, now aged 59, admitted to an emotional and sexual relationship lasting from three and a half to four years with a patient he was treating for anxiety and depression at his GP practice in Bradford, West Yorkshire. He has not practised medicine for seven years, but a panel at the Medical Practitioners Tribunal Service concluded that it was "neither necessary nor proportionate to further deprive the public of someone who can be a competent and useful doctor once more" and granted his application to be restored to the medical register.

In 2008 his clinical skills had not been called into question, but the panel that struck him off decided that he had breached the trust that was fundamental to the doctor-patient relationship.

Fraser's counsel, Mary O'Rourke QC, argued at the hearing of his application for restoration that the panel should consider the public interest in the availability of good doctors, particularly during a national shortage of GPs.

She cited a case in 2005, Giele *v* General Medical Council, in which the High Court had substituted 12 months' suspension for a panel decision to erase a plastic surgeon's name from the register after a one year affair with a patient.[1] The judge in that case, Mr Justice Collins, said that a panel could take into account "the existence of a public interest in not ending the career of a competent doctor."

Testimonials described Fraser as a "competent" and "caring" doctor who had never lost his enthusiasm for medicine. "The panel believes that your remorse and insight is such that it is satisfied that repetition of similar behaviour is unlikely," the panel chairman Peter Scofield told him.

Cite this as: *BMJ* 2014;349:g5129

GPs march on Downing Street to protest about funding cuts

Abi Rimmer BMJ CAREERS

A group of GPs and MPs have handed a petition featuring 20 000 signatures to 10 Downing Street in protest against cuts to general practice funding.

GPs from east London were joined by Rushanara Ali, MP for Bethnal Green and Bow; Jim Fitzpatrick, MP for Poplar and Limehouse; and supporters of the Save Our Surgeries campaign, to protest against changes to the GP funding formula.

In 2013, as part of the agreement on the GP contract in England for 2013-14, the government decided to start phasing out the minimum practice income guarantee (MPIG) over a seven year period from April 2014.[1] NHS England identified 98 practices that would lose "substantial levels of funding" as a result.[2]

The group's petition called on the government to "fund general practices fairly, and reverse the effects of your decision to withdraw the MPIG," and to "change the funding formula to take account of the effects of deprivation, both inner city and rural, so that all practices are fairly funded."

Cite this as: *BMJ* 2014;349:g5066