NEWS

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One in 10 doctors in the UK admit to using a sunbed, survey finds

Radical funding options proposed for social care

Barker proposes abolishing prescription charge exemptions, winter fuel payments, national insurance exemptions for working pensioners, and free TV licences

Nigel Hawkes LONDON

Social care should be provided free at the point of use for more people and paid for by tax and welfare changes that would hit middle aged and elderly people, the Barker Commission on the future of health and social care in England has recommended.[1]

Providing free social care for all those whose needs are defined as substantial or critical would cost an additional £3bn a year if adopted immediately, rising to £14bn a year by 2025-26, the commission estimates. But it would enable health and social care to be brought within a single ring-fenced budget, simplify procedures, and rescue a social care system in danger of collapse.

To make it possible the commission, which was set up by the King's Fund and chaired by the economist Kate Barker,[2] recommends a flat rate prescription charge with a cap but no exemptions, the abolition of winter fuel payments and free television licences for most pensioners, and changes in national insurance contributions that would see those working after 65 continuing to pay, albeit at a diminished rate. In addition, people who qualify for continuing NHS care would have to pay their accommodation costs.

Bringing the health and social care systems together is complex because although healthcare includes little co-payment (prescription charges and dental care excluded), social care is currently about half funded by individuals or their families. The two could be brought into closer alignment by introducing charges for healthcare—charging for GP visits, for example—or by reducing existing charges for social care and filling the gap from the public purse. The commission leans strongly to the second option, but the two major political parties have said that they are against higher spending and increased taxation.

The commission estimated that extending free care to those at critical or substantial need—the top two categories in the existing system used by local authorities—could be paid for in four ways: by introducing a flat rate prescription charge of £2.50 with no exemptions but an annual cap of £104, which would raise £1bn more than the existing £8.05 charge with its many exemptions; by limiting winter fuel allowance and free television licences to those on pension credit (£1.4bn); by making pensioners who still work pay national insurance at the rate of 6% (£475m); and by imposing accommodation costs on continuing healthcare (£200m). These changes would raise roughly £3bn a year.

The commission also called for more taxes on existing wealth and the abolition of ways of avoiding inheritance tax. If free care was to be extended to more people, a 1% increase in national insurance contributions for those over 40 would raise another £2bn a year. Only the over 40s would be targeted to maintain "generational fairness" since they would be first to benefit.

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Doctors face greater risk of erasure from medical register under GMC plans

Clare Dyer THE BMJ

UK doctors found guilty of professional misconduct, who can now avoid being struck off the medical register by demonstrating that they are no longer a threat to the public, could be at greater risk of erasure under draft government legislation.

The proposed change comes in a draft order under section 60 of the Health Act 1999 aimed at enabling the General Medical Council to take "swifter, more proportionate and effective action to ensure public protection" and reforming the GMC's "outdated" legislative framework.[1]

"Currently medical professionals who are subject to regulatory action can avoid serious sanctions in certain cases by demonstrating that they have learnt from their mistakes and are no longer a threat to public safety," says the consultation paper from the Department of Health for England.

"While that may be appropriate in some instances, sometimes, in the most serious cases more serious sanctions may be justified in order to maintain public confidence in the profession and uphold standards."

The draft legislation, which is open for consultation until 25 September, will also give the GMC a new right to appeal to the courts against decisions made by the Medical Practitioners Tribunal Service that it believes do not sufficiently protect the public.

The GMC's registrar will be given stronger powers to demand doctors provide information to assist investigations. Fitness to practise panels—renamed "medical practitioners tribunals"—will be able to give directions at preliminary hearings and to impose sanctions against doctors who fail to comply. These will include refusal to admit evidence, drawing adverse inferences against the doctor, and awarding costs for unreasonable behaviour.

The consultation paper suggests that legal assessors, who advise the panel on legal issues arising in a case, could be dispensed with if the panel chair is legally qualified.

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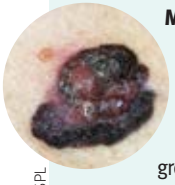
IN BRIEF

Number of UK child cancer deaths falls by 22%: Figures from Cancer Research UK show that 22% fewer children now die from cancer each year than a decade ago.[1] The number of children dying from cancer in the UK had fallen from an annual average of around 330 between 2001 and 2003 to around 260 between 2010 and 2012. The sharpest decline was in leukaemia, where the death rate has almost halved.

Government sets first mandatory food standards for hospitals in England: NHS hospitals in England will have to comply with mandatory food standards for the first time. The new legally binding food standards are detailed in a report to the government from its Hospital Food Standards Panel. Hospitals will have to screen patients for malnutrition, produce food plans, and ensure that patients receive support through initiatives such as protected meal times where appropriate. Patients will also be able to rate the quality of hospital food on the NHS Choices website.[2]



JAMES STEVENSON/SPL

Melanoma is rising fastest in older men: The incidence of melanoma in England is rising faster in men aged 60 and over than in any other demographic group, analysts at Public Health England have found. The researchers said their findings, presented at the World Congress on Cancers of the Skin in Edinburgh this week (3-6 September), indicated that sun safety campaigns might be too youth focused.

US research whistleblower is awarded large sum: A jury awarded $730 000 in damages to a research nurse on 11 August in a whistleblower retaliation suit. Janet Keyzer, a research nurse at the University of California at Davis, was fired after she reported that researchers failed to obtain institutional review board permission to abstract the medical records of prisoners. Funding for the research was subsequently pulled after a review by the board.

UK health regulator will trawl the world for better models of care: Monitor is to analyse successful models of healthcare from around the world with a view to adapting them for use in the NHS in England. It will examine how other countries, including France, Germany, Canada, and the United States, set clinical standards and focus on achieving good quality care in services such as stroke, maternity, and emergency services.[3]

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BSIP/UIG GETTY

Evidence suggests that e-cigarette aerosol does not merely contain "water vapour," report says

WHO calls for ban on e-cigarette use indoors

Gareth Iacobucci THE BMJ

The World Health Organization has urged countries to introduce tougher regulations on the use of electronic cigarettes (e-cigarettes) that would include banning use of the devices indoors and preventing their sale to minors.

The organisation has also called for tighter rules on the way e-cigarettes are advertised and for existing tobacco control efforts to be protected from the "vested interests" of the tobacco industry, which is now a prominent player in the e-cigarette market.

The recommendations were contained in a new report[1] on electronic nicotine delivery systems—of which e-cigarettes are the most common—which argued that tougher regulation of the devices was in the interest of public health. In the report, WHO said that legal steps should be taken to end the use of e-cigarettes indoors in public places and the workplace, citing evidence that exhaled e-cigarette aerosol increased the background air level of some toxicants, nicotine, and particles. It also called for e-cigarette advertising, promotion, and sponsorship to be restricted, "to ensure that it does not target youth and non-smokers or people who do not currently use nicotine."

The suggested measures will be debated at the sixth conference of the parties to the WHO Framework Convention on Tobacco Control, which requested the report. The conference will be held on 13-18 October 2014 in Moscow.

The report recommended designing regulations with four broad aims in mind: to impede the promotion of the devices to non-smokers and young people; to minimise potential health risks to users and non-users of the products; to prohibit unproved health claims about e-cigarettes; and to protect existing tobacco control efforts from commercial and other vested interests of the tobacco industry. The report raised specific concerns about the increasingly prominent role of the tobacco industry in the e-cigarette market, now worth an estimated $3bn (£1.8bn).

It said that e-cigarettes with flavours of fruit, candy, or alcoholic drinks should be banned until it can be proved that they are not attractive to children and adolescents. It added that, until sufficient evidence shows that e-cigarettes help users to quit smoking, smokers should first be encouraged to quit smoking by using a combination of treatments that are already approved.

The report said that existing evidence showing that e-cigarette aerosol was not merely "water vapour" contradicted claims made in the products' marketing. While acknowledging that the devices were likely to be less toxic than conventional cigarettes, WHO noted that e-cigarette use posed a threat to adolescents and the fetuses of pregnant mothers who use them, as well as increasing the exposure of non-smokers and bystanders to nicotine and various toxicants.

There are no current plans to ban the use of e-cigarettes in enclosed spaces in England, but the government has pledged to monitor emerging evidence closely.

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Doctor who stalked TV celebrity is reinstated

Clare Dyer THE BMJ

A doctor who was struck off in 2006 has been reinstated after a Medical Practitioners Tribunal Service panel accepted that he has conquered the alcohol dependency that led him to commit a string of breaches of good medical practice.

Shibley Rahman, 40, was erased from the medical register eight years ago for deficient professional performance as a senior house officer at Hammersmith and Northwick Park Hospitals. He was found guilty of misconduct involving a patient at Charing Cross Hospital and for stalking Abigail Titmuss, a former nurse who became a model and reality television contestant. A few weeks before his erasure he was also convicted of two counts of common assault on his wife.

But a fitness to practise panel heard that Rahman had made tireless efforts to rehabilitate himself and had kept up his medical knowledge to the extent that he had published revision guides for the examinations for membership of the Royal Colleges of Physicians (MRCP).

Rahman had bacterial meningitis in 2007, which left him in a coma for six weeks. Since then, the panel heard, he has not had a drink.

He entered the NHS practitioner health programme to tackle his drinking problem. The programme's director, Clare Gerada, testified on his behalf that doctors who engage with it have a high success rate and that Rahman displayed

Larger Cancer Drugs Fund but "overpriced" drugs will no longer be funded

Nigel Hawkes LONDON

The Cancer Drugs Fund has been given a 40% increase in funding and has agreed to remove from its list any drugs that are overpriced or produce little clinical benefit. The fund's chairman also promised to try to align the fund's assessments more closely with those of the National Institute for Health and Care Excellence (NICE).

NHS England, which is responsible for the drugs fund, has agreed to increase the amount the fund receives for the next two years from £200m to £280m a year. The fund has treated 55 000 people since it began, using drugs that NICE did not recommend as cost effective because, in most cases, they offered patients only a few more months of life.

In a letter to NHS England the fund's chairman, Peter Clark of the Clatterbridge Cancer Centre in Merseyside, said that the fund paid for drugs that showed good benefit but also for "minority drugs of much less clinical value." He added that the fund had offered an alternative funding source "on price terms which in some cases have represented poor value." He also undertook to review drugs and withdraw reimbursement for any found to be ineffective or too expensive. But this would not affect patients already taking those drugs or others that were the only confirmed treatment, he wrote.

The fund's assessments will still diverge widely from NICE's, despite Clark's promise to ensure "greater alignment." He also promised a new "evaluation through commissioning" option that would reimburse new drugs in clinical practice but would review outcomes for value for money.

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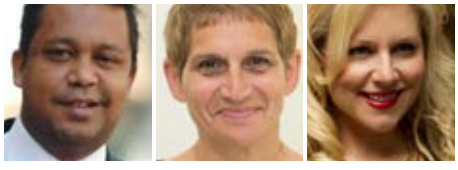

Shibley Rahman reinstated; Clare Gerada testified on his behalf; and Abigail Titmuss, whom he stalked

FIONA HANSON/JOEL RYAN/AP/PA

several protective factors, which made the risk of relapse "vanishingly small."

Harvey Marcovitch, who chaired the panel, said the erasure had shown the public that behaviour like his would not be tolerated, but given Rahman's insight and remorse, "restoration of a rehabilitated practitioner, in exceptional circumstances . . . does not detract from this."

Cite this as: *BMJ* 2014;349:g5414

CATCHLIGHT VISUAL SERVICES/ALAMY

Current smokers aged over 50 were more likely than non-smokers to struggle with household activities

£1bn a year spent on domiciliary care due to effects of smoking

Adrian O'Dowd LONDON

More than £1bn is being spent on domiciliary care each year in England because of the effects of smoking, concludes a new report on the costs in social care arising from the habit.

The report, published by the charity Action on Smoking and Health (ASH) on 3 September,[1] found that local councils in England had an average annual bill of more than £600m a year to help people with smoking related illnesses stay in their own homes (domiciliary care). At the same time individuals also faced a bill of about £450m to cover the cost of their care.

ASH commissioned the economist Howard Reed, formerly chief economist at the think tank the Institute for Public Policy Research, to investigate the estimated costs of smoking to the social care system.

The NHS budget for 2012-13 was £109bn, while in England local authorities' social care budget was £14.6bn. Local authorities spend an estimated 6% of their care budgets on smoking related care, while the NHS spends 2%.

Reed's investigation focused on people aged over 50 because no figures were available on councils' spending to support people under that age. The analysis excluded costs borne by national government, such as the payment of welfare benefits.

The research, which included cost estimates for every top tier English local authority (that is, excluding non-metropolitan district councils), showed that current smokers aged over 50 were twice as likely to need help with day to day living and on average needed care nine years earlier than non-smokers. Every year 47 000 more people needed social care as a result of smoking, the report said, but smoking also meant that 846 000 people received unpaid care from friends or family.

The study looked at the increased likelihood that smokers and former smokers would need help with 13 activities, including walking across a room, bathing or showering, eating, getting in and out of bed, using the toilet, preparing a hot meal, shopping for groceries, taking their drug treatments, and doing work around the house or garden. It showed that current smokers were more likely than those who had never smoked to have difficulties with 10 of the 13 activities.

Deborah Arnott, chief executive of ASH, said, "From next April, when the Care Act 2014 becomes law, councils will have to meet the extra social care costs of preventive measures to help reduce the need for care in people's homes—at a time when they face even deeper (budget) cuts.

"Investing in tobacco control and supporting smokers to quit will have to be high on the list of preventive measures, if councils are to cut their social care bills in the future."

Paul Burstow, the Liberal Democrat MP for Sutton and Cheam and chair of the All Party Parliamentary Group on Smoking and Health, said, "Councils now lead on both public health and social care. Smoking brings both together. By helping people to quit smoking, not only will their health improve but they will need less paid-for care in the future.

"This report makes a powerful case for investing in smoking cessation now to save money on social care in the future."

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Clifford Mann

Small wooden boxes wanted

PETER LOCKE

CLIFFORD MANN, consultant in emergency medicine at Musgrove Park Hospital in Taunton, blames successive governments for failing to anticipate growing problems in emergency (A&E) departments. President of the College of Emergency Medicine since 2013, he says that the complexities of health reforms took up so much time that ministers had "decision paralysis" and ignored the warning signs of falling recruitment that were apparent by 2010. He contests claims that 40% of A&E patients need not be there and cites the college's own research, which suggests the figure is nearer 15%. Mann is 52.

What was the worst mistake in your career?

"Thinking that A&E was a better work-life balance than general practice"

What was your earliest ambition?
To be a scientist. Unfortunately, I found A-level chemistry a lot harder than I'd expected.

Who has been your biggest inspiration?
The choirmaster at St Peter's Church in Henleaze, Bristol. From age 7 to 18 he taught me that excellence requires both ability and effort, loyalty is key to success in any group, and the cake is more important than the icing.

What was the worst mistake in your career?
Thinking that A&E was a better work-life balance than general practice.

What was your best career move?
Switching from general practice to emergency medicine.

Bevan or Lansley? Who has been the best and the worst health secretary in your lifetime?
There have been 22 health secretaries in my lifetime; many have served less than two years. It's difficult to have an effective dialogue when the incumbent keeps changing.

Who is the person you would most like to thank and why?
Mr Graham, my form teacher in the first year of comprehensive school. I was conceited enough to think I was doing well, but he told me I was coasting. I've never forgotten the implied criticism.

To whom would you most like to apologise?
My dad. I have spent a lifetime exasperating him.

Where are or were you happiest?
On holiday by the sea, on a warm sunny day, preferably with a small sailing dinghy and an onshore breeze, watching my children play with friends.

If you were given £1m what would you spend it on?
A flat in London—the novelty of a hotel room in Euston every week for the past year has worn off. I would happily sell the flat and refund the money at the end of my term of office as college president.

What single unheralded change has made the most difference in your field in your lifetime?
The concept of time critical interventions and the evidence to support them.

What book should every doctor read?
The Master and his Emissary by Iain McGilchrist. It is a powerful critique of how we have selectively elevated the constructs of the left cerebral hemisphere.

What poem, song, or passage of prose would you like mourners at your funeral to hear?
Ashokan Farewell, the Collect for Peace, and AE Housman's *Loveliest of Trees, the Cherry Now*.

What is your guiltiest pleasure?
Bendicks' after-dinner mints. And small wooden boxes—I have a compulsion to buy them!

If you could be invisible for a day what would you do?
I would attend a G8 summit. I used to be a current affairs junkie, and it would be great to see and hear negotiations behind the scenes.

Clarkson or Clark? Would you rather watch *Top Gear* or *Civilisation*?
I'd rather watch a good detective story. I used to enjoy *Rumpole of the Bailey*, although drinking a glass of red wine every time he did usually proved too much!

What is your most treasured possession?
As I don't possess my family, it's probably a table made from a fossilised kauri tree from New Zealand. The wood is over 30 000 years old.

What, if anything, are you doing to reduce your carbon footprint?
I walk to work, my children walk or take the bus to school, and I journey by train for almost all of my college travels.

What personal ambition do you still have?
To make the most of any opportunity I am afforded.

Summarise your personality in three words
Optimistic, extrovert, introspective.

Where does alcohol fit into your life?
Evenings—but not every evening! One of the unintended advantages of a regular midnight shift finish is the diminished temptation to do anything other than go home to bed.

What is your pet hate?
Cats. In medicine, it is the wilful obfuscation of effect size.

What would be on the menu for your last supper?
I'd want to have eaten nothing for the day; hunger would improve the appetite. A medium rare fillet steak, potatoes, French beans, and a good bottle of claret.

Do you have any regrets about becoming a doctor?
None. Variety is the spice of life, and there's no vocation that offers more variety.

If you weren't a doctor what would you be doing instead?
I've no idea, but if I'd been bright enough I would have enjoyed being a mathematician. There's something rather satisfying in being able to prove something.

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