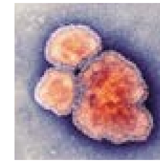
# NEWS

**UK news** Government defends NHS health checks for people aged 40-74, p 2
**Research news** Simple test can decide which patients need endoscopy, p 5
References and full versions of news stories are on **thebmj.com**



**thebmj.com**
Measles cases exceed 100 in US outbreak

# Coalition's changes to NHS were damaging and distracting, says new assessment

**Zosia Kmietowicz** THE BMJ

The reorganisation of the NHS in England under the coalition government was badly timed and has led to damaging and distracting effects, an assessment by the health policy think tank the King's Fund has concluded.

The Health and Social Care Act, which was signed into law in March 2012 and took effect in April 2013, led to complex changes in the structure of the NHS at a time when the focus should have been on tackling an unprecedented funding squeeze and the growing demand for services, said the report.[1]

In a warning to MPs ahead of the general election in May, Chris Ham, chief executive of the King's Fund and an author of the report, said, "Politicians should be wary of ever again embarking on such a sweeping and complicated reorganisation of the NHS."

Getting the act into law took up the first half of the coalition's parliament. During this time the health secretary for England, Andrew Lansley, ignored warnings from several quarters over his proposed changes and was determined to bring in legislation "so that a future health secretary could not modify or dilute" them, the report said. It was only the arrival of a new health secretary,[2] Jeremy Hunt, in September 2012 that brought an important change in the government's approach to the NHS, said the report, with a move away from the technocratic changes of the act to a focus on safety and the quality of care.

The report highlights some positive changes brought about by the act, including closer involvement of GPs in commissioning services, giving local authorities responsibility for public health, and establishing health and wellbeing boards. But it also describes ways in which the act has damaged the NHS. Despite promises before 2010 to allow local health bodies to make decisions about how their services should develop since the act was implemented there have been regular ministerial interventions and a continued focus on targets, it said.

The act has also led to an unwieldy structure, with leadership fractured among several bodies, a complex regulatory system, and a strategic vacuum in place of the leadership that was provided by strategic health authorities.

In terms of the act's main aim—to expand competition—the result has been a more complex process and uncertainty among commissioners about when to put contracts out to tender.

On commissioning the report said it was "too early to identify any real benefits of the new arrangements." But it added, "there is some optimism in the way in which CCGs are beginning to work more closely with local authorities through health and wellbeing boards."

Ham concluded, "Historians will not be kind in their assessment of the coalition government's record on NHS reform. The first three years were wasted on major organisational changes when the NHS should have been concentrating on growing financial and service pressures; this was a strategic error. Only latterly has the government adopted a more positive focus on improving patient care and achieving closer integration of services."

Cite this as: *BMJ* 2015;350:h633

# IN BRIEF

**MPs approve mitochondrial donation:** MPs in the House of Commons voted on Tuesday to approve the regulation of mitochondrial donation to women with faulty mitochondrial DNA by 382 votes to 128. The UK is now set to become the first country in the world to introduce laws to allow the creation of babies from three people, two women and one man. See page 5.

**Referrals from NHS 111 soar:** An analysis by the BMA of NHS England's latest statistics on the NHS 111 service found that the number of calls referred to GPs rose from 2.8 million in January to October 2013 to 8.1 million in January to October 2014, a jump of 190%. Referrals of callers to emergency services rose by 192% in the same period, from 374506 in 2013 to 1092967 in 2014.

**Former Tory health secretary regrets 2012 health act:** Stephen Dorrell, who stands down as a Tory MP in May after 36 years and who spent four years as chairman of the health select committee, has said that the Health and Social Care Act was the biggest mistake of this parliament. He told the *Observer* newspaper that its passing was a "lost opportunity" to integrate health and care systems.

**Learning disability target is missed:** The government failed to meet its target to move the 2600 people with learning disabilities and challenging behaviour out of hospitals in England by 1 June 2014, because it underestimated the task's complexity, the National Audit Office has said. NHS England has set a new target to discharge half these people, and the NAO said that the flow of people with learning disabilities into mental health hospitals also needed to fall.

## New advice to hospitals on declaring "major incidents" sparks row in parliament

**David Cameron (top left) answered questions about incidents declared at hospitals, including the Royal Surrey and the Royal Stoke University Hospitals**

**Gareth Iacobucci** THE BMJ

A political row has erupted over the NHS after the opposition Labour Party accused the government of putting pressure on struggling hospitals not to declare "major incidents" in the run up to the general election.

The dispute concerns guidance issued by NHS England to hospitals in the West Midlands stipulating strict criteria that hospitals must meet before declaring a major incident. The guidance was issued after several hospitals declared major incidents because demand from patients had reached a level that could disrupt services.[1] Major incidents often see hospitals restricting emergency departments to handling genuine emergency cases and enlisting extra staff.

Labour's leader, Ed Miliband, clashed with the prime minister, David Cameron, over the issue in the House of Commons on Wednesday 28 January.[2] Miliband said that ministers were making it more difficult for hospitals to deal with pressure for political purposes. But Cameron denied that ministers had ordered the guidance to be issued and accused Miliband of "clasping at straws."

Raising the issue during a prime minister's questions session, Miliband said, "It is time we had some answers from him . . . Can he explain why new guidance has been issued to some hospitals, making it harder for them to declare a major incident?"

The prime minister responded, "The NHS in the West Midlands—without any instruction from the Department of Health, without any instruction from ministers—issued a statement about major incidents. The head of NHS England was asked about it this morning, and she said this: 'I haven't been under any political pressure. This document was issued in the West Midlands.'"

In an email exchange seen and reported by the BBC a head of operations at one NHS hospital trust in the West Midlands said that he believed the guidance was issued "to effectively stop trusts from calling a major incident."[3]

Labour's shadow health secretary, Andy Burnham, later pursued the issue in a question to the health secretary for England, Jeremy Hunt, in the House of Commons. Burnham urged Hunt to instruct NHS England to withdraw the guidance. Hunt refused and insisted that he had not ordered the guidance to be sent. "This was an operational decision; it was nothing to do with ministers."

Cite this as: *BMJ* 2015;350:h558

## GP is struck off for imposing his religious views on a vulnerable patient

**Clare Dyer** THE BMJ

A Christian GP has been struck off the UK medical register for exploiting a suicidal patient's vulnerability by imposing his religious views on her, significantly risking her health.

Thomas O'Brien, 56, "soaked" the patient with religion, which strongly influenced her to stop her antidepressant and blood pressure medicines, a panel of the Medical Practitioners Tribunal Service found.

"Patient A" had anxiety, depression, and a borderline personality disorder related to childhood abuse. O'Brien was a locum GP at Cobridge Community Health Centre in Stoke-on-Trent in August 2012 when he made a house call on the patient.

O'Brien and his wife befriended Patient A, visiting her home, entertaining her at their house, giving her religious materials, and inviting her to religious meetings. O'Brien told her that the devil "was having a real go at her."

Patient A told the panel that the GP had said his wife had a different way to help her without medicines. O'Brien, who did not attend the hearing, said in a statement that his wife "did Bible based counselling and could help [the patient] to understand some of the issues she was struggling with."

The panel found that O'Brien had said "words to the effect that psychiatrists are very dangerous and she should not go to see them." After missing two appointments with her psychiatrist Patient A eventually saw him in January 2013, when her health had deteriorated. The psychiatrist reported the GP to the General Medical Council.

Cite this as: *BMJ* 2015;350:h525

## Hospitals reject proposed "unachievable savings" for 2015-16 over safety fears

**Gareth Iacobucci** THE BMJ

NHS hospitals in England have taken the unprecedented step of rejecting the proposed national payment tariff for 2015-16 after concluding that they could "no longer guarantee sustainable and safe care" under the financial terms being offered.

NHS Providers, the organisation that represents hospital, community, ambulance, and mental health trusts, said that 75% of its members had voted to reject the tariff for 2015-16, as the proposed settlement required "unachievable efficiency savings" and would put the care of patients at risk. It said that the veto was a "last resort" but that it was imperative that service providers were "fully and properly paid" for the care they provided. It pointed out that 80% of England's hospitals were already in financial deficit and that the 2015-16 offer would lead to £1.7bn being taken away from NHS providers, despite an expected 4% increase in demand.

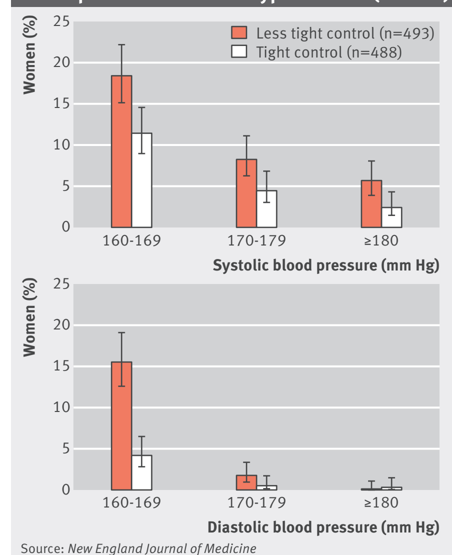
NHS England and the health sector regulator Monitor will now be forced to urgently revisit plans for 2015-16 just months ahead of the new financial year. NHS England warned that it would either be forced to make changes that would destabilise other parts of the system by "robbing Peter to pay Paul" or refer the dispute to the Competition and Markets Authority.

The health policy think tank the King's Fund said that the veto was an "unprecedented development" that would throw financial planning in the NHS into "disarray." As an alternative to the current offer, NHS Providers wants NHS England and Monitor to revisit existing terms to ensure that all emergency work is funded at 100% of the tariff cost rather than the current 30% or proposed 50%.

Cite this as: *BMJ* 2015;350:h571

# RESEARCH NEWS

Blood pressure in severe hypertension (women)




Source: *New England Journal of Medicine*

GESTATIONAL HYPERTENSION

## Tight control does not reduce serious complications

Tight control of hypertension during pregnancy has no significant effect on the rate of serious pregnancy complications when compared with less tight control, research published in the *New England Journal of Medicine* has shown.

However, the study found that tight control produced a moderate benefit for the mother, in that the rate of progression to severe hypertension was lower among this group. It also provided reassurance that tight control does not carry major risks for the fetus or newborn.

The open multicentre trial involved 987 pregnant women who had non-proteinuric pre-existing or gestational hypertension and a diastolic blood pressure of 90 to 105 mm Hg, or 85 to 105 mm Hg if they were taking antihypertensive drugs. The women were randomly assigned to tight control with a target diastolic blood pressure of 85 mm Hg or to less tight control with a target of 100 mm Hg.

No significant difference was found between groups in the frequency of pregnancy loss or high level neonatal care for more than 48 hours in the first 28 days after birth (31.4% *v* 30.7%). The groups also did not differ significantly in the frequency of serious maternal complications, including the development of pre-eclampsia.

However, severe hypertension, defined as ≥160/110 mm Hg, developed in 40.6% of the women in the group with less tight control, compared with 27.5% of the women in the group with tight control. This difference was not accompanied by an increase in the serious complications of hypertension.

Cite this as: *BMJ* 2015;350:h549

MITOCHONDRIAL DONATION

## Could benefit 150 women in UK each year

Around 150 women a year in the United Kingdom could benefit from mitochondrial donation if regulations are passed in parliament to allow these new in vitro fertilisation (IVF) techniques, research published in the *New England Journal of Medicine* has shown.

Mitochondrial diseases are caused by inherited mutations in the DNA contained in mitochondria and include some types of muscular dystrophy, Leber hereditary optic neuropathy, and Leigh syndrome. New techniques have been developed that involve removing faulty mitochondria inherited from the mother and replacing them with healthy mitochondria from a donor.

Researchers from Newcastle University identified the prevalence of women with potentially inheritable mitochondrial DNA mutations in the north east of England and then extrapolated to estimate the number of affected pregnancies each year in the UK and the US.

They calculated that 2473 women (95% confidence interval 2019 to 3246) aged 15 to 44 are at risk of transmitting mitochondrial DNA disease in the UK and 12 423 women in the US (10 146 to 15 064). The average number of births yearly among women at risk of transmitting mitochondrial DNA disease was 152 in the UK (125 to 200) and 778 in the US (636 to 944).

Cite this as: *BMJ* 2015;350:h536

HEART FAILURE

## One in 10 patients has IV fluids despite harms

One in 10 patients with acute decompensated heart failure is given intravenous (IV) fluids during the first two days of hospital admission even though this is known to be associated with worse outcomes, a US study has found.

Many patients with heart failure are treated with diuretics and the administration of intravenous fluids for them is counterintuitive, said the authors in the *Journal of the American College of Cardiology: Heart Failure*.

The research group analysed a database that has information on around 20% of all acute care hospitalisations in the US to see how many patients admitted to hospital with acute heart failure from 2009 to 2010 were given IV fluids in the first two days of their hospital stay.

They found that 13 806 patients (11%) from a total of 131 430 hospital admissions for heart failure were given IV fluids in addition to diuretics during their first two days in hospital.

Results also showed that patients given both therapies were more likely to experience adverse consequences than those given only diuretics: they had higher rates of death in hospital (3.3% *v* 1.8%; P<0.0001), admission to critical care (5.7% *v* 3.8%; P<0.0001), intubation (1.4% *v* 1.0%; P=0.0012), and renal replacement therapy (0.6% *v* 0.3%; P<0.0001).

Cite this as: *BMJ* 2015;350:h583

BARRETT'S OESOPHAGUS

## Simple test can decide which patients need endoscopy

A simple, minimally invasive test can be used to identify patients with reflux symptoms who may warrant endoscopy to diagnose Barrett's oesophagus, research published in *PLoS Medicine* shows.

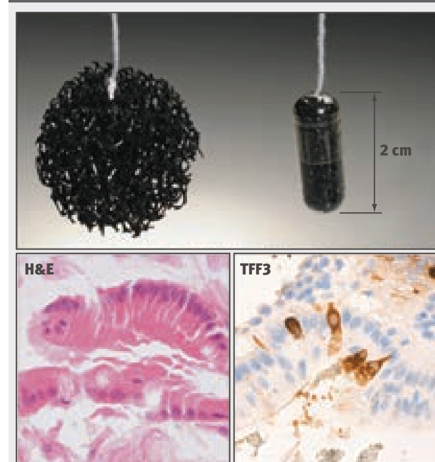
The case-control study included 1110 people attending 11 UK hospitals for investigational endoscopy of dyspepsia and reflux symptoms. Before endoscopy they all swallowed a cell sampling device—a cytosponge—which was then tested using immunohistochemical staining for the biomarker Trefoil factor 3.

The test correctly identified 79.9% of the 647 patients in whom Barrett's oesophagus was diagnosed by endoscopy. The sensitivity of the test increased to 87.2% in patients with circumferential Barrett's segments of more than 3 cm in diameter, which are known to confer a higher cancer risk. The test also correctly identified 92.4% of the 463 people who were unaffected by Barrett's oesophagus. And the sensitivity of the test increased to 89.7% in the 107 patients who swallowed the device twice during the study.

The researchers called for randomised trials.

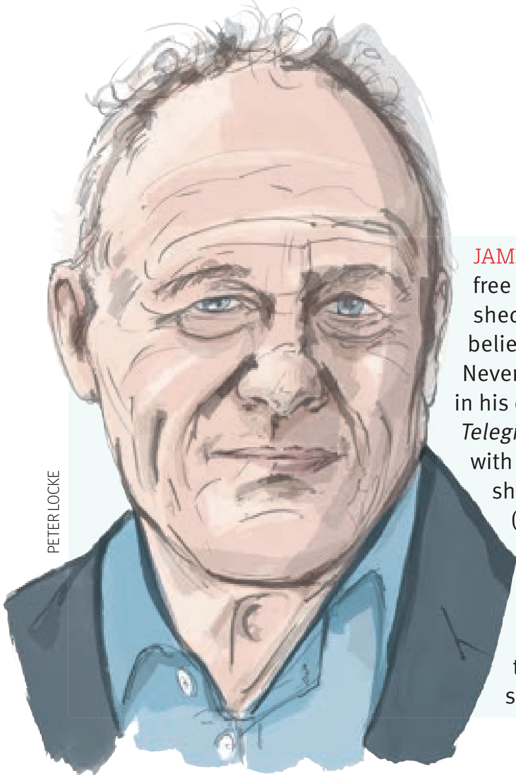
Cite this as: *BMJ* 2015;350:h527

Cytosponge expanded and in capsule. Representative stains from patient with Barrett's oesophagus (x400)



# RESEARCH NEWS

# James Le Fanu
## Questioning answers



PETER LOCKE

JAMES LE FANU, doctor, writer, and free thinker, has spent the past 30 years shedding light in places that others believed to be already well illuminated. Never content to take yes for an answer, in his columns for the *Daily* and *Sunday Telegraph* and in his books, Le Fanu peers with an unfailingly sceptical eye at the shibboleths of healthcare, from diet (*Eat Your Heart Out*, 1986) to medicine (*The Rise and Fall of Modern Medicine*, 1999) and genetic determinism (*Why Us?*, 2009). Prescient and provocative, Le Fanu is the goad to keep doctors humble and scientists on the right track.

**What is your pet hate?**
"All of those who claim to know the answers—politicians, epidemiologists, noisy atheists, etc"

**What was your earliest ambition?**
I fancied myself as a medical missionary, doing good in exotic places.

**Who has been your biggest inspiration?**
The fortitude and good humour of the common man (and indeed woman)—particularly the thousands of patients and *Telegraph* readers whose insights, experiences, and stories have so broadened my horizons and enriched my life.

**What was the worst mistake in your career?**
Mistaking potassium chloride for aminophylline. Luckily, the crash team did not get stuck in the lift or ask too many searching questions.

**What was your best career move?**
Arranging to meet a friend one Saturday afternoon in Fleet Street's cavernous El Vino and finding myself in conversation over a bottle of claret with the *Sunday Telegraph*'s recently appointed news editor. His unsolicited suggestion that I might contribute the occasional article in exchange for a £30 weekly retainer, plus expenses, seemed very generous.

**Bevan or Lansley? Who has been the best and the worst health secretary in your lifetime?**
That's an easy one: born in 1950, I am a Bevan baby and can thus legitimately nominate the great man as the best health secretary in my lifetime. His imaginative genius in creating a "cheap and cheerful" health service ranks among the great achievements of Western civilisation. The worst was Ken Clarke, whose cynical, ignorant advocacy of the "internal market" introduced the Trojan horse of managerialism that undermined the health service's greatest asset—the goodwill and idealism of its workforce.

**Who is the person you would most like to thank and why?**
My parents—for my existence, obviously, and for the pearl beyond price of a secure, supportive, and stimulating childhood.

**To whom would you most like to apologise?**
My parents, again, for taking them too much for granted and not sufficiently expressing my indebtedness to them in word and deed.

**If you were given £1m what would you spend it on?**
Two Rembrandt lithographic etchings to hang in my study—preferably one of his portraits and the *Descent from the Cross by Torchlight*.

**Where are or were you happiest?**
Walking down the aisle of the magical Church of St Mary on Paddington Green, to Charles-Marie Widor's wedding march.

**What single unheralded change has made the most difference in your field in your lifetime?**
The 2004 General Medical Services contract, which financially remunerated good doctors for practising bad medicine.

**What book should every doctor read?**
*The Rise and Fall of Modern Medicine*—and not just for the royalties, although they are, of course, gratefully received.

**What poem, song, or passage of prose would you like mourners at your funeral to hear?**
A bit of a crowded field, but it would have to include the resounding certainty of Bach's "Gratias agimus" from the *Gloria* of his B minor mass. "We give Thee thanks for Thy great glory." Quite so.

**What is your guiltiest pleasure?**
On WorldofSolitaire.com, Klondike (the "turn three" version)—regrettably, the most addictive method of time wasting ever invented.

**If you could be invisible for a day what would you do?**
Wander around the Serengeti National Park and become more intimately acquainted with our fellow creatures.

**What is your most treasured possession?**
My membership card for the London Library in St James's Square. A browser's paradise.

**What, if anything, are you doing to reduce your carbon footprint?**
No more than the global warming experts flying around the world to their international conferences/junkets.

**What personal ambition do you still have?**
My next book—*(Don't) Keep Taking the Pills*—might, I hope, help to protect the public from the grievous harms of mass medicalisation.

**Summarise your personality in three words**
I would like to think amused, inquisitive, and tolerant (see my pet hate, though).

**Where does alcohol fit into your life?**
Probably excessively, though only rarely before 7 (pm).

**What is your pet hate?**
All of those who claim to know the answers—politicians, epidemiologists, noisy atheists, etc.

**If you weren't a doctor what would you be instead?**
A spy.

Cite this as: *BMJ* 2015;350:h513