NEWS

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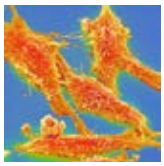

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Cancer survival in England still worse than in similar countries

Disclosing drug company payments should be mandatory for doctors, says academy

ANNA GORDON/GUARDIAN NEWS AND MEDIA LTD

The academy's Sue Bailey and the RCGP's Nigel Mathers disagree over whether the scheme should be voluntary

Ingrid Torjesen LONDON

Plans by the Association of the British Pharmaceutical Industry (ABPI) to bring in a system where healthcare professionals voluntarily declare payments and hospitality received from drug companies do not go far enough, the Academy of Medical Royal Colleges has said, calling for disclosure to be mandatory.

Thousands of healthcare professionals are expected to opt out of disclosing details of payments or hospitality from drug companies when the ABPI introduces a new database next year in an attempt to improve transparency.

The ABPI currently publishes aggregate details of the amounts drug companies spend on healthcare professionals for consultancy services or attending meetings. But from 30 June 2016 it will begin publishing details of payments received by individual healthcare professionals on a searchable database.[2]

Under the Data Protection Act, however, healthcare professionals can decline permission to allow details of some or all of these transactions to be published. The ABPI's initial findings from recent research into 500 healthcare professionals' views on the upcoming database showed that only 69% intended to disclose these details.

Karen Borrer, head of reputation at the ABPI, explained that healthcare professionals who receive several payments or hospitality from drug companies would be able to choose to disclose details of some of these but not of others. Where people do not give permission for individual disclosure the payments will be disclosed as an aggregate sum, as they are now.

However, Sue Bailey, chair of the Academy of Medical Royal Colleges, told *The BMJ*, "The Academy of Medical Royal Colleges believes that, as currently constructed, the plans for disclosure don't and won't bring transparency or openness to the process. Patients have a right to know which doctors are receiving what, from which companies.

"If a doctor is not receiving payments—and the vast majority of doctors don't—then the list should also make that clear. So, while this system is at least a start, we are waiting to hear from the ABPI as to why a less ambiguous system, such as the one in the Netherlands, cannot be replicated in the United Kingdom."

The Netherlands operates a public transparency register that requires disclosure of any financial payments for services or sponsoring amounting to €500 (£354) per calendar year per healthcare professional or group of healthcare professionals.[3]

Heather Simmonds, director of the Prescription Medicines Code of Practice Authority, said, "Different countries take different approaches. The UK has decided to go down the self regulatory route, which is a route that has worked well in the past, and it is both in the industry's interests and the health professionals' interests for individual disclosure to be as high as possible."

Nigel Mathers, honorary secretary of the Royal College of General Practitioners, said, "It is best practice in our profession to fully disclose any conflicts of interest that we may have, including any payments and hospitality received from pharmaceutical companies.

"Introducing legislation is subject to continuous debate, but we prefer healthcare professionals to volunteer this information."

Cite this as: *BMJ* 2015;351:h4197

IN BRIEF

Eating disorder services get new money: Clinical commissioning groups in England are to get £30m a year for the next five years to improve eating disorder services in the community. NHS England aims that by 2020 95% of patients will be seen within four weeks, or one week for urgent cases.

MPs call for evidence on primary care: The House of Commons Health Committee is holding an inquiry into whether the Department of Health for England has the necessary plans and policies in place to ensure that patients are getting high quality primary care (http://bit.ly/1VPd9cf). The deadline for submissions is 3 September.

Pill's protective effect on endometrial cancer is quantified: Every five years of using the oral contraceptive pill reduces the risk of endometrial cancer by about a quarter (risk reduction 0.76 (95% confidence interval 0.73 to 0.78), for as long as 30 years, a new analysis in the *Lancet* has found (doi:10.1016/S1470-2045(15)00212-0). The researchers estimated that in the past 50 years use of the pill has prevented about 400000 cases of endometrial cancer in rich countries.

Most consultants work outside normal hours: Nearly nine in 10 (88%) hospital consultants in England work on call in the evenings and weekends, the BMA has said in response to a call from the health secretary, Jeremy Hunt, to exclude clauses in consultants' contracts allowing them to opt out of weekend working. The survey, of 847 BMA members, found that two thirds worked for an average of six hours at the weekend.

Cite this as: *BMJ* 2015;351:h4219

IN BRIEF

NICE backtracks on plan to publish safe staffing guidance: The National Institute for Health and Care Excellence has abandoned plans to publish guidance for hospital emergency departments on safe nurse staffing. NICE had previously said that it would publish the finished work along with four evidence reviews of safe staffing in other settings, including mental health settings and community nursing. However, it has now said that it will not make the information available, to avoid pre-empting future work on safe staffing by the new regulator NHS Improvement (to be formed by the merger of Monitor and the Trust Development Authority).

Uganda passes tough tobacco control law: Uganda's parliament has passed a law to bring in some of the strictest tobacco control policies in the world. Public areas will be smoke free, with smoking not permitted within 50 metres of any public space. Tobacco advertising, promotion, sponsorship, point of sale displays, duty free tobacco products, waterpipes, electronic cigarettes, chewable tobacco products, and sale of tobacco products to people aged under 21 will be banned.

Concept of antibiotic resistance confuses the public: Most people, if they have heard of antibiotic resistance, think that it is when their body becomes resistant to antibiotics, research commissioned by the Wellcome Trust has found.[1] People are much more likely to understand the terms "drug resistant infections" or "antibiotic resistant germs," it suggests.

AllTrials launches US campaign: Fifty groups representing patients, doctors, and researchers came together on Wednesday 29 July to launch the AllTrials campaign in the United States (www.alltrials.net/news/usa-launch). The global campaign calls for every clinical trial—past, present, and future—to be registered and the results from it reported. A campaign co-founder, Ben Goldacre, said, "Around half of all clinical trials, on the treatments we use today, are withheld from doctors, researchers, and patients. This makes a mockery of our efforts to make truly informed decisions."

Israeli pharmacies now stock medical cannabis: The 22 000 Israeli patients authorised to receive medical cannabis can now get it far more easily by buying it in an ordinary pharmacy rather than having to obtain it from one of a handful of physicians approved by the health ministry. Yaakov Litzman, a health minister and Ultra-Orthodox rabbi, announced the "revolutionary decision" at a session of the Knesset Committee on Drug and Alcohol Abuse.

Meningitis vaccination programme targets students: Teenagers going to university and college are being offered protection against the meningococcal group W strain of meningitis for the first time this year. The number of meningitis W cases has risen steeply since 2009, and experts say that students are particularly vulnerable. Teenagers born between 1 September 1996 and 31 August 1997 will be sent an invitation by their GP to be vaccinated. Other first time students under 25 should contact their GP for the vaccination, which protects against four meningoccocal strains: W, A, C, and Y.

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"Fit note" is not being used as intended

Adrian O'Dowd LONDON

General practitioners have not been trained properly in how to use the "fit note" system for managing sick leave and are too vague when it comes to recommending what employers should be doing, a report published on 3 August has found.[1]

A study by rehabilitation research experts and commissioned by the Institution of Occupational Safety and Health concluded that fit notes were not being used to their full potential by doctors, patients, and employers.

GP fit notes replaced sickness certificates in 2010 and aimed to encourage doctors to help patients stay at work or return to work as soon as they can. The new system allows recommendations to be made on work modifications such as changes to working hours or phased returns, enabling a return around a patient's specific needs.

To examine whether the system was an efficient replacement for the old sickness certificates the researchers, from the University of York, recruited GPs, patients, and employers and collected 932 anonymised copies of current fit notes. Participants also completed questionnaires about the outcome and usefulness of the notes and were interviewed about their views and experiences of the system.

The report said, "Although the fit note has been broadly welcomed by GPs and employers, difficulties and uncertainties have resulted in wide variations in their use. For example, GPs report that employers seldom act on the advice given; employers complain that GPs fail to use the fit note to provide sufficient advice."

Overall, the researchers said it seemed that the fit note was not being used as intended. They recommended that GP fit note training should be mandatory and that an exemplar "ideal" fit note, from the perspective of employers, employees, and GPs, should be produced.

Cite this as: *BMJ* 2015;351:h4214

Ebola vaccine trial results are "extremely promising," says WHO

Zosia Kmietowicz THE BMJ

Early results from a trial of a vaccine against Ebola virus disease being conducted in Guinea have been hailed as "an extremely promising development," by WHO's director general, Margaret Chan, after they showed that none of the contacts of someone who had contracted the disease and who were vaccinated immediately became infected.

The trial of the rVSV-ZEBOV vaccine began on 7 March in the Basse Guinée region of Guinea, the only area in Guinea with new cases of Ebola virus disease at the start of the study on 1 April 2015. It used a ring vaccination strategy, the same approach used to eradicate smallpox in the 1970s, to target all contacts of newly infected patients for vaccination.

When a new case of Ebola virus disease was diagnosed, the researchers traced all people who may have been in close contact with the person with this first case. Adult contacts aged 18 or older who consented to take part in the trial were randomised to receive the vaccine either

Evidence of hospital failures was not disclosed at surgeon's trial for manslaughter

Clare Dyer THE BMJ

An internal report into a patient's death at a private hospital that identified "systemic failures" was not revealed at the trial of the surgeon who was later convicted of manslaughter over the death, it has emerged.

David Sellu, a senior consultant colorectal surgeon, was sentenced to two and a half years in prison in November 2013 for contributing to the death of James Hughes in February 2010 at the Clementine Churchill Hospital in Harrow, north London.[1] The 66 year old builder had undergone knee replacement surgery at the hospital, run by BMI Healthcare, the UK's largest private healthcare provider. But Sellu, who did private operations at the hospital alongside his NHS job at Ealing Hospital NHS Trust, was asked to step in when Hughes developed abdominal pains.

Hughes had a perforated bowel and died after surgery on 14 February 2010, nine days after his knee operation. A root cause analysis just over a month later found that the hospital's procedures for dealing with emergencies that developed after routine operations were "not robust enough to prevent a systemic failure."

The analysis found that monitoring was inadequate, so staff members failed to appreciate the gravity of the patient's worsening condition, and that there were failings in the procedures for escalating concerns. When Sellu was ready to operate, his anaesthetist was busy in another theatre, and the hospital had no emergency anaesthetic rota.

After Hughes's death, Sellu carried on performing elective operations at the hospital, but his operating privileges there were suspended in September 2010 after BMI Healthcare commissioned an independent report, which recommended his suspension. But Ealing Hospital NHS Trust told Sellu that it would not suspend him from his NHS practice because it was aware of no similar incidents in the trust.

Minutes of a meeting in September 2010 of Clementine Churchill Hospital's medical advisory committee, comprising specialists who practise there part time, show that the committee voted unanimously "that it did not feel the hospital was safe to perform emergency surgery." The members also voted unanimously for Sellu's reinstatement.

David Sellu has a hearing to appeal his conviction in September

Sellu, now 68, is out of prison on licence after serving 15 months of his sentence. He is appealing against his conviction and has a hearing in September.

His prosecution for gross negligence manslaughter, after a successful 40 year career in the NHS, has caused widespread concern among doctors, who fear that they could be held solely to blame for wider system failures.

Hundreds of doctors, including professors of surgery, have signed a letter to the president of the Royal College of Surgeons noting that "unexpected deaths in healthcare more commonly result from a chain of events rather than one individual doctor's gross negligence" and calling for pressure to make prosecutions for gross negligence manslaughter fairer (http://davidsellu.org.uk).

A routine inspection of Clementine Churchill Hospital by the Care Quality Commission in 2014 found that "there were not adequate arrangements for foreseeable emergencies, and patient safety and welfare were not always ensured."[2]

A spokesman for BMI Healthcare said that the company had not concealed any information from the criminal trial. "We always do, and did in this case, cooperate fully with all relevant authorities, and it is important to remember that no charges were subsequently levelled against the hospital.

"Some BMI staff were interviewed and subsequently called as witnesses at Mr Sellu's trial. However, BMI Healthcare was not involved in the criminal investigation or trial beyond providing copies of documents, and we did not choose or have any input into what evidence was put before the court."

Cite this as: *BMJ* 2015;351:h4229

More evidence is needed on the safety and efficacy of the vaccine before it is licensed for widespread use, said John-Arne Røttingen, a study coauthor

immediately or after three weeks and then visited at home on six occasions over 12 weeks.

Up to 20 July no cases of Ebola virus disease had been diagnosed at 10 days after randomisation among the 4123 adults who had been vaccinated immediately, but 16 cases were found among 3528 adults who had delayed vaccination, showing a vaccine efficacy of 100% (95% confidence interval 74.7% to 100%; P<0.004), the researchers reported in the *Lancet*.[1]

Cite this as: *BMJ* 2015;351:h4192

NHS providers told to review financial plans

Ingrid Torjesen LONDON

Monitor, the regulator of health services in England, has ordered NHS service provider organisations to take emergency action to help stave off the "unprecedented" financial crisis facing the NHS.

A letter from David Bennett, Monitor's chief executive, sent on 3 August, orders "all providers—even those planning for a surplus this year—to look again at their plans to see what more can be done." The NHS was facing "an almost unprecedented financial challenge," he wrote, and current plans were "quite simply unaffordable."

In doing this, he added, organisations should ensure that staff vacancies were filled only where essential, that guidance on safe staffing for acute inpatient services was adopted in a "proportionate and appropriate way," and that the Agenda for Change 2013 agreement on pay progression was fully implemented.

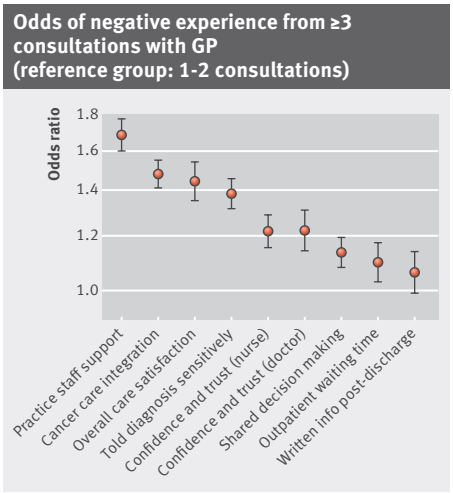
NHS trusts should ensure that contracts with commissioners were agreed as soon as possible to remove "uncertainty," and where a trust then found that it had insufficient capacity to meet demand the trust should "transfer activity if possible to any other provider that has already-funded but underutilised capacity."

The letter also targets spending on management consultants. Since 2 June trusts in breach of their licence have had to obtain approval from Monitor or the Trust Development Authority for any management consultancy contracts over £50 000.

Mark Porter, the BMA's chair of council, said that Monitor's warning highlighted "once more the urgent need for answers [on the government's plans for a round the clock service]."

Cite this as: *BMJ* 2015;351:h4245

RESEARCH NEWS



CANCER

Delayed diagnosis linked to less satisfaction with care

Patients who have multiple GP consultations before being referred and getting a cancer diagnosis are less satisfied with their cancer care than patients who are referred after one or two GP visits, an analysis has shown.[1]

The study in the *European Journal of Cancer Care* analysed data from 73 462 respondents to two English Cancer Patient Experience Surveys. Of nearly 60 000 respondents who had cancer diagnosed through their GP, 13 280 (23%) had been seen three or more times before being referred for tests.

Patients who had three or more consultations were significantly more likely (P<0.01) to report a negative experience than those who had fewer GP visits. Some 39% of people who had experienced referral delays were dissatisfied with the support they received from practice staff, compared with 28% of those referred after only one or two GP visits. Also, 40% of patients who had multiple GP consultations were dissatisfied with how hospital staff and their GP had worked together to provide the best possible care, compared with 33% of those referred promptly; and 18% of patients who had multiple consultations were dissatisfied with the way they were told that they had cancer, compared with 14% of those who were referred more quickly.

Cite this as: *BMJ* 2015;351:h4159

PARTNER VIOLENCE IN WOMEN

Brief intervention in A&E fails to show impact

A brief motivational intervention during a hospital emergency department visit for women who drink heavily and experience violence from their intimate partner had no significant effect on their drinking or incidence of partner violence, a US randomised trial reported in *JAMA* has shown.[1]

Researchers at the University of Pennsylvania explored whether a brief intervention designed to improve motivation and empowerment, delivered during a visit to an emergency department, would reduce heavy drinking and the risk of violence in 600 women aged 18 to 64. They were randomised to one of three groups.

The first group received a 20 to 30 minute intervention with the aim of helping them to identify reasons for behavioural change and to set personal goals, followed by a telephone booster session. They were assessed weekly for 12 weeks using an interactive voice response system and were then followed up by phone at three, six, and 12 months.

The second group was not offered the intervention but was assessed at the same time points, and the third (no contact) control group was assessed only once, at three months.

Results showed no significant differences in incidents of heavy drinking over 12 weeks' follow-up in women who received the brief intervention when compared with those who had only regular assessments (odds ratio 0.99 (95% confidence interval 0.96 to 1.03)) or in experiencing intimate partner violence (1.02 (0.98 to 1.06)).

Cite this as: *BMJ* 2015;351:h4205

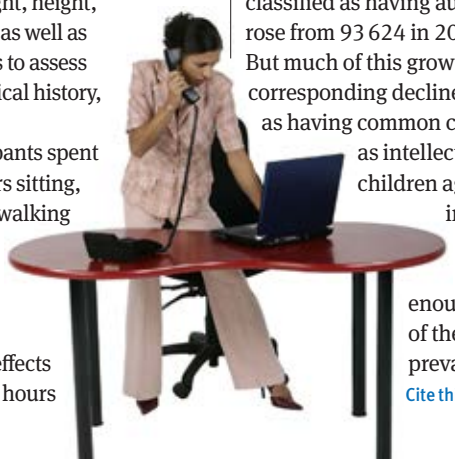
SEDENTARY BEHAVIOUR

Standing for two hours a day may benefit heart health

Standing rather than sitting for two hours a day may have a positive effect on biochemical risk markers, including fasting blood glucose and lipid profile, a cross sectional study has shown.[1]

The participants were 698 Australian adults who wore activity monitors that judged posture and movement, for as long as seven days. All participants underwent blood tests and measurement of weight, height, and waist circumference, as well as answering questionnaires to assess sociodemographics, medical history, and dietary habits.

On average the participants spent 56% of their waking hours sitting, 31% standing, and 13% walking or doing some other physical activity. The researchers used isotemporal substitution analysis to calculate the effects of substituting either two hours of standing or two hours of walking for two hours of sitting each day.



They found that increased standing significantly affected fasting plasma glucose (2% reduction), high density lipoprotein (HDL) cholesterol (0.6 mmol/L reduction), total/HDL cholesterol ratio (6% reduction), and triglyceride levels (11% reduction). The effect on fasting plasma glucose was of borderline significance. Other measures—BMI, waist circumference, blood pressure, two hour plasma glucose, HbA_{1c}, and low density lipoprotein cholesterol—showed no significant difference.

As might be expected, two hours spent walking rather than sitting had a greater effect: the study found an 11% reduction in BMI and a 7.5 cm smaller waist circumference, as well as improvements in lipid profile and 11% lower two hour plasma glucose.

Cite this as: *BMJ* 2015;351:h4160

AUTISM

Rise in US cases is mostly due to changes in diagnosis

An apparent fourfold rise in autism cases in the US in the first decade of the 21st century was mostly due to the reclassification of children with neurodevelopmental disorders rather than a true spike in cases, research in the *American Journal of Medical Genetics* has shown.[1]

Statistics showed that the prevalence of autism had rocketed from 1 in 5000 in 1975 to 1 in 150 in 2002 and to 1 in 68 in 2012.

To understand why, researchers used data from the US Individuals with Disabilities Education Act (IDEA) for students enrolled in special education programmes. Under IDEA, people are classified in one of 13 disability categories, including autism spectrum disorders, intellectual disability, other health impairment, and specific learning disabilities. Each child can be classified in only one category.

Of about 6.2 million enrolments in special education each year, the number of people classified as having autism spectrum disorders rose from 93 624 in 2000 to 419 647 in 2010. But much of this growth was offset by a corresponding decline in students categorised as having common comorbid features such as intellectual disability. Among children aged 3 to 18 the decline in the numbers classified with intellectual disability alone was enough to account for 64.2% of the increase of autism prevalence.

Cite this as: *BMJ* 2015;351:h4209