

*In brief***Kennedy to chair audit**

**commission:** Professor Ian Kennedy, who chaired the inquiry into children's heart surgery at Bristol Royal Infirmary, has been appointed chairman designate of the proposed Commission for Healthcare Audit and Inspection. The commission will bring together the work of the Commission for Health Improvement and the private healthcare National Care Standards Commission and much of the health sector work of the Audit Commission.

**Alliance has vaccinated 10.5 million children against hepatitis B:**

The Global Alliance for Vaccines and Immunization announced this week that it has enabled 10.5 million children to be vaccinated against hepatitis B.

**Order for the reform of GMC laid before parliament:**

An order to continue the legislative process of reforming the General Medical Council was laid before parliament last week. The order will ensure that the new GMC will have quicker and simpler procedures and increased lay representation. Registration will also be linked with performance, through the introduction of revalidation.

**FDA approves fertility test for men:**

The US Food and Drugs Administration has approved a home fertility screening test for men. The test, which requires a drop of semen, can determine whether a man's sperm count is within normal limits.

**Correction***Poor team work is killing patients*

The colour coding was wrong in the pie charts accompanying this news article by Susan Mayor (16 November, p 1129). The correct data from the National Confidential Enquiry into Perioperative Deaths are as follows. The percentage of cases of deaths after surgery that were discussed by anaesthetists in morbidity and mortality review meetings was 36%; 57% of cases were not discussed; and in the remaining 7% of cases it was not known whether they were discussed. The corresponding figures for discussions by surgeons were 77%, 19%, and 4%.

## One in four hospitals is more than 25% short of thrombolysis target

Owen Dyer *London*

English hospitals have made great strides in treating people who have had a heart attack, according to a report published by the Royal College of Physicians, but are still behind government targets.

The myocardial infarction national audit project, which is funded by the National Institute for Clinical Excellence, reviewed the treatment of heart attack in English hospitals in the first half of 2002.

The project measures performance against four targets intended to improve survival and reduce recurrence of heart attacks. One target is prompt administration of thrombolysis, which the Department of Health hoped to see done within 30 minutes of the patient's

arrival at hospital in 75% of cases this year. The other three targets refer to treatment with prophylactic drugs— aspirin, statins, and  $\beta$  blockers—with the target set at 80% of cases.

The targets were set as part of the national service framework for coronary heart disease, a 10 year programme published by the Department of Health in March 2000 to improve prevention, diagnosis, and treatment.

Across England the project found that most hospitals are still missing the thrombolysis target but are moving rapidly in the right direction. New data for July to September 2002 indicate that just under 70% of patients who have had a heart attack are now receiving thrombolysis within

30 minutes of arrival at hospital. In the first six months of this year, according to the project's figures, 52 of 206 hospitals met the 75% target, while 59 fell more than 25% short of that target.

Although the national average did not meet the target, the report's authors argue that the data show a major improvement over the situation just 18 months ago. They estimate that in March 2001, a year after the targets were set but before the project began auditing performance, less than half the patients were receiving thrombolysis within 30 minutes.

Dr John Birkhead, clinical leader of the project, said: "This audit is demonstrating improvements in the way these patients are cared for, and we look forward to even greater improvement in the future."

The hospitals did better meeting the prophylaxis targets, with a clear majority giving each of the three treatments to more than 80% of their patients. □

## Doctors must be free of the "confetti of interference"

Anne Gulland *London*

Professor Ian Kennedy, chairman of the inquiry into the deaths of babies at the Bristol Royal Infirmary, told doctors he had noticed a culture shift in the NHS since the report was published last year.

Professor Kennedy, who was speaking at a conference in London last week, was asked whether he had witnessed any major change as a result of the 198 recommendations in his report.

He told the conference—entitled "Beyond Bristol: Improving Health Care" and organised by the BMA, the BMJ Publishing Group, the *Journal of Medical Ethics*, and *Quality and Safety in Health Care*—that the change in culture had begun to happen before the inquiry.

He said: "There has been a change in the mentality and the attitude in the NHS. There has been greater receptiveness to the idea of putting patients at the centre of care and of estab-



Professor Kennedy: "There has been a change in mentality"

lishing standards which could be properly monitored. There was no door closed against my recommendations. Rather, there was an open door, and the report was another shoulder pushing on that door."

Professor Kennedy also called on the public to have a more realistic view of doctors: "Healthcare professionals and patients must be more grown up about errors and mistakes. We need a system which recognises that accountability is not the same as blame. Blame is a serendipitous weapon used to pillory someone who happens to be caught in its sights."

He added that clinical negligence litigation was a barrier to safety because it encouraged defensiveness and fostered a blame culture and it should be abolished. While accepting that the "trench warfare" between clinicians and managers of the 1980s and early 1990s had largely died down, he said that the tribalism between the two groups must end.

"Clinicians manage, and managers care for and about their patients," he said. But Professor Kennedy also called on the government to let doctors do their jobs.

"They must be free of the confetti of interference that rains down on them. By all means have standards—but does there have to be a new one every day? They must be free from the pressure of multiple visitations by a variety of bodies."

Professor Cyril Chantler, chairman of the GMC's standards committee, called for life-long learning for doctors.

He said that expecting doctors to be trainees until they were nearly 40 and from then on to learn nothing more was not a good way of training clinicians.

"There is no reason why people shouldn't be trained as a specialist in general practice or hospital work by the time they are in their early 30s," he said. □