For the full versions of articles in this section see bmj.com

UK NEWS Doctors should report knife crime, p 1270
WORLD NEWS Ban on cluster bombs a "victory for humanity", p 1268
bmj.com New buildings not needed for polyclinics, says King's Fund

NHS faces legal action on payments by patients for private drugs while receiving NHS care

Clare Dyer BMJ

The NHS is likely to face a High Court action soon about cancer patients' right to top up their care with drugs paid for privately while they continue to receive the rest of their treatment free.

At least two patients have lodged claims that challenge the Department of Health's guidance *A Code of Conduct for Private Practice*, issued in April 2003, which tells trusts not to permit patients to pay for additional drugs.

Dozens of patients have consulted lawyers, who hope to get a test case to court before the end of July. Melissa Worth of the Manchester law firm Halliwells, which is taking cases free of charge, has been consulted by about 20 patients.

So far trusts have backed down and generally agreed to treat patients as exceptional cases after receiving solicitors' letters, she said. But she and other lawyers are confident that they will get a test case to court.

"The more publicity, the more patients will get in touch with this firm and other firms," she said. "And if they [NHS trusts] keep dodging the issue, all that's going to happen is that every single client is going to be treated as an exceptional case, and that's what they're trying to avoid."

One of her clients, Jack Hose, who has bowel cancer, has won a decision that his treatment will be free from now on, but is refusing to pay invoices for around £11 500 (€14 500; $22 600) for private treatment that he has already had with cetuximab (Erbitux), a drug that is not routinely funded by the NHS.

The matter hit the headlines last weekend when it emerged that Linda O'Boyle, who had bowel cancer, had died aged 64 after using her savings to pay for cetuximab. Southend University Hospital NHS Trust withdrew her free treatment, explaining that a patient can choose to have NHS or private treatment but not both in parallel.

Doctors for Reform, a 1000 strong group of GPs and hospital doctors, have launched a campaign to raise £35 000 to support patients who take test cases to the High Court. Patients will not be charged by their own lawyers, but Doctors for Reform will indemnify them against the NHS costs they would have to pay if they lost the case.

Members of the organisation, which was set up in 2003 to try to further the debate about NHS funding decisions, are providing free examinations and medical reports.

Christoph Lees, a consultant obstetrician from Cambridge who is on the steering committee of Doctors for Reform, said, "We believe it is absolutely crucial to test this in court. What we are saying to patients is don't be put off taking legal action—we will indemnify you."

A Code of Conduct for Private Practice: Guidance for NHS Medical Staff **is at www.dh.gov.uk.**

Source of instruments should be checked

Deborah Cohen BMJ

Doctors should encourage their hospitals or practices to ensure that the surgical instruments they purchase are "ethically procured," a BMA report has said.

Each month the NHS buys millions of pounds' worth of surgical instruments, with a considerable majority manufactured in Sialkot, Pakistan. Each year 100 million surgical instruments are produced in Sialkot, with a product range of more than 10 000 items worth about $191m (£98m; €124m).

But working conditions in factories are "unhealthy, unsafe, and unfair," with exposure to toxic and corrosive chemicals, metal dust, noise, and dangerous machinery on the list of health and safety problems, the report says. It also says that some sections of the industry use child labour and that although efforts have been made to improve conditions, further change is needed.

Despite most surgical instruments being manufactured in Sialkot, they are usually exported through companies such as those in Germany and the United States, which profit from the cheap labour in Pakistan.

Swedwatch, a non-governmental organisation that reports on relationships between Swedish business and poor countries, has previously highlighted unethical practices in textiles manufactured in India and Pakistan but destined for use in uniforms for healthcare workers in Sweden. It too has documented the unethical practices in the manufacture of simple surgical instruments, such as tweezers and scissors, in Sialkot.

"People are increasingly aware of the importance of buying fair trade products, and they deserve to know more about the origins of the surgical instruments that are used when they go for an operation," said Terry John, chairman of the BMA's international committee.

'Ethical trade in surgical instruments' is available at www.bma.org

OLIVIA ROBERTS

Surgical instruments in the courtyard of a forge in Pakistan before they are sent for polishing

IN BRIEF

Polio vaccination resumes in Pakistan: The Pakistan government has signed an agreement with the Taliban to resume vaccination of children against polio in Swat, northern Pakistan, after a break of 16 months. However, a religious cleric, Maulana Fazlullah, has issued a decree that claims that the vaccine is a tool used by the United States to render the recipients impotent and infertile to cut the Muslim population.

Waiting times fall in England: The number of people in England waiting more than 13 weeks for hospital treatment at the end of April 2008 was 37 200, a fall of 68% from the previous year, the latest figures show. The number of people waiting more than eight weeks for an outpatient appointment fell by 73% in the same period.

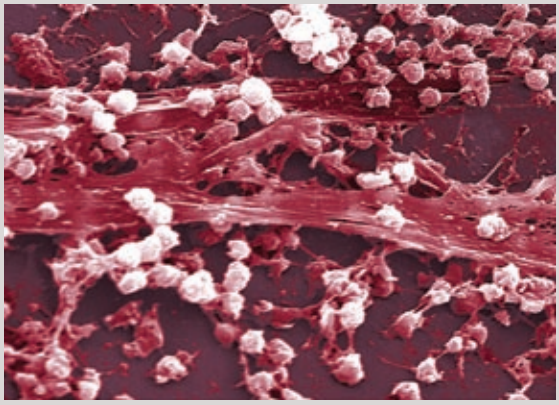
WHO sends aid to Burma: The World Health Organization has approved $28m (£14m; €18m) to provide immediate health care for survivors of the cyclone in Burma and support reconstruction of the country's healthcare system, half of which has been destroyed. More than 500 tonnes of medical supplies have already been sent.

Campaign launched to improve diagnosis of dementia: The Alzheimer's Society is sending GPs in England CD Roms to help them diagnose dementia as part of an awareness campaign to encourage people to get treatment earlier.

Cigarette branding may be banned: Cigarette packets could be made devoid of embossed and colourful logos if government plans to discourage children and young people from smoking get the go ahead. The plans for England, Wales, and Northern Ireland, which will go out for a three month consultation, also include a ban on cigarette vending machines and packets of 10 cigarettes.

UK boosts foreign aid: The UK Department for International Development has committed £6bn (€8bn; $12bn) over the next seven years to improve health systems and services in poor countries. It says this will help deliver better support and treatment for people with HIV and AIDS.

Latest bmj.com poll results: MPs were wrong to allow the creation of "admixed" human and animal embryos for research in the United Kingdom, according to the results of last week's poll on bmj.com. Of the 747 votes cast, 478 (64%) voted no, and 269 (36%) voted yes.



CDC-CARR/PHANIE/REX

MRSA rates have fallen where antibiotic use has been limited

Resistance to

Rory Watson BRUSSELS

Multidrug resistant bacteria are responsible for about half of the 37 000 deaths a year in the 27 member states of the European Union that are caused by infections associated with health care, show the preliminary results of research from the European Centre for Disease Prevention and Control, in Stockholm.

The official findings, which will be presented later this summer,

US branded drug makers pay to prevent generic competition

Janice Hopkins-Tanne NEW YORK

Companies that make branded drugs make payments or beneficial agreements called "side deals" to prevent or restrict marketing of a generic form of a patented drug, the US Federal Trade Commission (FTC) reported last month.

The commission reported that there were 33 final settlements in the fiscal year 2007. Fourteen included payment to the aspiring generic manufacturer and a restriction on the generic company's ability to market the generic drug, a number similar to the previous year. The report did not name the companies involved.

"'Pay for delay' settlements continue to proliferate," said the commissioner Jon Leibowitz. "That's good news for the pharmaceutical industry, which will make windfall profits on these deals. But it's bad news for consumers, who will be left footing the bill. These agreements inflict special pain on the working poor and the elderly, who need effective drugs at affordable prices."

A spokesman for the commission, Mitchell Katz, explained that a quirk in the law regarding the introduction of generic drugs may unintentionally allow companies that make branded drugs to permanently prevent generic competition.

Government must get tough on alcohol,

Roger Dobson ABERGAVENNY

UK public health specialists are calling for opportunistic screening for alcohol misuse in primary care and in hospitals among a raft of measures designed to curb the rising tide of alcohol related problems.

The alcohol position statement launched by the Faculty of Public Health and Association of Directors of Public Health at their annual conference in Cardiff this week says that government strategies need to be applied much more robustly and backed up with legislation and regulation where voluntary codes are failing.

It recommends increased duty on alcohol, greater enforcement of drink-drive laws through random breath testing, and a reduction in the legal blood alcohol limit for driving from 80 mg/100 ml to 50 mg/100 ml.

"Every week we seem to be hit with yet another shocking statistic about the damage done by alcohol misuse to individuals and society," said faculty president Professor Alan Maryon Davis. "All of us, especially government, have to stop tiptoeing around this problem and really get to grips with it. We need firm action now."

Dr Tim Crayford, president of the Association of Directors of Public Health, said: "Despite a number of governmental strategies, problems related to alcohol are getting worse, not better. It's time to turn this tide and help people back to safer levels of drinking."

A considerable body of evidence shows that the most effective alcohol policies are those that combine measures targeted at the whole population, such as price increases and restricting availability, with those that focus on vulnerable groups, such as binge drinkers and older drinkers, according to the statement.

Alcohol and Public Health Position Statement is available at www.fph.org.uk/resources/default.asp.

drugs responsible for half of deaths from infections

coincide with growing political and medical pressure for a reduction in the use of antibiotics in a bid to curb increases in drug resistant bacteria.

Dominique Monnet, the centre's senior expert in its scientific advice unit, who presented the initial conclusions of the study at a seminar for journalists last week, insisted that the detrimental effects of antibiotics could even be greater.

"This is an underestimate since we are considering only the seven most common multidrug resistant bacteria and the four main types of healthcare associated infections—bloodstream infection, pneumonia, skin and soft tissue infection, and urinary tract infection," he said.

To counter this trend he maintained it was necessary to focus not on the bacteria but on two processes. Firstly, he called for prudent use of antimicrobials, prescribing them only when needed and in correct doses and for the recommended duration. Secondly, he emphasised the need for infection control through personal hygiene and screening and isolation of patients where necessary.

Herman Goossens, professor in medical microbiology at the University of Antwerp and coordinator of the European Surveillance on Antibiotic Consumption, explained how Belgium, previously a high user of antibiotics, was beginning to reverse the trend. It reduced outpatient antibiotic use between 1999 and 2006 by 32%. At the same time, antibiotic resistance of *Streptococcus pneumoniae* has begun to tail off in the past three years.

Competing interests: RW's travel and accommodation costs for the Stockholm seminar were paid for by the European Centre for Disease Prevention and Control.

Mr Katz said that a branded drug manufacturer's patent gives it the right to sell the drug for a set number of years. A generic manufacturer may challenge the patent. "If the generic company wins, they get to enter the market," he said. The generic company is allowed 180 days of marketing exclusivity for the generic drug. Afterwards, other drug companies can enter the generic market.

Mr Katz said that the commission was troubled by the "first filer" situation, which can permanently block marketing of a generic drug. This happens when the first company to gain approval from the Food and Drug Administration for a generic drug successfully challenges the patent of the company that makes the branded drug but never enters the market.

health experts warn

RAY TANG/REX

Londoners partying before alcohol was banned on the tube network from 1 June 2008

Financial future of the NHS still not healthy despite surplus

Zosia Kmietowicz LONDON

Too many NHS organisations achieved financial balance in 2006-7 by cutting services for patients, says a report from a cross party group of MPs.

NHS surplus is set to reach £1.8bn in 2007-8

Although the Department of Health, which was under the stewardship of Patricia Hewitt at the time, is applauded for turning around the financial problems that engulfed the NHS in the previous two years, Edward Leigh, chairman of the public accounts committee, said that "the NHS is not yet travelling along the road to long term financial health."

The financial performance of different types of NHS organisations still has large variations, and one in five continues to record a deficit, says the report.

The MPs examined how the department managed to turn around an increasing deficit in the NHS, which reached £512m (€650m; $1bn) for 2005-6, double that recorded for the previous year.

It found that the £515m surplus in 2006-7 was achieved by tight financial management by the department, which cut and withheld some budgets; redirected training budgets to support services; and targeted support to organisations with the worst problems.

Evidence shows that the move out of deficit was achieved by slowing down or postponing some services, says the report, even though the overall quality of NHS health care has been rated as improved by the Healthcare Commission. In all, 14 primary care trusts saved money by stopping or slowing down non-essential planned treatments.

And although the financial future of the NHS looks better, a small core of organisations remain that have a combined deficit of £917m, 80% of which is attributed to 10% of the organisations.

There are also substantial variations in the financial performance of the NHS. Although every strategic health authority area improved its financial standing compared with 2005-6, performance ranged from a deficit of £152m in the East of England to a surplus of £189m in the North West.

To achieve financial stability NHS organisations need to develop more robust systems for forecasting income and expenditure.

The department and the NHS forecast that the surplus will more than treble in 2007-8 to £1.8bn. But MPs warn that large deficits and surpluses are open to criticism.

"Bad financial management at local level can have significant consequences for patients: there is a clear link between the financial performance of a body and the quality of its clinical services. This is a lesson which must be driven home across the NHS, to both financial and clinical staff," said Mr Leigh.

"Another lesson is that local bodies must be able to demonstrate that they have provided a level of health care that meets local needs. Large surpluses will prompt the question why this money could not have been used to deliver a higher level of health care."

Report on the NHS Summarised Accounts, 2006-7 **is at www.parliament.uk.**

Success of bypass grafts let down by poor support

Caroline White LONDON

Poor organisation, communication, and teamwork are letting down patients who need heart surgery, a UK audit of outcomes and death rates after coronary artery bypass grafting has shown.

The investigation, which lasted three years, involved 39 NHS hospitals and 19 independent sector facilities in the United Kingdom.

Ian Martin, lead clinical coordinator of the National Confidential Enquiry into Patient Outcomes and Death, said that he was not surprised by the findings.

"This is not atypical of other areas of medicine we have looked at. Not having the proper systems in place is not unique to cardiac surgery," he said. "But it should not be happening in this day and age. This is not about major resources."

But the success of the procedure had allowed some complacency to creep in, he said.

"Clinical operations are still largely well done," he added. "And there is an element of complacency about the death rate, which overall is very low."

This has remained at 2% since 2003, despite more high risk patients in the mix. During the review period, just under 1200 patients died after their surgery. Of the 800 000 procedures carried out worldwide every year, 21 000 are in the UK.

The inquiry found that poor organisation compromised the quality of care in two thirds of cases and that almost half of trusts don't follow national service framework protocols for coronary artery disease for referrals and admissions, seven years after they were introduced.

ANTONIA REEVE/SPL

Doctors perform heart valve surgery

"Trusts are overwhelmed with targets, and coronary care units have performed better than predicted, so they have directed their activities elsewhere," explained Mr Martin. "But this allows good services to slide backwards," he warned.

The inquiry also found that delays in case review affected the outcome for one in three patients, and almost one in 10 did not get the appropriate preoperative tests.

Fewer than four out of 10 urgent cases received a standard of care defined as good practice, and the inquiry calls for a track and trigger system to pick up early deterioration.

Only four out of the 58 units deployed multidisciplinary case planning, and fewer than half hold meetings before operations.

Only 16 units had a protocol for handover between clinical teams, and record keeping for these was poor. In a third of cases consent was taken by junior members of staff; this should have been done by consultants, says the inquiry.

The report, *Death Following a First Time, Isolated Coronary Artery Bypass Graft: The Heart of The Matter*, is at www.ncepod.org.uk.

Drug industry weakens US bill about disclosure of gifts to doctors

Bob Burton HOBART

The US drug industry has persuaded key Congressional legislators to water down proposed legislation that would require detailed public disclosure of payments and gifts to doctors.

In September 2007 the senators Chuck Grassley and Herb Kohl introduced the Physician Payments Sunshine Act 2007 to counter an estimated $19bn (£9.6bn; €12.3bn) spent a year courting doctors. At the time Mr Grassley told the Senate that "the best disinfectant" to payments to doctors was "sunshine," which means openness.

Benefits provided to doctors, he said, "can be a simple dinner after work, or they can add up to tens of thousands and even hundreds of thousands of dollars each year . . . It is really pretty shocking."

The bill initially proposed that drug companies and medical device manufacturers with a turnover of more than $100m must file a report each quarter that details all individual payments of more than $25 made directly or indirectly to doctors, including food and entertainment, consulting fees, subsidies for conferences, and continuing medical education.

The bill also proposed that the information would be available on a public website and that a company could be fined between $10 000 and $100 000 for each breach of the requirements. The proposal was based on improving on the patchwork of limited disclosure laws that already operate in the District of Colombia, Maine, Minnesota, Vermont, and West Virginia.

However, lobbying by the drug industry has weakened the draft bill. The most substantial amendment is a "pre-emption" provision, which over-rides existing state based disclosure rules and prevents the passage of new state legislation. The Pharmaceutical Research and Manufacturers of America, the main lobby group for the drug industry, is supporting the amended bill on the condition that the over-ride provision is retained.

The sponsoring senators have also agreed to raise the disclosure threshold from $25 for each item to an annual aggregate of $500. This is expected to reduce substantially the number of recipients that are disclosed. Also, penalties for breaches have been lowered to between $1000 and $5000, and 10 times that for "knowing non-reporting." More items are to be excluded from disclosure, such as samples of drugs. A spokeswoman for Mr Grassley did not respond to a request for comment.

The bill has won the support of Lilly, Merck, AstraZeneca, Pfizer, and the medical device industry association, AdvaMed.

The bill is expected to be debated by the Senate finance committee in June.

Ban on cluster bombs

Peter Moszynski LONDON

Disability campaigners and survivors of cluster bombs have welcomed the comprehensive ban on cluster munitions agreed last week in Dublin. As well as outlawing an entire class of weapons, the ban includes provisions to help victims.

Thomas Nash, coordinator of the Cluster Munition Coalition, said, "We have consigned cluster bombs to the dustbin of history and stigmatised their use. With this historic agreement cluster bombs can never be used, produced, or transferred again, and this is a victory for humanity."

The agreement "raises the bar for treaties

Canadian academics call for asbestos report on cancer risks to be published by the government

David Spurgeon QUEBEC

The chairman and another member of a panel of seven international experts engaged by Canada's federal health department to examine risks of cancer associated with asbestos have complained to the health minister, Tony Clement, about delays in publicly releasing the panel's report.

They say that the delay is occurring at a time when "erroneous allegations" have been made about the report by those who have seen it "to suit their political objectives," a reference to a statement in the House of Commons by André Bellavance, MP for Richmond-Arthabaska, Bloc Québécois. The report looks at risks from a form of asbestos that Canada promotes worldwide.

Trevor Ogden, the panel's chairman, and his colleague Leslie Stayner, director of the epidemiology and the biostatistics division of the University of Chicago's school of public health, say in letters to Mr Clement that Mr Bellavance's statement "clearly implied that the report supports controlled use for chrysotile [asbestos] as opposed to a ban [on asbestos]." They say this question was not considered by the panel and that Mr Bellavance's statement misrepresents it.

"He is exploiting the uncertainty to promote his own views," said Mr Ogden in his letter. "This kind of thing can only increase with time. In this delay, Health Canada is breaking faith with the scientists who took part in the panel . . . Those who took part in the panel were risking reputations with their colleagues . . . We all took part because this did seem an honest attempt by Health Canada to understand what degree of consensus and range of opinions existed, as a basis for policy. We are now all constrained not to reveal what is in the report, but cannot give any reasonable explanation for the delay."

JEAN-PHILLIPE DUMA/REX

Thetford Mine, Canada is a major exporter of asbestos. Academics say ministers have delayed a report

Dr Ogden worked with the UK Health and Safety Executive for 19 years and is now editor in chief of the journal *Annals of Occupational Hygiene*. He cannot recall a firm commitment by Health Canada to publish the panel's report in March, but said, "I think we all expected that. Certainly we did not contemplate a further two months delay, especially as they [Health Canada] are committed to issuing the report unchanged." He called the delay "inexplicable." Dr Stayner called the delay "simply unacceptable," and Mr Bellavance's statement "a gross misuse and misinterpretation of the findings from our report."

Mr Bellavance said in the House of Commons that the panel's report does not take into account recent studies on the safe use of chrysotile.

He said that the Bloc Québécois is asking the government to implement the unanimous report of the international trade subcommittee, which recommends that it adopts a policy for chrysotile based on information, promotion, and safe use.

Mr Clement said that the report will be made public once his officials have reviewed it.

a "victory for humanity," say disability campaigners

covering conventional weapons, particularly around victim assistance."

Humanitarian assistance for victims and affected communities as well as obligations towards affected countries and donors to clear contaminated land go beyond what was agreed in the Ottawa landmine treaty and build on the Convention on the Rights of Persons with Disabilities.

Branislav Kapetanovic, a survivor of cluster munitions, from Serbia, said, "I lost my arms and legs because of cluster bombs, but this visionary treaty will make a real difference to people like me. Cluster bombs have a deadly legacy, but Dublin's legacy will save lives. I am proud that countries have prioritised people over weapons."

Stan Brabant, of Handicap International, told the *BMJ* that recent research showed that 97% of victims were civilians. He thinks that it is the indiscriminate nature of cluster munitions as much as their potential impact after conflict that prompted the agreement.

Jakob Kellenberger, president of the International Committee of the Red Cross said that, when implemented the treaty would prevent tremendous civilian suffering."

The report, *Circle of Impact: The Fatal Footprint of Cluster Munitions on People and Communities*, is at www.handicapinternational.be.

CRISTIANO LARUFFA/REX

Army soldiers defuse a cluster bomb in Lebanon

Doctors should report knife wounds, says police chief

Richard Hurley BMJ

Staff at UK hospitals should tell police when patients present with serious knife wounds even if this is against the patient's wishes, says a senior police officer.

Alfred Hitchcock, the acting assistant commissioner for London's Metropolitan Police and the Association of Chief Police Officers' national lead officer for knife related crime, made the request on the *Channel 4 News* programme. His call came after a fresh spate of violence in England among teenagers and young adults over the late May bank holiday weekend, which included several knife attacks and the fatal stabbing of an 18 year old man.

"If there are knife wounds that are clearly inflicted as a result of a serious incident then it should be notified to us," Mr Hitchcock later told the *BMJ*. "In the way we get gunshot wounds reported to us by hospitals, it seems sensible that hospitals could report knife wounds to us as well."

But the BMA is concerned that any blanket rule might damage the doctor-patient relationship. "Doctors are very willing to cooperate with the police to tackle knife crime. However, doctors do not want to be compelled to report all knife wounds and therefore breach patient confidentiality," a spokesperson said. "There has to be an element of flexibility which would allow doctors to act in their patient's best interests while protecting the public."

However, Mr Hitchcock argued that the protection of the individual and society outweigh rights to privacy and data protection.

ACTION PRESS/REX

Knife crime incidents raise police concern

The General Medical Council is due to revise its guidance on reporting of knife wounds, with consultation due to start in September. It currently advises that for gunshot wounds doctors report to the police all patients on arrival at hospital. New guidance might take into account that knife wounds can originate unintentionally, a council spokeswoman said. "Knife wounds are often the result of domestic or workplace accidents, in which the police would not have the same interest."

Current GMC guidance on patient confidentiality permits personal information to be disclosed without the patient's consent "in exceptional cases."

Independent drug watchdog in Canada under funding threat

Ray Moynihan MELBOURNE

An internationally respected drug advisory body based at the University of British Columbia is facing closure after a report to the provincial minister for health called for its "replacement."

The Therapeutics Initiative (www.ti.ubc.ca) produces evidence based reviews of drugs for doctors, policy makers, and the public, and the group has strict conflict of interest policies, which guarantee that its findings are as free of industry influence as possible.

A report from a task force of nine, submitted to the health minister of British Columbia last month, claims that although the Therapeutics Initiative "has served an important role in the past, it is now widely regarded as being in need of either substantial revitalisation or replacement. The task force regards replacement as the better option."

The health minister, George Abbott, said that he would accept the task force's recommendations, sparking a strong global reaction in support of the independent watchdog. Recent public praise for the activities of the Therapeutics Initiative has come from leading experts, including Andrew Herxheimer, long time chairman of the International Society of Drug Bulletins, and Jerome Kassirer, former editor of the *New England Journal of Medicine*.

Critics of the recommendation to close the Therapeutics Initiative have pointed out that some members of the task force themselves have connections to the drug industry, including one who is among the industry's chief lobbyists in Canada.

IT contractor leaves NHS programme on electronic records

Mike Cross LONDON

A £900m (€1150m; $1770m) contract with an IT services firm is the latest part of the £13bn programme that started five years ago to computerise the NHS in England to go awry.

NHS Connecting for Health, the agency that runs the programme, has said that it will issue a termination notice to Fujitsu, "the local service provider" responsible for installing and running electronic patient record systems in southern England, from Cornwall to Kent but excluding London. The decision has followed months of renegotiations of a 2004 contract.

The agency would not say who would replace Fujitsu. "Work has started immediately on planning the necessary arrangements." It has already taken steps to allow NHS organisations more choice in their IT systems, which would make the local service provider's role obsolete.

Fujitsu was one of four providers chosen in the programme's initial phase to supply standard systems in five geographical regions of England. However, the contracting model foundered because of delays in developing new systems and the fact that the new regions rarely matched NHS structural boundaries on the ground. The wider dispute between clinicians and the government about the ethics of sharing electronic health records also overshadowed progress.

In 2006 the largest of the original contractors, Accenture, walked away from deals to supply the east and north east of England with standard systems. These contracts were given to Computer Sciences Corporation, which had won the north west. Fujitsu's departure leaves only this service provider and BT, which operates in London.

Fujitsu's departure was expected. The southern contract was probably the most financially stretching of the original deals. The National Audit Office reported last month that development had run behind schedule, but not as far behind as in the north of England.