

First clinical performance indicators for Wales show wide variation

Roger Dobson, *Abergavenny*

The first set of clinical performance indicators for Wales were launched last week, showing wide variation in the three measures included.

Welsh health minister John Owen Jones, speaking at the launch of the data, explained why the introduction of performance indicators was necessary: "The tragic events at Bristol cannot be allowed to happen again. Patients and their GPs want to feel sure that their local hospital is up to scratch. We don't want a system where patients feel they have to travel far afield to get the best treatment. We need a system that collects and monitors information on clinical performance, provides an early warning if things are going wrong, and then helps to put things right."

Mr Jones explained that the indicators are tools to enable doctors to identify potential problems at an early stage and, if necessary, act on them. "They are



Welsh health minister John Owen Jones says indicators maintain public confidence

not a replacement for professional self regulation but they raise questions about clinical practice that doctors and NHS managers will need to investigate."

The first set of indicators focused on three areas—death rates after heart attack, death

rates after hip fracture, and the discharge rates for patients with hip fracture. A further three indicators are due to be published soon and are likely to deal with readmission rates within 28 days of discharge, discharges after a stroke, and death rates after an operation. Another nine are under consideration, including hernia recurrence, complications after surgery, and frequency of curettage of the uterus.

The first set of data to be published showed that across Wales, 18.7% of patients died in hospital after emergency admission with a heart attack. The rate varied between 13.5% in Ceredigion and Mid Wales and 22.8% in Gwynedd Hospitals trusts. During the same three year period, 7% of patients died after emergency admission with a hip fracture, with a range from 4.1% at Glan y Mor to 9.6% at the University Hospital of Wales. The third indicator showed that in the same period, 49% of patients admitted as emergency cases with hip fractures were discharged within four weeks. The range varied between 65% at Bridgend and District NHS Trust and 35% at Wrexham Maelor. □

Tobacco memos reveal efforts to disrupt smoking cessation

Simon Chapman, *Sydney*

A document which shows that the tobacco industry tried on several occasions to disrupt the promotion of nicotine replacement products in different parts of the world has been discovered among the welter of tobacco industry memoranda being placed on the world wide web, as a result of the 1998 Minnesota legal case against the US tobacco industry.

The document, which lists several instances of such disruption, was sent in July 1989 by the industry's organisation Information on Tobacco lobbying office in Brentford, Middlesex, to the Tobacco Institute of Australia. One example was when the industry group Fédération Belgo-Luxembourgeoise des Industries du Tabac wrote to the managing director of a Belgian pharmaceutical company, Cyanamid Benelux, protesting about a smoking cessation poster designed for doctors' waiting rooms. Information on Tobacco said that the letter of protest had "centred on the appropriateness of a private sector company prejudicing the interests of another member of the sector by its action." It said: "This seems to us proof of a lack of solidarity and professional ethics, even more so since Cyanamid supplies pesticides to tobacco growers and manufacturers."

Anne Jones, of Australian Action on Smoking and Health, commented: "The tobacco industry has all the ethics of a cash register. For it to lecture other industries about 'professional ethics' is like Judas claiming the high moral ground on loyalty." Australian litigants now developing cases against the tobacco industry plan to use the letter in demonstrating that the industry tried to impede influences that might have helped smokers to quit. □

The tobacco industry memorandum can be found at website www.tobaccoinstitute.com/

Department of Health changes advice on third generation pills

Susan Mayor, *BMJ*

The Department of Health announced last week that third generation oral contraceptives—pills containing gestodene and desogestrel—can now be offered as first line treatment, provided the slightly increased risk of deep vein thrombosis is explained to women.

The measure effectively reverses a recommendation made in 1995 by the Committee on Safety of Medicines (CSM), suggesting that these types of pill should only be used in women who are intolerant to other types. The CSM imposed the restriction after a study suggested a small increase in the risk of deep vein thrombosis. Doctors were advised to switch women to second generation pills. At the time, approximately 1.5 million women—half of all pill users—were taking third

generation pills. The warning caused a great deal of anxiety among women and is thought to have led to a major increase in the number of abortions, with the abortion rate increasing by 9% in 1996 and remaining at that level ever since.

Explaining the reason for the change, Dr Jeremy Metters, the deputy chief medical officer, said: "Since 1995, a lot of work has been done and the data have been extensively worked over. The advice from the Medicines Commission now is that if women are fully informed that there is a greater risk with third generation pills and have discussed it with their doctor, then third-generation pills should be provided." The Medicines Commission—a government advisory body—reviewed the evidence, plus additional data, after an appeal was made by pharmaceutical companies manufacturing third generation pills.

From June this year, third generation pills will contain new package inserts, stating the risks of deep vein thrombosis. They will explain that the risk of deep vein thrombosis in women not

taking the pill is five per 100 000 women per year. This rises to 15 per 100 000 in women taking second generation pills, but in those taking third generation agents the risk is 25 per 100 000 women per year. This quantified warning of risk will not be included in packs of second generation pills.

The change in advice has been welcomed by family planning organisations, but has also provoked criticism for the original ruling. A spokesperson for the British Pregnancy Advisory Service—the country's largest abortion agency—said that the CSM's advice in 1995 "was a disaster that should never have happened. It caused a massive hike in the rates of unintended pregnancies and undermined general confidence in the pill. We still see women requesting abortion who wrongly believe the pill is dangerous. We welcome the new advice, but feel it is four years too late."

In reply, Dr Metters stated: "We would have been wrong to have sat on the information in 1995. Now we have got to the end of the process and advised on the wording for package inserts." □