

Plan to end age discrimination in NHS is launched

Zosia Kmietowicz *London*

The first national plan to end age discrimination in the NHS and improve the quality of care provided for older people was launched this week by the Department of Health.

The *National Service Framework for Older People* gives a frank acknowledgement that the NHS has been riddled with discrimination against older people in the past and confirms the government's commitment to tackle it head-on to raise standards in the clinical and social care provided for older people.

At the heart of the document, which applies to England only, is a set of standards to overhaul several key services in the NHS so that older people receive the same treatment as those aged under 65 for conditions such as cancer and heart disease. Special measures are also being introduced to reduce disabilities from stroke and falls and to ensure older people have effective treatment and support for mental health problems.

More operations for older

people are planned over the next three years, including 70 000 more cataract operations, 16 000 more hip and knee replacements, and 3000 more coronary revascularisation procedures. To help achieve the ambitious plans an extra 7500 consultant posts are due to be created by 2004, including, as part of the NHS Plan, about 140 in old age medicine and 85 in old age psychiatry.

Funding for the new standards will come out of the £1.4bn (\$2.1bn) earmarked for the health and social care of older people announced in the NHS Plan. However, a further £120m is to be made available over the next three years to refurbish many of the old-style "Nightingale" wards to allow older people more privacy.

"The [new framework] will mean that a person can expect to receive high quality care and treatment, regardless of their age or where they live. This will make age discrimination a thing of the past," said Professor Ian



"Patients in older age groups often have complex health needs"

Philp, the national director for older people's services.

"People in older age groups often have complex health needs, including physical, mental and social aspects," he said. "Our services need to mirror that situation. This will mean much closer working between health and social care partners."

The standards will be deliv-

ered locally and monitored by independent bodies, including the Commission for Health Improvement, the Social Services Inspectorate, and the National Care Standards Commission. (See p 789.) □

The *National Service Framework for Older People* can be accessed at www.doh.gov.uk/nsf/olderpeople.htm

NHS told to pay £10m to patients infected with hepatitis C

Clare Dyer *Legal correspondent, BMJ*

The NHS faces a bill of up to £10m (\$15m) in compensation and costs after a landmark High Court victory this week for 114 people who became infected with hepatitis C from blood transfusions.

Under "no fault" legislation on product liability, which has been little used since it came into force in 1988, Mr Justice Burton held that the National Blood Authority and its Welsh counterpart, the Velindre NHS Trust, were liable even if they were not

negligent in supplying the blood.

The case is the first group action to reach court under the Consumer Protection Act, brought in to implement a European directive on product liability that made producers and suppliers of defective products liable for injuries caused by their products without proof of fault.

The ruling, which is likely to be appealed against, is a blow for the NHS. Unless overturned, the ruling will pave the way for

other claims against the service over medical products. Lawyers are already using the act in a multimillion pound action against three manufacturers of the MMR (measles, mumps, and rubella) vaccine.

Under the act, a defective product is one that is not as safe as the public is entitled to expect. The blood authorities argued that they took reasonable steps to avoid transmitting hepatitis C in blood and should not be liable. But the judge ruled that the public was entitled to expect clean blood and that, once a risk was known about anywhere in the world, the producers should insure themselves or take other steps to cover themselves against the risk of

defects in their products.

Hepatitis C was identified in May 1988, but for years before that, a non-A, non-B hepatitis virus was known to cause infection after blood transfusions. The United Kingdom started screening blood for the virus in September 1991, later than most other countries in the developed world. The judge said the NHS should have taken steps sooner to reduce the risk of transmitting the virus in blood and should have introduced screening by March 1990.

The judge awarded sums ranging from £10 000 to over £210 000 to six representative claimants. The largest sum was for a woman aged 56 who had to have a liver transplant. □