

Doctor wins seat in fight to save hospital

Anne Gulland *London*

Richard Taylor, the doctor who took a parliamentary seat from a Labour minister in the battle to save his local hospital, has vowed that he will fight against the privatisation of the NHS.

Dr Taylor, a retired physician, caused the biggest upset of election night when he overturned a Labour majority of 6000 votes to take the seat of Wyre Forest in Worcestershire. He had fought his campaign to reverse the downgrading of Kidderminster Hospital, and it clearly captured the imagination of the electorate. Dr Taylor polled 28 487 votes compared with sitting MP David Lock's 10 857 votes.

Dr Taylor, who worked at the hospital for almost 25 years, told the *BMJ* that he was not a "single issue" candidate.

"Saving the hospital is only one of our issues. By far the most important thing is the state of the NHS and what the government is doing to it. A tremendous concern of many

people is the increasing involvement of the private sector: the private finance initiative, public-private partnerships and paying for long term elderly care. These are damaging the health services beyond repair," he said.

Last September Kidderminster hospital lost all of its acute services, including the accident and emergency and intensive care units. Patients now have to travel between 18 and 35 miles to get to their nearest accident and emergency department.

According to Allyson Pollock, professor of health policy at University College London, Kidderminster Hospital lost out to make way for a brand new hospital in Worcester to be built under the private finance initiative, the budget for which rose from £49m (\$68.6m) to £108m.

Professor Pollock said: "What's triggered the closure of Kidderminster hospital is that the cost of the [private finance initiative] has escalated. That

money is not paid for up front, it's paid for every year: out of the clinical services budget. Worcestershire health authority could not afford to pay the private sector consultants and keep clinical services in Kidderminster running."

Dr Taylor is part of a campaigning group, known as Health Concern, which was set up three years ago to fight the downgrading of Kidderminster Hospital. The group now has a

majority of 17 seats on the Wyre Forest District Council.

He said that he would remain as MP until the next election whatever happens. "I'm not going to give up and I will be the MP for the next four or five years. I'm 66 and I'm fairly fit but I doubt I will want to go on for too long."

But Dr Taylor's election success has not changed the plans of Worcester health authority. The chief executive, Pat Archer-Jones, said: "Our plans for modernisation and improvement of health services have been widely publicised and formally approved by ministers. We will continue to work with the trusts and primary care groups to implement these changes

and ensure we do not compromise on quality and care and high standards of clinical governance."

● Prime Minister Tony Blair announced the members of his new government this week. The health team is as follows: the health secretary is Alan Milburn, the ministers of state are John Hutton and Jaqui Smith, and the parliamentary secretaries are Lord Hunt, Hazel Blears, and Yvette Cooper. □



Fake prescription drugs are flooding the United States

Fred Charatan *Florida*

Three counterfeit prescription drugs have reached the shelves of American pharmacies and in some cases have been given to patients. Some phials contained cheap generic versions of the drugs named on the packaging; others contained liquids with no active ingredients.

The drugs involved, all three of which are injectable, are filgrastim (Neupogen), an anti-cancer drug sold by Amgen; and two versions of the human growth hormone somatropin, Serostim, made by Serono, and Nutropin, which is sold by Genentech.

Genentech issued a warning to patients, physicians, pharmacies, and wholesalers that the counterfeit drug may pose a serious health risk to patients. It also showed how closely the

packaging of counterfeited Nutropin AQ resembled the genuine version.

All three drugs are expensive, which could be why the counterfeiters selected them. A 12 week course of Serostim, for example, which is used to treat wasting associated with AIDS, costs \$21 000 (£15 000). In the case of Serostim, some patients complained last year of a slight swelling or a skin rash after injections.

All three companies immediately informed the US Food and Drug Administration (FDA), which launched its own investigation in May.

Officials of the US Customs Service said that their seizures of counterfeit and other prescription drugs had risen sharply in recent years. The service seized

9725 parcels of prescription drugs in 1999 compared with 2145 the year before. Most of the seizures were of drugs purchased by Americans from websites operating in foreign countries, but some of the seizures were commercial shipments that were intended for resale.

Alarmed at the public health risk, the US House of Representatives' oversight and investigations subcommittee of the House energy and commerce committee last week held a hearing on the issue. In an opening statement the chairman, Pennsylvania Republican James C Greenwood, said, "We must be aware of the latest threats in the global pharmaceutical market and deal with them."

An array of expert witnesses from the FDA, the Office of National Drug Control Policy, the Drug Enforcement Administration, the United States Customs Service, the National Institute on Drug Abuse, and

pharmaceutical companies Novartis, Bristol-Myers Squibb, and GlaxoSmithKline submitted prepared testimony.

The committee found that the counterfeit drugs, produced and packaged to look like the genuine products, presented a danger to citizens because the FDA was unable to monitor the products for quality and safety. It was impossible to know for certain what the medications contained, how they had been produced, where they had been stored, or what the potential side effects were.

Counterfeiters use state of the art technologies, such as desktop publishing, to produce labels that are indistinguishable from the original labels. These labels put false "new" expiration dates on expired products. □

Full story in News Extra at bmj.com

The US House oversight and investigations subcommittee hearing can be accessed at www.house.gov/commerce