

*In brief*

**Patient with MS to receive full care at home:** A health authority has agreed to fund full care at home for a 33 year old man with multiple sclerosis (MS) so that he can spend his last few months there. Jason Lee Powell, who was an inpatient at West Wales General Hospital, had sought a judicial review of Dyfed Powys Health Authority's decision only to offer him a place in a nursing home. His case was to have begun in the High Court last Monday (13 July).

**Indian AIDS activists protest against detention:** AIDS activists and human rights groups in India have protested against the arrest and continuing detention since 7 July of four activists belonging to non-governmental organisations (Naz Foundation International and Bharosa) by the state government of Uttar Pradesh. They were working among gays on HIV and AIDS issues and have been accused of promoting homosexuality. The next court hearing was due on 16 August.

**UK consults on overarching regulatory body:** The Department of Health has sent out a consultation document outlining the proposals for the new overarching body for the regulation of healthcare professionals, including the General Medical Council, following the Bristol inquiry. See [www.doh.gov.uk/modernisingregulation/](http://www.doh.gov.uk/modernisingregulation/)

**Floods cause health problems in Orissa:** Oxfam India has warned that 8.5 million people affected by July's floods are facing serious health threats. 78 870 cases of diarrhoea have occurred, resulting in 41 deaths; 124 cases of jaundice were reported, with two deaths. 300 people have been bitten by snakes, leading to 22 deaths. Suspected cases of malaria and fever stand at 39 542, with 16 deaths.

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## Trust defends decision to retain private beds at Heart Hospital

Anne Gulland *London*

The chief executive of the London NHS trust that bought the privately owned Heart Hospital has defended his decision to retain a third of the unit's 95 beds for private patients.

Robert Naylor of University College London Hospitals NHS Trust said that the purchase of the financially ailing unit, which was running at a third of its capacity, would transform cardiac services in the capital.

He added: "We haven't guaranteed anything. We have started off with the proposition that the existing consultants will want to continue to bring the same number of private patients in. The number of private cases at the hospital may well go down in the future.

"The reason we are keen to support the consultants is that there is a substantial profit to be made from private practice. That profit will go back to NHS care."

Mr Naylor seized the opportunity to buy the Heart Hospital, just off Harley Street in London, with £27.5m (\$38.5m) from the government when its owners, the Singapore based company Parkway Healthcare, ran into financial difficulties. The NHS

will now take over its staff of 162, four operating theatres, and 95 beds.

Mr Naylor predicts that the trust will now more than double the number of cardiac surgery cases each year, from 750 to 1600. The transfer of services will also free up 76 beds at the nearby Middlesex Hospital, which will be used to cut waiting times for other procedures.

Alan Maynard, professor of health economics at York University, described the purchase of the hospital, which had just undergone a £63m refit, as a "bargain."

He said: "It indicates that a lot of private hospitals are under-utilised. It's a bargain as the owners had just spent millions on a refurbishment."

Steve Dewar, a fellow in the healthcare policy programme at the King's Fund, an independent health care charity in London, said that the purchase raised questions over how many private patients the NHS should treat.

He said: "If the NHS is able to offer some services and make a profit and at the same time reap the advantages of keeping consultant staff on site then

maybe it's an acceptable route for them to take."

Health minister Hazel Blears said the "unprecedented deal" would significantly increase capacity."

At the time of the refurbishment the private health insurer PPP—which has part ownership of a number of independent hospitals in London—decided not to include the Heart Hospital on its list of preferred providers. Adrian Bull, medical director of PPP, said that the decision had been taken because the hospital did not have a long enough track record of patient care.

"The Heart Hospital had never had a track record of providing health care or had established systems in place for full quality assurance," he said. "Some aspects of the accommodation were not what private paying patients would expect—for example, they had a large number of multiple bedded rooms.

"I'm not saying it was a bad hospital. We couldn't get the best provision of service and value for money at the Heart Hospital."

A BMA spokeswoman said it was good news for patients and good news for London. "The BMA believes that mixed provision in the NHS has the potential to stimulate innovation in the delivery of health services. Taking a pragmatic approach on issues such as this is the best way to help patients," she said. □

## "Video pill" may supplement standard endoscopy

Carl Kovac *Budapest*

An Israeli firm has won approval from the US Food and Drug Administration for a tiny encapsulated video camera designed to give doctors close up views of patients' small intestines.

The "camera-in-a-pill," developed and manufactured by Given Imaging, is designed to be swallowed. The M2A Swallowable Imaging Capsule uses wireless technology to beam back colour images of the lower intestine to a receiver worn on the patient's waistband.

After being swallowed, the camera wends its way painlessly through the digestive tract and is excreted eight to 72 hours later.

It was not designed to replace standard endoscopic examinations. Given Imaging said. Indeed, the Food and Drug Administration has stipulated that it must be used in conjunction with such tests.

However, it may save many patients from having to have surgery as endoscopes often cannot snake all the way through the small intestine and exploratory surgery is sometimes needed to reach a diagnosis.

Dr Blair Lewis of the Mount Sinai School of Medicine in New York, who tested the pill camera on 20 patients, contended that many of the 25 000 or so patients with internal bleeding from unknown causes could be helped by the device. "It shows



M2A™ capsule passing through the duodenum

tremendous promise," he said.

Dr Dan Schultz, the Food and Drug Administration's director of abdominal devices, said that, although use of the pill camera is currently limited to patients with problems relating to the small intestine, the pill camera was "the beginning of a long road for this type of technology." □