

US administration announces plan to combat bird flu

If avian influenza begins to spread between humans, the US government will work with international agencies to limit or slow the spread to the US population. Within the United States, state and local governments and communities will bear the weight of the response, says the government's 232 page plan of action.

The federal government will be responsible for supporting international containment efforts; issuing guidance on protective measures; modifying laws and regulations to help the US respond to the pandemic; modifying monetary policy to lessen the economic effect of the pandemic; buying and distributing flu vaccine and antiviral drugs; and speeding up the research and development of vaccines and treatments.

Then it will be up to local communities. They "will have to address the medical and non-medical effects of the pandemic with available resources," the report says.

Janice Hopkins Tanne *New York*

The plan is at www.whitehouse.gov/homeland/pandemic-influenza.html.

Jerusalem Arabs have higher rate of heart attacks than Jews, study finds

Arabs in Jerusalem are twice as likely to die from coronary heart disease than their Jewish neighbours, new research shows. It also found in a comparison with 20 other countries that Arabs in Jerusalem have the highest likelihood of coronary events.

The study found that Arab men in Jerusalem had a 58% greater chance of contracting heart disease than Jewish men in the city and were almost three times more likely to die from the disease (rate ratio 2.79) (*International Journal of Epidemiology* 2006;35:448-57).

Arab women in Jerusalem

were twice as likely to have coronary heart disease (rate ratio 2.37) as Jewish women and two and half times likely to die from the condition (rate ratio 2.66), report the researchers, from Hadassah-Hebrew University Medical Center in Jerusalem.

The study, which was funded by the Israel Ministry of Health, used a World Health Organization protocol to standardise the data and compare them with those among groups from 20 other countries. (See p 1122.)

Shahid Osman *London*

Patients fail to benefit from consultant contract

NHS consultants have done well out of their new contract, introduced in 2003, but there is little sign as yet of a positive outcome for patients, a report from the King's Fund has warned. The so called benefits realisation from the new deal—securing changes in working patterns that would improve services—remain to be seen, says the report.

The Department of Health has already admitted that the contract cost £90m (€130m; \$170m) more to implement than was planned, says the report. It shows how consultants' pay increased substantially in 2001-5, with starting salaries rising from £50 810 in 2001 to £69 298 in 2005.

The increased costs have put considerable pressure on hospital budgets and have contributed to the size of deficits faced by some trusts, the report says. Many people have found the deal complex to understand and implement. One respondent said, "It's almost made to trip up managers."

James Buchan, a visiting professor at the London based fund said, "There are significant concerns that some NHS organisations do not seem to have complete plans in place to ensure that the contract can be used to benefit patients directly." Lynn Eaton *London*

The report, *Assessing the New Consultant Contract: a Something for Something Deal?*, is available at www.kingsfund.org.uk/publications.

Cost of out of hours care was 22% higher than predicted in England

Adrian O'Dowd *London*

The £392m (€570m; \$730m) cost of providing out of hours primary care last year in England was 22% higher than anticipated by the government, a report has shown.

The cost and quality of out of hours care since GPs opted out of their 24 hour responsibility have been questioned in a report published last week by the government's spending watchdog, the National Audit Office.

The report found shortcomings in the setting up in 2004 of new arrangements to provide out of hours care. And although no evidence was found that patients' safety was compromised, no providers of care were currently meeting all of the 13 national quality requirements set by the government, and few were achieving ideal response times.

In its report the National Audit Office said the service was now beginning to reach a satisfactory standard and that most patients got a good service. The government, however, allocated only £322m for out of hours services in 2005-6, although the final cost was £392m.

As a response to the report the Department of Health announced various measures last week, including:

- Primary care trusts will have to come up with action plans indicating how they can improve the cost effectiveness and performance of their out of hours services
- Trusts and providers will be

invited to attend a conference later this year to share their best practices.

The report also found that savings of £134m could be made if all trusts were as good as the best performers.

A survey of all primary care trusts carried out for the report showed that only 15% of trusts could say they were achieving emergency face to face consultations at a centre within an hour.

Ninety per cent of GPs in England have now opted out of out of hours responsibilities.

The report says that was a range of pay rates for GPs for out of hours work but that the average weekday hourly evening rate was £58.36, rising to an average rate of £102.54 for bank holidays.

Hamish Meldrum, chairman of the BMA's General Practitioners Committee, said: "The NAO [National Audit Office] finding that the costs of providing out of hours services were higher than anticipated will not be a surprise to the thousands of family doctors who, in former years, provided it on the cheap to the NHS. It is worrying that, in places, quality targets such as response times are not being met."

Edward Leigh, chairman of the Committee of Public Accounts, said: "The new way of providing out of hours medical care has so far been a costly mess."

The Provision of Out-of-Hours Care in England is available at www.nao.org.uk.

