News

Patients' views on access will affect GPs' pay

Zosia Kmietowicz *London*

GPs' surgeries could lose an average of £8000 (€12 000; $16 000) in incentive payments next year if a survey finds that their patients are not satisfied with the opening hours being offered or that they cannot see a doctor within two days of requesting an appointment.

The survey of GPs' patients—entitled *Your Doctors, Your Experience, Your Say*—is part of the biggest ever survey of NHS services. Posters advertising the survey are to be put up in surgeries in the next few weeks.

Five million patients selected at random will be asked to complete a postal questionnaire in January next year about how easy it is for them to see their GP. The results of the survey will be available by late May 2007. Practices that meet standards set out in the Improved Access Scheme, which is part of the Department of Health's Directed Enhanced Service, will be financially rewarded in the first quarter of the 2007-8 financial year.

The department has predicted that the average practice, with a list of 6000 patients, could earn more than £8000 in incentives, with payments increasing with practice lists.

The survey is costing £12m to develop and administer for the first year. Fees to GPs' practices are expected to come to £72m.

The questionnaire asks patients about how easy it is to book an appointment with a GP within two days; whether patients are satisfied with how easy it is to get through to the surgery by phone; whether they can book ahead for an appointment; and whether they can book an appointment with a particular doctor.

However, the BMA's General Practitioners Committee (GPC) has protested about the survey, saying it is "discredited" because of the biased way in which the two of the 10 questions have been asked. The questions concerned ask patients to rate their satisfaction with the appointment times available at their surgery and with the hours the surgery was open in the previous six months.

The BMA has said it has stopped short of calling a boycott of the survey after Ipsos MORI, the company that developed the survey, refused to remove or amend these questions despite objections from the committee.

Hamish Meldrum, chairman of the committee, said, "We reluctantly consented to having some part of practice income dependent on a patient questionnaire about access, provided it was based on fair, unbiased questions that we agreed. Progress towards such an agreement was made until the government imposed additional questions in the survey that were not agreed.

"The questions ask patients if they are satisfied with arrangements for early morning, evening, and weekend surgeries at a time when the government is not prepared to provide GP practices with the resources to open at these times, all of which are outside GPs' agreed contractual hours." □

The full version of this article is available at bmj.com.

Former spy's death causes public health alert

Michael Day *London*

The death of the former Russian spy Alexander Litvinenko, linked to radiation poisoning, has caused a public health alert in London.

After the discovery of highly dangerous radioactive polonium-210 in the dead man's body, the Health Protection Agency (HPA) called on anyone who visited the same places as Mr Litvinenko on 1 November to contact NHS Direct.

The HPA said that more than 450 people had called the helpline and that details of 18 people had been passed on to them.

As the *BMJ* went to press it emerged that three of the 18 were having tests at an unnamed clinic after reporting symptoms that might indicate radiation poisoning.

The test results are expected early next week. All three had had contact with either the London hotel or the sushi bar visited by Mr Litvinenko on 1 November.

The home secretary, John Reid, told the BBC that they had been referred as "a precautionary measure."

The sushi restaurant in Piccadilly was this week being decontaminated. Parts of the Millennium Hotel in Grosvenor Square remained closed to the public pending safety tests, and checks were continuing at a number of other places that Mr Litvinenko may have visited.

Mr Litvinenko died while in intensive care in London's University College Hospital on 23 November from heart failure, believed to have been caused by systemic effects of the radioactive poison.

The Health Protection Agency has set up a special clinic to test people for radiation after the death of Alexander Litvinenko (above)

On his deathbed the former spy claimed that the Russian president, Vladimir Putin, had ordered his assassination, and his death threatened to start a diplomatic row between London and Moscow.

The HPA is asking anyone who was in the Itsu sushi restaurant or the Pine Bar or the restaurant of the Millennium Hotel on 1 November to contact NHS Direct on 0845 4647 for advice. □

The full version of this article is available at bmj.com.

In brief

Cost of street drugs falls: The average cost of illegal drugs is falling throughout Europe, according to the latest annual report from the European Monitoring Centre for Drugs and Drug Addiction. A five year analysis shows that the price of ecstasy is down 47%, cocaine 22%, and amphetamines 20%. See http://annualreport.emcdda.europa.eu.

Court rules on hospital cuts: A Dutch court has ruled that hospitals alone should not bear the financial costs of increased patient demand and has ordered the Netherlands' health minister Hans Hoogervorst to re-enter talks with hospital and health insurers associations to achieve a more "balanced distribution of the pain." The government had ordered a €192m (£130m; $252m) cut in budgets after hospitals treated 300 000 more patients in 2005 than agreed in performance targets.

NICE advises on tamoxifen alternatives: The National Institute for Health and Clinical Excellence has recommended aromatase inhibitors (anastrozole, exemestane, and letrozole) as alternatives to tamoxifen for the hormonal treatment of early invasive breast cancer in postmenopausal women that is oestrogen receptor positive. See www.nice.org.uk.

Australia issues warrants for doctor's extradition: Australia has issued warrants seeking the arrest and extradition of Jayant Patel, a doctor from the United States. Dr Patel worked at Bundaberg Base Hospital in northern Queensland and is sought to answer charges, including three of manslaughter and five of causing grievous bodily harm (*BMJ* 2005;331:536).

Canadian hospitals fail to meet treatment times: Seventy per cent of Canadian hospitals surveyed by the *Globe and Mail* newspaper are unable to meet waiting times set by the federal government for treatment of patients with prostate cancer. Forty seven per cent of hospitals surveyed are failing to provide radiotherapy for patients with breast cancer within four weeks of their being ready to treat.

Canadian doctors develop triage protocol for influenza pandemic

Barbara Kermode-Scott *Toronto*

A Canadian working group has developed a triage protocol for prioritising access to critical care resources in the event of an influenza pandemic (*CMAJ* 2006;175:1377). The protocol provides guidance for making triage decisions in the initial days to weeks of a flu pandemic if the critical care system becomes overwhelmed.

The Working Group of the Ontario Provincial Pandemic Plan, which comprises specialists in critical care, infectious diseases, medical ethics, military medicine, triage, and disaster management, was convened by the provincial government of Ontario in December 2004.

The group has developed a triage protocol in an effort to ensure the "equitable" and "efficient" use of critical care resources should scarcities of staff, equipment, and antiviral drugs occur in a pandemic.

Dr Michael Christian and colleagues determined that the protocol would apply to patients both with and without influenza because all patients would share a single pool of critical care resources in a pandemic.

In a moderate or severe pandemic, doctors would need to look at how they could do the most with the resources available to them, said Dr Christian.

The triage protocol uses the sequential organ failure assessment (SOFA) score and has four main components—inclusion criteria, exclusion criteria, "minimum qualifications for survival," and a tool to prioritise patients for admission to intensive care units and access to ventilation.

"Minimum qualifications for survival" sets a ceiling to the amount of resources that can be expended on any one person. This component also describes how to try and identify at an early stage patients who are not improving and who are likely to have a poor outcome.

The exclusion criteria can be broken down into three categories:

- Patients who have a poor prognosis despite care in an intensive care unit
- Patients who require resources that cannot be provided during a pandemic
- Patients with advanced medical illnesses, the underlying illness of which has a poor prognosis with a high likelihood of death even without their current concomitant critical illness. □

The full version of this article is available at bmj.com.

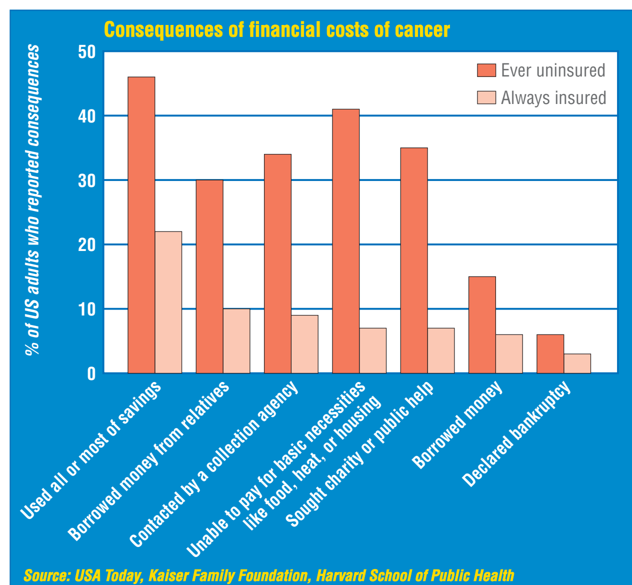
US cancer patients have problems with insurance and care, says survey

Janice Hopkins Tanne *New York*

Patients with cancer in the United States are poorly served by their health insurance companies and healthcare systems and often suffer financially, says a national survey by the newspaper *USA Today*, the Kaiser Family Foundation, and the Harvard School of Public Health.

Half of US cancer patients and their families had problems with coordination of care. Most patients were treated well by their employers, but 25% of families (including both the insured and the uninsured) said that the person with the disease used up most or all of their savings and some money borrowed from relatives.

Having health insurance during treatment limited the financial consequences, but, even so, 20% of those who had always had insurance used up most or all of their savings, and some had to borrow money. Some people couldn't buy health insurance after their diagnosis, and some lost their health insurance during diagnosis and treatment.



The financial burden was greatest for patients who did not have health insurance. Some people delayed or did not get treatment, nearly half (46%) spent most or all of their savings, and some sought help from a charity or public help programme or even filed for bankruptcy.

The National Survey of Households Affected by Cancer was a nationally representative survey of 930 US adults aged 18 or older. Ten per cent of people surveyed said that they or a family member in their household had been diagnosed with or treated for cancer in the past five years (excluding non-melanoma skin cancer). □

The full version of this article is available at bmj.com.

The survey is available at www.kff.org/kaiserpolls/7591.cfm.

FDA approves silicone breast implants with caveats

Janice Hopkins Tanne *New York*

Silicone gel filled breast implants have been approved by the US Food and Drug Administration for use in women aged 22 years or older for cosmetic purposes and for reconstruction after breast cancer surgery or in women with traumatic or congenital breast defects.

Silicone implants are said to be softer and feel more natural than implants filled with saline, which has been the only kind available for 14 years in the United States, since silicone implants were taken off the market.

However, the FDA cautioned, "Breast implants are not lifetime devices and a woman will likely need additional surgeries on her breast at least once over her lifetime; many of the changes to a woman's breast following implantation are irreversible; rupture of a silicone gel-filled breast implant is most often silent, which means that usually neither the woman nor her surgeon will know that her implants have ruptured; and a woman will need regular screening MRI (magnetic resonance imaging) examinations over her lifetime to determine if silent rupture has occurred."

The FDA recommends magnetic resonance scanning three years after the first implant surgery and then every two years. It says that the cost of screening may exceed the cost of the initial surgery and may not be covered by health insurance.

The implants were taken off the US market 14 years ago because of thousands of lawsuits claiming they leaked and caused connective tissue disorders and cancer. The lawsuits led Dow Corning, then the leading manufacturer, to file for bankruptcy in 1995.

The Institute of Medicine published a study in 1999 that said there was no evidence that the implants caused these problems (www.iom.edu/CMS/3793/5638.aspx).

In approving the implants, Daniel Schultz, the director of the FDA's Center for Devices and Radiological Health, said, "The extensive body of scientific evidence provides reasonable assurance of the benefits and risks of these devices. This information is available in the product labelling and will enable women and their physicians to make informed decisions."

Before approving the implants, the FDA reviewed each manufacturer's preclinical and clinical studies. The FDA said that these studies reported complications, which included hardening of the area around the implant, breast pain, change in nipple sensation, rupture of the implant, and the need for additional surgery.

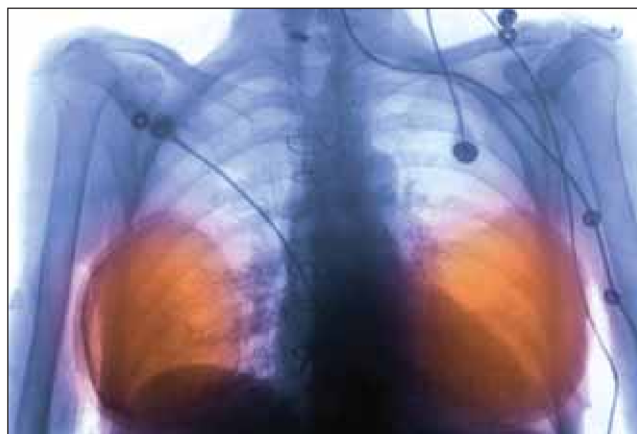
"However, the majority of women in these studies reported being satisfied with their implants," the FDA said.

In an editorial the *New York Times* said, "These devices are prone to rupture, contract or cause pain and inflammation in the breast as time goes on. The FDA recommends that women have regular MRI screenings …

"Unfortunately [the agency] has a poor track record in forcing companies to complete post-marketing studies. It will need to be vigilant in keeping the implant makers honest" (www.nytimes.com, 21 Nov 2006).

The FDA will require the two companies that make the implants to do postapproval studies. □

The FDA's review is at www.fda.gov/cdrh/breastimplants.



SCOTT CAMAZINE/SPL

Women who use silicone implants will need regular screening examinations to determine if silent rupture has occurred, the FDA says

Abortion should be made easier, charity says

Michael Day *London*

The law requiring women to get the consent of two doctors before they can have an abortion is "archaic" and should be dispensed with, according to the British Pregnancy Advisory Service.

In addition, nurses should be allowed to run medical abortion services for terminations up to nine weeks, and the legal limit for abortion should remain at 24 weeks despite pressure for it to be reduced.

The service's chief executive, Ann Furedi, made the claims while announcing the results of a MORI poll of 2000 people, which showed that a clear majority of the public still backed legal abortion. The proportion had fallen from 64% to 59% since 1997, but it was still substantially more than half.

"The abortion law in Britain is almost 40 years old—it's time that it was reviewed," she said.

The service's campaign was prompted in part by growing calls for the legal limit to be cut from 24 weeks, after a small number of high profile cases in which babies born extremely prematurely, at less than 24 weeks, have survived.

Last month MPs voted against a bill calling for the legal time limit for abortions to be cut to 21 weeks.

The Conservative MP Nadine Dorries, who introduced the bill, had argued that a fetus may feel pain from 21 weeks' gestation and that medical advances had increased the viability of fetuses before the 24 week cut-off.

Many MPs called the proposals an attack on women's rights. Ms Furedi added that the EPICure study had shown that the percentage of babies surviving birth at less than 24 weeks was "absolutely tiny" (*Pediatrics* 2000;106:659-71).

Instead, the advisory service is calling for abortion laws to be eased. "We would like to see medical abortion services being run by nurses, and we would like to remove the restriction that requires consent from two doctors. The idea that two doctors should have to give their opinion is, frankly, archaic," she said.

Maggie Blott, a consultant obstetrician and a spokeswoman for the Royal College of Obstetricians and Gynaecologists, said, however, "My personal opinion is that having two doctors signing the blue form is not necessarily a bad thing. In a minority of cases the complex medical and social factors make the decision difficult for the doctors and not just the woman."

Paul Tully, general secretary of the Society for the Protection of Unborn Children, condemned the proposals.

"The idea of allowing nurses to run medical abortion is just another cheap means of expanding the capacity and ease of abortion at the expense of women's health. Nurses shouldn't be put in this position," he said.

Although admitting that the proportion of people favouring legal abortion had fallen by five percentage points since 1997, Ms Furedi pointed out that the percentage "strongly opposed" to abortion had not increased. In fact, the percentage strongly opposed had fallen from 7% to 5%, which was not statistically significant but which was not an increase. This, she said, indicated that public opinion had "shifted towards the middle ground."

"As at least one woman in three in the UK can expect to have an abortion, it's not surprising that support for legal abortion remains quite strong." □

bmj.com news roundup

Full versions of these stories are available at: **bmj.com/content/vol333/issue7579/#NEWS_ROUNDUP**

Impasse over patient consent may delay NHS computerisation

A continuing impasse over patient consent threatens to delay the most critical phase of the £12.4bn (€18.3bn; $24.1bn) programme to computerise the NHS in England.

From March next year, early adopter NHS organisations are expected to begin loading summaries of clinical information on to a central electronic "spine," from which they will be available to any authorised user.

However, the BMA and the central agency Connecting for Health remain at odds over whether patients should give explicit consent before records go on the system. According to the latest survey by the medical polling company Medix, 51% of GPs said they would not upload records without explicit consent.

Figures published last week showed that 79% of GPs believe that the national care records will damage confidentiality.

The Medix findings are a blow to a programme that is trying to build confidence in clinicians. Recent weeks have also brought reports of delays in implementation and the news that the NHS has ordered a review of the programme.

Michael Cross *London*

MIA FARROW

Relief worker killed as conflict in Darfur spreads

The crisis in Darfur is escalating and risks dragging its neighbours into a similar violent situation, say senior relief officials who recently visited the area.

Unicef's goodwill ambassador Mia Farrow told the *BMJ* that "a nightmare was unfolding" across the region. "It's impossible to mention Darfur without mentioning eastern Chad and the Central African Republic. Violence has reached well across the borders."

She said that 60 villages in eastern Chad had been destroyed since the start of November.

She was shocked by what she found: "In the attack on the village of Tamadjour three young children were thrown into flaming huts and burned alive. In a hospital I visited there were three men who had had their eyes gouged out [one of whom is pictured]. I had to remind myself that I was in Chad and not in Darfur. Darfur has completely arrived in Chad.

"The displaced people of eastern Chad and the refugees from Darfur urgently need a United Nations peacekeeping presence, with a mandate to protect the civilian population and the courageous humanitarian workers who risk their own lives every day."

Peter Moszynski *London*

Red Cross accuses Israeli forces of killing ambulance workers

The Red Cross has accused the Israel Defense Forces (IDF) of killing two crew members of a Palestinian Red Crescent Society ambulance on 5 November. The incident occurred during an IDF attack on missile launchers while the crew attempted to evacuate wounded civilians in Gaza.

The International Committee of the Red Cross said that at the time of the incident the members of the ambulance crew "were wearing clearly marked fluorescent jackets" designed to protect them. Moreover, "the ambulance's siren was on and its flashing lights were visible at a great distance," which should have prevented the IDF from shooting in their direction.

Marwan Bakr, who is responsible for ambulances in the Palestinian Authority area, said: "Ambulance crew members Ahmad Madoun and Hani Habib ... were registered male nurses. They came to treat the injured. When they got out of the ambulance and ran towards them [the injured people] they were hit by IDF fire. Madoun was killed on the spot, while Habib died a few hours later of his injuries."

The IDF had not responded to a request to comment on the incident by the time the *BMJ* went to press on 28 November.

Merav Sarig *Jerusalem*

Second cancers more common in people who receive donor stem cells

Patients who received haematopoietic donor stem cell transplants to treat diseases such as leukaemia or myelodysplastic syndrome have almost double the risk of developing a second cancer in later years, compared with the general population. A study in the journal *Cancer* has found that the risk was almost four times higher for patients older than 40 years and for male patients receiving transplants from a female donor (2006 Nov 27, doi: 10.1002/cncr.22 375).

The study reviewed patients who had received transplants over 18 years and followed up for 10 years 926 consecutive patients treated at the British Columbia Cancer Agency and the University of British Columbia. The median age of the patients was 39 years.

The treatment is effective for leukaemia and myelodysplastic syndrome. The patient's own stem cells in the bone marrow are destroyed and replaced with cells from a compatible donor.

The most common second malignancies were basal and squamous cell skin cancer and cancers of the lung, oral cavity, and colon.

Janice Hopkins Tanne *New York*

Hungary to close 9000 hospital beds to bring it closer to EU average

The Hungarian government has announced plans to improve the cost effectiveness of the national hospital service. It will phase out 9000 hospital beds; improve the capacity of some strategically placed hospitals; and merge, reorganise, or downgrade other hospitals. Legislation to provide for the change is being introduced at once and is intended to come into effect by March.

Hungary's 160 hospitals, which serve a population of 10 million people, will be organised in three categories. There will be 31 specialised hospitals with 24 hour emergency wards and facilities for the most acute cases no further than 50 km from people's homes. Regional hospitals for more minor operations and rehabilitation will be within 30 km of each person's home and outpatient centres will be within a 20 km radius.

The hospital restructuring will cost 27.5bn forints (£72m; €106m; $140m).

Lajos Molnar, the Liberal minister of health, describes Hungary's hospital based healthcare service as deeply corrupt and excessively wasteful. He says that Hungary maintains 780 hospital beds per 100 000 inhabitants, compared with 640 for the European Union before its 2004 enlargement.

Thomas Land *Budapest*

US health insurers propose expansion of cover, but plan is widely criticised

America's Health Insurance Plans (AHIP) has put forward plans to cover all US children with health insurance within three years and all adults within 10 years. The trade group represents 1300 companies that provide health insurance to more than 200 million US residents. Leading US newspapers have criticised the plan, however.

The insurers' plan would expand Medicaid, which provides health insurance for poor people and children. It would cover adults who have annual incomes below the poverty level—$9800 (£5060; €7470) for a single adult—and children in families that earn less than twice that. The poverty level for a family of three is $16 600.

The plan would establish "universal health accounts" to let people purchase tax-free health insurance, with matching federal grants to help working families. And it would offer families on low incomes a tax credit of up to $500 to buy health insurance for their children. The plan would also establish a $50bn "federal performance grant" to help states expand access to health insurance coverage (www.ahipbelieves.com/Default.aspx?tabid=65).

The insurers did not say how the plan would be paid for.

Janice Hopkins Tanne *New York*

NHS needs more consultant surgeons

At least 50% more consultant surgeon jobs are needed in England and Wales by 2010 to provide safe emergency surgical services, says Bernie Ribeiro, the president of the Royal College of Surgeons.

The UK government's target for a consultant based service, which was set in 2005, calls for an extra 2700 consultant jobs, but this is at odds with the current freeze on recruitment, explained Mr Ribeiro, presenting his end of year report.

"Currently consultant jobs simply aren't there, so the UK is running the risk of losing expert surgeons to other countries after training them at great expense," he said.

Loss of experienced practitioners was a particular concern, he said. Modernising Medical Careers will deliver junior surgeons who can identify serious cases, but they will lack the experience to manage them, said Mr Ribeiro. And full implementation of the European Working Time Directive in 2009 was an additional problem.

"We will not have enough bodies on the ground to provide quality emergency surgical services," said Mr Ribeiro.

Claire Frauenfelder *BMJ*

Regulator finds advertising of herbal extract "misleading"

The Australian regulator of the drug industry has found that the company Schwabe Pharma (Australia) breached standards for media advertisements when it promoted the complementary medicine Tebonin.

Tebonin, which is an extract of ginkgo biloba, is manufactured by the German company Dr Willmar Schwabe.

In July, the company's Australian subsidiary managed to suppress publication of a report by AusPharm Consumers Health Watch, a watchdog made up of pharmacists and academics (*BMJ* 2006;333:116, 15 Jul).

Before the injunction preventing publication was granted, the watchdog forwarded a copy of its report to Australia's drug regulatory authority, the Therapeutic Goods Administration (TGA), for investigation by its complaints resolution panel.

In November, the panel determined that it was "misleading" of the company to claim that the overwhelming scientific evidence found the extract was effective in relieving the symptoms of tinnitus. Instead, it concluded that the evidence only supported the claim that Tebonin *may* provide relief from the symptoms.

Bob Burton *Canberra*

Bowel cancer treatment in UK is improving, report says

Toby Reynolds *London*

The treatment of bowel cancer has improved in the United Kingdom in the past five years, with the quality of surgery and histopathology rising, an audit has shown.

The report of the National Bowel Cancer Audit Project aims to encourage the collection of more data to improve standards and better inform patients. The report was produced for the Healthcare Commission.

The report says that the proportion of hospital trusts meeting the National Institute for Health and Clinical Excellence (NICE) guideline target of examining a median of 12 lymph nodes after surgery has risen to 50% in 2005 from 28% in 2001.

The rate at which permanent colostomy has to be done has fallen to 18% from 25% in the five years of the audit.

Seventy eight hospital trusts took part in the survey, providing data on 18 539 patient records from England, Scotland, Wales, and Northern Ireland. But this comprised only about 40% of the trusts that might have taken part.

Michael Thompson, a consultant colorectal surgeon and chairman of the project, said he hoped this figure would increase. Participation in the audit would form part of good governance checks in the future, he added.

"We feel that a national audit, when done well with data that clinicians trust—which means risk adjusted for case mix—is a very powerful way of improving outcomes for everybody," he said.

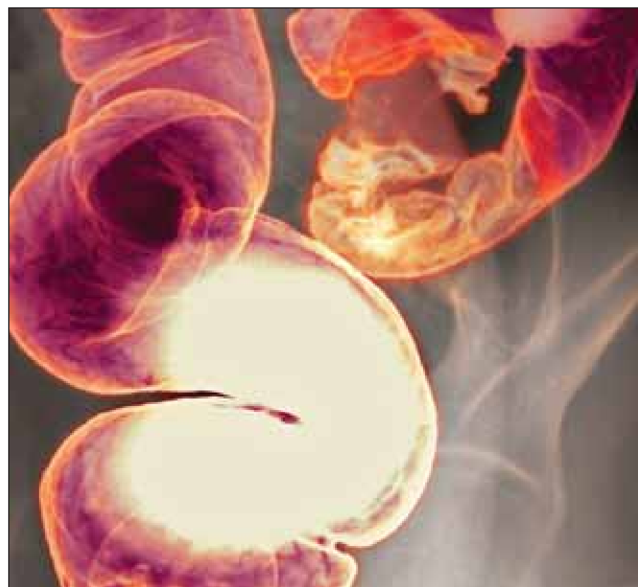
"The report will hopefully make chief executives aware that this is happening, that they will be required to take part in the future for the Healthcare Commission's annual health check, and will hopefully encourage them to support their clinicians who are generally quite keen to take part, but often don't have the support."

Rob Glynne-Jones, a lead clinician in gastrointestinal cancer and chief medical adviser to the charity Bowel Cancer UK, said, "The main excitement for me from this is that there are plans to make it a truly national database where hopefully, at the end of the day, 80% or 90% of trusts will be putting in their information."

Mr Thompson said the report was also a first step towards putting results of the audit of treatment for bowel cancer into the public domain. □

The full version of this article is available at bmj.com.

The report is at www.icservices.nhs.uk/ncasp/pages/audit_topics/bowel/colorectal.asp?om=m1.


ZEPHYR/SPL

Half of the hospitals that responded to the audit are now meeting the NICE target of examining 12 lymph nodes after surgery

Feeling the squeeze

The health secretary Patricia Hewitt says that NHS deficits have risen because trusts have recruited too many doctors. **Lisa Hitchen** says the reasons are more complex and the consequences are becoming serious

Pressure on UK health trusts to break even by the end of the financial year, in the face of a projected NHS deficit of £1.2bn (€1.8bn; $2.3bn), is forcing managers to take tough decisions.

A report of six month performance statistics, released last month for 2006-7, shows that 175 organisations are predicting deficits, with half of the gross deficit concentrated in 6% of organisations.

Because hospital trusts can no longer carry their debt over from one year to the next, they have been considering laying off staff and closing departments. And GPs in many areas have been told that they must substantially cut the number of referrals to hospital.

This has prompted the Department of Health to start monitoring redundancies. It recently reported 903 compulsory redundancies in the first half of this year. Of these, 167 (18%) were clinical staff. "There will be further redundancies over the rest of the year," Richard Douglas, finance director for the Department of Health, said in the report.

Trade union officials claim that the number of job cuts is far higher than that—but not all necessarily through compulsory redundancy. Michael Walker, regional officer for the trade union Unison, said the job losses in southwest London alone have amounted to 1000 already this year, with a further 480 planned at Epsom and St Helier University Hospitals NHS Trust, Surrey.

At the health select committee inquiry on NHS deficits last week (*BMJ* 2006;333:1086, 25 Nov), the health secretary Patricia Hewitt blamed trusts for taking on too many staff as the main reason for deficits. Almost everyone interviewed by the *BMJ* disagreed with this suggestion. Howard Catton, the head of policy at the Royal College of Nursing, called it "out of touch with reality."

A multitude of factors were implicated, including the problems that primary care trusts were having in getting to grips with their new roles as commissioners of health care.

"The reality for primary care trusts is that the commissioner-provider scenario is an environment that the NHS has never worked in before," said Helen Willetts, the Royal College of Nursing's regional director for the east Midlands.

CARL DE SOUZA/AFP/GETTY IMAGES

Almost everyone interviewed by the *BMJ* disagreed with the health secretary Patricia Hewitt's claim that the main reason for the deficits was that trusts had taken on too many staff

Too much too soon was another huge factor. "If they weren't pushing us so hard to pay off our deficits, we would make logical changes which would not affect patient care," Pauline Brimblecombe, a GP at Newham Walk surgery in Cambridge, told the *BMJ*.

In the primary care sector 119 organisations are now predicting debt, compared with 67 three months ago. Reorganisation is one factor that has contributed to the rise, said Mr Douglas. In addition, compared with hospital trusts, primary care trusts are facing more stringent rules on deducting overspending from the previous year.

Most primary care trusts in eastern England have had problems. GPs in Cambridge, for example, have been asked to cut their hospital referrals by a quarter.

Cambridge Primary Care Trust, formed from four primary care trusts in October, is expected to have debts of £33m by March 2007. Dr Brimblecombe told the *BMJ* that in the face of a demand by the trust to cut referrals by a quarter, her surgery has managed to reduce them by 14% in six months.

"GPs … are doing more work with in-house triage, and we are encouraging hospitals to refer patients back to us rather than hanging on to them. In our area we know the deficits are so great that the cuts will come in our community services, and that will affect us much worse."

The GPs are stopping or slowing all non-priority referrals, such as for cosmetic surgery and in vitro fertilisation, but Dr Brimblecombe warned they would only be pushed so far by the trust.

Last week staff and patients protested against a further 480 job cuts planned at Epsom and St Helier University Hospitals NHS Trust. These cuts are part of a recovery plan drawn up with management consultants KPMG. The trust must save £24m in the next 18 months.

The trust has already restricted recruitment and cut the use of bank nurses and locums. Redundancies have not been ruled out. Other proposed measures include the closure of 170 beds, which would reduce theatre lists and outpatient activity.

A doctor in the west Midlands who is faced with possible redundancy in the hospital sector is David Roden, a staff grade doctor at the University Hospital of North Staffordshire NHS Hospital Trust's neonatal department.

Dr Roden has been the subject of a campaign by patients, with more than 1500 signatories calling for his post to be protected. He is one of 11-20 doctors who could be made redundant in a trust that is cutting 1000 jobs to reduce its £15m debt.

Plans to regrade him to a job at a higher level, as an associate specialist, have been on hold for a year after the trust told him it could not afford it. A spokesman for the trust said, "We are reluctant to lose any staff, but we have no choice."

Education and training budgets have also been cut throughout the medical and nursing sectors. Dr Jo Hilborne, the chairwoman of the BMA Junior Doctors Committee, agreed. She has written to the secretary of state demanding an explanation for cuts to budgets for study leave, which affect doctors in training.

"We have heard nothing back from her but we are hearing every day of another trust that is cutting study leave." □

Lisa Hitchen *London*

Additional reporting by Colleen Shannon. The report, *NHS financial performance: quarter 2 2006-07*, is available at www.dh.gov.uk.

The 5 NHS trusts forecasting the biggest deficits in England

	Trust	Deficit
1	Hillingdon Primary Care Trust, London	£65.6m
2	Queen Elizabeth Hospital NHS Trust, London	£37.1m
3	Whipps Cross University Hospital NHS Trust, London	£33.2m
4	Hinchingbrooke Health Care NHS Trust	£29.9m
5	North West London Hospitals NHS Trust	£29.7m