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FDA places "black box" warning on antidiabetes drugs

Janice Hopkins Tanne NEW YORK

The US Food and Drug Administration has asked the makers of two antidiabetes drugs—rosiglitazone (marketed as Avandia), made by GlaxoSmithKline, and pioglitazone (Actos), made by Takeda—to place "black box" warnings, the most serious kind, on their labels.

The new labels warn of an increased risk of congestive heart failure. Andrew von Eschenbach, the FDA's commissioner, announced the warning at a hearing of the US House of Representatives' Committee on Oversight and Government Reform last week to examine the FDA's role in evaluating the safety of rosiglitazone.

The new labels do not address the question of whether these drugs pose an increased risk of heart attacks and strokes.

The cardiovascular risk was raised last month by an article and accompanying editorial in the *New England Journal of Medicine* (doi: 10.1056/NEJMoa072761).

John Buse, of the University of North Carolina, and the incoming president of the American Diabetes Association, told the hearing that SmithKlineBeecham (now part of GlaxoSmithKline) had tried to intimidate him when he spoke out with his concerns about rosiglitazone's cardiovascular safety.

Dr Buse said that he had spoken at least twice in June 1999 about "a trend toward increases in serious cardiovascular events and cardiovascular deaths with Avandia as compared to active comparators."

He said that employees of SmithKlineBeecham had told him in telephone calls that "there were some in the company who felt that my actions were scurrilous enough to attempt to hold me liable for a loss in market capitalisation [share value]."

See Editorial, p 1233

ROBERT PADGETT/REUTERS

Commissioner Andrew von Eschenbach announced the warnings last week

Russian clinical research is threatened by ban

Vasiliy Vlassov MOSCOW

Russia's Federal Customs Service has blocked the export from Russia of all human biological materials, from hair to tissue and blood samples.

An article in the Russian online newspaper *Kommersant* says that the decision is thought to have arisen from a report submitted to President Vladimir Putin by the Federal Security Service (formerly the KGB), which warned of the possible development by Western countries of genetic biological weapons against particular nations (www.kommersant.ru/doc-y.html?docId=769777&issueId=36291).

From the end of May the export of materials for clinical research and samples of blood and tissue is forbidden until further notice. Customs officers do not cite any specific document but say that they are carrying out orders.

The decision threatens dozens of clinical trials in Russia, because doctors and scientists need to send many samples abroad to be tested. About two thirds of trials in Russia depend on European laboratory services, and about a half of trials may be stopped because they rely on centralised testing.

The export of materials for clinical research is forbidden until further notice

The decision also threatens hundreds of patients in Russia who rely on foreign tests for tissue compatibility and such like.

The clinical trials industry is expanding rapidly in Russia and is thought to be worth between $100m (£50m; €75m) and $150m a year. The government's decision to ban biological exports may have something to do with the struggle to control this growing industry.

Two recent speeches in Russia promoted the idea that Western countries could be developing weapons that would affect specific ethnic groups. In early June Mikhail Zurabov, Russia's minister of health and social development, said that the development of a genetic weapon against Russia is technically feasible. The next day Andrei Belianinov, head of the Federal Customs Service, was quoted in an interview as saying that the transfer of biomaterials from Russia was equivalent to the "genocide of our nation." Banning such exports was needed for the "prevention of crime," he said (*Meditsinskaia Gazeta* 6 Jun, p 5).

Gates Foundation funds new institute for global health data

Peter Moszynski LONDON

The Bill and Melinda Gates Foundation has funded a research centre at the University of Washington in Seattle to help guide international policy making by providing high quality data and analysis of health needs and outcomes. The Institute for Health Metrics and Evaluation, which received a grant of $105m (£53m; €80m) from the foundation, will also assess the performance of health programmes around the world.

"Health policy must be based on evidence, not speculation," said Tachi Yamada, president of the foundation's global health programme.

"There has been a huge increase in resources for global health in recent years," Dr Yamada said, "and it's essential to evaluate the impact of these investments."

The institute's brief is to provide "high quality and timely information on health so that policy makers, researchers, donors, practitioners, local decision makers, and others can better allocate limited resources to achieve optimal results."

It will be directed by Christopher Murray, who was previously director of the Harvard University Initiative for Global Health and is a former senior official at the World Health Organization.

NHS IT system must use unique identifiers to achieve potential

Susan Mayor LONDON

The new NHS national programme for information technology (IT) must have research built in as a core task, says a report published this week. And it must use unique identifiers for each patient to enable data from different sources to be linked at the level of individual patients if it is to achieve its huge potential for clinical research.

Researchers produced the recommendations after using simulations of clinical studies to test the system.

The programme—the world's largest IT system—is designed to link different computer systems across the NHS, including an NHS care records service that will allow staff from different organisations to access the records of patients anywhere in England.

"Pulling information together from different sources for a patient will require a unique identifier"

It has been notorious for its delays and overspends (*BMJ* 2007;334;815, 21 Apr); but the establishment of connections between different NHS databases, such as those holding primary care records and cancer registry records, could enable researchers to explore a wide range of trends and associations.

To clarify the potential for the use of patients' data from the new IT system, the UK Clinical Research Collaboration, which is the research and development advisory group to Connecting for Health, the agency developing the network, commissioned four simulated research exercises. These exercises were designed to model interventional clinical trials, surveillance, prospective tracking of an identified cohort, and observational epidemiological research.

On the basis of their experience in the simulated exercises, the advisory group recommended that the IT system should make it mandatory to use unique patient identifiers. They proposed that use of the NHS number or its equivalent should be mandatory in all key NHS records and activities, including laboratory records. Currently the use of patient identifiers is recommended but not mandatory.

Ian Diamond, chief executive of the UK Economic and Social Research Council and chairman of the advisory group, said: "To build a complete picture of each patient's health and care, data linkage at an individual patient level will be needed. Pulling information together from different sources for a patient will require a unique identifier for each patient."

Report of Research Simulations **is available at www.ukcrc.org.**

NICE reviews its guidance against sequential use of anti-TNF

JACK SULLIVAN/ALAMY

Susan Mayor LONDON

The National Institute for Health and Clinical Excellence (NICE), the independent body that advises the NHS in England and Wales on use of treatments, has agreed to review its draft guidance against the sequential use of different tumour necrosis factor α (TNF-α) inhibitors in patients with rheumatoid arthritis, after an appeal from a group representing patients.

In its appraisal published in November 2006 NICE recommended the TNF-α inhibitors adalimumab, etanercept, and infliximab as options in the treatment of adults who have active rheumatoid arthritis as determined by a disease activity score >5.1 confirmed on at least two occasions one month apart and who have undergone trials of two disease modifying antirheumatic drugs, including methotrexate (unless contraindicated). The appraisal said that treatment with TNF-α inhibitors should be continued only if there was an adequate response—defined as an improvement in the disease activity score of 1.2 points or more—at six months after treatment started.

However, NICE recommended against the use of a second TNF-α inhibitor if a patient had "an inadequate initial response or experienced loss of response later during treatment with a TNF-α inhibitor."

The institute received six appeals against the appraisal from the

J B RUSSELL/PANOS

Severely malnourished children at a Médecins Sans Frontières therapeutic feeding centre in Huambo province, Angola

Community care could prevent deaths of thousands of severely malnourished children

John Zarocostas GENEVA

An innovative way of treating severe acute malnutrition, combining timely detection and community based care with traditional hospital treatment for children with medical complications, could help prevent the deaths of hundreds of thousands of children, UN agencies say.

Worldwide about 20 million children under the age of 5 years have severe acute malnutrition, most of whom live in South Asia and sub-Saharan Africa, says the World Health Organization, and about one million die from the condition every year.

The new approach has already greatly improved survival of children with severe acute malnutrition in emergencies in countries such as Ethiopia, Malawi, Niger, and Sudan, the agencies noted.

Evidence shows that about three quarters of children with severe acute malnutrition can be treated at home with highly fortified, ready to use therapeutic foods, says a joint statement issued last week by WHO, the World Food Programme, the United Nations' standing committee on nutrition, and Unicef.

"Severe acute malnutrition is defined by a very low weight for height, by visible severe wasting, or by the presence of nutritional oedema . . . In children aged 6-59 months, an arm circumference less than 110 mm is also indicative of severe acute malnutrition," WHO says.

Children with severe acute malnutrition are five to 20 times more likely than well nourished children to die, WHO estimates show.

Margaret Chan, WHO's director general, said, "It is urgent that this approach, along with preventive action, be added to the list of cost effective interventions being used to improve nutrition and reduce child mortality."

Ready to use therapeutic foods "have proven very effective in addressing severe acute malnutrition in children," said Ann Veneman, executive director of Unicef. "So these interventions are an important tool in reducing child mortality."

Such foods are soft or crushable and can be eaten easily without water by children from the age of 6 months.

Community-Based Management of Severe Acute Malnutrition **is available at www.who.int.**

drugs for arthritis

Arthritis and Musculoskeletal Alliance (an umbrella group representing people with arthritis, professional bodies and research organisations in the field of arthritis), the National Rheumatoid Arthritis Society, the Royal College of Nursing, and the drug companies making the three TNF-α inhibitors under consideration, Abbott Laboratories, Schering-Plough, and Wyeth.

In its appeal the alliance reported a study that looked at the effect of allowing patients who withdrew from their first TNF treatment to receive a second TNF (sequential treatment). In a previous study the lack of data on patients receiving a second TNF had made this difficult to analyse. However, a new analysis that was based on 629 patients who received a second TNF used evidence on probability of response and duration of sequential treatment to investigate the cost effectiveness of this approach.

In its appeal the alliance reported, "The results suggest that a second TNF is similarly cost effective to a first TNF."

The appeal panel met in April, and it announced this week that NICE's health technology appraisal committee had been "unreasonable" in deciding, on the evidence presented, to deny sequential treatment.

The appeal panel's decision is available at http://guidance.nice.org.uk/page.aspx?o=207026.

Women should be followed for longer after breast cancer

Susan Mayor LONDON

Women who undergo breast conserving surgery for early breast cancer should be followed up for much longer than the three to five years recommended in current guidelines, warns a study published this week. The study shows that relapses can occur at least 10 years after initial treatment.

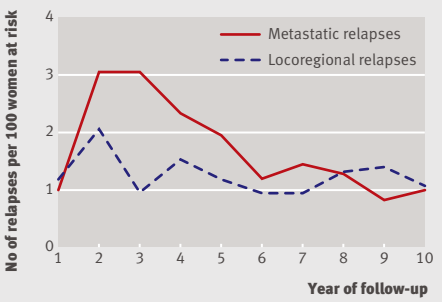
The study, published in the *British Journal of Cancer*, analysed relapses in 1312 women with early stage breast cancer who underwent breast conserving surgery and postoperative radiotherapy between 1991 and 1998 and who were followed up at two centres in Edinburgh (doi: 10.1038/sj.bjc.6603815). Analysis of the 110 treatable relapses showed that they occurred in 1% to 1.5% of the women in each year of the follow-up period.

But different types of relapse varied in their time scales. The incidence of metastatic relapse peaked at just over 3% a year at two to three years after initial surgery and remained at just over 2% a year for up to five years before decreasing. In contrast, the incidence of locoregional relapse remained constant at 1% to 1.5% over the whole of the follow-up period.

Guidelines in North America and the United Kingdom recommend that follow-up of patients who have been treated for breast cancer concentrate on the first three to five years after initial treatment and that after this follow-up visits should become less frequent or the patient should be discharged.

The Edinburgh study has confirmed previous results showing that the rate of distant relapse peaked in the first five years, but in contrast it found that the incidence of locoregional relapse remained constant, at 1% to 1.5% a year, for at least 10 years.

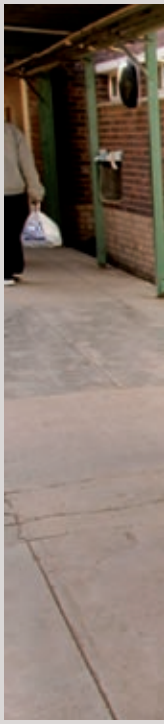
ANNUAL INCIDENCE OF BREAST CANCER RELAPSE* IN WOMEN IN EDINBURGH



** Relapses in 1312 women treated by breast conservation surgery and followed up at two sites in Edinburgh*

Source: *British Journal of Cancer*

Strike cripples health services in South Africa



Pat Sidley JOHANNESBURG

Some 600 nurses have been fired from South Africa's public hospitals for taking part in a large civil service strike that has crippled many hospitals, schools, and other government services.

The strike, which is largely about pay and conditions but also signals civil servants' opposition to the government's economic policy, has led to many health services effectively shutting down, while others are taking only the most critically ill patients.

The dismissal of the nurses has added new impetus to the strike, which has been running for two weeks and shows no signs of ending.

Nurses, the government maintains, are emergency workers and are not allowed to strike. However, this has not stopped tens of thousands of them, together with other hospital staff across the country, from striking, many of them chanting and dancing angrily outside their hospitals.

Media reports have claimed that patients have died because of the lack of ambulances or because hospitals are providing only limited services. Patients with HIV or AIDS and tuberculosis are also being denied their regular treatment because of clinic closures, they say.

The Chris Hani Baragwanath Hospital, one of the largest hospitals in the southern hemisphere, has been forced to fly premature and sick babies in incubators by helicopters to private facilities. Hundreds of critically ill patients have also been transferred from public to private hospitals, for which the state will have to pay.

The government has sent army personnel

Mortality from 12 top causes in US is still higher among men

Roger Dobson ABERGAVENNY

Mortality is higher among men than women for all the 12 leading causes of death in the United States, a new report shows.

Also, the incidence of most types of cancer is higher among men, who lose 16% more years of potential life before the age of 75 to cancer than women do, the study found.

"Males still experience higher mortality rates than females at all stages of life from conception to old age," says the report, which was published in the *Journal of Men's Health & Gender* (doi: 10.1016/j.jmhg.2007.01.010).

The study, which was based on data from the US Centers for Disease Control and Prevention publication *Health, United States, 2006*, found that the sex difference begins at conception, when 125 boys are conceived for every 100 girls. By birth the ratio has dropped to 105 boys to 100 girls. By their mid-30s women begin to outnumber men, and by the age of 100 years women outnumber men by a ratio of four to one.

"Men lose approximately 2.3 times more years of life before age 75 from coronary heart disease compared to women"

Although the incidence of heart disease and stroke is similar in men and women, men lose many more years of life to these diseases than women do, because they tend to have heart attacks and strokes earlier than women do.

"The years of potential life lost [to stroke] before the age of 75 is 20% higher for men than for women, ie men tend to die of stroke at younger ages than women," write the authors, from Tufts University School of Medicine in Boston. "A similar phenomenon is seen with acute myocardial infarction, which actually occurs more often in women than in men, but at a later age . . . Men lose approximately 2.3 times more years of potential life before age 75 from coronary heart disease compared to women."

Their analysis shows that mortality from coronary artery disease, stroke, chronic obstructive pulmonary disease, flu and pneumonia, diabetes, HIV, motor vehicle crashes, homicide, suicide, trauma, liver disease, and cancer are all higher in men. Mortality from all causes is also higher.

In addition, the incidence of lung, colorectal, pharynx, stomach, pancreas, and bladder cancers and non-Hodgkin's lymphoma and leukaemia are also higher in men. The incidence of cancer in all sites is 46% higher in men than in women.

"These discrepancies between the health of US men and women are striking and call for explanation," says the report.

SIPHIWE SIBEKO/REUTERS

South African army troops attend to a patient at Chris Hani Baragwanath Hospital in Soweto

into several hospitals to perform cleaning duties and provide nursing care where they have the skills, as well as to fly helicopters. Police have been stationed outside hospitals to try to control violence and intimidation aimed at hospital workers who show up for work.

The strike is technically about wages but has a large political undertone. The Congress of South African Trade Unions, although allied to the government, is implacably opposed to President Mbeki's economic policy, which the congress says provides tax benefits to rich people while neglecting social services. Unusually, this strike has united several different unions and union federations, illustrating the deep anger and frustration among government employees at government policy, pay, and working conditions.

Although doctors are paid through the same system, few are on strike. Those doctors and nurses still working, however, are not dressed in white coats or uniforms, for fear of violence and intimidation.

US parents take government to court over MMR vaccine claims

Clare Dyer BMJ

The first of three test cases on whether the measles, mumps, and rubella (MMR) vaccine can cause autism opened in the US Court of Federal Claims this week, just days after the hopes of parents in the United Kingdom for a High Court trial of their claims were dealt a final blow.

Last Friday at the High Court in London, Mr Justice Keith disbanded a group action against vaccine manufacturers by 2000 parents who blame MMR for triggering autism in their children.

The UK action ground to a virtual halt in 2004 when the Legal Services Commission withdrew legal aid for the group action, but a few parents soldiered on. Now the few remaining autistic children will have their claims withdrawn or struck out. Only two children, neither of whom has autism, now have public funding to sue manufacturers over the vaccine.

Mr Justice Keith ruled last week, against the parents' wishes, that three scientific reports commissioned by the manufacturers for the UK litigation may be handed over to the US Department of Health and Human Services, which is fighting claims by 4800 families of children with autism and related disorders under the national vaccine injury compensation programme. The judge ruled that the children's details must be kept anonymous when the reports are used.

The no fault programme is outside the tort system, but hearings are under the aegis of the Court of Federal Claims.

In three test cases, starting with that of 12 year old Michelle Cedillo from Arizona, lawyers for the parents will put forward three theories: that autism, autistic spectrum disorders, and related disorders can be caused by the MMR vaccine, by other childhood vaccines containing the mercury preservative thiomersal (known in the US as thimerosal), or by a combination of thiomersal containing vaccines and MMR.

The case is bound to reignite the controversy that arose when Andrew Wakefield, a gastroenterologist, called for a move to single vaccines at a press conference in 1998 to publicise research indicating possible links between the measles virus, autism, and bowel disease.

UK parents have filed a complaint with the Judicial Complaints Board after discovering that the High Court judge Nigel Davis, who rejected the children's appeals against the withdrawal of legal aid, failed to disclose that his brother was a main board director of GlaxoSmithKline, the parent company of one of the vaccine manufacturers being sued. A spokesman for the Judicial Communications Office said that the possibility of a conflict of interest arising from his brother's position "did not occur" to the judge.

SATURN STILLS/SPL

Jennifer Horne-Roberts, a barrister whose 18 year old autistic son was one of the would-be claimants, said: "Legal aid has spent £15m [€22m; $30m], not a penny of which came to our children. I think it's a travesty of justice that we didn't get a trial in this country."

Dr Wakefield, who faces disciplinary charges before the General Medical Council, is one of 17 expert witnesses for Michelle Cedillo, whose hearing is expected to last three weeks. If she is successful the US government could be ordered to pay more than $1m in compensation, as well as legal costs.

IN BRIEF

European medicines agency recalls antiretroviral: Nelfinavir (Viracept), used to treat HIV-1, is being recalled from sale in the European Union after its maker, Roche, revealed that the product had been contaminated with a harmful substance. See www.emea.europa.eu/pdfs/general/direct/pr/25128307en.pdf.

Virgin sponsors Riders for Health: To mark the launch on 1 June of its daily flights from Heathrow to Nairobi, Virgin Atlantic has donated 31 motorbikes to help the health outreach charity Riders for Health in rural Kenya. See www.riders.org.

Coroner warns of needless infant deaths: Ontario's deputy chief coroner, Jim Cairns, says that Canadian babies aged under 12 months are dying needlessly because of the increasingly popular practice of letting them sleep with parents or a sibling. Dr Cairns said that a study of 195 investigated deaths between 2004 and 2006 showed that 21 children died in unsafe sleeping environments in 2005, a rise from 16 in 2004.

Decision making on ending babies' lives lacks consensus: The way decisions are made in the Netherlands to end the lives of severely ill and hopelessly suffering newborn babies needs to be clarified through scientific research, says a government advisory committee (www.ceg.nl). Despite a new reporting system introduced last year (*BMJ* 2005;331:1357), no consensus has been achieved over criteria such as the degree of suffering and life expectancy.

Children of divorced parents are more likely to be taking Ritalin: The percentage of children taking methylphenidate (Ritalin) is almost twice as high among those whose parents are divorced than among children who continue to live with two biological parents, a study in *CMAJ* has found (doi: 10.1503/cmaj.061458).

New toolkit delivers human rights approach to health: A "Right to Health" toolkit has been launched by the BMA and the Commonwealth Medical Trust to help expose situations where public funds are being used unfairly, such as the construction of more hospitals in large cities or the purchase of expensive equipment that will benefit wealthy or urban populations, while rural populations or vulnerable groups are denied even the minimum standard of health care. See www.bma.org.uk.

Hearings highlight mistakes in case of tuberculosis patient

Janice Hopkins Tanne NEW YORK

Two hearings last week at the US Congress investigated failures in the case of Andrew Speaker, the 31 year old lawyer from Atlanta who flew to France, Greece, Italy, the Czech Republic, and Canada after being told that he had drug resistant tuberculosis and should not travel on commercial airlines (*BMJ* 2007;334:1187, 9 Jun).

Health agencies could not prevent him flying, could not locate him on international flights, and were slow to place him on a "no fly" list. The agencies were tardy in notifying the World Health Organization, European countries, and Canada, the hearings found, and a border agent disregarded instructions to stop him.

Congressional representatives called Mr Speaker "a walking biological weapon" and said that if the incident had involved someone with smallpox it could have been disastrous.

The hearings were held by the Senate Appropriations Committee's subcommittee on labour, health and human services, education, and related agencies and by the House of Representatives' Homeland Security Committee.

Mr Speaker testified by telephone from the National Jewish Medical and Research Center in Denver. He said that he had been told he was not contagious and that no one forbade him flying.

Mr Speaker's tuberculosis was detected in January after he underwent radiography for a rib injury. On 10 May his local health department in Fulton County, Georgia, learnt that he had multidrug resistant tuberculosis and advised him not to travel to Europe for his honeymoon.

The department could not forbid him travelling and could act only if he violated an order.

Mr Speaker had planned to travel on 14 May, but on 12 May he flew on a different airline to Paris and then to Greece and Rome.

On 12 May, after he had left the United States, the county health department tried to serve him with a written notice advising him not to travel.

Dr Julie Gerberding, director of the Centers for Disease Control and Prevention (CDC), testified that on 18 May the Department of Homeland Security and the CDC began trying to locate him. However, the airline tracking system couldn't find anyone who had cancelled their original reservations and made entirely new ones.

On 22 May the agencies learnt that he had extensively drug resistant tuberculosis. On 23 May Mr Speaker was contacted in Rome and told to go to an Italian hospital and not to fly.

On 24 May Mr Speaker and his wife flew to Prague and then to Montreal. They drove to the United States that evening and were admitted by a border guard who ignored a computerised alert.

NHS ends the year £500m in surplus

Michael Day LONDON

The NHS in England has turned the corner on its financial problems, without reducing productivity or harming care, the government said last week.

Unaudited figures indicate that although the NHS finished the financial year 2005-6 in deficit, to the tune of £547m (€810m; $1.1bn), it had finished 2006-7 with a surplus of £500m.

The health secretary, Patricia Hewitt, claimed that the government's insistence on cost cutting measures had turned things around.

"If we had not taken decisive action then the deficit would have doubled again and would almost certainly have doubled again next year," she said.

She added that the government had managed to "change the culture in a minority of NHS organisations that expected, year in, year out, to be bailed out" by other parts of the NHS.

"It now means that the NHS is in a very strong position to use the extra £8bn this year on the new drugs and better services that patients rightly expect to get on the NHS," she said.

David Nicholson, chief executive of the NHS, claimed that services to patients had continued to improve as belts were tightened—despite the fact that hundreds of clinical posts were axed in the past 12 months.

"We have done what we said we would do: we've delivered

WALLY SANTANA/AP

Nurses take a much needed break during an outbreak of severe acute respiratory syndrome in Taipei in 2003

New regulations aim to prevent international health crises

Peter Moszynski LONDON

New regulations concerning public health emergencies came into force this week, revising the rules that have been in force since 1969.

The regulations were agreed at the 2005 World Health Assembly and have a far wider scope than the previous ones, including procedures for dealing with new and re-emerging diseases and chemical or radiation events.

The revision broadens the scope of notification to the World Health Organization—from cases of cholera, plague, and yellow fever to "all events which may constitute public health emergencies of international concern and the reporting of other serious international health risks, irrespective of origin or source."

The regulations were originally intended to help monitor and control six serious infectious diseases—cholera, plague, yellow fever, smallpox, relapsing fever, and typhus—but the last three were dropped in 1969. In the early 1990s the resurgence of epidemics such as cholera in parts of South America and plague in India, and the emergence of new infectious agents, such as Ebola haemorrhagic fever, resulted in a resolution at the 48th World Health Assembly in 1995 to revise the regulations.

The new regulations require automatic notification to WHO of smallpox, wild polio virus, severe acute respiratory syndrome, and new human subtypes of avian flu.

The *International Health Regulations* are available at www.who.int.

Government says it is consigning waiting lists to history

Michael Day LONDON

The UK government has said that an end to long waiting times for treatment in the NHS in England is finally in sight.

The health minister Andy Burnham said that long delays between referral by GPs and treatment in hospital would be banished for good—with no one waiting more than 18 weeks—by December next year.

New figures show that in March 2007 just under half of all patients in England received their first hospital treatment within 18 weeks of GP referral.

The figures also showed, however, that one patient in eight was still waiting more than a year for treatment.

Nevertheless, Mr Burnham insisted that the latest figures provided firm evidence of progress made towards the December 2008 deadline.

He said, "When it gets there, it will be a huge achievement. And many will be first seen by their GP and then treated in hospital within 10 weeks.

"This is in my view the end of waiting. I think this represents the end of the culmination of our 10 year programme."

Health unions and NHS managers gave qualified support to Mr Burnham's claims.

Jonathan Fielden, chairman of the BMA's consultants' committee, said, "The fact that almost half of all patients are being treated in 18 weeks is encouraging and is a testament to how hard NHS doctors and other health professionals have been working."

but still faces underlying deficits

financial stability and improved services for patients," he said.

Critics noted, however, that more than a fifth of NHS trusts in England were still in the red last year (down from a third in 2005-6) and that these trusts had accumulated a deficit of nearly £1bn that still had to be plugged.

Niall Dickson, chief executive of the healthcare think tank the King's Fund, said, "Today's figures cannot disguise the fact that the gross financial deficit figure facing the service is £911m, although it is good news that this has improved from the 2005-6 figure of £1.3bn.

"It is still concerning that more than a fifth of organisations (22%) are responsible for the overall gross deficit now."

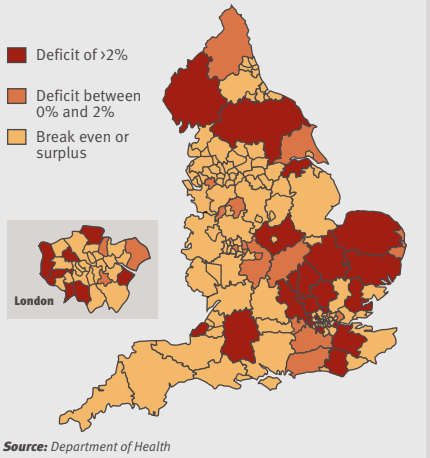
And he added: "The truth is that turning around persistent and underlying deficits can take time and may involve significant changes."

Gill Morgan, chief executive of the NHS Confederation, which represents most NHS trusts, was more upbeat. She said, "Today's figures show that because of the hard work and commitment of NHS staff the vast majority of NHS trusts are getting back on track financially."

However, Universities UK, the vice chancellors' umbrella body, claimed that the surplus had in part been achieved by raiding education budgets (*BMJ* 2007;334:388-9).

***NHS Financial Performance Quarter Four 2006-07* is available at www.dh.gov.uk.**

FINANCIAL PERFORMANCE OF PRIMARY CARE TRUSTS IN ENGLAND IN 2006-7



Source: *Department of Health*