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[bmj.com](http://bmj.com) German hospital rankings questioned

## Failure to monitor independent centres prevents comparison, says watchdog

Michael Day LONDON

A “cock-up” by the UK government has impeded the ability of the Healthcare Commission to assess independent sector treatment centres (ISTCs), says the watchdog’s chief executive, Anna Walker.

She says that a government oversight has impeded the commission’s ability to assess the safety and quality of the centres.

The commission declared this week that the Department of Health had failed to ensure that the data collected on the controversial clinics were compatible with the data used to monitor the rest of the NHS.

The commission had aimed to review the first 23 centres, which were set up to carry out high volumes of straightforward elective surgery to cut NHS waiting lists. The commission interviewed 2000 patients, made inspections, and checked health records.

Ms Walker said that there were gaps, however, because “comparative data has not been systematically collected.

“Where independent providers serve NHS patients we must ensure we have the proper systems to provide reassurance about what is being provided,” she said.

“That is why we are calling for one sys-

tem that allows comparable information to be published on all major healthcare providers, whether public or private, whether they are treating NHS patients or otherwise.”

Beginning in October, the Royal College of Surgeons will carry out its own study, funded by the Department of Health, to assess the success of operations carried out in the centres. Bernard Ribeiro, president of the Royal College of Surgeons, said, “It is imperative that patients receive a sustained, safe, and [high] quality service, which is consistent across surgical providers.”

See [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk).

## Taranissi must stand down as licence holder at infertility clinic, authority rules

Clare Dyer BMJ

Mohamed Taranissi, one of the United Kingdom’s best known infertility specialists, will lose the licence he holds in his name for his main clinic, the Assisted Reproduction and Gynaecology Centre, the licence committee of the Human Fertilisation and Embryology Authority (HFEA) has ruled.

The committee’s decision was published this week. It said the clinic must appoint another “person responsible” to be the licence holder. Mr Taranissi will remain medical director and will continue to treat patients at the clinic. Once a satisfactory “person responsible” has been appointed, the clinic will initially be given a six month licence coupled with a full inspection.

Mr Taranissi told the *BMJ* that he intended to appeal against the ruling. The regulatory regime gives a right of appeal

to a differently constituted licence committee. If that proves unsuccessful, the High Court can judicially review the decision on grounds of an error of law.

The licence committee concluded that the gynaecologist had breached the Human Fertilisation and Embryology

Act by treating “significant numbers” of patients at a second clinic, the Reproductive Genetics Institute, without a licence. The committee did not accept that he was justified in thinking his licence for the Assisted Reproduction and Gynaecology Centre covered the Reproductive Genetics Institute.

Mr Taranissi was not granted and did not seek a treatment licence for the institute, but special directions allowing storage of sperm, eggs, and embryos at the institute will remain in force.

The licence committee concluded “that a serious breach of the act had taken place in the offering of licensable treatment in unlicensed premises through 2006.”

Mr Taranissi said in a statement, “At the beginning of 2006, the HFEA issued special directions allowing treatment at the Institute for certain patients for an initial period of three months. These special directions were further extended for another three months at the beginning of April 2006. In the meantime, we were advised by the HFEA to consider reporting treatment undertaken at both the Assisted Reproduction and Gynaecology Centre and the Institute under one licence.”

He said that an interim application form was submitted to the HFEA in February 2006, which listed the addresses of both clinics under the licence of the Assisted Reproduction and



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Gynaecology Centre.

“This was put before a licence committee and no problems were raised at that time. It was only in late 2006 that the HFEA told us retrospectively that we could not treat patients in both centres under the same licence, notwithstanding their earlier advice.”

**“This was put before a licence committee and no problems were raised at that time,” said Mr Taranissi**

## IN BRIEF

**Health workers leave Libyan jail:** Six health workers who won a last minute reprieve from a firing squad in Libya arrived in Bulgaria on Tuesday. The five Bulgarian nurses and one Palestinian intern have spent the past eight years in Libyan prisons after being convicted of infecting more than 400 children with HIV. Their death sentences were commuted after the children's families were paid \$1m (£490 000; €725 000) each in compensation (*BMJ* 2007;335:115, 21 Jul).

**UK to review cannabis classification:** A consultation document about the UK strategy for drugs has been published by the Home Office this week ([www.drugs.gov.uk](http://www.drugs.gov.uk)). As part of the

consultation the Advisory Council on the Misuse of Drugs will be asked to review whether the danger of cannabis is increasing because of new, more potent varieties. It will also consider whether to reclassify cannabis from its current class, C, to class B.

**Southall barred from child protection work for another year:** The UK General Medical Council has extended restrictions imposed in 2004 on the paediatrician David Southall by 12 months. The GMC barred him from child protection work for three years after he told police that he had identified a child murderer while watching a television documentary.

**Spoof organ donation contest increases donor numbers:** After the Netherlands' controversial *Big Donor Show*, in which 1.2 million viewers watched contestants pretending to compete for a donated kidney, 12 000 donor registration forms were returned compared with 3000-4000 in a typical month.

### Correction: Doctor ordered to pay libel damages

In a news article by Clare Dyer (*BMJ* 2007;335:119, 21 Jul), we inadvertently raised by a factor of 10 the amount that Tonmoy Sharma had been ordered to pay in libel damages to MedicoLegal Investigations. The correct amount was in fact £30 000 (€45 000; \$62 000) [not £300 000]. This error occurred during the editing process, affecting both the title and the text.

# Practices with poor access must improve, says health minister

Zosia Kmiotowicz LONDON

General practices in England where patients have reported difficulty getting to see a doctor have been told to improve their services.

Most patients in England are happy with their ability to get an appointment to see a GP, show the results of the biggest ever survey about access to GPs commissioned by the Department of Health. But there are pockets around the country where retaining GPs remains a problem, and some communities are less satisfied with their experience of accessing general practice.

Areas in which there are problems of access are being asked to produce local action plans to improve their services, and primary care trusts have been told by the department to use their existing powers to invite new providers to offer high quality responsive services for patients.

Alan Johnson, the health secretary, who announced the measures this week, said, "I am particularly concerned about areas of deprivation where there is greater need for GP services, but fewer [services] available compared to more prosperous parts of the country. All patients in this country, no matter where they live or what their background, should enjoy first class primary care services. I want to see

more convenient opening hours and more GPs in deprived and less well served areas."

Findings from the survey, which involved 2.3 million completed questionnaires out of 5.2 million sent out, a response rate of 44%, show that 86% of patients were satisfied with their ability to get through to their doctor's surgery by telephone. In addition, 86% of people who needed to see a GP quickly said that they could do so within 48 hours, and 75% said that they could book ahead for an appointment.

Further results showed that 88% of patients could make an appointment with a particular doctor, and 84% were satisfied with the current opening hours of their practice. Out of those people who were not satisfied with when their practice was open, nearly half (46%) wanted it to open on a Saturday, and 26% wanted to be able to see their doctor on a weekday evening.

The department has said that certain deprived areas still have too few doctors. For example, last year Barking and Dagenham had 43 GPs for every 100 000 people, compared with 88 in Northumberland and the average of 61 for England.

GP Patient Surveys: Your Doctor, Your Experience, Your Say is available at [www.dh.gov.uk](http://www.dh.gov.uk).

## Poll highlights frustration with changes in

Lynn Eaton LONDON

Doctors are furious that their careers are being blighted by changes in UK medical training, says the incoming chairman of the BMA, Hamish Meldrum, after an online poll of members showed that nine in 10 doctors think that the reforms, along with changes in working time arrangements, will lower standards.

More than 2000 doctors responded to the poll, of whom 89% disagreed with the statement "doctors will be trained to the required standard for an NHS consultant despite the reduction in training hours under Modernising Medical Careers."

Speaking at a press briefing last Friday, Dr Meldrum outlined the BMA council's concern that there would "obviously be a lot of doctors who are not finding appropriate posts by 1 August" as a result of the changes in training being introduced this summer.

He added, "There may also be some posts that don't have doctors, which is very worrying for the NHS." Some elective procedures may have to be cancelled as a result, he said.

But he said that many doctors were concerned at being offered one year fixed term service posts, rather than "run-through" training posts which offer the prospect of eventually moving up to a consultant grade. "There's a great fear that junior doctors who feel that if they end up in a non-training post it will be very difficult for them to get back on the training ladder."

As the *BMJ* reported last week, 2262 of the 13 168 posts offered by the end of the first round of the application process were fixed term service training appointments (2007;335:118-9, 21 Jul).

"It would be very bad if, because people had ended up in a non-training post, they could not



A satellite image of Sudan on 16 July shows flooding of the Gash River, affecting as many as 20 000 people

## Flooding worsens in Sudan

**Peter Moszynski** LONDON Health and humanitarian agencies are bracing themselves for further deterioration in conditions throughout Sudan after record levels of rainfall threaten to affect millions more people.

More than 100 people have already died, and hundreds of thousands of people have been displaced by “the worst flooding in a generation,” according to the Sudanese news

agency. With even heavier rainfall forecast throughout Darfur and central Sudan and Chad, relief officials are concerned that worse is yet to come and fear serious disruption to aid corridors and protection of civilians.

The World Health Organization warned, “The Nile and Blue Nile rivers are reaching alert level. Flash floods are expected to affect North, South, and West Darfur,

North Kordofan, Tendalti, and areas of White Nile. Floods are already reported in Red Sea and White Nile states, and in Khartoum.”

After touring flooded areas of Khartoum last week, Claire-Lise Chagnat, head of WHO’s cholera taskforce, told the *BMJ*, “Further heavy rains are expected that are believed to be even more serious than in previous years. The big concern is, of course,

waterborne diseases, and thinking of the huge epidemic that swept over the 25 states of Sudan last year, there is serious concern that a cholera epidemic might start again.” Last year more than 2000 cases of cholera were recorded in Darfur alone.

Dr Chagnat said that the Federal Ministry of Health had learnt from last year’s experiences and had been recently “actively preparing for the coming cholera season” and has already positioned emergency supplies and strengthened the surveillance system.

Britain, meanwhile, last week also encountered the worst rainfall in living memory, with over five inches recorded in a single day in some areas, leading to widespread flooding.

The Red Cross assisted in evacuating patients from Tewkesbury hospital, thousands of households have been cut off from water and electricity, and people in affected areas have been advised to boil their water. See the disasters emergency committee at [www.dec.org.uk](http://www.dec.org.uk) and ReliefWeb at [www.reliefweb.int](http://www.reliefweb.int).

## UK medical training

transfer into a training post,” he said.

But Dr Meldrum thought it would not be helpful to junior doctors for the BMA to push for the chief medical officer, Sir Liam Donaldson, to resign. He said that he had looked carefully at what the BMA had done to represent junior doctors’ views, saying he accepted there was a perception that it had not acted as well as it might. “I think it is an unfair perception,” he said, “although nobody is denying the problems.”

Dr Meldrum also drew attention to the continuing failure of the Treasury to give the go ahead for a ballot on a new contract for the 12 000 staff and associate specialist grade doctors in the NHS. “Their contract has been sitting in various government departments, primarily the Treasury, for a number of months,” he said.

## The end is nigh: Oscar the cat smells doom

**Janice Hopkins Tanne** NEW YORK

Oscar the cat has an “uncanny ability” to predict impending death among residents of a dementia ward at the Steere House nursing home in Providence, Rhode Island—even people not known to be terminally ill.

“He’s not the friendliest cat. He keeps to himself, although he can be bribed with food,” said geriatrician David Dosa, of Brown University, who has published his findings about Oscar in the *New England Journal of Medicine* (2007;357:328-9).

Oscar, who’s usually aloof, identifies patients who will

die within hours by snuggling next to them, purring, and comforting them. In the year and a half he’s lived in the third floor dementia ward, he has identified more than 25 patients who were near to death. And he’s never made a mistake, Dr Dosa told the *BMJ*.

“His mere presence is viewed by physicians and nursing home staff as an almost absolute indicator of impending death, allowing staff members to adequately notify families.”



ERIK LAW/FOTOLIA



## UK state pension inadequate for healthy living

**Roger Dobson** ABERGAVENNY

The minimum income needed for older people to enjoy a healthy life in England is 50% higher than the state pension.

A single pensioner aged at least 65 years needs £131 a week, and a couple need £208 (£310; \$430) a week, a study has calculated (*International Journal of Epidemiology* 2007 Jul 12 doi: 10.1093/ije/dym129). The state pension is £139.60, before any additional means tested benefits, for a couple aged at least 65 years.

It is £87.30 for a single person—£43.70 below the amount that the paper says is adequate for a single person.

“The results suggest that inadequate income currently could be a barrier to healthy living for older people in England,” say the authors from the London School of Hygiene and Tropical Medicine.

The researchers calculated the minimum income for healthy living (MIHL) for people aged at least 65 years who were living independently without serious disability. The

calculations were based on the income required for a number of aspects of healthy living, including diet; fuel; physical activity; housing; psychosocial relationships; medical, optical, and dental care; and hygiene.

“Our findings for England indicate that the current state pension and the official safety net, the pension credit guarantee (after means testing), fall below our estimated MIHL. Moreover, the MIHL is not intended to cover the 40% of older people who have significant defined disability, with the probable additional personal costs

entailed. This of course will further increase the disparity between official benefits and the proposed MIHL,” say the authors.

The researchers say that there is no guarantee that pensioners would make healthy choices but add, “None the less, it would be a shortcoming of social policy if officially designated household incomes were below a level needed to allow the basic requirements of healthy living—especially in the context of government priorities to reduce health inequalities.”



SINCLAIR STAMMERS/SPL

## Antibiotics still overprescribed

**Susan Mayor** LONDON

GPs in the United Kingdom are still prescribing antibiotics for a large proportion of patients who attend with sore throat, otitis media, upper respiratory tract infections, and sinusitis despite national guidance warning against this, according to a study published this week based on analysis of the world's largest primary care database (*Journal of Antimicrobial Chemotherapy* 2007;60(suppl 1):i43-7).

The study assessed antibiotic prescribing in primary care using the general practice research database of consultations and prescriptions (GPRD), which collects information on about three million patients from general practices throughout the UK.

Researchers looked for all consultations between 1998 and 2001 for conditions that might have resulted in a prescription for antibiotics.

More than 80% of patients seen with lower respiratory tract infection, urinary tract infection, sinusitis, impetigo, or conjunctivitis were prescribed antibiotics, despite the fact that UK guidance recommends against their use for most of these conditions.

## Some sexually transmitted infections rising

**Michael Day** LONDON

The rising incidence of sexually transmitted infections (STIs) among young adults and gay men continues to cause serious concern, the UK Health Protection Agency has warned.

In its fourth annual report the agency said that in 2006 there were 4%, 3%, and 9% rises in the incidence of chlamydia, genital warts, and genital herpes, respectively, compared with in 2005.

Gwenda Hughes, head of the sexually transmitted infections section at the agency, said, “The groups who we are most concerned about are young adults and gay men, and it's crucial that we reach these groups with messages about safe sex, including condom wearing, and the importance of getting tested if they feel they've put themselves at risk of contracting an STI.”

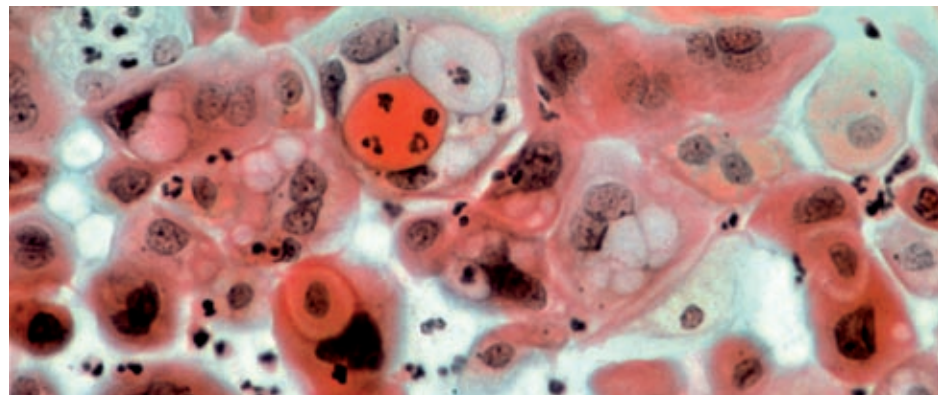
Overall the number of new sexually transmitted infections diagnosed in genitourinary medicine clinics in the United Kingdom rose by 2% from 368 341 in 2005 to 376 508 in 2006. The number of new cases of chlamydia, the most common STI, increased by 4% to 113 585 in 2006. But for other bacterial infections the news was slightly better, with falls in diagnoses of syphilis and gonorrhoea, although the incidence of these diseases fell by only 1%.

The agency's chief executive, Pat Troop, said, “There are some encouraging trends, but it's very early. There's absolutely no room for complacency.

“The good news is that gonorrhoea has gone down again, but the worrying picture is that of increasing levels of viral STIs, like herpes and warts, and in particular in young adults.

It is important to remember that herpes infections are carried for life, and although the symptoms are treatable many people will continue to suffer from recurrences.”

See [www.hpa.org.uk/publications/2007/annual\\_report](http://www.hpa.org.uk/publications/2007/annual_report) and [www.fpa.org.uk](http://www.fpa.org.uk).



Cells infected with *Chlamydia trachomatis*, the incidence of which increased 4% between 2005 and 2006

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## Patient with tuberculosis who flew internationally is being sued

**Janice Hopkins Tanne** NEW YORK

The man who triggered an international alert when he travelled from the United States to Europe and back for his honeymoon despite having drug resistant tuberculosis has had surgery to remove the upper right lobe of his lung. He is also being sued by passengers who were on the same flight.

The 31 year old US lawyer Andrew Speaker had surgery last week at the University of Colorado Hospital.

Congressional hearings have looked into the failings of the system at the time and found that health agencies had been unable to prevent him flying, could not locate him on international flights, and were slow to place him on a "no fly" list. They also found that agencies were tardy in notifying the World Health Organization, European countries, and Canada of the problem. A border agent failed to stop him (*BMJ* 2007;334:1242, 16 Jun).

## Meta-analysis says low LDL cholesterol may be associated with greater risk of cancer

**Janice Hopkins Tanne** NEW YORK  
Patients with low concentrations of low density lipoprotein (LDL) cholesterol, lowered as a result of taking statins, are at significantly more risk of being diagnosed as having cancer compared with patients with higher concentrations of the cholesterol, a meta-analysis of 23 large studies of statins shows (*Journal of the American College of Cardiology* 2007;5:409-18).

The analysis found one more case of newly diagnosed cancer per 1000 patients with low achieved LDL cholesterol concentrations who were taking statin treatment (below 100 mg/dl) compared with patients with higher concentrations of the cholesterol (100-150 mg/dl). US guidelines recommend 100 mg/dl.

The study set out to investigate why and how statins sometimes increase concentrations of liver enzymes and cause rhabdomyolysis. Results showed that raised liver enzymes were significantly related to higher doses of statins.

The rate of raised liver

enzymes was 271 with high dose statin, 195 with intermediate dose, and 114 with low dose statin per 100 000 person years for each 10% reduction in LDL cholesterol ( $P < 0.001$  for all pairwise comparisons). Rates of rhabdomyolysis were also higher with higher doses of statins, although not significantly so.

The meta-analysis included 23 published trials of different statins used at a range of doses, with at least 1000 person years of follow-up. These included a total of 75 117 patients who took statins and cumulative follow-up of 309 506 person years.

The researchers found a "disturbing," highly significant inverse relation between the lowest concentration of LDL cholesterol achieved with statin treatment and the risk of newly diagnosed cancers ( $R^2 = 0.43$ ,  $P = 0.009$ ).

The cancers were of a wide range of types, including genitourinary, prostate, respiratory, and haematological cancer. The researchers saw no significant relation between relative or

absolute reduction in LDL cholesterol and rates of cancer.

Richard Karas, professor of medicine at Tufts University School of Medicine in Boston, and lead author of the study, cautioned, "This analysis doesn't implicate the statins in increasing the risk of cancer."

### "This analysis doesn't implicate the statins in increasing the risk of cancer"

However, certain aspects of lowering LDL with statins remain controversial and merit further research," he said.

The study authors noted, "The body of evidence is reassuring that statin use in itself is not associated with an increased risk of cancer compared with placebo." But they said that previous studies had not answered the question addressed by their study: what is the relation between reduction of LDL cholesterol in patients treated with statins and incident cancer?

In the light of current feeling that "lower is better" for LDL cholesterol concentrations to reduce cardiovascular risk,

the authors warned, "It may be prudent not to use a statin dose beyond what is required to achieve the LDL cholesterol target," but "evidence is reassuring that statin use in itself is not associated with an increased risk of cancer compared with placebo."

Another study showed that use of simvastatin was associated with an almost 50% reduction in the risk of Alzheimer's disease and Parkinson's disease and that another statin, atorvastatin, was associated with a "modest" reduction in risk (*BMC Medicine* 2007;5:20).

The study analysed data from the decision support system of the US Department of Veterans Affairs database, which contains diagnostic, medication, and demographic information on 4.5 million people.

The association between taking a statin and dementia was examined compared with patients who took cardiovascular drugs other than statins, after adjusting for factors associated with dementia or Parkinson's disease.