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bmj.com Scientists challenge dubious marketing claims

Experts clash over reducing abortion limit

Clare Dyer BMJ

Health experts clashed this week over the long term health risks for women who have terminations as the House of Commons science and technology committee launched its inquiry into whether the abortion laws in England and Wales need updating in the light of current knowledge.

Doctors who gave evidence at the committee's first session agreed that the research showed that women who have induced abortions are more likely to have premature births in future—and the more terminations they have, the greater the risk.

But there was disagreement about whether abortion increases the risk of mental health problems in later life and whether women who have terminations are more prone to breast cancer.

The MPs are considering whether medical research indicates that the 24 week normal cut-off point for abortion should be reduced.

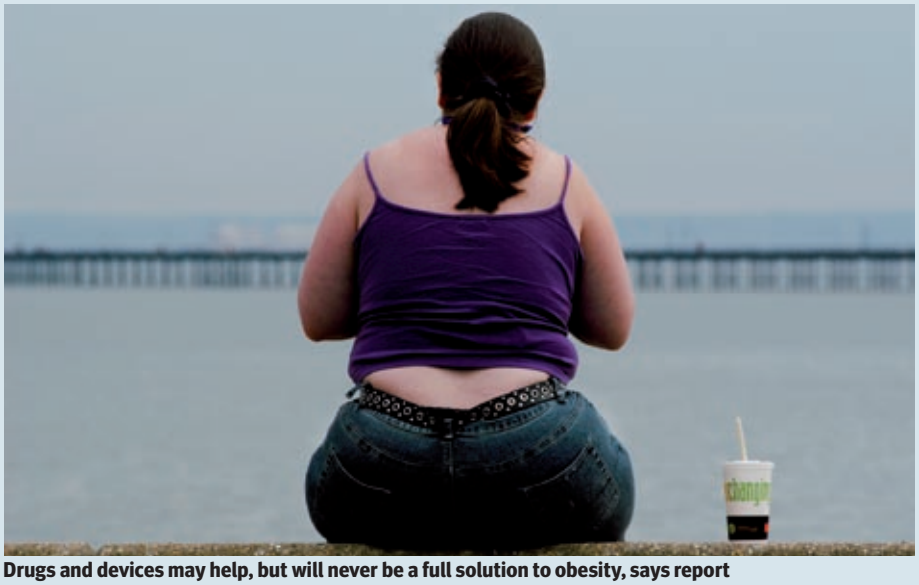
The Pro-Life Alliance wants the upper limit cut to 20 weeks, but the BMA says that the number surviving at 24 weeks is still "extremely small" and argues that the limit should stay as it is.

There were 193 000 abortions in England and Wales last year, 89% of them performed in the first 13 weeks.

The MPs were told that a new study of the most premature babies, EPICure2, was expected to find no evidence of recent improvement in chances of survival. The British Association of Perinatal Medicine said that initial findings from the study did not support arguments for the upper limit to be reduced.

Rates of survival for babies born below 24 weeks' gestation in 2006 were 10-15%, the same as in 1995, the association said in a written submission.

But John Wyatt, professor of neonatal paediatrics at University College London, said "substantial numbers" now survived at 23 weeks at his specialist unit.



BRIAN HARRIS/REX

Drugs and devices may help, but will never be a full solution to obesity, says report

Obesity report provokes government action

Lisa Hitchen LONDON

The government has signalled its support for a report on obesity after furious criticism at a National Obesity Forum conference this week for years of inaction over the epidemic.

The public health minister Dawn Primarolo said that the Department of Health would work with Foresight, the government's futures think tank, to try to translate the report's findings into action.

The independent report, *Foresight Tackling Obesities: Future Choices*, which is part of the group's work for government, predicts that 40% of Britons will be obese by 2025, with the country being mainly obese by 2050.

Health problems caused by obesity will place an "intolerable burden" on the Treasury in terms of health costs; on employers through staff absence; and on families having to cope with long term disability, says Foresight. Obesity will cost society £46bn (€65bn; $92bn) a year by 2050, the report estimates.

The obesity epidemic has many causes, said Peter Kopelman, one of the report's authors and director of the faculty of health at the University of East Anglia. "It is [because] biological mechanisms [are] poorly adapted to the 21st century. The pace of the technological revolution has outstripped

"Obesity will cost society £46bn a year by 2050"

human evolution," he said.

These changes have meant transport, work, and food patterns have altered so radically that solutions to the problem would require a "paradigm shift in thinking" by government, individuals, and society, the report says.

Although drugs and devices provide some help with obesity, they will never be full solutions. Neither will changing behaviour at an individual level, it says.

The report calls for change at an environmental and organisational level as well as in the "obesogenic environment" to reduce obesity at a population level.

Susan Jebb, one of the report's authors and head of nutrition research for the Medical Research Council, said, "Until now there has been far too much emphasis on a headline grabbing initiative here and there, but now the penny has dropped that it has got to be more systemic than that."

Ms Primarolo pointed out that the responsibility for tackling obesity did not lie with one government department but with all of them working together. "It means having thinking from education to the built environment, from planning to transport to what we eat and why we eat it," she said.

The report is available at www.foresight.gov.uk.

IN BRIEF

Relief agencies told to use enriched foods: Médecins Sans Frontières has called for donors and United Nations agencies to urgently speed up and expand the use of nutrient dense, ready to use food to reduce the five million annual deaths worldwide related to malnutrition in children under 5. Only 3% of the 20 million children with acute malnutrition will receive therapeutically enriched food in 2007, the charity estimates.

Netherlands considers banning sale of magic mushrooms: The Dutch health minister, Ab Klink, proposes banning the sale of hallucinogenic mushrooms because of their unpredictable and potentially dangerous side effects. Incidents associated with their use, including the death of a French teenager after falling from a bridge, have recently doubled to more than 120 a year.

UK agency studies safety of wireless networks: The UK Health Protection Agency is to investigate the safety of wireless computer networks. Although the agency says that schools and offices need not stop using such networks, it adds that "there has not been extensive research into what people's exposures are to this new technology."

Doctors told to document torture: The World Medical Association has called on doctors to become more actively involved in documenting cases of torture they come across. At its annual general assembly, the association declared that doctors had an obligation to document cases of torture in a professional way when examining victims. Not doing so might be considered a form of tolerance, it noted.

Two shops refuse to stop selling multipacks of analgesics: Netto Foodstores has become the latest of the big retailers to sign up to guidance from the UK Medicine and Healthcare Products Regulatory Agency to restrict sales of analgesics to a maximum of two packets of 16 tablets. The cut price retailers Poundland and The 99p Store are the only big retailers to refuse to enforce the guidance.

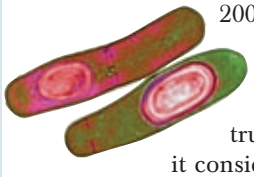
Staff told to snub requests to meet with tobacco firms: Staff at the London School of Hygiene and Tropical Medicine have been told it would be inappropriate to work with any organisation involved in the manufacture or supply of tobacco products and to turn down any requests for meetings with representatives from the tobacco industry.

Doctors need a "sea change" in their attitude to *C difficile*

Adrian O'Dowd MARGATE

An NHS trust could face criminal charges over failures in its infection control measures that contributed to the deaths of 90 patients.

Every NHS trust in England will now get a copy of a damning report into failures at the Maidstone and Tunbridge Wells NHS Trust in Kent as a precautionary measure to highlight mistakes that occurred there. The Healthcare Commission, England's health watchdog, has just published its report after an investigation into outbreaks of *Clostridium difficile* at the trust's hospitals between April 2004 and September 2006.



BIOMEDICAL IMAGING UNIT/SPL

The Healthcare Commission said that there were "significant failings" at the trust and that of 345 deaths it considered as part of its review 90 were "definitely or probably" caused by *C difficile*. The police and the Health and Safety Executive are now considering whether criminal charges should be brought against the trust over the deaths.

During the period under study more than 1170 patients were infected across the trust's three hospitals.

The report details several contributory factors, including:

- Failure of the trust board to deal with problems raised consistently by patients and staff
- Shortages of nurses, poor care of patients, and poor processes for managing movement of patients from one ward to another
- Average rates of daily bed occupancy of more than 90% (and in some cases more than 100%) on medical wards where patients were not receiving surgery
- High turnover of patients, limiting the time available to clean beds between patients.

HEALTHCARE COMMISSION/PA

Cups in a dirty sink at Maidstone hospital (above) which has been condemned for its poor *C difficile* (left) control measures

The report's author, Heather Wood, said, "One of the things we would like to think the medical profession might pick up on particularly is our concern about the standards of basic medical care and management there, as well as the regular review of patients."

Dr Wood said she had concerns about the general approach and attitude of staff to *C difficile*. "I would hope that this report would bring about a degree of sea change in the way in which doctors regard *C difficile*," she said.

***Investigation into Outbreaks of* Clostridium difficile *at Maidstone and Tunbridge Wells NHS Trust* is at www.healthcarecommission.org.uk.**

West Yorkshire has most road crash casualties

Roger Dobson ABERGAVENNY

An analysis of deaths and injuries from road traffic incidents has identified West Yorkshire and the West Midlands as the counties with highest risk of injury and the Isle of Wight and parts of Wales as the safest (*Health and Place* 2007 doi: 10.1016/j.healthplace.2007.10.001).

Between 1995 and 2000 there were 15 797 deaths, 191 870 serious injuries that needed hospital treatment, and 1 282 563 minor injuries from road traffic incidents in England and Wales.

For the NHS funded study researchers looked at geographical variations in mortality and morbidity throughout England and Wales.

The results were presented in two ways for each county. The first, the null model, was the total number of deaths and injuries. The second took into account differences in population, vehicle movements, car ownership, road length and curvature, and other factors, which made some differences to the ranking orders.

The results for the null model show that for deaths West Yorkshire was top, followed by West Midlands, South Yorkshire, and Lincolnshire. The counties with the lowest mortality were the Isle of Wight, West Glamorgan, and Gwynedd.

For serious injuries, the West Midlands was ranked in first place followed by West Yorkshire, Greater London, and South Yorkshire. The lowest risk was in West Glamorgan followed by neighbouring Mid Glamorgan.

The authors say that fatalities from road traffic incidents in Britain have averaged more than 3000 a year since 1998.

***Beyond 2010: A Holistic Approach to Road Safety in Great Britain*, can be seen at www.pacts.org.uk.**

NICE guidelines create ethical dilemmas in care of elderly people, says international report

Anne Gulland LONDON

A report that looks at problems affecting elderly people around the world has warned that the United Kingdom's policy of prescribing drugs on the grounds of cost effectiveness is damaging the human rights of older people.

The report, by the International Longevity Centre, warns that the National Institute for Health and Clinical Excellence has created "new ethical dilemmas about allocation of scarce resources" for older people.

It says, "Prescribing drugs according to cost effectiveness may be the opposite of the rights based approach: decisions can condemn patients to deteriorate before the drug will be prescribed, as is the case with Aricept [donepezil] for dementia patients."

The report also called for the government to act on a recent House of Lords test case, which ruled that private care homes fall outside the scope of the Human Rights Act (Y L *v* Birmingham City Council and others, HL 20 June 2007). The act covers only homes run by local authorities.

The report says, "The legal chess game may in the long term be the best way of producing a durable result, but in the meantime vulnerable people are left in a wholly unacceptable limbo."

"Prescribing drugs according to cost effectiveness may be the opposite of the rights based approach"

Frances Butler, vice president of the British Institute of Human Rights, urged the government to plug the loophole.

"This is a serious defect because nine out of 10 care home places are provided by private companies or by charities. Residents cannot properly obtain protection of their human rights when the people who are breaching them do not have human rights responsibilities."

Ms Butler also urged the government to legislate to protect older people from unfair age discrimination in the health service and other public bodies.

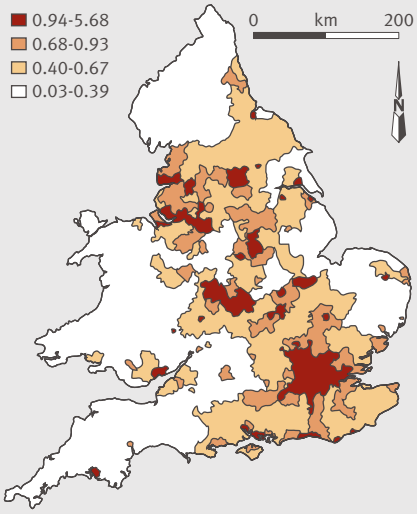
"Women are not invited to breast cancer screening when they reach their 70th birthday. This must make women over 70 think that the government does not consider their health to be worth anything anymore. Age should not be used as a blanket proxy for risk. A more sophisticated scheme is needed," she said.

Human Rights in an Ageing World: Perspectives from Around the World is at www.ilcuk.org.uk.

ANGELA HAMPTON/ALAMY

A 90 year old woman sits in a nursing home. Private homes are not covered by the Human Rights Act

SERIOUS INJURIES FROM ROAD TRAFFIC CRASHES PER KM



Source: *Health & Place* (doi: 10.1016/j.healthplace.2007.10.001)

COX 2 inhibitor rejected in North America but retained in Europe despite liver risk concerns

Bob Burton CANBERRA

Doctors in the UK will continue to be able to prescribe the cyclo-oxygenase-2 (COX 2) inhibitor Prexige (lumiracoxib) the UK Medicines and Healthcare Products Regulatory Agency has decided, even though it has been withdrawn from the market in Canada and the US Food and Drug Administration (FDA) has refused to approve it.

Health Canada, the government agency with responsibility for drug registration, reviewed the safety of the 100 mg dose of lumiracoxib, following the withdrawal of the 100, 200, and 400 mg doses of lumiracoxib from the Australian market in August (*BMJ* 2007;335:363). On 4 October the department announced that it had withdrawn marketing approval of the 100 mg dose of lumiracoxib due to the risk of "serious liver-related adverse events" including hepatitis. The department, which had first approved the drug in November 2006, reported that two cases of liver damage in Canada had been associated with the drug and concluded that "the risk of serious liver-related adverse events with Prexige cannot be safely and effectively managed at the 100 mg daily dose."

While both Canada and Australia have withdrawn marketing approval for the drug, the 100 mg daily dose remains available in more than 50 countries, including the UK and other countries in the European Union and Latin America.

Surgeons get new training facility to practise operations

Zosia Kmietowicz LONDON

Trainee surgeons at the Royal College of Surgeons' new Wolfson Surgical Skills Centre, in London, can now practise the techniques required for aligning joints during orthopaedic operations, such as knee replacements. The opening of the £3m (€4m; $6m) surgical skills facility this week marks the first stage of the college's project to provide with a world class centre by 2010.

The Human Tissues Act means that for the first time surgeons in training can practise surgical techniques on donated human bodies before they enter an operating theatre. The fact that the centre's tables are fully interconnected by monitors means that up to 50 surgeons can learn collaboratively at any one time.

And trainees no longer need to travel to the capital to brush up their skills. A high resolution video wall means that education can be provided remotely "with courses run from the college and delivered to trainees locally, nationally, and internationally," said Dick Rainsbury, director of education at the college.

"Now all trainees can have access to that knowledge no matter where they are based"

With the development of more than 150 new surgical procedures in the past 10 years, the demand for training has never been higher. "There are expert surgeons based all around the country, now all trainees can have access to that knowledge no matter where they are based," said Bernard Ribeiro, president of the college.

74 year old Dutch GP refuses to take part in deputising service

Tony Sheldon UTRECHT

A long running dispute over working practices between the Dutch medical authorities and a septuagenarian general practitioner, portrayed as a cause célèbre for older people's rights, is to go before the Netherlands' highest administrative court.

"I come from a generation where a doctor . . . worked every night and weekend"

The Council of State, which advises on legislation and governance, will judge whether a 74 year old can be stopped from working as a GP if she refuses to join colleagues in out of hours deputising services. Dr Tonny Bakhoven from Driebergen near Utrecht says she prefers to see her patients herself during nights, weekends, and holidays. But the certification committee of the Dutch Medical Association, which has a role similar to the UK's General Medical Council, insists the case is not about age but about meeting the quality requirements for recertification.

All GPs, of whatever age, must apply for recertification every five years to ensure they maintain the quality of care and take part in continuing medical education. One of those requirements is participating in mutual deputising, or locum, services. This, argues the Dutch society of general practitioners, ensures they gain sufficient experience of emergency care, especially with patients they are unfamiliar with.

However this has become a problem for Dr Bakhoven, one of an estimated 190 working GPs in the Netherlands aged over 65. Dr Bakhoven, who qualified in 1958 and has run her current practice for 20 years, believes the system of deputising services is wrong. "I come from a generation where a doctor had their own practice and always worked every night and weekend. I still do that. When something serious happens I want to be involved." She considers that the greater free time expected by younger doctors and the idea of deputising is her profession's downfall.

Since her five year certification became due for renewal two years ago the Medical Association has granted her annual certification to allow her time to meet its requirements. Dr Bakhoven has attempted to join the deputising services but, she admits, is slow at using its computer system.

Dr Bakhoven's certification has now been withdrawn. She has mounted a legal challenge and the case has been appealed by the general practitioners' association to the Council of State.

Dr Lourens Kooij, secretary of the medical association's certification committee, said Dr Bakhoven's activities "do not satisfy the requirements for recertification in that she does not do any deputising services with other GPs . . . that is a demand in the Netherlands."

He added: "This has nothing to do with age.

"Last year we renewed the certification of a GP who is 83 and who met all the requirements."

HANS ROGGEN

Dr Tonny Bakhoven admits she is slow using the computer system in the deputising service

Trainees practise their surgical skills on an orthopaedic simulator

Surgeon is suspended over "unconventional donations"

Annette Tuffs HEIDELBERG

A prominent transplant and cancer surgeon from Essen, Christoph Broelsch, has been suspended by Essen University following accusations of fraud and blackmailing patients. Professor Broelsch is also being investigated for tax evasion over "unconventional donations" allegedly made by patients.

Essen University Hospital is one of the largest centers for transplant and cancer surgery in Germany, which has been led by Professor Broelsch since 1998. He is known to be one of the pioneers of liver transplantation.

In May 2007 Professor Broelsch was publicly accused by the relative of a patient with liver cancer of having asked for money to bring forward the date of an operation. Police then began an investigation into whether such offers had been made to other patients, including patients from overseas.

After the accusations were made, Professor Broelsch issued a statement denying that he had ever sought financial reward to perform an operation or blackmailed any patient. However, he said that in certain cases when patients without private health insurance asked him to perform an operation he was obliged by German law to tell them that they had to pay extra for his involvement. He said that in some cases he had offered to forgo his extra payment if the patient made a contribution to his research projects.

At first the hospital merely said that "unconventional donations" had been made, but on 9 October it issued a statement that the situation had changed and that suspension was necessary.

Professor Broelsch has not made any comment following his suspension and could not be contacted by the *BMJ*.

US medical schools have financial ties to drug companies

Janice Hopkins Tanne NEW YORK

Most US medical schools and large teaching hospitals have financial ties to drug companies, according to a survey published this week (*JAMA* 2007;298:1779-86).

Researchers from Massachusetts General Hospital in Boston, the University of Michigan in Ann Arbor, and the Association of American Medical Colleges surveyed all 125 US medical schools and 15 large teaching hospitals, which often do more research than many medical schools.

They found that 60% of departmental heads had a financial relationship with a drug company as a consultant, member of a scientific advisory board, a paid speaker, an officer, a founder, or a member of the board of directors.

Two thirds of departments at medical schools and large teaching hospitals had relationships with industry that involved research equipment, unrestricted funds, support for research seminars, residency and fellowship training, continuing medical education programmes, discretionary funds to buy food and drink, support for professional meetings, subscriptions to professional journals, and intellectual property licensing.

A spokeswoman for the Pharmaceutical Research and Manufacturers of America told the *BMJ* that the organisation was unable to comment on the study because it did not collect information on the industry-academic ties reported in the article.

NHS gets 4% increase in funding a year until 2011

Helen Mooney LONDON

The NHS in England and Wales has been given a 4% a year funding rise for the next three years, with an overall budget rise from £90bn this year to £110bn in 2010.

Announcing the comprehensive spending review, the chancellor, Alistair Darling, said that the cash would fund 20 new hospitals, 140 walk-in centres open seven days a week, and 100 new GP practices.

However, the funding is much less than the 7.2% that the NHS has had each year since 2002 and below the 4.4% recommended by Derek Wanless in his review of the future of the NHS published in September (*BMJ* 2007;335:529).

But it is more than the 3% that many NHS staff had been expecting.

Hamish Meldrum, chairman of the BMA, said it was vital funds were not squandered on "costly and poor value" deals with the private sector, where he said "profits are often rated higher than patients.

"Excessive use of the private sector in providing NHS care will fragment care for patients, could threaten the existence of many district general hospitals, and risks destroying the proven and trusted model of UK general practice," he said.

The *Pre-Budget Report and Comprehensive Spending Review 2007* is available at www.hm-treasury.gov.uk.

PETER MACDIARMUID/GETTY

Alistair Darling steps out with his first review

German hospitals demand extra cash to alleviate problems

Annette Tuffs HEIDELBERG

The German Hospital Association has demanded immediate financial help from the federal government because the care of patients is suffering as a result of large deficits and lack of staff.

Georg Baum, the association's chief executive, presented a representative survey of 304 general hospitals that shows that a third are running at a loss and a third struggle to stay in balance. Despite the loss of 150 000 jobs in the past few years most hospitals are considering further reductions in numbers of nurses and doctors.

Mr Baum blamed the crisis in part on higher wages for all hospital staff and higher value added tax and costs of energy. Also, the introduction of a new hospital financing system, with insurance companies charged a fixed sum for each case rather than for actual daily costs, had added to the problem, he said.

"The rising costs were not covered by consequent increases of hospital budgets," he said.

The German government, however, has denied that the situation is urgent and that more money is needed. The health ministry denied that any sudden changes had taken place.

Government should restrict advertising of baby milk products

Peter Moszynski LONDON

Protestors are urging the UK government to tighten safeguards regarding the sale and marketing of infant formula, as the Food Standards Agency prepares to publish proposals for modifying the regulations that control these products.

Last December the agency altered its advice to warn that "powdered infant and follow-on formulas are not sterile, which means they can contain harmful bacteria. So it is important to take care when preparing and storing formula, to reduce the risk of babies becoming ill. Bacteria will be killed if formula is made up following the advice, which includes using water that is at least 70°C."

Now campaigners want the government to implement in full the International Code of Marketing of Breastmilk Substitutes, which was passed by the World Health Assembly in 1981, because they claim that the existing regulations are too weak.

Michael O'Donnell, head of hunger reduction at Save the Children, said, "The law that is supposed to stop formula milk companies from promoting their products and to protect babies and parents is not working. Formula companies are finding increasingly devious ways to beat the ban and continue to bombard parents with misleading information about the alleged similarities of breast and bottle."

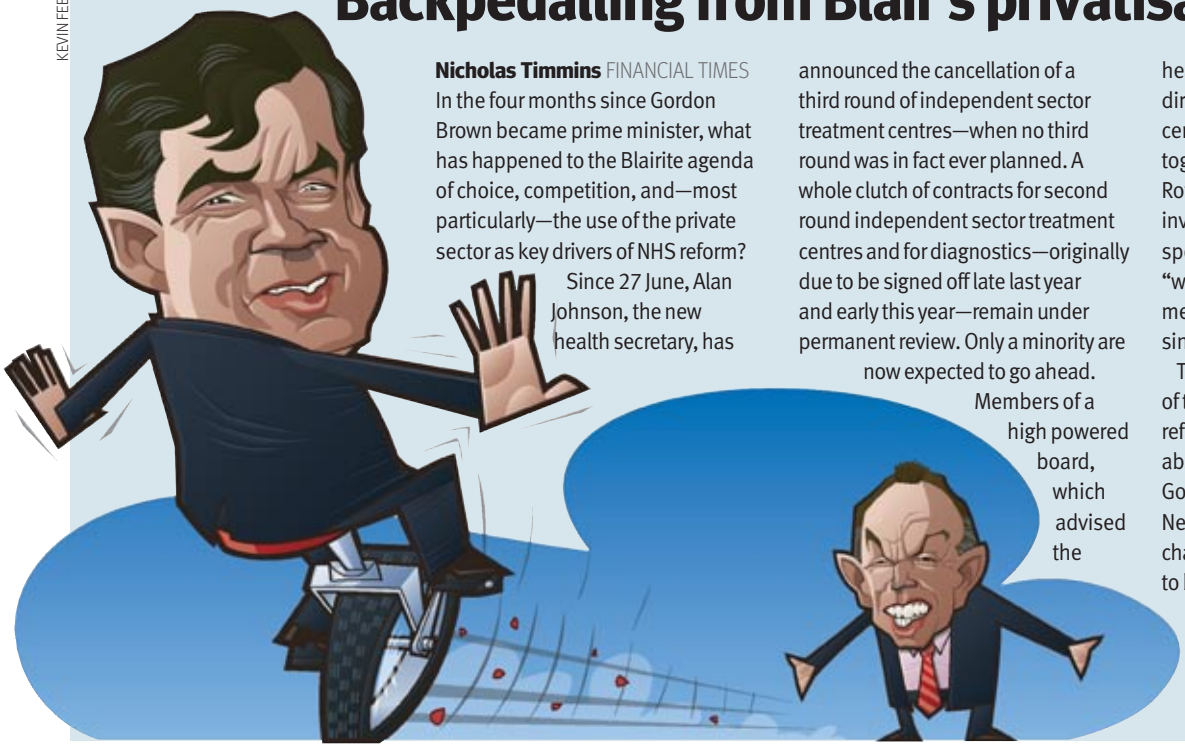
Andrew Radford, deputy director, Unicef UK, said, "The government has regularly stated that it wants to adopt World Health Organization recommendations, which would prohibit advertisements for formula, but has continually failed to act on these promises in the UK. We are, therefore, calling on the government to prohibit all formula milk advertising, so that parents can feed their babies using accurate information, free from commercial pressure."

The Baby Feeding Law Group, a coalition of organisations that support UK health professionals and mothers, is calling for restrictions in any new legislation, including a ban on the promotion of all breast milk substitutes (including follow-on formula, specialised formulas, and other bottle fed products).

Protecting Breastfeeding: Protecting Babies Fed on Formula: Why the UK Government Should Fulfil its Obligation to Implement the International Code of Marketing of Breastmilk Substitutes **is available at www.babymilkaction.org.**

Backpedalling from Blair's privatisation agenda

KEVIN FEBRUARY



Nicholas Timmins FINANCIAL TIMES

In the four months since Gordon Brown became prime minister, what has happened to the Blairite agenda of choice, competition, and—most particularly—the use of the private sector as key drivers of NHS reform?

Since 27 June, Alan Johnson, the new health secretary, has announced the cancellation of a third round of independent sector treatment centres—when no third round was in fact ever planned. A whole clutch of contracts for second round independent sector treatment centres and for diagnostics—originally due to be signed off late last year and early this year—remain under permanent review. Only a minority are now expected to go ahead.

Members of a high powered board, which advised the health department's commercial directorate on these and other central contracts, have resigned together. Board members included a Rothschild banker and senior legal, investment, and private finance specialists. They were, they declared, "wasting their time" because, as one member put it, "no one is listening" since Tony Blair went.

The terms "competition" and "use of the private sector" as means to reform the NHS have been entirely absent from the speeches of Gordon Brown and Alan Johnson. Neither do they appear in the chapter on how public services are to be "transformed" in the recent comprehensive spending review—although "choice" does receive a brief, passing reference.

The Confederation of

Royal colleges call for more staff on maternity wards

Andrew Cole LONDON

The four royal colleges that represent UK doctors and nurses involved in childbirth are calling for urgent increases in the number of staff to ensure safe levels of care on maternity wards.

In their report *Safer Childbirth* the royal colleges for obstetricians and gynaecologists, anaesthetists, midwives, and paediatrics and child health list the minimum standards required for safe childbirth. These include one to one midwifery care for women in established labour and the presence of a consultant obstetrician on the ward at least 40 hours a week.

A consultant obstetrician should be on the ward 40 hours a week

At the moment, says the report, only 27% of maternity units in England and Wales have enough midwives to guarantee one to one care, and "barely half" say they have an obstetrician available 40 hours a week.

The Royal College of Obstetricians and Gynaecologists' own survey also shows that fewer than a third of units claiming to have 40 hours of cover by a consultant obstetrician actually have one present on the labour ward for this length of time.

The college says that the number of obstetricians in the United Kingdom would have to increase from 1600 to 2100—and "ideally" to 2500—to meet all the report's recommendations. The Royal College of Midwives says that 5000 extra midwives would be needed in England alone.

"If the changes suggested in the document are not met we believe that maternity services will be operating at a suboptimal level," warned the Royal College of Obstetricians and Gynaecologists.

The report's authors recognise that their recommendations have "considerable financial implications." But they also note the huge costs of errors in obstetrics. The cost of litigation payments tripled between 1997 and 2002 and reached £269m (€390m; $550m) in 2001-2.

The report also recommends that:

- An anaesthetist should be available 24 hours a day.
- An appropriately qualified healthcare professional should be present at all births in any setting.
- Obstetricians should conduct ward rounds at least twice a day on Saturdays, Sundays, and bank holidays and do a ward round as late as possible every evening (as well as the commitment for there to be at least 40 hours' cover).

BUBBLES PHOTOLIBRARY/ALAMY

Colleges want extra staff on maternity wards

***Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour* is available at www.rcog.org.uk.**

British Industry, the employers' organisation, fears that reform on these lines is "on the wane."

Against all that, the department has—11 months late—finally announced the framework contract that will make it easier for primary care trusts to buy in help with commissioning from 14 private firms—four of them big US health insurers and care managers. The department has also published a new advertisement to seek new suppliers of operations and diagnostics ahead of the introduction from next April of "free choice" for patients of any hospital prepared to treat at NHS prices.

The interim report from Ara Darzi on the "next stage" NHS review called for patient choice to be "embedded within the full spectrum of NHS funded care" (*BMJ* 2007;335:739, 13 Oct). It also said that new providers should be brought in to help extend GPs' opening hours. Asked a direct question—if he was committed to those proposals—Mr Johnson said, "Yes, there is a role for the private sector here, and there is a role for it in the rest of the NHS."

In private, ministerial advisers in both Downing Street and Richmond House insist nothing has changed.

In practice, however, it has. The full Blairite agenda is indeed on the wane—at least for now. And some important distinctions are emerging between how what remains of it will be used in primary and secondary care.

The Blair agenda included not just bringing in the private sector to provide additional capacity to the NHS, but its use as a challenge to existing NHS institutions. In the hospital sector, that is evaporating.

The original contracts for independent sector treatment centres were meant to be worth £1bn (€1.4bn; $2bn) a year. But the first wave amounted to only £370m. And of the £550m intended to be in the second wave, only about £150m worth of business, if that, now looks likely to emerge. Less than half of the additional diagnostic contracts are now likely to operate. With one important caveat: far from the independent sector performing "up to 15%" of elective procedures, as John Reid suggested in 2004 when health secretary, the proportion next year looks likely to be only 6-7%, according to the healthcare analysts Laing and Buisson.

"The full Blairite agenda is indeed on the wane—at least for now"

For commissioning, the framework contract has been approved.

But in primary care, the government may indeed invite new providers in to challenge GPs over opening hours—although that will happen locally, not through any central contract. Ministers seem more comfortable about using the private sector in areas that have fewer doctors than needed than they do in the hospital sector. This is, perhaps, because the risk of large scale disruption is smaller in primary care than in the secondary sector.

The big unknown in this analysis, however, is patient choice.

Four months in, it is clear that the Brown government is much less ideologically committed than the Blair one to the use of the private sector as a challenge to the NHS as opposed to using it, probably temporarily, to provide additional capacity. The days of big, central, ministerially driven, private sector contracts are dead.

But there remains an outside chance that patient choice could yet make Blair's vision a reality.