

*In brief***Emergency contraception should be used promptly:**

Women who wish to avoid pregnancy after unprotected intercourse should take the morning after pill within 12 hours, report doctors working on behalf of the World Health Organisation (*Lancet* 1999;353:721). Data on 1950 women who had been given emergency contraception showed that pregnancy rates increased by 50% if women did not start their emergency contraception regimen until 12-24 hours after intercourse.

UK medical schools agree guiding principles for admission:

The Council of Heads of Medical Schools has agreed principles for the selection and admission of medical students to medical schools. It has suggested that the selection process must be transparent, follow the guidelines of the Race Relations Act, and offer equality of opportunity. The principles also suggest that selection for medical school implies selection for the medical profession. The principles can be found on the council's website (www.cvc.ac.uk/chms/).

Longer waits for English outpatients:

The number of patients waiting more than 12 weeks for outpatient appointments at NHS hospitals in England has risen steeply, by 132 000 (40%), since the government's drive to reduce the admission waiting list began nine months ago.

News extra 

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Correction**"Unprecedented" row delays second phase of BSE inquiry**

An error was introduced into the news story on the inquiries into bovine spongiform encephalopathy and paediatric heart surgery at Bristol Royal Infirmary in last week's issue (27 February, p 558). It appeared that witnesses to the BSE inquiry had posted "draft factual accounts" on the internet of subjects covered by the inquiry. In fact, it was the inquiry that had posted these on its website; the witnesses objected to this because they claimed the accounts were far from factual.

UK commission recommends new ways to fund care of elderly people

John Warden, *parliamentary correspondent, BMJ*

The Royal Commission on Long Term Care for the Elderly—set up when the Labour government came into power in the United Kingdom—has called for a fairer way of paying for the care that many elderly people require.

The royal commission's report, which is published this week, has proposed implementing a split between living costs and care costs. This split would allow personal care and nursing care to be provided free of charge but people would contribute to the costs of their room and board according to their means. The cost to the Exchequer has been estimated at up to £1200m (\$1920m) each year.

The health secretary, Frank Dobson, will make no commitment to any of the report's recommendations until there has been a period of "informed debate" and a search for a new national consensus; his reaction disappointed groups representing elderly people.

For now, the present system of means testing will continue, engendering what the royal com-

mission argued is "a degree of fear riddled with inefficiencies." About 40 000 people each year are obliged to sell their houses to pay for long term residence in care homes because anyone with assets over £16 000 is not entitled to a state subsidy.

Two of the 12 commissioners dissented from the proposal to split living and care costs because they considered that it

would add to the demand for care and transfer income to the better off at the expense of those who were most in need. Mr Dobson said that this potential problem would need to be borne in mind.

The chairman of the royal commission, Professor Sir Stewart Sutherland, said that the government should set up a national care commission to allay the mistrust and fear that plagues the present system and to support older people. □

The royal commission's report, *With Respect to Old Age*, is available from the Stationery Office, price £18.



Personal care and nursing care costs for elderly people should be split

US launches campaign to combat Medicare fraud

Fred Charatan, *Florida*

The US Department of Health and Human Services has joined up with the American Association of Retired Persons to campaign against Medicare fraud to train patients systematically to query their healthcare bills.

The campaign—"Who Pays? You Pay"—was launched last month with training sessions in 31 cities for 10 000 Medicare beneficiaries and volunteers from the American Association of Retired Persons. It is aimed at reducing waste, including simple billing errors and unnecessary or excessive spending, and criminal fraud and abuse against the Medicare programme.

As part of the campaign, Medicare recipients are being encouraged to consider three questions about their healthcare benefits:

- Did you receive the service for which Medicare was billed?
- Did your doctor order the service or product for you?
- To the best of your knowledge, is the service or product relevant to your diagnosis and treatment?

Whistleblowers could receive awards of 10% of the recovered overpayment (to a maximum of \$1000) if billing mistakes are proved. Department of Health and Human Services Secretary Donna Shalala said that the Medicare programme needs its 39 million beneficiaries to act as "eyes and ears" in spotting mis-payments.

The human services inspector general of the US Department of Health, June Gibbs Brown, estimated that improper Medicare payments totalled \$12.6bn (£7.9bn) last year. This

represented some improvement, with a decline of 46% since 1996. She could not specify how much of this was attributable to fraud as opposed to unintentional billing errors.

Since 1993, the Clinton administration has focused unprecedented attention on the fight against fraud, abuse, and waste in the Medicare programme. Operation Restore Trust, aimed at the worst abuses, was able to identify \$23 in over-payments for every dollar of the costs of the two year project.

Dick Davidson, the president of the American Hospital Association, applauded the campaign and said that senior citizens should make hospitals and doctors their first stop with billing questions. But Nancy Dickey, the president of the American Medical Association, claimed the government was unable to distinguish between the honest errors, resulting from 100 000 pages of confusing or arcane Medicare regulations, and deliberate fraud. □