

Hospital at centre of claims of racism is “turning the corner,” report says

Clare Dyer legal correspondent, *BMJ*

A crisis-hit NHS hospital trust that has weathered a waiting list scandal and a series of claims by surgeons of bullying and racism is “in the process of turning the corner,” a report from the Commission for Health Improvement (CHI) concluded this week.

The review of Plymouth Hospitals NHS Trust, which runs Derriford Hospital, was “fast tracked” after four surgeons launched three separate employment tribunal claims against the trust.

This year a consultant plastic surgeon, Judy Evans, took early retirement and a six figure payoff, estimated at more than £300 000 (\$450 000) by lawyers specialising in such cases, just before the hearing of her tribunal claim for sex discrimination and victimisation under the Race Relations Act. She was suspended in 1999 and her work investigated after she supported a black woman trainee who was allegedly the subject of a racist remark by another surgeon.

A second plastic surgeon,

Krish Kumar, went on sick leave through stress before launching a bullying and racism claim; two other surgeons from ethnic minority groups, who claimed they were denied merit awards because of racism, received payments from the trust to settle their cases.

An investigation in 1999 showed serious irregularities in managing waiting lists and reporting waiting times and led to the resignation of the chief executive and his deputy.

Overall, said the commission, the trust is “moving forward with significant developments, but it still needs to provide assurance that it has learnt from previous difficulties, and reports frequent pressure in balancing capacity and demand.”

The trust’s “levels of activity” in terms of treatment provided and patients seen are three times the English average, but its resources (beds, income, and staff) are only twice the average, the report points out. Its bed occupancy often exceeds 100%, forcing it to postpone elective

procedures. The report highlights concerns about medical staffing levels, with long hours in all grades. Unless this is tackled, these strains could increase when Derriford becomes a teaching hospital next year with the opening of the new Peninsula medical school, the report warned.

The commission said that the trust must act urgently on developing its human resources strategy, reinforcing the progress made on bullying and harassment. Staff reported that they were “not adequately supported by the human resources department under the current arrangements.”

The trust has a policy for raising concerns about clinical performance and a whistleblowing policy that complies with the Public Interest Disclosure Act, the report noted. Staff were aware of the policies, but “medical staff are not all committed to the policy on clinical concerns, some staff are concerned about unjust blame and some are sceptical about how effective the policies will be in getting to the root of any concerns.”

This was not a universal picture, and it had to be appreciated “within the historical context of significant concerns in 1999 and 2000 about the support for individuals who reported problems,” said the commission. “However, even though the



Dr Judy Evans claimed sex discrimination

trust’s policies have since changed, the picture is sufficiently widespread to indicate that further steps are needed to ensure the robustness of the trust’s policy.” □

A copy of the report can be obtained through the commission’s website (www.chi.nhs.uk).

Progress is slow in narrowing the health research divide

Kamran Abbasi *BMJ*

Progress has been slow in addressing the research needs of the developing world, speakers and delegates at last week’s fifth global forum for health research in Geneva conceded.

The aim of the conference was to assess progress in addressing the disparity between the global burden of disease and health research in the world’s poorest countries. This is the so called 10/90 gap, whereby only 10% of the estimated yearly £47bn (\$70bn) spent on health research is used to research 90% of the world’s health problems.

“Things have moved on but maybe not as much as we expected them to,” admitted Somsak Chunharas from the

department of medical sciences in Thailand’s ministry of public health. “We’ve talked, discussed a lot—perhaps that’s right—but the question is how do we go about global governance?”

Delegates were concerned that although last year’s forum in Bangkok ended on a high note—with decisions having been taken to work on national, regional, and global levels to correct the 10/90 gap—one year later there was little to show for it.

Several more countries now had research councils, and others had strengthened or reinvigorated theirs, but global coordination was still lacking. A major component of the initiatives arising from the Bangkok conference

was the formation of a working party under the auspices of the World Health Organization, the World Bank, the Global Forum for Health Research, and the Council for Health Research and Development.

The working party’s mandate was to address global governance issues and undertake stewardship functions. It was to reflect the spirit of the conference, represent its constituents, and be independent. Delegates were told that, as yet, all that had been set up was an interim working party that would decide on the members and agenda for the working party proper.

Delegates aired concerns that the working party was unlikely to be representative if all it did was co-opt participants from global health conferences, because an inability to attend such gatherings could well equate with need. Another criticism was that so much focus on the global

response to the disparity in health research ran the risk of neglecting national activities, which was ultimately where reform had to happen. More attention was needed to develop an implementation mechanism for global strategies, said delegates.

Dr Tikki Pang, director of research policy and cooperation at the WHO, pointed to some successful initiatives for poor countries, including health research awards aimed at improving research environments, free access to medical publications and information, and workshops on evaluating the performance of health research systems. It was also likely that a future world health report, probably 2004, would be devoted to health research. □

The sixth global forum will take place in Tanzania in November 2002. More information can be found at www.globalforumhealth.org