Birth rate drops when obstetricians leave town

Roger Dobson

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The move is widely seen as a bid to mend relationships with health professionals, many of whom feel aggrieved by a decade of non-stop NHS reforms.

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He added, “What was right for the last decade—top down targets and important but sometimes difficult reforms—will not be right for the next, where more local decision making and staff empowerment need to drive the NHS.”

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Gill Morgan, chief executive of the NHS Confederation, said, “We hope that this is not just another review but a genuine exercise in listening and understanding where the service has got to and where it needs to go. The opportunity to re-engage staff with the NHS reform programme is too important to be missed.”

Plan for NHS review gets mixed response

Michael Day LONDON

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Polyclinics open till 10 pm proposed for London

Michael Day LONDON

GP supersurgeries that stay open till 10 pm and provide facilities for radiography and trauma care have been called for by the surgeon and newly appointed health minister Sir Ara Darzi, in a report. Healthcare for London: A Framework for Action, commissioned by NHS London, the capital’s strategic health authority, calls for a radical overhaul of the capital’s health services, which it says are “not meeting Londoners’ expectations.”

Topping the list of proposals—and immediately prompting fears of hospital closures—is a network of supersurgeries or “polyclinics,” which would massively expand the role of primary care.

The polyclinics would include GPs’ surgeries; diagnostics such as radiography and pathology; outpatient clinics; facilities for urgent care and minor procedures; and associated services, such as pharmacies.

Professor Darzi said, “Londoners face a stark divide between primary care and hospital care, and we believe the polyclinic will fill that gap. Most GPs provide an excellent and well regarded service, but they do not have the facilities to undertake even quite simple diagnostics on site, which means patients face multiple trips to hospital for quite straightforward procedures.”

The report envisages that the clinics will provide up to half of the outpatient treatment currently carried out in hospital by 2017.

It adds that the size and scale of the new clinics would “allow them to improve accessibility by offering extended opening hours across a range of services.” Patients requiring “urgent care” would be able to see GPs on rota at the polyclinic up to 10 pm.

See Personal View p 98
New reproduction law reduces success rate

Fabio Turone MILAN
The first official data on the effects of the restrictive Italian law on assisted reproduction, approved in 2004, have been made public by health minister Livia Turco, of the centre left coalition government led by the former president of the European Union Romano Prodi.

According to Ms Turco’s report to parliament, the law has resulted in a decrease in the success rate of the procedures and more multiple pregnancies and adverse outcomes.

The law was approved during the previous centre right government by a cross party majority. It prohibits the use of donated eggs and sperm; limits to three the number of embryos that can be created in each cycle; and bans embryo freezing, making it mandatory to put all fertilised eggs back into the womb. Preimplantation genetic testing is also forbidden.

Attempts to modify the law included a referendum in 2005, which did not reach the necessary quorum (BMJ 2005;330:1405).

The report says that Italian centres that offer assisted reproduction had a 14.5% decrease in the rate of pregnancy for every 100 eggs extracted. It fell from 24.8% in 2003 to 21.2% in 2005, an absolute reduction of 3.6%.

The decrease in the rate of pregnancies per embryo transfer was similar, from 27.6% in 2003 to 24.5% in 2005.

Conversely, the rate of negative outcomes, including spontaneous abortions, grew from 23.4% to 26.4%, and the number of multiple deliveries also grew, from 22.7% to 24.3%, because in 2005 more than 50% of transfers involved three embryos (because all three eggs had been effectively fertilised).

“All the figures are statistically significant,” said Giulia Scaravelli, head of the registry at the Istituto Superiore di Sanità, the national institute of health, in Rome.

But she recognised that the overall scientific value of the current report was not fully satisfactory. Because the law lacks specific authorisation establishing the registry, privacy laws prevail. As a result, it is impossible to know how many Italian women repeat the treatment before obtaining a child—or before giving up—or move to a better equipped public centre in another region in addition to women who go to private centres abroad (BMJ 2006;333:1192).

“We are trying to overcome the current limits through a voluntary survey,” said Dr Scaravelli.

Fertility centres had a 14.5% decrease in the pregnancy rate

GMC hearing against Andrew

Owen Dyer LONDON
The UK General Medical Council will this week hear charges of serious professional misconduct against three authors of a study published in 1998 in the Lancet that triggered a public health scare by suggesting a link between autism and the combined measles, mumps, and rubella (MMR) vaccine (1998;351:637-41).

Andrew Wakefield, John Walker-Smith, and Simon Murch are accused of carrying out research in 1996-6 without proper ethical approval and of failing to carry out the research as described in the application to the ethics committee.

The formal charges will not be released until the case starts on 16 July, but in a statement the GMC said that the three researchers will also be accused of carrying out potentially harmful tests on the children that were not clinically indicated, including colonoscopies and lumbar punctures.

In one case, the GMC will allege, Dr Wakefield and Professor Walker-Smith “administered a purportedly therapeutic substance to a child for experimental reasons prior to obtaining information about the safety of the substance.”

On another occasion Dr Wakefield allegedly took “blood from children at a birthday party to use for research purposes without ethics committee approval, in an inappropriate social setting, and whilst offering financial inducement.”

Dr Wakefield also faces charges in relation to a research grant he received from the Legal Aid Board to investigate a possible link between the MMR vaccine and autism on behalf of parents involved in litigation.

He failed to declare this funding to the Lancet. When the payment was exposed by the Sunday Times newspaper in an investigation in February 2004, the Lancet’s editor, Richard Horton, declared it a “fateful conflict of interest.”

The GMC will also examine allegations of Dr Wakefield’s involvement in a patent relating to a new vaccine.

The study and Dr Wakefield’s comments at a press conference at the Royal Free Hospital, north London, in 1998, caused a US debates health insurance for millions of children

Janice Hopkins Tanne NEW YORK
A successful US programme to insure children in poor families is coming up for its five year renewal in Congress at the end of September, amid controversy between Democrats and Republicans.

The situation is examined in a commentary in the New England Journal of Medicine by John Iglehart, the journal’s national correspondent (2007;357:70-6), and in a review by the not for profit Commonwealth Fund.

The Democrats want to expand the programme to cover more families, but the Republican president, George Bush, wants to reduce it, giving families tax incentives to buy private insurance. The programme may, therefore, be renewed for only a year or two.
Wakefield opens

An estimated seven or eight million US children don’t have health insurance. The number has dropped from about 11 million in the 10 years since the federal government set up the state children’s health insurance programme. The programme is about 70% funded by the federal government and 30% by the states. Some eligible children haven’t been signed up by their parents.

The programme expanded on the Medicaid programme, which provides health care for children and others in families below the poverty line. For 2007 this is an income of about $21,000 (£10,400; €15,400) for a family of four.

The programme enrolled children in families that earned up to double the amount assessed as the poverty line (about $41,000 in 2007). Many were working poor people, with jobs but no health insurance or health insurance that they couldn’t afford. The programme’s payments to healthcare providers are more generous than Medicaid. Some states with high living costs allowed families earning up to 350% of the poverty level to enrol. Other states allowed parents of children in the programme to enrol.

When the programme expires on 30 September, Democrats have proposed expanding the programme by $50bn over five years to include children in middle class families who don’t have health insurance.

Republicans called for an increase of about $5bn over five years. President Bush said that attempts to expand the programme would be “incremental steps down the path to government-run health care,” which he said was “wrong . . . for our nation.” He said a single payer healthcare system would end choice and competition; increase federal spending and taxes; and lead to rationing.

The Commonwealth Fund’s review, The State Children’s Health Insurance Program: Past, Present, and Future, is at www.commonwealthfund.org/publications. An estimated seven or eight million US children don’t have health insurance

UK drug industry challenges government’s action

Clare Dyer BMJ
The trade body representing the drug industry is taking the UK government to court over its attempt to encourage doctors to switch patients to cheaper generic medicines.

The Association of the British Pharmaceutical Industry (ABPI) has won permission to challenge the legality of the Department of Health’s drive to persuade doctors to prescribe generic statins in place of the more costly branded versions.

The government is determined to cut the £7bn (£5bn; $3.5bn) a year the NHS pays for branded drugs. With nearly two million Britons taking statins to help lower their cholesterol, the Department of Health estimates that at least £84m a year could be saved if doctors prescribed generic statins.

But a spokesman for the association said that although it supports the government’s desire to get the best value for money, it has “serious concerns” about the methods adopted to persuade doctors to switch their patients to the cheaper drugs. It questioned the legality of offering doctors money as an incentive and cast doubt on the adequacy of safeguards for patients.

The Department of Health’s guidance to primary care trusts last month stated that any change to a patient’s treatment regime “should be based on good quality evidence or guidance” and that payments under an incentive scheme “should go into practice funds and not to individuals.”

It added, “It is good practice to specify appropriate use of the money—for example, for the benefit of patients of the practice.”

The association said that its first concern was the lack of central guidance “to ensure that such switches were not being made without proper regard to the welfare of individual patients.”

The second was that “additional payments to doctors were being made as a direct financial inducement to prescribe certain medicines in substitution for other named medicines, which the ABPI considers is illegal under European law.”

Orthopaedic surgeons will have most difficulty meeting targets

Michael Day LONDON
Experts have highlighted considerable hurdles facing the NHS as it prepares to meet the government’s 2008 deadline for eliminating waiting times of more than 18 weeks.

At a meeting of clinicians and Department of Health civil servants last week, however, warnings were sounded about poor progress in several areas.

Sue Hill, the department’s chief scientific officer, admitted that the situation for audiology services was “pretty dire,” with some patients waiting more than 50 weeks.

The gynaecologist Clive Pickles, from the Sherwood Forest Hospital NHS Trust, said that organisation within his department had been “a complete and utter shambles,” with a lack of interest from clinicians and managers. He added that only when it had become an official Department of Health pilot site for testing new systems for delivering maximum waits of 18 weeks would he consider any interest from senior staff.

Sherwood Forest Hospital NHS Trust, said that orthopaedics was “pretty dire,” with less than 25% of orthopaedic patients currently admitted within 18 weeks.

Less than 25% of orthopaedic patients are currently admitted within 18 weeks

Charity challenges decision to refuse drug to 84 year old

Clare Dyer BMJ
An English primary care trust (PCT) that refused to fund sight-saving treatment for an 84 year old war veteran agreed to reconsider its decision this week after it was threatened with legal action.

Oxfordshire Primary Care Trust said it would look again at the case of Dennis Devier, whose legal challenge is being funded by the charity the Royal Society for the Prevention of Blindness.
Dengue fever epidemic in Cambodia affects 17 000

Zosia Kmiętowicz LONDON

Cambodia is facing an epidemic of haemorrhagic dengue fever, aid agencies have warned.

The Cambodian Red Cross says that there have been 16 986 unconfirmed cases of dengue haemorrhagic fever and 174 deaths throughout the country since the start of the outbreak. In June alone there were 132 deaths from dengue fever, a fivefold increase compared with the previous month.

Dengue fever is transmitted by the *Aedes* mosquito and causes a severe flu-like illness. No vaccine or specific drug treatment exists, although intravenous fluids are given to maintain fluid volume.

Although dengue fever itself rarely causes death it can lead to dengue haemorrhagic fever, which can be fatal. This complication can cause a rash, high fever, headache, muscle and joint pain and haemorrhagic shock.

The Cambodian authorities have been spraying insecticide in the streets to try to control the *Aedes* mosquito, which breeds primarily in manmade containers where water collects, such as discarded tyres and metal drums. Local radio stations have also been warning people to cover water containers.

Last month the Cambodian government called on its neighbours to help contain and manage the outbreak. Thailand responded by sending supplies and medical teams. Warmer weather and heavy rains seem to be helping to spread the virus through the region with Vietnam, Malaysia, Indonesia, and Singapore all reporting a rise in cases.

A mother prays over her child, who is suffering from dengue fever at Phnom Penh's Kantha Bopha VI hospital

Mental health act becomes law after concessions are made

Clare Dyer BMJ

The UK government’s controversial mental health bill was finally passed into law last week. Months of confrontation with the House of Lords and lobbying by pressure groups had ended in substantial concessions by ministers.

The Mental Health Alliance, an umbrella group for 77 organisations, accused ministers of missing “a historic opportunity to achieve a modern and humane act” but welcomed “important concessions to protect patients and their families from abuse and neglect.”

Andy Bell, the alliance’s chairman, called on the government to “start listening to the people who are affected by the act when it writes the new regulations and to ensure that sufficient resources are made available to mental health services to implement the changes fairly.”

He also urged ministers to “take seriously the warnings made by the Commission for Racial Equality about the impact of the act on black communities and to take action before it is too late to put this right.”

The new mental health act, which replaces the 1983 act, will allow people with serious personality disorders to be detained—even if they have committed no crime—if they are deemed to be a danger to themselves or others. It also allows patients who have been detained in hospital to be compulsorily treated in the community, under new community treatment orders.

The legislation was introduced after several high profile murders involving people with mental health problems, but critics maintain its powers are too draconian.

The trust refused to pay for antivascular endothelial growth factor drugs, which can slow sight loss from wet, age related macular degeneration. One drug, Macugen (pegaptanib), costs about £10 000 (€15 000; $20 000) a year, and the other, Lucentis (ranibizumab), about £12 000.

Steve Winyard, the charity’s head of campaigns, said, “Oxfordshire PCT has told Dennis that for him to be eligible for sight saving treatment he must be an ‘exceptional case.’ In our view he is.

“Oxfordshire PCT claim to be operating a policy where they consider treatment on an individual basis, but as far as we understand they have not funded a single case of [this] treatment. Dennis has had his appeal turned down three times now. If Dennis isn’t an ‘exceptional case,’ then my question to Oxfordshire PCT is, ‘Who is?’” Mr Winyard said that the trust had 70 patients who might benefit from the treatment.

Primary care trusts in England and Wales are formulating their own policies on the drugs while waiting for final guidance from NICE, which is expected in September. Its draft guidance last month recommended a total block on pegaptanib. It said that ranibizumab should be funded only for patients with a specific type of the wet form of age related macular degeneration—about 20% of the total. Patients to be treated would also have to have the condition in both eyes.
**Waterborne diseases pose threat in Pakistan as floods cause chaos**

**Owen Dyer** LONDON

Hundreds of thousands of people are living in the open as large tracts of India, Pakistan, and China have been struck by lethal floods after weeks of torrential monsoon weather and a direct hit from a tropical cyclone on Pakistan’s southern coast.

Cyclone Yemyin narrowly missed Karachi on 26 June, just three days after the city was struck by another storm that caused widespread damage and killed 228 people. The cyclone instead hit land in the province of Balochistan, one of Pakistan’s most deprived areas.

The Balochistan relief commissioner, Khuda Bakhsh Baloch, says that roughly 200,000 houses in the province have been destroyed by flooding, and confirmed 130 people were dead. Estimates of the number of people affected by the floods in the province swiftly grew to more than 800,000, of whom more than 100,000 lack shelter. Hundreds of thousands more people are affected in Sindh province.

Some remote areas of Balochistan have not yet been reached except by air, as flood waters have still not fully subsided. Health kits and medical supplies have been sent in by helicopter.

Floodwaters have affected some of the districts worst affected by the cyclone. Some hospitals have been affected and people have fled to live in tents. It has been reported that in some places, people are using water from the sea to drink and bathe in.

Aid agencies and Pakistani authorities are primarily concerned about the risk from waterborne diseases, said Antonia Paradela of Unicef Pakistan. “In some of the districts worst affected by the floods, when we had previous assessments, we had found that half of the children had diarrhoea in the prior two weeks,” she said.

**Consider surgery before IVF, gynaecologists told**

**Lisa Hitchen** LONDON

Surgical options should be considered before clinicians offer women in vitro fertilisation (IVF), experts recommended at a conference last week on obstetrics and gynaecology.

In vitro fertilisation is not a “universal panacea” for all fertility problems, said William Ledger, professor of obstetrics and gynaecology at the University of Sheffield.

He showed data from York University Health Economic Consortium on the most cost effective, preferred solution for infertility. Out of tubal disease and endometriosis, anovulation, male factor, and unexplained infertility, in vitro fertilisation came out top only for severe tubal disease and endometriosis.

“The media’s fascination with IVF is as if there is no other option,” he said. “Many patients pick that up, and you have to try to convince them to try something else because they think, ‘I’m infertile, I have to do IVF.’ This is not the case. In an audit of our practice in Sheffield only just over half of the pregnancies we had in a year were IVF, the rest come from these easier techniques.”

The problem is that many junior doctors won’t get sufficient training to carry out techniques such as surgery for adhesions or fibroids in the future. He told delegates.

“My concern is that if we don’t train younger doctors in these techniques, they will disappear and all we will have to offer is IVF.”

Nor was preimplantation genetic screening the preferred solution for infertility. Out of tubal disease and endometriosis, anovulation, male factor, and unexplained infertility, in vitro fertilisation came out top only for severe tubal disease and endometriosis.

“Many junior doctors don’t get enough training in surgery for fibroids (above)”

**Birth rate drops when obstetricians attend national conferences**

**Roger Dobson** ABERGAVENNY

New research shows that when obstetricians and gynaecologists are away at national conferences the number of births drops.

Researchers found that the number of births dropped by up to 4% during five day key annual conferences in the United States and Australia, with nearly 1000 births affected.

“Since it is unlikely that parents take these conferences into account when conceiving their child, this suggests that medical professionals are timing births to suit their conference schedule,” say Joshua Gans from the University of Melbourne and coauthors from the University of Sheffield.

They say that although medical conferences have become a normal part of the career of many doctors, little has been written about how hospitals and others manage the effects on the supply of available staff.

In the study the authors looked at daily birth rates in the two countries and matched them with the annual meetings of the largest conferences of obstetricians and gynaecologists in each country, the annual scientific meetings of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the American College of Obstetricians and Gynecologists, over a 12 year period.

In Australia conferences were associated with a 3.8% fall in births and in the US with a 1.5% fall in births. “To give some sense of the magnitude of these effects, the results
India reduces estimated count of people infected with HIV

**Ganapati Mudur** NEW DELHI

India has lowered its estimate of people infected with HIV to 2.47 million for 2006, but health officials and public health experts have warned that the real reduction in HIV prevalence is only marginal.

"India still has one of the largest numbers of HIV infected populations," said Sujatha Rao, director general of the National AIDS Control Organisation. "The epidemic has shown a decline in some areas where intervention has been strong, but there are pockets of high HIV transmission," Ms Rao said.

India's HIV counts have long been controversial, with projections ranging in recent years from 3.4 million to 9.4 million. Five years ago, a US agency predicted that India could have 20 million people infected with HIV by 2010 (BMJ 2002;325:1132).

The revised range—finalised by the National AIDS Control Organisation after taking into account a nationwide family health survey—is two million to 3.1 million.

Epidemiologists have long attributed the earlier overestimates to the exclusive use of sentinel surveillance data—HIV prevalence among patients in clinics for sexually transmitted diseases and antenatal clinics—to calculate national estimates.

Public health experts said that the lower count is expected to translate into more resources for prevention. The National AIDS Control Organisation last week also launched the third phase of its AIDS control programme for the period 2007-12.

The 115 billion rupees (£1.4bn; €2.1bn; $2.9bn) programme funded by the Indian government, international agencies, and private foundations, will expand education in youth and high risk groups, promote more condoms, increase voluntary testing and give free antiretroviral treatment to 340,000 people by 2012.

solution for improving live birth rates in older women, Peter Braude, head of women’s health at St Thomas’ Hospital, in London, pointed out.

Results from a recent study on the use of the technique in 408 women undergoing three cycles of in vitro fertilisation with or without preimplantation genetic screening found that only 49 had live births in the preimplantation genetic screening group compared with 71 in the group who had not had screening (New England Journal of Medicine 2007; 357:9-17).

Preimplantation genetic screening is increasingly being requested by women for whom it is not clinically necessary, noted Roger Gosden, a professor of reproductive medicine at the New York-Presbyterian Hospital, in the United States. He had patients younger than 30 years old asking for it.

suggest that the average obstetrics conference in Australia leads to 126 babies being born on a different date than if the conference had not taken place, while the average obstetrics conference in the United States leads to 864 babies being born on a different date than if the conference had not taken place," says the report.

The authors say that although little is known about the effects on infant health of moving the timing of a birth for non-medical reasons, it’s plausible that such changes may raise the chance of complications during birth.