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bmj.com Almost a quarter of IVF cycles in UK resulted in a live birth in 2006

Hospitals allow patients to top up care and continue to get NHS treatment

Zosia Kmietowicz LONDON

At least 30 hospitals throughout the United Kingdom are using a loophole in rules to allow patients to buy top-up care that their trusts will not fund without jeopardising their patients' NHS care.

The Department of Health's guidance *A Code of Conduct for Private Practice*, issued in April 2003, advises trusts not to allow patients to pay for drugs privately while having NHS treatment. Those patients who choose to buy treatment outside the NHS should then have to pay for all of their treatment privately, it says.

But Nick James, professor of clinical oncology at Birmingham University and consultant in oncology at the city's Queen Elizabeth Hospital, told the *BMJ* that he had been allowing patients to top up their care for years. "In fact I have been puzzled by the top-up issues that have been raised," he said.

The matter of whether patients should be allowed to top up their care with private treatment without losing their right to further NHS care came to the fore in 2006, when chemotherapy drugs for advanced kidney cancer were licensed.

The problem of access to the drugs sunitinib (Sutent), bevacizumab (Avastin), sorafenib (Nexavar), and temsirolimus (Torisel) gained publicity when the National Institute for Health and Clinical Excellence issued draft guidance in August that said that the drugs should not be made available through the NHS because they were not good value for money (*BMJ* 2008;337:a1262). The final guidance is due in early 2009.

Mike Richards, the national cancer director for England, is reviewing copayments and is due to report at the end of the month.

However, Professor James says that he has been advising patients to buy these drugs from a private provider because he had seen many patients in trials "and we could see how good they [the drugs] were."

Provided that there is a clear partition between the episodes of private and NHS treatment the trust has said that there is no problem with governance, he said. "The code does not define what an episode of treatment is and we have taken this to be a single outpatient visit. We have further removed any element of doubt that we mix the care by using a different consultant to write the private prescription," said Professor James.

HUW EVANS

Sue Bentley is challenging Velindre NHS Trust in Wales for charging her for two lung cancer drugs because she chose to pay for bevacizumab privately

Healthcare at Home, the company used by patients in Birmingham, has been treating about 1000 self funding cancer patients every year from about 30 trusts across the UK for the past few years.

Cite this as: *BMJ* 2008;337:a2112

Two thirds of NHS trusts in England meet core government standards

Susan Mayor LONDON

More NHS trusts in England are meeting the core standards set for their performance, but one in three are failing in some areas, particularly infection control, according to the latest annual health check by the Healthcare Commission.

Overall, the annual assessment of English NHS trusts against the government's 24 core standards, including safety and cleanliness, infection control, and dignity, showed that 64% (251/391) had fully met these standards in 2007-8. This represented a 9% rise compared with the previous year.

However, one in four trusts (114) failed to meet one or more of the three core standards that relate to infection control, representing a small rise from the previous year. And only 52% of acute trusts met the target to reduce rates of meticillin resistant *Staphylococcus aureus* (MRSA) by at least 60% over three years.

Mental health trusts showed particular improvement in meeting core standards, with 80% fully meeting them, a 13% rise compared with the previous year.

Ian Kennedy, chairman of the Healthcare Commission, said, "Patients and the public should celebrate these results as they show a real shift in performance. This is a broad and demanding assessment so we pay tribute to those trusts that have done well. It is a team effort: the cleaner, the porter, the nurse, the doctor, and the manager have all played their part."

However, he cautioned, "Performance is not universally good. We are a lot closer to getting core standards in place across the NHS, but there are still too many trusts that are not there. It's very satisfying to see MRSA rates falling overall, but the challenge posed by these infections remains. Some trusts are still not doing all that's necessary to sustain the drop in rates of infection."

Results for 2007-8 also show that they had performed particularly well against the three targets relating to waiting times for treatment for cancer.

The Annual Health Check 2007-8 **is at www.healthcarecommission.org.uk.**

Cite this as: *BMJ* 2008;337:a2121

BBC told to pay gynaecologist Mohamed Taranissi £500 000

Clare Dyer BMJ

The High Court this week ordered the BBC to pay the obstetrician and gynaecologist Mohamed Taranissi an estimated £500 000 (€620 000; $850 000) in costs after the corporation dropped part of its defence to a libel action he is pursuing against it.

Mr Taranissi's claim centres on a Panorama television programme, IVF Undercover, broadcast in January 2007, which he argues damaged his reputation by making defamatory allegations about his in vitro fertilisation practice. The programme, he alleges, claimed that he had been offering unnecessary and unproved therapies and operating one of his clinics without a licence.

The BBC has abandoned its reliance on the so called Reynolds defence, which confers qualified privilege for a broadcast or publication which meets the standards of responsible journalism and covers a matter of public interest. The defence, if successful, allows those publishing defamatory allegations to escape liability, even if the allegations cannot be shown to be true.

However, the BBC is still pleading the defence of justification—that the allegations are true—and is due to put forward its evidence at trial next January.

The programme was broadcast just hours after the Human Fertilisation and Embryology Authority (HFEA), the regulator for infertility treatment, raided Mr Taranissi's two London clinics. The authority had obtained search warrants from magistrates.

In June 2007 the High Court quashed the warrants as unlawful, with the HFEA's agreement, after the authority admitted that a statement it gave to the magistrates was "not legally watertight because it did not give a complete picture of the regulatory history." The authority was ordered to pay Mr Taranissi costs estimated at £1m.

Employers think a 2% rise is fair to staff and taxpayers and affordable to the service

Employers seek 2% rise for hospital doctors for 2009-10

Adrian O'Dowd MARGATE

Health service employers want doctors to receive a pay rise of 2% next year.

The call for an "affordable" pay rise for 2009-10 from NHS Employers, the body that represents NHS organisations, came in its evidence to the doctors' and dentists' review body (DDRB) published on Tuesday.

The BMA, which is due to publish its own evidence to the pay review body later this week, would not comment directly on NHS Employers' recommendations, but said it would be seeking a "fair and appropriate" pay award.

NHS Employers said that it had to find a balance between fairness to staff and affordability, so limiting a pay rise for doctors and dentists employed by the NHS to 2% would be affordable, providing there was a corresponding rise in funding allocation for 2009-10.

UK inflation reached 5.2% in September, according to the consumer prices index.

NHS Employers, which wants a multi-year award to help predict costs, said that it recognised that inflationary pressures and expectations surrounding efficiency were putting pressure on services, and any unfunded pressures from pay, which makes up most of NHS spending, could threaten patient care.

Gill Bellord, director of pay, pensions, and employment relations at NHS Employers, said, "Employers are sympathetic to the difficulties that staff are facing in the current economic climate, but unaffordable increases

Changes to contract link GP pay to treatment of patients most in need

Zosia Kmietowicz LONDON

The government and the BMA have agreed a package of changes to the GP contract for 2009-10 that they say will better match doctors' pay to their ability to meet the health needs of their local communities, especially people with the poorest health.

The changes will apply to the general medical services contract in England, Scotland, Wales, and Northern Ireland. The Department of Health, the BMA, and NHS Employers, which represents trusts in England, will submit evidence on the pay rise that GPs should get for 2009-10 to the doctors' and dentists' review body (DDRB), which will report its decision next year.

The changes to the contract are designed to reduce the reliance of general practice on the minimum practice income guarantee (MPIG), which guaranteed that practices would not receive less money under the new contract than they did under the old one for continuing services in deprived areas. However, since the contract was launched in April 2004 several bodies, including the National Audit Office, have called for the abolition of the guarantee because it has not resulted in money moving to disadvantaged areas and has reduced the money available for rewarding good service (*BMJ* 2008;336:465).

Changes to the contract mean that the pay rise recommended by the review body for 2009-10, if accepted by the government, will be applied differentially to the global sum, correction factor payments, quality and outcomes framework payments, and enhanced services payments.

In addition, 72 quality and outcomes framework points out of the 1000 available will be reallocated. Practices will be rewarded for delivering a range of new interventions for their patients in five clinical areas: preventing cardiovascular disease; better advice on contraceptive methods; maintaining treatment for depression; better indicators for chronic kidney disease, diabetes, and chronic lung disease; and better drug treatment for people with heart failure.

The way that quality and outcomes framework payments are calculated will also be altered so that it focuses more on the

after dropping part of libel defence

Mr Taranissi also threatened libel action against the HFEA, which took part in the programme, but the matter was settled without proceedings when the authority agreed to issue a statement concluding: "Nothing that was said on behalf of the HFEA was intended as a criticism of the clinical standards, treatment and patient care offered by Mr Taranissi."

After dropping its Reynolds defence to the libel action, the BBC argued that the question of costs should await the outcome of the trial next January.

The corporation's QC, Adrienne Page, said that the order for immediate costs would "create the very real and substantial risk that there will be an injustice to the BBC in the event, which the court must assume is a real possibility, that they succeed in the justification defence."

She added, "The BBC stands fully behind their journalists and the programme, and expect to have it vindicated at trial. If we succeed at trial on justification, the costs awarded to the BBC are likely to vastly exceed any costs incurred on qualified privilege to date."

But Mr Taranissi's QC, Richard Rampton, said that the BBC had "thrown in the towel" after 14 months of hard work and hundreds of thousands of pounds had been incurred. Mr Justice Eady agreed that Mr Taranissi was entitled to payment of costs relating solely to the defence of qualified privilege.

Cite this as: *BMJ* 2008;337:a2058

REX

Mr Taranissi claims the BBC Panorama programme damaged his reputation

would potentially risk pushing costs too far—as well as damaging service delivery and service improvements—and would not be helpful to staff in the longer term.

"A balance has to be struck on fairness for patients, fairness for staff, and fairness for the taxpayer, and we believe 2% strikes an appropriate balance while being affordable to the service."

The body argues in its evidence that employers are working hard to ensure that staff are rewarded in a range of ways, including having a final salary pension scheme, ongoing training and development, flexible working opportunities, and an emphasis on staff participation and engagement.

Separate evidence will be submitted by all parties on GPs' pay next month.

NHS Employer's Evidence is at www.nhsemployers.org/pay-conditions/pay-conditions-3957.cfm.

Cite this as: *BMJ* 2008;337:a2114

prevalence of long term health conditions among local populations. The government hopes that this will help resolve health inequalities by ensuring proportionately greater funding for practices in areas of high deprivation.

Laurence Buckman, chairman of the BMA General Practitioners Committee, said, "We hope this [new contract agreement] helps develop general practice funding in a way that recognises our most needy patients. GPs understand that the contract needs to be made more stable and less dependent on corrective mechanisms, and I hope that this set of changes will move towards achieving that end. We have agreed a way to help the DDRB give every GP a resource rise. I hope this improvement in relationships with the government will continue."

Cite this as: *BMJ* 2008;337:a2104

More than 100 gamete donors prove ready to reveal identity

Clare Dyer BMJ

Dozens of sperm and egg donors who gave their gametes anonymously have reregistered to allow their identities to be revealed to their donor offspring once the new register of the Human Fertilisation and Embryology Authority (HFEA) opens in 2010.

Some 90 people who donated gametes between August 1991, when the HFEA came into being, and April 2005, when the right to anonymity was abolished, have reregistered as identifiable, it emerged this week.

Around 50 donors who gave sperm before August 1991 have also registered with UK DonorLink, a voluntary register set up in 2004 as a pilot for the HFEA register. DonorLink gives people who have been conceived after donation of a gamete the possibility of tracing their donors and half siblings through DNA testing.

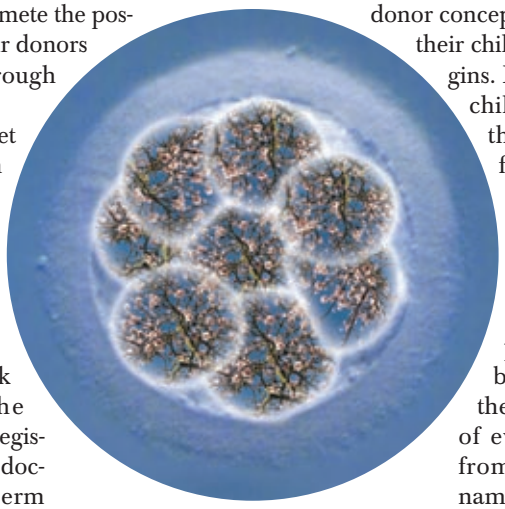
No matches have yet been made between donor and offspring, but 17 matches have been made between half siblings, figures released at the HFEA's annual conference this week show. Some of the donors who have reregistered are likely to be doctors, since many sperm donors in the early days were medical students.

A working group that is due to report in early 2009 is looking at how access to the HFEA register should operate once it opens in 2010. People aged over 18 years (16 if the relevant section of the Human Fertilisation and Embryology Bill, now going through Parliament, becomes law) will be able to find out whether they were conceived by donor conception and to receive non-identifying information about the donor, such as a physical description, ethnic group, and country and date of birth.

The offspring of donors who have reregistered indicating that they are willing to be identified will be able to learn the donor's identity.

Clinics now encourage parents using donor conception to be open with their children about their origins. But in the past many children were not told they were conceived from donation, and the opening of the register will allow them to find out about their conception, whether their parents wish it or not, because it will contain the birth dates and sex of everyone conceived from donation and the name of the recipient of the gamete.

Cite this as: *BMJ* 2008;337:a2110



Artist Gina Glover's image of an early embryo shows blossoms in the dividing cells

Heart specialist received grant from tobacco foundation

Annette Tuffs HEIDELBERG

The work of several leading German medical scientists has been sponsored by the International Philip Morris Research Foundation. Johannes Spatz, public health specialist and antitobacco activist in Berlin, made the discovery in a search of the internet archive of the tobacco company Philip Morris.

An official question by the Green Party in the Berlin Senate has publicly highlighted that the cardiologist Eckart Fleck, from the Berlin Heart Centre, had received a grant of €937 000 (£744 000; $1.28m) in 2003 to sponsor his work, analysis of the development of atherosclerosis.

Professor Fleck is known for publicly warning of the dangers of smoking for the heart. He denies any commercial links with the tobacco industry and any influence on the choice of the research topic and the research itself. He also points out that the grant was awarded in an international peer review process, and the work was published in peer reviewed journals.

Critics such as Dr Spatz agree that there was no direct dependence, but say that scientists such as Professor Fleck were ignorant about the underlying strategy of the tobacco industry to keep close links with relevant research topics and stay in touch with opinion leaders in the discipline. Therefore, they say, all research institutions and organisations in Germany should follow the example of the German Cancer Research Centre in Heidelberg and other medical societies that abstain from receiving tobacco industry grants.

Apart from Professor Fleck, 16 other German scientists were found to be sponsored by the International Philip Morris Research Foundation, most of them working in the fields of occupational health, toxicology, nutrition physiology, or cardiology.

Their names are listed in an internal document in the extensive internet archive of Philip Morris. The company had to open its archive to avoid higher compensation payments after a US court judgment against it in 1998.

The list of German scientists sponsored by Philip Morris is at http://legacy.library.ucsf.edu/tid/dbu07a00/pdf.

Cite this as: *BMJ* 2008;337:a2085

Half of patients given exercise prescriptions are more active

Roger Dobson ABERGAVENNY

More than half of patients who were prescribed physical activity were more active a year later, research has shown (*Scandinavian Journal of Medicine and Science in Sports*, doi:10.1111/j.1600-0838.2008.00820).

A study of 6300 patients who were given primary care prescriptions designed to improve their levels of activity shows that the proportion of inactive patients dropped from 33% to 17% after three months.

"Half of the patients increased their physical activity, with the largest increase found among those who were least active at baseline, which indicates that the intervention was effective in increasing physical activity in those who gained the most," say the researchers, from the Karolinska Institute and other centres in Sweden.

The researchers looked at a Swedish scheme, in which patients deemed to need exercise were given prescriptions for lifestyle activities, such as walking, or for an organised activity, such as aerobic exercises. Patients eligible for the prescriptions were those who had a sedentary lifestyle or had been diagnosed with a condition that could benefit from increased physical activity, including high blood pressure, high cholesterol, and diabetes.

Effectiveness was measured by an increase in self reported physical activity at three and 12 months. Results show that one third of all patients were inactive at baseline, and 22% were regularly physically active. Half of the patients reported more physical activity at three months (49%) and 12 months (52%).

Mental health services in England among

Lynn Eaton LONDON

A report on mental health services in Europe highlights wide variations among states and indicates that services in England are some of the best available.

The World Health Organization's report gives an extensive overview of funding levels, staffing, primary and secondary provision, and the mechanisms in place to monitor human rights.

Better research into mental health and improved translation of that research into good practice are among the goals that WHO identifies for further action.

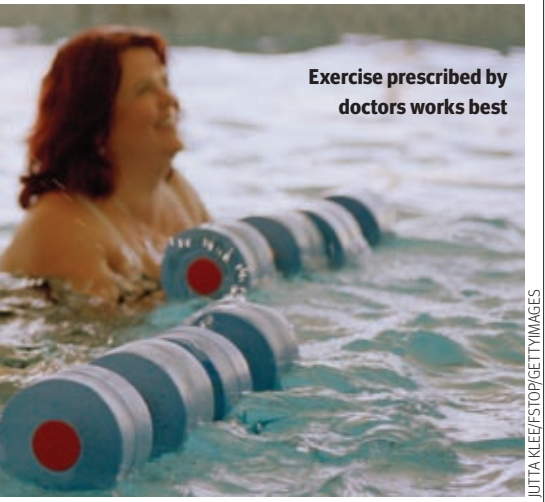
"Several are among the leaders in the world in such areas as mental health promotion, mental disorder prevention activities, service reform, and human rights," says the report.

But it identifies gaps in the data that make comparisons between countries difficult.

There is a lack of consensus on definitions and an absence of compatible data collection. Moreover, there is a high degree of variation in such things as the need for development and investment in several areas.

The European report treats the United Kingdom as one of the 42 countries, but much of its data are only for England and Wales. Scotland's data are collated separately in many sections, but sit with the UK data.

England and Wales combined is the only place to offer outreach support to all people



Exercise prescribed by doctors works best

JUTTA KLEE/FSTOP/GETTYIMAGES

In the three month follow-up, the proportion of inactive patients had declined from 33% to 17% and at the 12 month follow-up to 20%. The number of regularly active patients had increased at three months from 22% to 33% and at 12 months to 32%. Differences in the distribution of activity level between baseline and follow-up were statistically significant (P<0.001).

Of the 29% of patients reporting no days of 30 minute activity a week at baseline, 30% increased their physical activity to one to two days a week and 19% to three to four days. Almost one in four (22%) reached the level of regular physical activity.

The results also show that patients who were given prescriptions that involved organising activities showed a lower increase in physical activity than those issued with lifestyle activities.

Prescriptions issued by a doctor or nurse proved more effective than those issued by a physiotherapist.

Cite this as: *BMJ* 2008;337:a2084

best in Europe

with mental disorders. Of the 42 countries surveyed, 16 reported that they do not provide outreach services.

And the UK is one of only three countries, together with Germany and Luxembourg, to enable people to access early intervention.

England alone was the only country to provide a network of specialist early intervention teams countrywide to target young people with early stages of psychotic disorders.

The number of psychiatrists per 100 000 population varied from 30 per 100 000 in Switzerland and 26 in Finland to three in Albania and one in Turkey.

The report can be seen at www.euro.who.int

Cite this as: *BMJ* 2008;337:a2082

England on target to meet health gains in *Our Healthier Nation*

Zosia Kmietowicz LONDON

England is well on the way to meet the targets to reduce deaths from cancer and heart disease set by the government in 1999, latest statistics show. The only target that looks unattainable is that to reduce deaths from accidents.

The 2010 targets to reduce deaths in the four areas of health and to reduce inequalities in deaths from cancer and circulatory diseases from 1995-7 were set out in the 1999 government white paper *Saving Lives: Our Healthier Nation* (*BMJ* 1999;319:73, www.bmj.com/cgi/content/full/319/7202/73).

The target set for cancer was to reduce deaths among people under 75 by 20% by 2009-11. Updated figures from the Office for National Statistics show that deaths from cancer in the three years 2005-7 had fallen by 18.2%, making the target achievable.

Already met is the target to reduce the gap in deaths from cancer between the population with the worst health and England as a whole. In the past 10 years the difference in rates of death from cancer between the "Spearhead group" and England as a whole fell by 13.2%, more than double the 6% target set for 2009-11. The Spearhead group consists of the 70 local authority areas rated in the bottom fifth in the country in three out of five health indicators, such as life expectancy and mortality rates for cancer.

Also already achieved is the target to reduce deaths from circulatory disease among people under 75 by 40%. The average death rates over three years had fallen by 44% by 2007, the statistics show. The fall in the gap between the Spearhead group and the rest of England in terms of deaths from circulatory diseases is already 35.9%, in sight of the 2009-11 target of 40%.

On current evidence only one target would not be met—that to reduce deaths caused by accidents by 20%. In the past three years deaths as a result of accidents have risen by 0.3% compared with 1995-7.

Updates on progress towards targets of overall life expectancy and inequalities in infant mortality will be published when the latest data are available.

Mortality target monitoring: update to include data for 2007 is at www.dh.gov.uk

Cite this as: *BMJ* 2008;337:a2029

Life drawing with a technological twist

Rebecca Coombes BMJ

Artists at a life drawing class at the Science Museum this week used as their models two nudes with magnetic resonance images projected on to their backs.

Around 80 participants at the event at the museum's Dana performance centre were able to find out what lies beneath the skin of their life models as they posed. The models are part of a scheme looking at distribution of body fat, led by the Biological Imaging Centre at Imperial College London.

Gaetan Lee, from the Dana Centre, who came up with the idea, said that the class showed how science could help the artistic process. "We wanted to look at medical technology, what it can see under the skin, and feed that into life drawing classes. Many artists are not aware of human anatomy. We looked at where the pelvis is located, for example."

He added: "People have tried projecting computer generated images onto human bodies before but it hasn't quite worked," but projecting MRI scans produced a perfect fit.

Cite this as: *BMJ* 2008;337:a2113

TONY KYRIACOU/REX

IN BRIEF

Death rates at Harefield to be reviewed: The Healthcare Commission is working with the national specialised commissioning team to review heart transplant services at Harefield Hospital, Middlesex, after a rise in mortality after heart transplants at the hospital. The review will determine whether the care patients received was appropriate and report back in one month. The commission will decide what further action is necessary.

Two more courts rule on Italian woman in vegetative state: Two Italian courts have ruled that there is no legal basis to reverse the decision by Milan's appeals court to allow the father of Eluana Englaro, who has been in a persistent vegetative state since 1992, to withdraw her feeding tube (*BMJ* 2008;337:a1893). Both the prosecutors' request of a stay of execution and the parliament's conflict of attribution were rejected. The Court of Cassation will again intervene on the matter on 11 November.

Expert team confirmed to oversee revalidation: Liam Donaldson, the chief medical officer for England, has confirmed the formation of an expert team to oversee the introduction of revalidation, the scheme to ensure that all doctors in England meet the standards expected of them.

India's roads are the most dangerous: Incidents on India's roads claimed more than 130 000 lives last year, making it more dangerous than China to drive, cycle, or cross a road, show figures compiled by the International Road Federation for 2001-6. Every year more than 1.2 million deaths and 23 million injuries around the world are caused by road incidents. Indian ministers are reported to be considering making airbags and antilock braking systems mandatory in all cars.

Springer buys BioMed Central: Springer Science and Business Media has agreed to acquire the BioMed Central Group, a leading global open access publisher. BioMed Central was launched in May 2000 as an independent publishing house committed to providing free access to peer reviewed research in the biological and medical sciences. It is the largest open access provider in the world with more than 180 peer reviewed journals.

Cite this as: *BMJ* 2008;337:a2099

US psychiatrist steps down over drug company payments

Janice Hopkins Tanne NEW YORK

Charles Nemeroff, a US psychiatrist, has temporarily stepped down as chairman of the department of psychiatry and behavioural sciences at Emory University in Atlanta, Georgia, pending conclusions of investigations into alleged undisclosed payments from drug companies.

The US Senate Finance Committee has been looking into relations between drug companies and influential doctors and whether drug company funding has influenced the integrity of research and ultimately US doctors' prescribing habits.

The committee's investigation has found that Dr Nemeroff received funds from several drug companies but did not report them to his university, according to documents posted on the committee's website (http://finance.senate.gov/sitepages/hearing091608.htm).

The university issued a statement last week saying, "In view of the ongoing internal and external investigations into these allegations, Dr Nemeroff will voluntarily step down as chairman of the department, effective immediately, pending resolution of these issues."

In the same statement, Dr Nemeroff said, "To the best of my knowledge, I have followed the appropriate university regulations concerning financial disclosure."

Jeffrey Molter, a spokesman for Emory University, said that the university's investigation was proceeding "expeditiously", but he did not know when it would conclude.

The New York Times reported that Dr Nemeroff had received $2.8m (£1.6m; €2m) in consulting fees from drug companies but had failed to report at least $1.2m to Emory University, in violation of federal research rules (www.nytimes.com, 4 Oct, "Top psychiatrist didn't report drug makers' pay").

Documents revealed by Senator Charles Grassley, the leading Republican member on the finance committee, show that Dr Nemeroff has been questioned by Emory University over the past eight years about payments he received for speaking engagements and consultations with drug companies.

In a letter dated 16 September to Emory's president, James Wagner, Senator Grassley said that his staff had found a number of discrepancies between what Dr Nemeroff had disclosed to the university and what drug companies said that they had paid him.

"For example, Dr Nemeroff disclosed receiving $7500 in 2005 from Pfizer. But Pfizer reported to me that it paid Dr Nemeroff $138 000 in speaker honoraria," wrote Mr Grassley.

Cite this as: *BMJ* 2008;337:a2088

Website of experiences hopes to reach

Lynn Eaton LONDON

The award winning website of patients' experiences, DIPEx, has changed its name and added three more sets of patients' stories to its database, one related to Parkinson's disease and two to autism.

DIPEx, which stood for database of individual patient experiences, is replaced by the new name Healthtalkonline (www.healthtalkonline.org), which the organisers think states its purpose more clearly. The site covers almost 50 illnesses and general health topics, including cancer, heart disease, chronic pain, bereavement, diabetes, epilepsy, and women's health. For each topic 30-50 people from different backgrounds and locations throughout the United Kingdom share their personal experience.

The site carries interview clips that offer an insight into how health concerns can affect people and shows how people make choices and decisions about telling family and friends about their condition; manage work; deal with the health services; and cope with treatment. Users can join an online forum.

The new collection of experiences related to Parkinson's disease is introduced by the actor Michael Palin (right), whose father had the disease. The collection for parents of children with autism is introduced by the actor David Neilson, who plays someone with the disorder in the television programme Coronation Street. The third collection relates to the experience of having autism.

The site also features a dedicated section for young people, which has been promoted by the singer Thom Yorke of the band Radiohead.

Jon Snow, newscaster on Channel 4 and one of the organisation's patrons, who helped to relaunch the site, said, "It can be frightening and bewildering to be diagnosed with an illness.

"Improving your knowledge of the condition

WHO calls for return to primary care to help ailing health systems

John Zarocostas GENEVA

The World Health Organization has called for a return to primary health care to help ailing systems in many countries deliver better performance and equity.

"Health systems are developing in directions that contribute little to equity and social justice and fail to get the best health outcomes for their money," it says.

The world health report 2008, Primary Health Care: Now More Than Ever, "sets out a way to tackle inequities and inefficiencies in health care, and its recommendations need to be heeded," said Margaret Chan, WHO's director general.

"We are in effect encouraging countries to go back to basics," Dr Chan said at the launch of the report in Almaty, Kazakhstan.

The report commemorates the 30th anniversary of the Alma Ata declaration of primary health care in 1978, which focused for the first time on how to improve fairness and access to health care on a global scale.

Dr Chan said that the new report defines how health systems can narrow health gaps. These include universal coverage reforms to ensure that health systems contribute to health equity by moving towards universal access and social health protection and service delivery reforms that reorganise health services around people's needs.

OFFICE OF PUBLIC INFORMATION/PAHO

The Alma Ata declaration on primary care was signed 30 years ago in 1978

Also needed are public policies that secure healthier communities by integrating public health actions and primary care.

In addition, the report calls for leadership that negotiates and steers rather than one that relies on command and control.

The report identifies three trends in health systems that it says contribute little to equity and best outcomes:

- Health systems that focus disproportionately on a narrow offer of specialised curative care
- Those that focus on short term results
- Those where a hands-off approach to governance has allowed "unregulated commercialisation of health to flourish."

The report also says that the disproportionate focus on hospitals and subspecialisation has become "a major source of inefficiency and inequality."

The study says that the 35% growth in the number of doctors in rich Western industrialised nations between 1990 and 2005 was driven by the rising numbers of specialists.

In some countries, such as Chile, Brazil, and Thailand, public healthcare efforts have shifted the balance between specialised hospitals and primary care. (See p 936.)

The 2008 world health report is at www.who.int/whr/2008.

Cite this as: *BMJ* 2008;337:a2109

more patients

and listening to the experiences of others can help you to better understand and cope with what you're going through. The Healthtalkonline site provides a medically endorsed forum for this kind of support."

All content on the Healthtalkonline site is based on detailed research carried out by academics from the University of Oxford. It is a useful resource not only for patients with a medical condition but also for doctors and other health service staff who want to increase their understanding of patients' perspective.

REX

Cite this as: *BMJ* 2008;337:a2078

US aims to reduce hospital infections

Bob Roehr WASHINGTON, DC

Five leading US healthcare organisations have united to reduce the rate of hospital acquired infections. The evidence based strategies aim to harmonise guidance and create practical tools for better implementation of infection control (*Infection Control and Hospital Epidemiology* 2008;29:S12-S21, doi:10.1086/591060). They focus on two specific organisms—meticillin resistant Staphylococcus aureus (MRSA) and Clostridium difficile—and four vectors of infection—central line associated bloodstream infection, ventilator associated pneumonia, catheter associated urinary tract infection, and surgical site infection.

The problem has been not a lack but a profusion of guidelines for infection control. They have been generated by multiple agencies in every one of the 50 states as well as by professional associations at state and national levels. Doctors have chosen to follow guidance that reflects their specialty and not embrace a common language.

The five groups who developed the strategies are the Society for Healthcare Epidemiology of America; the Infectious Disease Society of America; the American Hospital Association; the Association for Professionals in Infection Control and Epidemiology; and the Joint Commission, which certifies healthcare facilities. In all 29 groups are supporting the effort in one form or another.

Speakers at a press conference said it was no coincidence that this was unveiled just one week after changes in reimbursement by the federal Centers for Medicare and Medicaid Services went into effect. The nation's largest single health payer will no longer pay for treating certain preventable hospital acquired infections.

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