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Radiotherapy provision "inadequate" as study reveals 30 000 patients fail to get access

Roger Dobson ABERGAVENNY

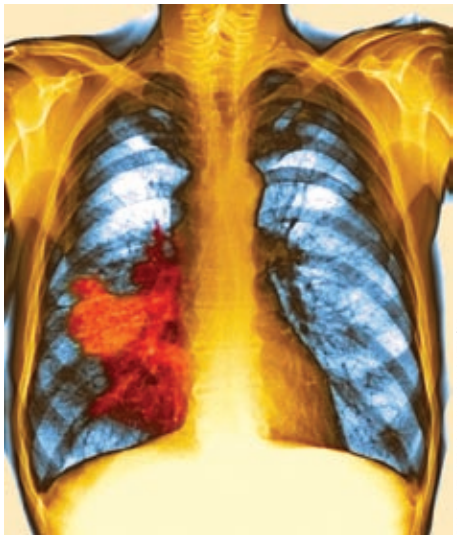
More than 30 000 patients with cancer a year in England may not be getting appropriate radiotherapy. The authors of an audit based study of all NHS radiotherapy centres say that provision falls short in three key areas—waiting times for treatment, access to treatment, and the dose fractionation prescribed (*Clinical Oncology* doi:10.1016/j.clon.2009.07.003).

"There is a substantial current shortfall to be addressed immediately to meet waiting time targets and to improve timely access to treatment and thus the outcomes of therapy," say the authors, from Addenbrooke's Hospital, Cambridge, and the Royal College of Radiologists.

The paper focuses on the gap between radiotherapy activity in 2007 and demand, as modelled by the National Radiotherapy Advisory Group (NRAG).

The authors collected data on all NHS patients in England who were starting a course of radiotherapy in one week in 2007. They also collected information on cancer site so that patients could be triaged into the 22 categories used by NRAG.

Excluding cases of skin cancer other than melanoma, 2114 patients were prescribed 27 420 fractions during the week of study. Comparison of the audit data with the NRAG model showed that the shortfall in provision was a mixture of a lack of access (67%) and reduced fractionation (33%).



DU CANE MEDICAL IMAGING LTD/SPL

Patients with all cancers, including cancer of the lung, face waiting times for radiotherapy

The authors say, "This audit confirms the underprovision of radiotherapy in England and shows that it is largely accounted for by low access rates of 37% rather than the 50% accepted in the literature. In consequence we estimate that 33 881 patients (13.9%) of the 243 748 patients diagnosed with cancer in England during 2006-7 did not receive the radiotherapy we would have expected."

The largest contributions to the overall gap were seen in the treatment of cancers of the breast (6%) (modelled at 15 fractions), head and neck (10%), lung (28%), and prostate (14%), which together accounted for 58% of the difference. Others (including sarcoma and unknown primary) accounted for 19% of the difference, while limited access to radiotherapy for patients with stomach and pancreatic cancer contributed 10%. Reduced fractionation for oesophageal cancer accounted for 6% of the overall gap.

Patients with leukaemia and cancers of the brain, colon, corpus uteri, and ovary received radiotherapy more often than expected, but because they are relatively rare none of these had an overall impact exceeding 1.2% of the gap in provision.

The authors say that waiting times for treatment remain unacceptable, with 31% of patients waiting longer than four weeks.

"We conclude that radiotherapy provision was inadequate in England in 2007 as outlined in the NRAG report. The description of the current deficit in services is well founded, and, unless there is short term investment, waits for treatment will continue and the situation will worsen as cancer incidence increases," say the authors.

A Department of Health spokesperson said, "We have allocated £200m (€230m; $330m) for a major expansion in radiotherapy facilities, increasing capacity over 2008-9 to 2010-11 and investing in new equipment and staff."

Cite this as: *BMJ* 2009;339:b3278

Tories promise to scrap "top-down, bureaucratic" NHS IT programme

Zosia Kmietowicz LONDON

The Conservatives have said they will dismantle the central NHS information technology infrastructure that Labour has been building for the past seven years if they gain power at the next general election. Instead they will promote more localised systems where patients have greater control over their personal health records.

An independent review of IT for the NHS and social services, commissioned for the Conservatives, acknowledges that the NHS national programme for IT, conceived by the government in 2002, has the potential to "bring about significant improvements to the delivery of patient care" and should not be abandoned altogether. But it should be "adapted and recast to better meet the needs of patients."

The Conservatives say that they will halt and renegotiate the contracts that Labour has signed with IT service providers, to prevent "further inefficiencies." Although there are no official figures of the total cost of the NHS national programme for IT, estimates have ranged from £6.2bn (€7.2bn; $10.3bn) to £20bn.

If they gain power the Conservatives promise to allow healthcare providers to use and develop the IT they have already bought and developed rather than have a system imposed on them.

They would also open up the market to the private sector, with use of data platforms being offered by companies such as Microsoft and Google.

Independent Review of NHS and Social Care IT **can be seen at www.conservatives.com.**

Cite this as: *BMJ* 2009;339:b3284

IN BRIEF

Lawyers seek clarification on role of UK doctors in assisted suicide: The UK Medical Protection Society says it will question MPs in the autumn on whether doctors may be prosecuted if they provide medical reports about a patient's condition or fitness to travel knowing that this information will be passed to clinics such as Dignitas that help people end their life.

Men are more likely to abandon sick partners: Married women with a diagnosis of a serious medical condition are more likely to be abandoned by their partner than married men are. The risk of divorce or separation after diagnosis when the affected spouse was female was more than six times that in men (21% versus 3%; P<0.001) (*Cancer* doi:10.1002/cncr.24577).

Government consults on regulating complementary practitioners in UK: The four UK health departments have launched a consultation on whether and how practitioners of acupuncture, herbal medicine, and traditional Chinese medicine should be regulated (www.dh.gov.uk/en/Consultations/Liveconsultations/DH_103567).

MICHAEL ROSENFELD/GETTY IMAGES

Doctor cleared of terrorism attacks returns to work: Mohammed Asha, the neurologist who was cleared of involvement in the London and Glasgow car bomb plots, has returned to work at the Royal Shrewsbury Hospital after the UK government dropped the case to deport him on grounds of national security.

Avoid percentages when describing risks of side effects to patients: Researchers have found that medical leaflets can lead patients to overestimate the risk of side effects by up to 50% and can put them off taking prescribed drugs (*British Journal of Health Psychology* 2009;14:579-94). People are better able to understand the risks of side effects when these are described as "one in five" rather than "20%" or with words such as "common" or "uncommon."

A fifth of Pakistani women report sexual violence: One in five (21%) women in Pakistan reported experiencing sexual violence in their married life, says a study involving 500 women presenting to tertiary care hospitals in Karachi to give birth (*European Journal of Public Health* doi:10.1093/eurpub/ckp110).

Cite this as: *BMJ* 2009;339:b3275

European and US agencies will ensure ethical conduct of trials

Janice Hopkins Tanne NEW YORK

The US Food and Drug Administration (FDA) and the European Medicines Agency (EMEA) have announced that they will work together to ensure that clinical trials related to drug marketing applications in the United States and Europe are conducted "uniformly, appropriately, and ethically."

The "good clinical practices initiative" is expected to strengthen safeguards for participants in clinical studies.

In a joint statement the EMEA and the FDA said that in most cases the same clinical trials are used to support applications to both agencies for approvals of new drugs. Many of the people participating in these clinical trials are recruited in Europe and the US. The statement says that US and EU regulators need to ensure that trials in their countries and elsewhere in the world are conducted in accordance with good clinical practices and in an ethical manner and that the data are correctly reported.

As clinical research becomes increasingly globalised, limited inspection resources mean that only a sample of sites and clinical studies can be inspected, the statement says. Resources can be used more efficiently if regulators work together and exchange information, it adds. Also, sponsors of clinical trials can facilitate the process by informing US and EU regulators of a joint filing that can be coordinated in both regions.

The initiative starts in September with an 18 month pilot phase. It will include sharing information on inspection planning, policy, outcomes and conducting collaborative inspections. The FDA said that the pilot phase would focus on joint efforts to inspect clinical trial sites and studies on products that are regulated by the two agencies.

At the end of the pilot project the FDA and the EMEA will jointly assess the project and modify and amend it as needed.

Thomas Lönngren, EMEA's executive director, said, "This important initiative demonstrates the increasing collaboration between the European Medicines Agency and the FDA. It marks an important step to the building of a global regulatory network for supervision of clinical trials. By working together and in a collaborative and synergistic manner, good clinical practice inspection resources can be used more efficiently."

The FDA's commissioner, Margaret Hamburg, said that collaboration with international allies like the EMEA "will lead to exciting opportunities for progress in public health. This important effort will help to strengthen safeguards for participants and others involved in clinical studies."

In announcing the initiative the two agencies listed three key objectives: to conduct periodic exchanges of information related to good clinical practices; to conduct collaborative good clinical practice inspections; and to share information on interpretation of good clinical practices.

Janet Woodcock, director of the FDA's Center for Drug Evaluation and Research, said that resources available to address the global nature of clinical research were limited and thus the joint initiative was "an outstanding opportunity."

More information is at www.emea.europa.eu/pdfs/general/direct/internationalcoop/EMEA_FDA_GCP_Initiative_2009.pdf.

Cite this as: *BMJ* 2009;339:b3274

Consultant surgeon wins high court injunction

Adrian O'Dowd MARGATE

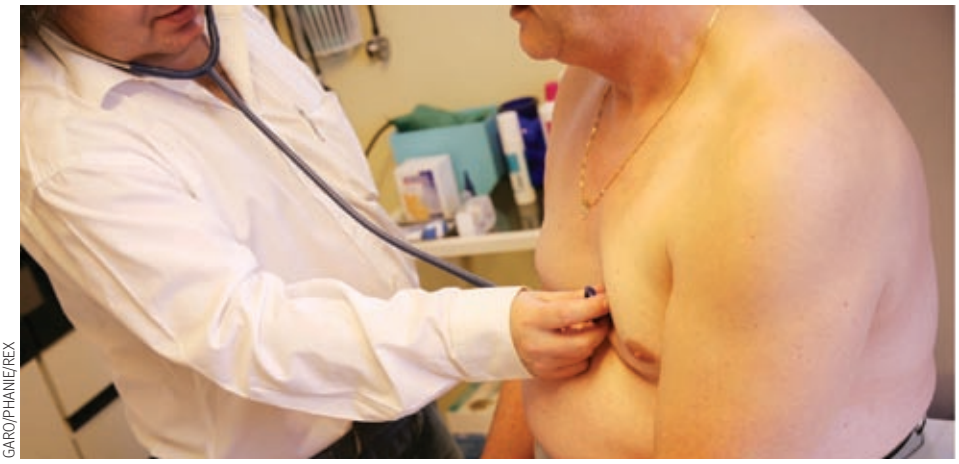
A consultant surgeon has won a temporary injunction at the High Court to stop his employer giving him the sack in a case that has been hailed as a strong warning to NHS trusts to follow contractual procedures.

Gideon Lauffer was dismissed by his employer, Barking, Havering and Redbridge University Hospitals NHS Trust, on 25 June, after the trust said it had lost confidence in him over alleged concerns about his capability and conduct as a surgeon.

The High Court, in granting the interim injunction, said that the trust may have breached contractual disciplinary procedures and that it must continue treating him as an employee.

In his judgment Mr Justice Holroyde said that by failing to follow the procedures set out by the Department of Health in *Maintaining High Professional Standards in the Modern NHS* Mr Lauffer's employers may have unfairly denied him the opportunity to respond to criticisms and the chance to clear his name.

NHS trusts must follow the department's procedures, which are incorporated into all



GARO/PHANIE/REX

NICE is considering an early review of its lipid modification guideline after the latest findings

Heart risk scoring system used by NICE may overestimate lipid disorders

Zosia Kmietowicz LONDON

The scoring system recommended in national guidelines for assessing patients' cardiovascular risk may overestimate the number of people in England who need treatment for lipid disorders and may be missing others, a new analysis indicates.

Lipid modification guidelines from the National Institute for Health and Clinical Excellence (NICE), which were published in May 2008, advise doctors to use a modified version of the Framingham algorithm to check patients' 10 year cardiovascular risk and decide whether they need drug treatment to reduce raised cholesterol concentrations.

But a new analysis by epidemiologists at the University of Oxford and commissioned by the Department of Health says that the choice of risk scoring system was based on "incorrect and severely misleading" findings (www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103341). The analysis, some of the results of which were published in the *BMJ* in July (*BMJ* 2009;339:b2584), adds that these findings, from researchers at the University of East Anglia, were recorded in a paper that was never peer reviewed or published.

The East Anglia researchers had dismissed QRISK, an alternative cardiovascular risk scoring system, because they could not reproduce validity data published in the journal *Heart* (2008;94:34-9). But the Oxford researchers who carried out the new analysis for the health department were able to reproduce the *Heart* results.

In the new analysis the Oxford researchers calculated that in a cohort of 1 072 800 patients, 75 557 (7%) would be classified as being at high risk under the QRISK model, whereas under the Framingham model the number would be 132 077 (12%). In addition, 3548 patients (0.3%) would be reclassified from low risk (Framingham) to high risk (QRISK).

Cite this as: *BMJ* 2009;339:b3273

Treat court witnesses with mental health problems better

Adrian O'Dowd MARGATE

Witnesses who have mental health problems in court cases are badly treated by the criminal justice system, MPs in the United Kingdom have said.

A report by MPs on the Justice Committee voices deep concerns about victims and witnesses with mental health problems, who are often not recognised by prosecutors as credible witnesses or helped to be a witness.

The report found that the service was failing victims and witnesses with any history of mental distress by dropping cases before they get to court and, where their mental health was in question, failing to support them to give good evidence even though support systems are available.

MPs said that they welcome the efforts of the Crown Prosecution Service (CPS) to engage better with victims and witnesses but called for more effort to do this consistently.

However, the report adds, "Telling a victim that their views are central to the criminal justice system, or that the prosecutor is their champion, is a damaging misrepresentation of reality. Expectations have been raised that will inevitably be disappointed."

The MPs heard in evidence presented to them that the prosecution service did not provide sufficient training about mental health for prosecutors so that they could make consistently good decisions about mental health and credibility.

"We are also concerned at the suggestion that the CPS may be reluctant to recognise that people with mental health problems can be credible witnesses at all," says the report.

The report is at www.publications.parliament.uk.

Cite this as: *BMJ* 2009;339:b3235

against dismissal

hospital doctors' contracts.

The guidance requires hospitals to hold an investigation and consider informal resolution and retraining. Only if these options fail should a trust proceed to a full hearing and consider dismissing the doctor.

The trust was ordered to go back and follow the proper procedures, which include carrying out a full investigation and consideration of all allegations.

The trust was also ordered to pay Mr Lauffer's legal costs.

Cite this as: *BMJ* 2009;339:b3300

HARAZ N GHANBARI/AP

Protestors wave placards as President Barack Obama drives to a town hall meeting on healthcare reform, in Raleigh, North Carolina. Opposition has ramped up as critics question the cost of the reforms. Republicans say that the reforms could leave Americans with less control over their health cover.

Patients are turned away from HIV clinics after Uganda runs out of antiretroviral medicine

Henry Wasswa KAMPALA

Ugandan government ministers have warned that the country is running out of AIDS drugs, blaming the global financial crisis and a successful testing policy.

The health ministry says that only 190 000 patients are receiving antiretroviral drugs out of the 357 000 who qualify for them. The health minister, Stephen Malinga, blames the shortages on the global economic crunch; a successful testing regime that has led to a rise in the numbers of people with access to the drugs; and policy changes that have increased the number of people who qualify for the drug.

The deputy health minister, Richard Nduhuura, said, "Centres run by NGOs [non-governmental organisations] have run out of drugs because they are not receiving funds. Others are turning away patients." Officials say that several health units have stopped registering new patients altogether.

The government is also investigating reports that 17 patients with AIDS have died in the north since the end of May because they could not get the drugs.

Uganda has 1.3 million people carrying HIV. The number of HIV infections is increasing by about 130 000 a year, and 25 000 new patients get access to the drugs every year.

JAMES AKENA/REUTERS

A successful testing policy is partly to blame for increase in number of HIV diagnoses in Uganda

Antiretroviral drugs in Uganda are mostly funded by the Global Fund for Malaria, Tuberculosis, and AIDS, the US government, and the World Health Organization.

On 1 August, the Global Fund announced $4.2m (£2.5m; €2.9m) for the emergency purchase of antiretroviral drugs for Uganda, despite government requests for $8m.

Malayah Harper, of the United Nations AIDS agency, UNAIDS, in Uganda, said that the unpredictability of decisions by donors is one of the main causes of shortfalls in the supplies of the drugs. "There is evidence that stocks of first line antiretroviral drugs are quite low in the country. How is the country going to manage its programmes? Donor money for AIDS has not increased in the past five years," she said.

Ambrose Kibuuka, the director of the Nkokonjeru Catholic Mission Hospital, has been struggling to keep her 600 patients with AIDS alive. Since the beginning of the year her hospital has not been able to buy antiretroviral drugs and the antibiotic co-trimoxazole for her patients.

"We have had to divide the money between buying the drugs and carrying out other activities. We had to tell the patients to buy the drugs. There was a break in the supply. If there is no assured supply of drugs, we will stop our activities and our patients will die," she said. "We are not sure that the antiretrovirals will continue to come and we are very worried."

Cite this as: *BMJ* 2009;339:b3255

"Calm and cool" director general defends

A/H1N1 might be WHO director general Margaret Chan's most pressing concern, but improving the health of women in Africa is an important goal. **Jane Parry** met her at home in Hong Kong

As director of public health in Hong Kong, Margaret Chan tackled SARS

Jane Parry HONG KONG

Being director general of the World Health Organization is one of those jobs in which you are never truly on holiday even when officially you are. On home leave in Hong Kong recently, Margaret Chan was still closely watching the progression of the A/H1N1 influenza epidemic, and it would not have surprised her to be called back to Geneva at short notice.

Of all people involved in global public health, Chan is arguably best placed to know how quickly a newly emerging disease of zoonotic origin can become a highly dangerous and unpredictable threat to human health. It was her experience in handling two such outbreaks of infectious diseases in Hong Kong—H5N1 avian flu in 1997 and severe acute respiratory syndrome (SARS) in 2003—that propelled her out of her home city and into WHO in Geneva at the invitation of her predecessor Lee Jong-wook.

Born in Hong Kong 62 years ago, Chan obtained her medical degree from the University of Western Ontario. On returning to Hong Kong, not being a graduate of a local medical school effectively prevented her from pursuing her goal of specialisation in paediatrics, and instead she joined the civil service, working in maternal and child health. Obtaining a master's in public health soon after set her on the path of a career in public health.

Given the global threat of A/H1N1, her experience with emerging infectious disease is the most obvious attribute she brings to her current job. Internationally, Chan has been widely praised for her cool handling of bird flu and SARS. But in Hong Kong, where 299 of the 799 worldwide deaths from SARS occurred and 1755 people were infected, Chan's departure to Geneva was perceived by critics in Hong Kong as a timely exit before the handling of the outbreak was scrutinised.

Moreover, given that the climate of secrecy in mainland China that hampered Hong Kong's efforts to

Berlin hospital faces privatisation after financial turmoil

Annette Tuffs HEIDELBERG

Europe's largest university hospital group, the Charité in Berlin, faces controversy over a call to sell one of its hospitals to a private company.

Last week Dieter Lenzen, president of the Berlin Free University, announced at a press conference that his institution supports the sale of the Benjamin Franklin Hospital or parts of it to preserve the hospital's standard of medical science and teaching as well as the quality of care. In 2003 financial problems led the Benjamin Franklin Hospital to a merger with the Charité. However, the medical faculty stayed with the university.

The Charité has four hospital sites in Berlin and 10 400 employees. However, it is facing financial problems, with a deficit of €56m (£48m; $80m) last year out of a total turnover of €1.1bn. Professor Lenzen thinks that if the Benjamin Franklin hospital is privatised it would be in a better position financially and scientifically.

The Charité management has said in a press release that Professor Lenzen misjudges the Benjamin Franklin Hospital's ability to survive independently, and Berlin city's senate has rejected privatisation. However, Professor Lenzen is hoping that the senate will change its mind, having secured the agreement of senior consultants at the Benjamin Franklin Hospital.

Earlier this year, the Berlin senate considered extra financial help for the Charité but demanded a cost cutting strategy.

Berlin's finance senator, Ulrich Nussbaum, advised that cooperation and dialogue among all hospitals in Berlin needs to be strengthened.

Paul Ehrlich, who won the Nobel prize in 1908 for his work on immunology and antibodies

The Charité has an illustrious history, boasting eight Nobel prize winners, including Paul Ehrlich and Robert Koch.

Cite this as: *BMJ* 2009;339:b3261

US children are not getting enough vitamin D, studies conclude

Janice Hopkins Tanne NEW YORK

Children in the United States may be at risk of cardiovascular disease because they are not getting enough vitamin D.

Two studies in the 3 August online edition of *Pediatrics* used data from the 2001-4 national health and nutrition examination survey. Little is known about low vitamin D concentrations in children and adolescents.

A study led by Michal Melamed, an assistant professor of medicine and epidemiology at Albert Einstein College of Medicine, New York, measured blood concentrations of serum calcidiol (25-hydroxyvitamin D) in 6275 children and adults aged 1 to 21 years.

A concentration of 30 ng/ml is considered sufficient. Concentrations of <15 ng/ml are considered deficient and those of 15-29 ng/ml insufficient (*Pediatrics* doi:10.1542/peds.2009-0051). The study found that 9% of US children, or 7.6 million youngsters, were deficient in vitamin D. Another 61%, or 51 million youngsters, had insufficient concentrations. Those who took a vitamin D supplement were less likely to be deficient.

The other study, from researchers at Johns Hopkins Medical Institutions, Baltimore, and the University of California, San Diego, found that a low concentration of vitamin D in adolescents aged 12 to 19 was strongly associated with hypertension, hyperglycaemia, and metabolic syndrome.

Cite this as: *BMJ* 2009;339:b3277

World Health Organization's action over swine flu

get to grips with SARS still persists, local critics of Chan have expressed concerns about her position as China's nominee for director general.

Observers describe her as a gifted communicator, a skillful motivator who is willing and able to listen to others and can establish a sense of unity.

For her part, Chan is keen to emphasise the breadth of her 25 year career in Hong Kong's Department of Health, where she was director from 1994 until she left in 2003, and which spanned a wide range of public health responsibilities, from maternal and child health to tobacco control and food and drug regulation.

Pandemic flu is not the only problem that Chan must turn her attention to in the course of her tenure: the health impact of climate change is a hot topic, and women's health and health in Africa were highlighted by Chan as key measures of WHO's efficacy under her leadership. "I have put myself and the organisation on the line and said that we measure our success in terms of our performance in improving the health of women and the health of Africa," she says.

"WHO can be a vocal advocate for poor and vulnerable women. We can develop guidelines and standards to improve women's health and mobilise resources and donors. It's important to us to deliver some results on improving maternal mortality and child health," she says. "But you have to understand what WHO can and cannot do. The provision of health services is the duty and responsibility of governments."

Halfway through her term, Chan's performance is largely being judged on WHO's response to A/H1N1 flu. She shrugs off any suggestion that WHO hyped the pandemic, stirring widespread anxiety about a mild disease. "The WHO director general does not have unfettered power. I make the risk assessment based on what is submitted to me," she says.

"People may think that in the first few days we moved up the scale too quickly, but because of that prompt action we were able to delay the spread a little bit. I am calm and cool; that is the kind of discipline you must have, but you also need a strong sense of humility because often influenza viruses take you by surprise, so don't think you can predict the course of an influenza virus."

Chan's tenure as director general runs to June 2012, and her ambition is to have put into action the initiatives of her predecessors, such as the renewed International Health Regulations and the Framework Convention on Tobacco Control. "Everybody, even before they finish, likes to think of their legacy, but I came into this position without preconceived ideas. I feel lucky to have been given this opportunity and I think the big gap is implementation of these important instruments," she says.

A longer version of this article is on bmj.com.

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