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Health secretary urges GPs to be “creative” in prescribing exercise

Roger Dobson ABERGAVENNY

The United Kingdom is in the bottom half of European countries in a league of physical activity, and around 27 million people do not exercise moderately for the recommended 30 minutes five times a week, says England's health secretary, Andy Burnham.

The Department of Health says that the NHS spends more than £3000 (€3500; \$5000) a minute treating conditions that could be prevented by regular exercise, and Mr Burnham has launched a new initiative to get the population to be more active.

“Part of the problem is that physical activity has for too long been an orphan policy in government,” Mr Burnham said, as he unveiled plans to get the country dancing, cycling, swimming, and walking its way up the league table from 21st position among 32 countries in Europe to a target of fourth place within a decade.

The department has produced this international league table of physical activity that puts the UK in 21st place in Europe. Top of the league is the Netherlands, while Malta has the least physically active citizens, the department's list shows.

“We can't afford physical activity to be a floating issue in Whitehall any longer. This orphan policy needs a loving home, and under my leadership this will be in Richmond House, with the Department of Health becoming the lead department for physical activity.”

Regular ministerial summits on physical activity will be held to evaluate progress, and Mike Farrar, chief executive of the North West Strategic Health Authority, has been tasked with championing physical activity across the NHS.

The health secretary urged primary care trusts and practice based commissioners not to wait for government schemes: “You've got the green light. Be creative and ambitious. Do local deals—for instance, with councils, local gyms, and fitness centres—that open up those opportunities.”

See also interview with Andy Burnham, p 420.

Cite this as: *BMJ* 2009;339:b3364



Opponents of Barack Obama's healthcare reforms have likened the president to Adolf Hitler

Obama tries to defuse anger over healthcare reforms

Janice Hopkins Tanne

NEW YORK

The US president, Barack Obama, spent last week trying to quell furious protests over his proposed healthcare reforms. This included speaking at town hall meetings in the western states of Montana and Colorado.

The president and his secretary of health and human services, Kathleen Sebelius, are apparently backing down from insisting on a “public option” plan that would compete with private, profit making health insurance plans. Instead a non-profit cooperative organisation offering plans might be on the cards. The president set out the benefits of the reforms in a *New York Times* article in which he said that the current system often worked better for health insurance companies than for patients (www.nytimes.com, 16 Aug, “Why we need health care reform”).

About 46 million Americans have no health insurance. But about 80% do, and they fear that the proposals will take away what they have.

It is unclear how much the unprecedented level of protest against the reforms, which has included death threats and likening of the president to Adolf Hitler, is coming from disgruntled voters and how much from organised anti-Obama groups.

Many people in the United States have been hit by unemployment and foreclosures on homes, and they fear that they will have to pay higher taxes to fund the reforms.

The Associated Press news agency reported that police had detained a protester brandishing a placard reading, “Death to Obama. Death to Michelle and her two stupid kids,” outside a town hall meeting in Hagerstown, Maryland (www.boston.com,

13 Aug, “‘Death to Obama’ sign holder in Md detained”).

Sarah Palin, the Republican who ran for vice president and recently resigned as governor of Alaska, claimed that the reform package would set up “death panels” that would deny care to her son with Down's syndrome and her elderly parents. The bill had included payment for doctors to counsel patients who voluntarily asked for advice on living wills, hospice care, and end of life issues, but legislators said that this section would be dropped.

Opponents have also used misrepresentations of the NHS to derail the reforms. The criticism has prompted senior UK politicians to rush to the defence of the NHS, including Ara Darzi, who has been defending the NHS in US television interviews. See also Des Spence on p 464, and blogs/bmj.com/bmj/category/us-health-care/.

Cite this as: *BMJ* 2009;339:b3385

DANNY NOLOSHOK/REUTERS

IN BRIEF

NICE publishes new QOF indicators:

The United Kingdom's National Institute for Health and Clinical Excellence has published potential indicators for the 2010/11 quality and outcomes framework (QOF), the scheme that rewards general practices in the UK for how well they care for patients (www.nice.org.uk/aboutnice/qof/qof.jsp). The publication of the "menu of indicators" comes ahead of negotiations between doctors and employers to make a final decision on them.

Parents of premature babies are offered little support:

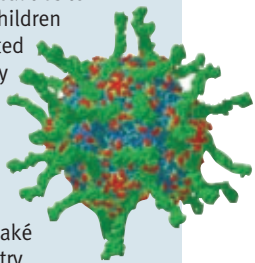
Research from the neonatal care charity Bliss emphasises the importance of involving family members in the care of premature babies (www.bliss.org.uk). A survey of 165 neonatal units in the United Kingdom (73% of all units) found that only half had a parents' group and that only a third had a one to one parent support scheme.

GP has knuckles rapped over security breach:

Paul Thomas, an Ipswich GP, has been found in breach of the Data Protection Act after a computer server containing sensitive personal information about a large number of his patients was found in his surgery's car park. Dr Thomas has signed an undertaking promising that he will dispose of computer equipment more carefully in future.

Children in Côte d'Ivoire get polio vaccine:

The government of Côte d'Ivoire has completed a four day campaign in 41 localities to vaccinate six million children against polio. The United Nations helped to carry out the vaccination programme. Polio was almost eradicated in Côte d'Ivoire until a case was confirmed in December 2008 in Adiaké in the east of the country.

**Studies describe non-surgical test for endometriosis:**

Two studies in *Human Reproduction* (doi:10.1093/humrep/dep275; doi:10.1093/humrep/dep283) have found that testing small endometrial samples for nerve fibres allows diagnosis of endometriosis with nearly 100% sensitivity. The authors of one of the studies say that testing for nerve fibres in endometrial biopsies is probably as accurate as laparoscopic assessment.

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Fears that full impact of typhoon

Jane Parry HONG KONG

Kelly Her TAIPEI

The full effects of typhoon Morakot, which hit Taiwan on Saturday 7 August, are only now beginning to emerge. The death toll as at 17 August was 124, but this did not include the hundreds of villagers feared buried under a mudslide that hit the village of HsiaoLin in Kaohsiung county in the south of the country.

The Taiwanese government has been widely criticised domestically for reacting too slowly to the disaster. It has also been accused of declining help from overseas, leaving thousands of people stranded in remote mountainous villages without food for more than a week. President Ma Ying-jeou publicly apologised twice for the delay and refuted the accusation.

More than 35 000 people had been



The Taiwanese government has denied that it took too long to respond to the catastrophe

CMO prioritises groups to be vaccinated against swine flu

Paul Dinsdale LONDON

Children and adults aged between 6 months and 65 years who have conditions that could be exacerbated by flu will be given priority in England's programme of vaccination against H1N1 influenza when the vaccine becomes available in October.

Next in line for the vaccine will be pregnant women, then household contacts of people who have a compromised immune system, and people aged over 65 who qualify for vaccination against seasonal flu.

Frontline health and social care staff will be offered the vaccine at the same time as the first clinical risk group, as they are at increased risk of infection and of transmitting the infection to vulnerable patients, the Department of Health announced.

David Salisbury, head of immunisation at the department, said that it was expected to take around three weeks to vaccinate the four groups. The Joint Committee on Vaccination and Immunisation, an independent expert advisory group, is looking at whether to extend the programme beyond these at-risk groups.

The chief medical officer, Liam Donaldson, said that 300 000 doses of the vaccine had been delivered this month for use in trials. Around 1200 people are taking part in trials of the vaccine being carried out by

Leicester University and the Health Protection Agency. Altogether 54.3 million doses of the vaccine would be delivered by the end of the year, he said.

The BMA is in talks with the health department over how to resource the mass vaccination programme.

Professor Donaldson said that consultation rates for swine flu were continuing to fall in England. In all, 139 trusts had reported a falling consultation rate for flu-like illness, and only 12 had a rising rate, an overall fall of 34% on the previous week.

The trusts with the highest consultation rates for flu-like illness were City and Hackney in London (114 per 100 000 consultations), Wakefield in West Yorkshire (108.3), Tower Hamlets in London (95.3), Islington in north London (93.2), and Swindon in Wiltshire, a new entry (84.6).

The total number of deaths linked with H1N1 in England rose to 44 last week, up from 36 the previous week. A total of 371 people were admitted to hospital with swine flu last week, down from 530 the previous week. Globally a total of 228 921 cases of swine flu have been reported in the current epidemic, including 2084 deaths, the European Centre for Disease Prevention and Control said.

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in Taiwan is only just beginning to emerge



STR NEW/REUTERS

evacuated from the affected area by 16 August, said Mao Chi-kuo, minister of transportation and communications and commander of the Central Emergency Operations Centre. Speaking at a press conference, Mr Mao said that 59 countries, four international organisations, and 15 domestic private sector and non-government organisations had sent disaster relief materials and workers.

The Ministry of Foreign Affairs' list of needed items, included 100 000 bottles of phenolic disinfectant, 200 000 water purification tablets, 100 000 litres of sanitation sterilising agents. Luckily, because the worst affected areas were mountainous, no major hospitals or other medical facilities were damaged by the typhoon, said Liu Chi-chun, president of the Taiwan Root Medical Peace Corps, a local medical non-governmental organisation.

"Currently," said Dr Liu, "we do have

abundant medical resources to cope with the volume of injuries, but the main problem is accessibility.

"Still, the National Airborne Service Corps of the Ministry of the Interior has stepped up efforts over the last few days to transport a number of medical workers to the hardest hit areas."

Cuts and bone fractures sustained as people fled mudslides and floods are the most commonly reported injuries, but also skin infections from wading through dirty water and diarrhoea from contaminated water supplies, said Wang Tso-jen, director of the adult psychiatry department at the Tsao-tun Psychiatric Centre, in the central county of Nantou. Post-traumatic stress disorder will be the biggest problem for survivors of the typhoon, he added.

Cite this as: *BMJ* 2009;339:b3376

Preventing diarrhoea should be a global priority, says WHO

Roger Dobson ABERGAVENNY

The prevention and treatment of diarrhoea must become an international priority if the number of deaths from diarrhoea and overall child mortality are to be reduced, says a new report.

More than four years after new recommendations for treatment, diarrhoea remains the second leading cause of death among children, and few children in developing countries are receiving these lifesaving interventions, says the report (*Bulletin of the World Health Organization* doi:10.2471/BLT.08.058990).

"Diarrhoea continues to kill nearly two million children each year [and] leads to millions of hospitalisations," the authors write.

In 2004 the World Health Organization and the United Nations Children's Fund released a joint statement recommending two simple and inexpensive changes in the treatment of diarrhoea: a switch to a new lower osmolality formulation of oral rehydration salts and the introduction of zinc supplements.

More than three quarters of all deaths from diarrhoea could be prevented with full coverage and use of zinc and oral rehydration salts, say the authors. They say that large scale programmes in Bangladesh and India have shown that together these two interventions can save lives, decrease unnecessary use of antibiotics, and keep costs low.

But the report says that despite this evidence of benefit little progress has been made on the widespread introduction of low osmolality salts and zinc.

It says that median coverage of oral rehydration therapy hovers at 38% of episodes among the 68 priority countries set by the Children's Fund. Use of the treatment rose



UNICEF

Rehydration salts cut the need for intravenous fluids in diarrhoea and are cheap

by just two percentage points from 2000 to 2006.

"Even for countries that have achieved success in early introduction, coverage is extremely limited," write the authors.

Cite this as: *BMJ* 2009;339:b3372

Sub-Saharan Africa needs to double number of health workers

Peter Moszynski LONDON

A study of the health workforce in Africa has warned that by 2015 there will be critical shortages of doctors and other health workers throughout sub-Saharan Africa (*Health Affairs* 2009;28:w849-62, doi:10.1377/hlthaff.28.5.w849). This could severely inhibit the United Nations' millennium development goals. The authors estimate that the cost of eliminating these shortages approaches \$20bn (£12bn; €14bn).

The report shows that 31 countries in sub-Saharan Africa will experience shortages of doctors, nurses, and midwives, totalling about 800 000 health professionals. Sub-Saharan Africa has just 39 000 doctors, compared with the 280 000 needed. The report estimates the additional annual wage bill needed to eliminate the shortage at about \$2.6bn, more than 2.5 times the current projections for 2015.

The study reinforces the World Health Organization's recent regional estimate, based

on a country needing 2.28 healthcare professionals per 1000 population.

The study found that Mozambique had the lowest number of healthcare professionals, with 0.15 for every 1000 people, and South Africa had the most, with 5.6.

The lack of health workers has become "the binding constraint in implementing many priority health programs in Africa," say the authors.

Cite this as: *BMJ* 2009;339:b3332

Doctors condemn website that allows patients to rate and compare hospital performance

Jo Carlowe LONDON

The Department of Health has launched a web tool that will allow patients to rate and compare hospitals as if they were on an internet comparison site.

The hospital "scorecard" on the NHS Choices website will enable patients to read reviews on mortality rates, infection rates (including rates for meticillin resistant *Staphylococcus aureus* and *Clostridium difficile*), cleanliness, staff performance, quality of food, the extent to which patients were involved in decisions concerning their care, and whether they would recommend the hospital to friends and family.

Michael Summers, vice chairman of the Patients Association, described the scheme as an "important web tool."

Mark Porter, deputy chairman of the BMA's Central Consultants and Specialists Committee,

said: "I am in favour of open information and of more of this being published, but I am against summarising vast amounts of information and using a single measure to represent a hospital's overall performance."

He added: "You are summing up the activities of hospitals that have more than 5000 employees, 40 clinical departments, and thousands of patients [and] putting them into a single number. It is of no help to patients—the results may be falsely reassuring, accurate, or falsely depressing. The patient has no way of knowing."

He noted too that aggrieved patients would be more likely than content patients to leave reviews on the website, and he said this would be "demoralising" for staff.

Andy Thornley, chairman of the BMA's Junior Doctors Committee, agreed.

While he was "broadly" in favour of giving

more information to patients, he said he had concerns about data interpretation: "Some data can be very simplistic. For example, a surgeon with high mortality rates might take on only high risk cases."

Nigel Edwards, director of policy for the NHS Confederation, said that patient feedback, however, could be a valuable tool for learning and improvement but added that the success of the system would depend on how many patients participated.

"Making sure that the information is reliable and paints a full picture is vital. To work at their best, large numbers of patients need to rate and comment."

The health secretary, Andy Burnham, said the system would allow patients to make the right choice of hospital.

See "Find and choose services" at www.nhs.uk.

Cite this as: *BMJ* 2009;339:b3341

The new(ish) health secretary promises some breathing

Getting rid of targets is a familiar refrain among Tory politicians, but it's one that the health secretary is keen to add his voice to, **Nigel Hawkes** finds



Nigel Hawkes LONDON

"My thinking is that we need a deep deep clean of the target regime," says Andy Burnham, the new(ish) health secretary for England, talking of changes to the NHS. "I'm serious about that."

He adds: "I want to dismantle the paraphernalia of the top-down era and give more breathing space to clinicians and managers. Let's measure what's really important: patient satisfaction and staff satisfaction. Happy staff lead to a better patient experience."

But don't be fooled into thinking he has taken on the Tories' mantle. Although both parties are talking about reducing targets, Mr Burnham sees all the difference between his policies and those of David Cameron.

"Heaven help us," he said,

if the Tories' plan to entrust patients' records to Google or

Microsoft really was their health policy. He was equally derisive about the Tories' plans to make the NHS independent, arguing that, when there is failure, ministers inevitably become engaged.

Mr Burnham is a fresh face at Richmond Terrace but no beginner at health policy. He was minister of state at the Department of Health from 2006 to 2007, served on the Health Select Committee for two years after his election to parliament in 2001, and before that was, briefly, a parliamentary officer for the NHS Confederation.

But he also has the virtues of youth (he is 39) and fewer miles on the political clock than other senior ministers worn down by office. In his youth it was the Manchester band Stone Roses who excited his passions. Today he says it is the NHS. "Labour

has saved the NHS," he insists. "It's Labour's success story, and it's my mission to tell that story every day."

He flatly denies the charge that reform has run out of steam. "Not in any way," he says. "But I would accept it has entered a fundamental new phase."

"When it started, reform was a top-down process. When I was here as a minister in 2006 we were in a middle phase, working on processes, structures, and capacity. Now we're entering a new phase, the 'Darzi journey,' based on quality. The difference is that this time we can create a situation where reform isn't polarising: it's a unifying reform led clinically and locally."

"We've gone from an NHS that was poor/adequate to one that is good/great. Now the job is to make it great everywhere."

He recognises that tougher times are coming, and he echoes the words of the NHS chief executive, David Nicholson: "We are going

Labour has saved the NHS, insists Burnham, and made it the success story that it is today

City council considers adults only certificate for films with smoking

Mark Pownall LONDON

Liverpool City Council is considering giving films that have characters who smoke an "18+" certificate.

In some parts of the city between 40% and 50% of adults smoke, twice the national prevalence in England of 22%. Local health officials say that the proposal is part of a series of public health measures that the city has championed for its smoke-free Liverpool strategy. In 2004 the city voted for a ban on smoking in public, but this was overtaken by national legislation in July 2007.

The national British Board of Film Classification awards films an 18 rating "where material appears to risk harm to individuals," and the local primary care trust is hoping that Liverpool's move will put the board under pressure to apply such a rating nationally to films featuring smokers.



Jaime Winstone in the film *Kidulthood*, which would have an 18+ certificate under the proposals

The proposal takes advantage of the right of local authorities' licensing committees to overrule the board's decisions and make their own judgments on films where they have good local reasons for doing so.

In the past councils have used the power to stop controversial films being shown in cinemas, including *Monty Python's Life of Brian*, banned by several councils.

Paula Grey, director of public health at the city council, said that celebrity actors are powerful role models for young people.

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space for NHS clinicians and managers

to have to look critically at everything the NHS does." He believes that quality—getting it right first time, and better control of hospital infections—can help improve NHS productivity, but he resists talk of economies. "It's a hard argument to raise, but in health care economies can be false economies," he says.

He remains confident that the NHS is doing the right things to control pandemic flu, despite a recent *BMJ* paper concluding that the risks of prescribing oseltamivir (Tamiflu) to children may outweigh the benefits (*BMJ* 2009;339:b3172). "I've great confidence in what this department has done over a long period of time. The chief medical officer has done a superb job in dealing with the situation in hand and in keeping a sense of proportion. But it's fast moving and ever changing, so I can't say it's all fine. We've got to be ever vigilant and to listen to views from the ground.

"I have no criticisms of the *BMJ* for publishing that paper or of the research team that produced it. We're guided by evidence, and we'll want to add that to the knowledge base, absorb it, and respond accordingly.

"But I think that any comment about Tamiflu or the flu vaccine has to be carefully considered. New information needs to be put into the public domain very carefully. It's a matter of how it's reported. If that new information is reported in a controversial way, it can change people's behaviours or put undue pressure on the NHS, GPs, and walk-in centres."

Mr Burnham does not accept that, when the general election comes, economic woes and unemployment will push the NHS down the political agenda. Speaking in the week when the Twitter site crashed because of the number of people "tweeting" their support of the NHS in the face of attacks from

US politicians, he says: "It'll be a top-order issue. The NHS is Britain's best loved brand, so it must always be an election issue."

He uses a question from a *BMJ* reader to make a point about targets, to some of which he remains attached: the 18 week referral to treatment target, the two week target for cancer patients to see a specialist, and the four hour target in accident and emergency (A&E) departments. The reader had asked if Mr Burnham would like to shadow him on a night-time A&E shift to see how the target worked.

"I did shadow an A&E department when I was a minister here," he replies. "I spent the night in A&E and at the end asked the matron in charge explicitly, 'Would you like the four hour target abandoned?' She said no, because it helps us to get leverage over the rest of the hospital."

Cite this as: *BMJ* 2009;339:b3358

Recession could increase alcohol and drug addiction

Adrian O'Dowd MARGATE

The economic recession could lead to a rise in the number of people with alcohol or mental health problems and in drug misuse, says a report from one of the United Kingdom's main watchdog organisations.

The public services watchdog the Audit Commission has warned that the recession will start to have a "second wave" effect on the UK, triggering social problems.

Its new report focuses on local government but gives details on how some health problems will also be exacerbated by the economic downturn.

The report is based on academic research, a survey of chief executives of local authorities in England that was carried out in May and June (with a 55% response rate), structured interviews in more than half of England's single tier and county councils, and in-depth case study visits to 11 local areas.

Findings from the survey showed that, of the councils that dealt with mental health, 31% had experienced a rise in demand for mental health services, and 53% anticipated an increase in demand over the next six months.

The report says that the UK was still in the first phase of the downturn, which caused business failures, bankruptcies, and unemployment. The country would soon face a "second wave of consequences triggered by long-term unemployment."

The report is at www.audit-commission.gov.uk.

Cite this as: *BMJ* 2009;339:b3361



An extra 1.4 million people could become unemployed between June 2008 and mid-2010