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Politician accuses drug companies of needlessly overplaying dangers of H1N1 to boost sales

Rory Watson BRUSSELS

Drug companies are being accused of unnecessarily raising fears over the H1N1 swine flu virus so as to increase profits by boosting sales of their new vaccines.

The allegations, made in the parliamentary assembly of the Strasbourg based Council of Europe, are surfacing as several countries, notably the United Kingdom, France, and Germany, look to dispose of excess supplies of the unwanted vaccines (*BMJ* 2010;340:c170, 11 Jan).

Wolfgang Wodarg, a German Social Democrat MP and chairman of the assembly's health subcommittee, is, with the support of a cross party group of Council of Europe parliamentarians, pressing for a pan-European investigation into the role of the companies in the current pandemic.

"We have twice had major alarms. The first was with bird flu, and now this. It looks like a big marketing campaign for extra profits and costs health authorities a lot of money," he said.

The resolution Dr Wodarg presented to the parliamentary assembly said, "To promote their patented drugs and vaccines against flu, pharmaceutical companies have influenced scientists and official agencies, responsible for public health standards, to alarm governments."

The resolution continues: "They have made them squander tight healthcare resources for inefficient vaccine strategies and needlessly exposed millions of healthy people to the risk of unknown side effects of insufficiently tested vaccines."

STR/AFP/GETTY IMAGES

The resolution says that governments have been made to "squander tight healthcare resources"

Senior members of the Council of Europe parliamentary assembly will decide later this month whether to accept the request for an investigation. Although the institution has no legal powers (unlike the European Union) and may only invite witnesses rather than force them to attend, Dr Wodarg believes an inquiry would provide a useful platform to establish how the 47 member states of the Council of Europe have approached the pandemic threat.

Demands for a debate on the role of drug companies in the current pandemic were also tabled by the assembly's social, health, and family affairs committee last month. If, as is likely, these are accepted, the debate could take place on 28 January at the assembly's next plenary meeting in Strasbourg.

A GlaxoSmithKline spokesperson described the allegations of undue influence as "misguided and unfounded."

Cite this as: *BMJ* 2010;340:c198

WHO expert had conflict of interest, Danish newspaper alleges

Jo Carlowe LONDON

Controversy has arisen at the World Health Organization after allegations that some WHO experts, including a leading vaccine adviser, have financial ties to the drug industry.

Documents acquired through the Danish Freedom of Information Act by the Danish daily newspaper *Information* show that Juhani Eskola, a Finnish vaccines adviser on the WHO board, has received £5.6m (€6.2m; $9m) for his research centre, the Finnish National Institute for Health and Welfare from GlaxoSmithKline for research on vaccines during 2009.

Professor Eskola is the deputy director general of the institute and a member of WHO's Strategic Advisory Group of Experts on Immunization (SAGE), which advises member states on which vaccines to use and how much of these they should purchase.

GlaxoSmithKline produces the H1N1 vaccine Pandemrix, which the Finnish government stockpiled after recommendations from Professor Eskola's institute and WHO.

But Philippe Duclos, executive secretary for the advisory group, defended its position and denied any conflict of interest. In a statement to the *BMJ* he said, "It has recently been brought to WHO's attention that the Finnish National Institute for Health and Welfare has a research contract with GSK. This contract relates to a study of the impact of the new pneumococcal conjugate vaccine in the Finnish vaccination programme.

"WHO has reviewed potential conflicts of interest concerning Dr Juhani Eskola and his participation as a SAGE member at the October 2009 SAGE meeting and is satisfied that there were not any with regard to the discussions on H1N1 influenza vaccines nor with any of the other topics discussed at the meeting. WHO continues to take appropriate measures to address any perceived conflicts of interest."

Cite this as: *BMJ* 2010;340:c201

GEOFFREY SWAINE/REX

Ambulance services across England are hiring extra four wheel drive vehicles to get to emergency calls

Snow in UK results in cancellation of surgery and outpatient clinics

Lynn Eaton LONDON

As Britain struggled to cope with its severest winter for a decade, the NHS warned elderly people to stay home and keep warm—while many non-urgent operations and outpatient clinics were cancelled.

Many hospitals, including those in Oxford, Derby, Exeter, Lewisham, and West Sussex, were forced to cancel outpatient services and lower priority operations as temperatures fell to –13°C in some parts of the country and most areas were covered in thick snow.

"Clinical teams may take the decision to postpone some operations to ensure they can deal with acute and emergency care," said Mike Farrar, chief executive of the North West Strategic Health Authority. "This is standard procedure. Clinicians will not take this decision lightly, and every effort will be made to reschedule patients' treatment as soon as possible."

A spokesperson for the capital's strategic health authority, NHS London, said it was working with local authorities to ensure that hospital paths and routes to services were gritted.

"Most winters there is an increase in slips, trips, and falls, and so we urge all people to take extra care when out and about and to stay warm," the spokesperson said.

But fractures are not the only risk, warned Martin Wilson, spokesman for NHS North East. "We are also seeing a lot of people admitted into hospital who are seriously ill with heart and chest problems."

Patients were advised to call 999 only in an emergency and to contact NHS Direct, their GP, or a walk-in centre for minor complaints.

Meanwhile, drivers of four wheel drive vehicles volunteered to ferry staff to work or to help community nursing staff visit isolated patients in some parts of the country, including Gloucestershire and Warwickshire. Volunteers in Scotland and Gloucestershire have delivered meals on wheels to elderly people.

In south Wales, staff at the University Hospital of Wales who could not drive were taken to work by the police.

On Friday 8 January Yorkshire Ambulance Service, like many others, cancelled journeys for patients who were due to attend routine hospital appointments. However, transport of those with urgent medical needs, such as renal and oncology treatments, continued.

The East of England Ambulance Service in Suffolk hired extra four wheel drive vehicles to get to emergency call-outs during the icy weather.

Several hospitals were already struggling with the winter vomiting norovirus before the snow hit. At the Royal Cornwall Hospital in Truro, for example, elective surgery had already been cancelled.

Meanwhile the increase in the number of emergency referrals to fracture clinics in Chorley and Preston in Lancashire has led to an "unprecedented demand" for walking frames. The number of fractures has risen by 75% since 21 December, with 515 patients being treated at the clinics after slipping on ice.

Cite this as: *BMJ* 2010;340:c194

Doctors are told to declare all income or risk investigation

Zosia Kmietowicz LONDON

Doctors in the UK who have not declared some of their earnings have until the end of March to register with the tax office or risk investigation, high penalties, and public prosecution.

HM Revenue and Customs is offering doctors a tax amnesty called the "tax health plan" in which they have until 31 March to make disclosures of money earnt outside their main employment. They then have until 30 June to make arrangements to pay the tax due plus gains on the unpaid tax along with interest on the tax and a penalty of 10%. Those who fail to come forward by the end of March face the threat of investigation and a penalty of 100% of the tax due.

Mike Wells, director of risk and intelligence at HM Revenue and Customs, said, "From April we will be using the information at our disposal to investigate medical professionals who have not declared their full income."

Phil Berwick, director of tax investigations at the leading commercial law firm and tax investigation specialists McGrigors, said that targeting "a tax amnesty aimed solely at the medical profession is without precedent." He added that "the parlous state of the public finances and the pressing need to reduce the deficit has probably forced HMRC's hand to an extent."

Cite this as: *BMJ* 2010;340:c193

The art of diagnosis

Michael Day MILAN

A study of many of the world's greatest paintings has enabled a pathologist to make a fascinating series of posthumous diagnoses. Vito Franco of Palermo University looked at 100 works of art over a two year period, focusing mainly on old masters.

Among his claims is that the glint in the eye of the Mona Lisa wasn't a mischievous addition by the Renaissance genius Leonardo da Vinci but an indication that the subject had high cholesterol concentrations. The yellow coloration around her eye indicates xanthelasma, cholesterol deposits.

"Some of these famous paintings are very revealing," Dr Franco told the *BMJ*. "But the artists weren't aware that they were painting medical symptoms. They were just painting what they saw."

In Diego Velázquez's masterpiece *Las Meninas* (right) the 5 year old Infanta Margarita (the girl in the centre of the painting with blonde hair and white dress) shown at the court of Philip IV appears to have Albright's syndrome, a genetic

Consultation begins on automatic switch to generic drugs

Susan Mayor LONDON

England's Department of Health has launched a consultation on proposals for automatic generic substitution, in which pharmacists could dispense generic forms of drugs instead of branded versions even if the prescribing doctor or nurse has written a prescription for a brand.

The consultation report outlines three options. The first is to keep the current arrangements, in which pharmacists are required to dispense exactly what is written on a prescription and cannot substitute a generic version for a brand name drug without prior agreement with the prescriber. The second would allow substitution of generic equivalents but would specify a list of exempt products. The third option, preferred by the health department, would allow generic substitution of a specified group of products.

Under the third option all prescriptions would be dispensed as written except for the products on a list, which the report argues could be kept short by focusing on drugs that would give the greatest financial savings. The list would include commonly prescribed drugs, drugs that have recently come off patent, and drugs that are often prescribed as branded products.

The proposals can be found at www.dh.gov.uk.

Cite this as: *BMJ* 2010;340:c135

condition affecting stature, says Dr Franco.

Rickets, bulimia, and juvenile rheumatoid arthritis are some of the other conditions he claims to have spotted in the art works.

Dr Franco plans to publish his findings this year.

Cite this as: *BMJ* 2010;340:c150

MPs criticise government for ignoring advice on alcohol

Jacqui Wise LONDON

MPs have strongly criticised the UK government for being too close to the drinks industry and have backed calls for the introduction of minimum pricing for alcohol.

The health select committee's report on alcohol states: "It is time the Government listened more to the Chief Medical Officer and the President of the Royal College of Physicians and less to the drinks and retail industry.

"Alcohol consumption has increased to the stage where the drinks industry has become dependent on hazardous drinkers for almost half its sales. In formulating its alcohol strategy the Government must be more sceptical about the industry's claims that it is in favour of responsible drinking."

The report says it is a myth put about by the drinks industry that increasing the price of alcohol would unfairly affect the majority of moderate drinkers. Instead it says that minimum pricing would mostly affect those who drink cheap alcohol—in particular, young binge drinkers and heavy drinkers on low incomes, the group most prone to liver disease.

The report estimates that a minimum price of 50p (€0.6; $0.8) per unit of alcohol would save more than 3000 lives a year and that a price of 40p per unit would save 1100 lives. Currently it is possible to buy alcohol for as little as 10p per unit. The affordability of alcohol has increased dramatically since the 1940s, the report shows. It calls for the amount of duty on spirits to be returned in stages to the same percentage of average earnings as it was in the 1980s and for a lower duty on weak beer.

Liam Donaldson, England's chief medical officer, said last month that it was one of his biggest regrets that he hadn't managed to convince the government to tackle the issue of alcohol pricing (*BMJ* 2009;339:b5537, 17 Dec). A recent report from the NHS Confederation and the Royal College of Physicians claims that alcohol related problems now cost the NHS £2.7bn a year (*BMJ* 2010;340:c80, 6 Jan).

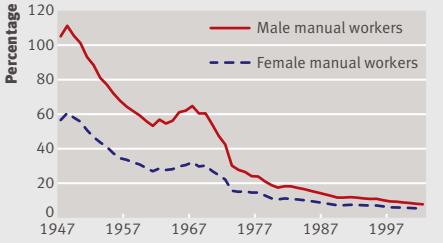
The number of deaths in the United Kingdom from liver cirrhosis rose more than fivefold from 1970 to 2006. By contrast, in France, Italy, and Spain the number shrank between twofold and fourfold. In evidence to the committee Ian Gilmore, president of the Royal College of Physicians and chairman of the Alcohol Health Alliance, an umbrella group of health organisations, said that alcohol was probably a significant factor in 30 000 to 40 000 deaths a year.

Nick Sheron, head of hepatology at the University of Southampton and a member of the Alcohol Health Alliance, told the *BMJ*, "Minimum pricing is absolutely inevitable in the future. Six or seven years ago, when this was first suggested, I thought it was an unachievable goal, but now the momentum is there."

The health committee's report also criticised the "dire state of alcohol treatment services" and said this was a major disincentive for primary care services to detect alcohol related problems at an early stage.

Dr Sheron agreed: "It is almost impossible to get people into alcohol treatment services. The waiting lists are so huge often doctors don't even bother referring. Alcohol treatment services have been neglected for years, with the funding moved into drug misuse services."

AMOUNT OF DUTY PER LITRE OF PURE ALCOHOL AS PERCENTAGE OF UK MANUAL WORKERS' AVERAGE WEEKLY WAGE



Source: House of Commons Health Committee

The report says that a strategy of early detection and intervention is effective and cost effective and could easily be incorporated into existing screening initiatives. It recommends that incentives for doing this should be included in the quality outcomes framework (QOF), the incentive payment scheme for GPs.

The report also calls for:

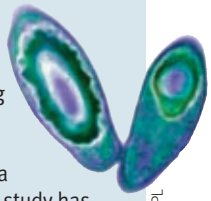
- All primary care trusts to have an alcohol strategy
- Mandatory targets for reducing numbers of alcohol related admissions to hospital
- Acute hospital services to be linked to specialist alcohol treatment services via teams of specialist nurses
- More alcohol nurse specialists in hospitals
- Cost savings from reduced admissions to be fed back into treatment and prevention, and
- Better training in alcohol interventions for clinical staff.

Alcohol: First Report of Session 2009-10 **is at www.publications.parliament.uk/pa/cm/cmhealth.htm.**

Cite this as: *BMJ* 2010;340:c136

IN BRIEF

Southern Sudan has world's worst health: Southern Sudan still has some of the world's worst health indicators five years after a precarious peace agreement, warns a new interagency report, *Rescuing the Peace in Southern Sudan* (www.oxfam.org.uk). This is partly because it has not yet received the World Bank funding intended to finance its shattered health services.



BIU/SGH/SPL

HCAI risk rises with number sharing a room: The risk of acquiring a healthcare associated infection rises with each additional person sharing a hospital room, a Canadian study has found (*American Journal of Infection Control* doi:10.1016/j.ajic.2009.08.016). The retrospective study of 17 200 patients showed that the risk of infection with *C difficile*, vancomycin resistant enterococcus, and meticillin resistant *Staphylococcus aureus* rose by about 10% per additional person.

Mefloquine may contribute to mental health problems in troops: One in seven (14%) US military personnel deployed to Afghanistan in 2007 who were given mefloquine had known contraindications to it, a study has found (*Pharmacoepidemiology* doi:10.1002/pds.1879). The author said that the extensive use of mefloquine in US troops in Somalia, Iraq, and Afghanistan "might in some measure be contributory to the current burden of mental health disorders" among those troops.

UK audit is to investigate management of open abdomen: The National Institute for Health and Clinical Excellence is asking all critical care units in the UK to participate in an audit providing anonymised data on the care of patients whose abdomens are left open after surgery or injury, between 1 January 2010 and 30 June 2011 (https://viis.abdn.ac.uk/HSRU/OpenAbdomen).

Germany has low rate of measles vaccination: Only 85% of children in Germany receive two measles vaccinations, far below the rate achieved in most other Western countries and the World Health Organization's target of 95% coverage by 2010, said Wolfram Hartmann, president of the German Association of Paediatricians. He is urging a "no vaccination, no school" law in Germany and a greater effort to alert parents of the need to vaccinate.

Cite this as: *BMJ* 2010;340:c162

Scottish government calls for review of distinction awards

Bryan Christie EDINBURGH

The Scottish government is calling for a complete review of the distinction awards system for consultants, a longstanding financial arrangement designed to reward excellence that can double a hospital consultant's salary.

The Scottish health secretary, Nicola Sturgeon, has written to the UK prime minister, Gordon Brown, and the health secretaries of England, Wales, and Northern Ireland, seeking support for a "fairer system" that rewards the contribution of a wider range of healthcare practitioners.

She is also calling on the Doctors' and Dentists' Review Body, which sets the pay for doctors and dentists in the UK, to freeze the cash awards at this year's level and not to introduce any new awards next year.

"The existing schemes are outdated and do little to create a drive for excellence throughout the clinical teams we have now and which we would wish to encourage further," said Ms Sturgeon. "They are, therefore, in need of change. However, I believe that change must be approached on a four-country basis to avoid undermining the competitiveness of any one country relative to the others when it comes to recruiting consultants."

The distinction award system is as old as the NHS itself. It was introduced in 1948 by Aneurin Bevan, the NHS's founding father, to win the support of leading members of the medical profession. He famously commented at the time that he had to "stuff their mouths with gold."

DAVID MOIR/REUTERS

Nicola Sturgeon called for a wider range of health workers to be rewarded

Today the awards, which are open only to hospital consultants, are worth between £31 959 (€35 600; $51 200) and £75 889 in Scotland, on top of a consultant's salary. They are designed to promote and reward excellence but have proved controversial. It has been claimed that they discriminate against doctors from minority ethnic groups and those in low profile specialties. The system has become more open and accountable in recent years, but concern persists about its value to the NHS, particularly in the current difficult financial circumstances.

Ms Sturgeon said that the NHS now works very differently from 1948 and has a completely different skill mix. "It is important that we recognise and reward the high level of talent that we have in the workforce but that we do so in a fair and cost effective way," she said.

But Lewis Morrison, deputy chairman of the Scottish consultants' committee of the BMA, defended the system.

"Distinction awards recognise the contribution made by doctors in the field of research, education, and the provision of exceptional NHS patient care," he said. "Awards not only attract the best doctors to Scotland but, by promoting innovation and research, also bring economic benefits. We agree that other health professionals should receive recognition for their hard work and loyalty, but this should not be at the expense of doctors."

Cite this as: *BMJ* 2010;340:c151

Private companies challenge policy that NHS organisations should be "preferred providers"

Nicholas Timmins FINANCIAL TIMES

The policy declared by England's health secretary, Andy Burnham, that NHS organisations are now the "preferred provider" of NHS care is being challenged in what could prove a key test case.

In what amounts to a class action, representatives of private and voluntary sector organisations have joined forces to take a case to the Co-operation and Competition Panel for NHS-Funded Services. It is likely to prove an important test of a body that has a purely advisory role to the health secretary. The panel has confirmed that it will investigate the case.

The NHS Partners Network, which represents private providers of NHS care, and the Association of Chief Executives of Voluntary Organisations put in the complaint to the panel. They say that a decision by the Great Yarmouth and Waveney primary care trust breaches existing NHS rules and guidance on competition and choice.

The trust initially invited bids from anyone—whether in the NHS or in the private and voluntary sectors—to take over its community services.

After Mr Burnham's speech last September declaring that the NHS is the "preferred provider" (*BMJ* 2009;339:b4085) the trust withdrew the

MY STORY/ALAMY

Harvard's new rules put a cap of $5000 a day on doctors' earnings from pharmaceutical companies

Harvard tightens rules on payments by drug industry to top professors

Janice Hopkins Tanne NEW YORK

Harvard University has tightened its regulations for doctors and scientists who consult for drug companies and medical device makers.

Ties between prominent doctors and drug companies have been scrutinised lately, especially by Senator Chuck Grassley, an Iowa Republican.

About two dozen of Harvard's highest flyers, those who sit on the boards of drug companies, are most affected. Under the rules, introduced on 1 January, they can earn no more than $5000 (£3100; €3440) per 10 hour day for service on the board of a drug or device company and may not accept company stock in payment.

The rules also apply to about 6000 doctors, researchers, institutional officers, and other employees at Partners HealthCare, a Harvard affiliated healthcare group.

Among those affected are Dennis Ausiello, chief of medicine at Massachusetts General Hospital and chief scientific officer at Partners HealthCare. He is a member of Pfizer's board. The *New York Times* reported that he was paid more than $220 000 by Pfizer in 2009 and that he would continue in his roles at Partners and Massachusetts General Hospital (www.nytimes.com, 3 Jan, "Harvard teaching hospitals cap outside pay"). A Partners HealthCare spokesman said that Dr Ausiello had not issued a statement.

Arnold Relman, a former editor of the *New England Journal of Medicine* and a professor emeritus at Harvard, told the *New York Times* he thought it was "a gross conflict of interest for an official of an academic medical center to be on the board of a pharmaceutical company."

Christopher Clark, director of Partners Office for Interactions with Industry, told the *Boston Globe* that relations with industry have "significant benefits" (www.boston.com, 3 Jan, "MGH parent curbs fees to staff from drug makers").

Cite this as: *BMJ* 2010;340:c172

invitation to bid from the private and voluntary sector groups, saying that it was now "only able to accept bids from NHS organisations."

The trust's decision has "system wide" implications, the Association of Chief Executives of Voluntary Organisations said, because applied elsewhere it could affect hundreds of voluntary organisations and dozens of private sector companies that already provide NHS services.

Both the association and the NHS Partners Network are confident that the trust's action breaches competition rules and guidance. But the issue is complicated by Mr Burnham having announced that he will rewrite not only two pieces of NHS guidance to make them fit with his new provider policy but also the remit of the Co-operation and Competition Panel itself.

The rewrites are yet to emerge, however. Originally promised for January, they are now due "in February," the Department of Health has said, and the panel is due to issue its initial view on whether the rules have been breached in early March.

There is a question over whether the panel will apply the rules as they stood when Great Yarmouth acted or the revised rules if they emerge in time. Or will it rely instead heavily on European Union competition law, arguing that this trumps health department guidance? Some analysts, at least, believe that EU competition law, properly applied, would make Great Yarmouth trust's actions "ultra vires" (beyond the scope of its powers).

Cite this as: *BMJ* 2010;340:c132

Germany puts universal health e-card on hold

Annette Tuffs HEIDELBERG

Germany's health minister, Philipp Rösler, has decided to put on hold the introduction of the planned electronic health card system, whereby every citizen was meant to hold an electronic card carrying their health data, medical history, prescriptions, and insurance status.

The project, originally to have been launched in January 2006, has so far cost the country's health insurance companies and its government a total of €1.7bn (£1.5bn; $2.5bn).

The new German government, a coalition of the Christian Democrats and the liberal Free Democratic Party, has decided to review the plans, which were the work of the former Social Democrat health minister Ulla Schmidt, because of criticisms from doctors and experts on data safety about the security of data and the feasibility of the technology.

Mr Rösler has announced that cards will continue to be issued in specified trial areas but that they will contain only the patient's basic personal data, insurance status, a photograph, and a small set of health data in case of emergency, if the patient has agreed to their inclusion on the card.

The introduction of the health card, hailed as the most extensive e-health communication project in the world, is already four years behind schedule. From January 2006 all 72 million customers of Germany's health insurance companies, through which Germans access state health care, were supposed to be using the card whenever they saw a doctor, attended a clinic, or bought drugs.

The card is still intended to replace the present membership cards of the health insurance companies and is supposed to make about 700 million handwritten prescriptions redundant, thereby saving most of the cost of its introduction. The project aims to improve communication across all sectors of German health care: 80 million patients, 123 000 general practitioners, 2200 hospitals, 65 000 dentists, 21 000 pharmacies, and 270 health insurance companies.

However, the introduction was far more difficult than expected, because data protection experts were concerned that patients' privacy may be jeopardised and that unauthorised people could gain access to data online or on the cards. Furthermore, doctors and other healthcare providers were opposed to buying special technical equipment.

Cite this as: *BMJ* 2010;340:c171

VINCENT DU/REUTERS

Rather than ensuring rehabilitation a new law in China subjects drug users to inhumane treatment

China is accused of denying treatment to illicit drug users

Jane Parry HONG KONG

The compulsory incarceration of drug users in China deprives detainees of treatment for their addiction and other diseases such as tuberculosis and HIV, and exposes them to forced labour and physical abuse, says a report by human rights campaigners.

Holding drug users in drug detention centres also exacerbates the transmission of HIV among injecting drug users and into the wider community, say international organisations.

The report by New York based Human Rights Watch is based on interviews with drug users and staff from local and international non-government organisations in Yunnan and Guangxi provinces in China's southwest—two provinces with the highest prevalence of illicit drug use in China.

Joe Amon, the health and human rights division director at Human Rights Watch, said that although a new law promulgated in June 2008 brought to an end the sentencing of drug users to re-education through labour, the incarceration of drug users in drug detention centres perpetuates the same abuses under the re-education through labour system—namely, forced labour, physical abuse, and lack of basic health care. It also extends the minimum incarceration period from six to 12 months to two to three years.

"Instead of putting in place effective drug dependency treatment, the new Chinese law subjects suspected drug users to arbitrary detention and inhumane treatment," he said.

In China injecting drug users accounted for an estimated 27% of new cases of HIV infection reported in 2008, say data from UNAIDS. In addition, more than a third (38%) of the estimated 700 000 people infected with HIV in 2007 were former or current injecting drug users.

Giovanni Nicotera, head of the project office of the United Nations Office on Drugs and Crime in China, said that incarceration in drug detention centres exacerbates the risk of HIV transmission. "Our general advice is that closed settings are not conducive to the effective treatment and rehabilitation of drug users," he said. "International evidence shows that incarceration does not diminish the likelihood of HIV transmission but increases it and therefore the spread to the community."

Injecting drug users who are HIV positive and receiving antiretroviral treatment and who are then incarcerated in drug detention centres may be able to continue receiving the drugs while they are in detention. However, they are deprived of the routine medical monitoring that usually accompanies treatment. Some detainees decide not to continue treatment to avoid discrimination, or may not receive it at all, sources say.

"We've seen examples of people who are on ART [antiretroviral therapy] and methadone, then they relapse, get detained and don't get access to ART," said a source in an international non-governmental organisation in southwest China. "Then you get an issue of drug resistance because they get a really long drug holiday, and from a population perspective that makes things worse."

The Chinese authorities have recognised that the country has a serious illicit drugs problem and has undertaken a widespread roll-out of methadone clinics and needle exchange programmes in recent years, but the drug detention centres run counter to these efforts, says Dr Amon.

The Human Rights Watch report is at www.hrw.org.

Cite this as: *BMJ* 2010;340:c101

BMJ GROUP AWARDS ✪ BMJ GROU

Best Quality Improvement category

Teams vie to find ways to improve care for patients

Jane Smith *BMJ*
Fiona Moss LONDON DEANERY

This year's 28 submissions for the Best Quality Improvement award in the 2010 BMJ Group Awards cover a wide spread of specialties and services from virtually all geographical areas of the United Kingdom, with many good examples of improvement in the effectiveness and safety of patient care.

In the end the shortlist of four emerged easily. Many entries had ruled themselves out because they didn't meet the criterion of sustaining their change for at least 18 months; we hope that those applicants will apply again next year.

The shortlisted projects come from a primary care trust, a national specialty society, a combined hyperacute and stroke rehabilitation unit, and a hospital team.

The primary care trust NHS County Durham has seen an average 8% rise in its prescribing expenditure since the late 1990s, and in 2007 its drug and therapeutics committee set a series of targets for drugs management within the Quality Outcomes Framework. Each of the 85 practices in its area had to choose three targets (preferably where their performance needed improving), and the trust's pharmaceutical advisers then

Preoperative MRI fails to reduce the need for a second excision

FREDERIC CIROU/PHOTO ALTO/ALAMY

The rate of reoperation was 18.8% in the MRI group and 19.3% in the non-MRI group

UP AWARDS ✪ BMJ GROUP AWARDS ✪ BMJ GROUP AWARDS ✪ BMJ GROUP AWARDS ✪ BMJ GROUP

worked with each practice to help them audit and implement their improvements in prescribing.

The improvements included a fall in total use of non-steroidal anti-inflammatory drugs by 6.2% in Darlington and of 4.2% in County Durham (compared with a national fall of 2.5% over the same period); similarly the use of diclofenac fell, respectively, by 23% and 17% (compared with 7% nationally).

The Society for Cardiothoracic Surgery in Great Britain and Ireland has pioneered the collection of accurate data on outcomes among patients undergoing surgery. It has put information on mortality rates in the public domain, developed risk stratification, adopted an approach to handling surgeons and units with outcomes lying outside the expected statistical boundaries, and reached a position where every surgeon member of the society completes and submits a detailed dataset for each patient undergoing cardiac surgery.

Despite the average age and the prevalence of comorbidities rising among these patients, mortality rates have fallen steadily. And among patients aged under 70 undergoing elective coronary artery bypass grafting the death rate is now less than 1%.

The stroke unit and facilitated discharge team at Northumbria Healthcare NHS Foundation Trust redesigned its stroke service—which was already strong in rehabilitation—to ensure the rapid transfer of all people with suspected stroke to a specialist service offering immediate hyperacute assessment, urgent brain imaging, and 24 hour access to thrombolysis. To do this the team redesigned the service and created a single stroke unit on one site

combining acute care, rehabilitation beds, and early supported discharge.

From September 2007 to August 2009 the percentage of patients receiving thrombolysis rose from 2.7% to 7.7%, and rates of institutionalisation have remained consistently low at less than 5%. The redesigned service has dramatically improved clinical care, halved lengths of stay, and saved £500 000 (€560 000; $800 000). The unit is now in the top 5% of trusts in the National Sentinel Audit of Stroke.

A team in Abertawe Bro Morgannwg University NHS Trust, Swansea, believed that virtually all pressure ulcers that develop in hospitals were preventable if "the extensive evidence base of knowledge of causation and prevention could be translated into action on the wards in a sustainable way." So, through using PDSA ("plan, do, study, act") cycles on a pilot ward, they ensured compliance with Waterlow criteria for ulcers and nutritional risk tools and that a "SKIN bundle" (Surface, Keeping the patient moving, managing Incontinence, and optimising Nutrition) was used for patients at risk of ulcers.

Their project, part of the Welsh "1000 Lives" patient safety campaign, aimed to halve the incidence of pressure ulcers, but over the first 19 months no pressure ulcers occurred on the pilot ward, and similarly good results have been achieved as the project has been rolled out across other wards in their large university hospital. The measure they use—number of days since an ulcer last developed on the ward—"sends a powerful message to staff, managers, and patients alike that pressure ulcers are critical clinical incidents, not an expected part of inpatient care," the team says.

Now it is down to the judges. They include last year's winner, Peter Garrett, along with Graham Teasdale, Helen Bevan, and Jonathon Gray. They will be looking for the project that best combines a clear strategy for improvement with measurable benefits for patients, taking account of the linkage between organisational change and clinical benefit, novelty of approach, and overcoming barriers to change.

The Best Quality Improvement category in the BMJ Group Awards is sponsored by the Health Foundation and the Department of Health's quality improvement team. For more information go to http://groupawards.bmj.com/.

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Susan Mayor LONDON

Adding magnetic resonance imaging (MRI) to the preoperative assessment of women with small breast cancers fails to reduce the rate of reoperation for incompletely excised tumours, a major UK technology assessment has shown.

The number of women requiring a repeat operation or mastectomy after initial lumpectomy rose from 14.2% in 2001-2 to 17% 2006-7, posing a considerable burden to the women affected and to the NHS. This rate of reoperation is well above the NHS Breast Cancer Screening Programmes' quality assurance target rate of 10%.

Currently women who need a lumpectomy have a triple assessment involving clinical examination, imaging with mammography and ultrasonography, and biopsy. Adding MRI to this method of evaluation has been proposed as a way of improving tumour localisation, but evidence on the effectiveness of this approach is limited.

To explore its value UK researchers randomised 1623 women with primary breast cancer to MRI or no MRI before undergoing wide local excision, as part of the technology assessment programme of the National Institute for Health Research.

Their results showed no difference in rates of reoperation: the percentage of women requiring reoperation was 18.8% in the MRI group and 19.3% in the non-MRI group (odds ratio 0.96 (95% confidence interval 0.75 to 1.24) (www.hta.ac.uk/1216).

An economic analysis showed that the addition of MRI would cost more but offered few or no benefits in terms of clinical outcomes or quality of life.

Lindsay Turnbull, scientific director of the Centre for MR Investigations at Hull Royal Infirmary and the study's lead researcher, said, "The findings of this trial demonstrate that although MRI provided the best assessment of the extent and location of tumour present in the breast, this information could not be utilised by surgeons using currently accepted techniques to reduce the reoperation rate and therefore did not benefit patients." She added: "Knowing this will allow time and resources to be more effectively used elsewhere. This is important for both the NHS and for women with breast cancer."

The study showed that the best agreement between all imaging modalities and tumour size and extent of disease was in women over 50 years of age with ductal tumours of no specific type and who were node negative. Mastectomy was found to be avoidable in 16 of 58 women (28%) in this group who underwent MRI.

The researchers concluded that, although overall the addition of MRI to triple assessment did not reduce reoperation rates in women with small breast cancers, it showed potential to improve tumour localisation, and they suggested that using biopsy lesions detected by preoperative MRI is likely to minimise the incidence of inappropriate mastectomy.

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