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Private sector mainly benefits from efforts to market NHS skills abroad

Gareth Iacobucci [THE BMJ](http://thebmj.com)

A UK government venture designed to sell NHS expertise abroad delivered more than half a billion pounds' of healthcare contracts last year, the Department of Health (DH) has said. But figures released under the Freedom of Information Act suggested that the initiative had so far benefited private sector providers more than the NHS.

Healthcare UK—a joint partnership between the DH and UK Trade and Investment—was launched in 2012 to help expand the NHS brand abroad, resurrecting a policy first launched by the Labour government in 2010 called NHS Global.¹

In a progress report,³ the DH said that the scheme had helped British organisations secure more than £550m of “business wins” in 2013-14, exceeding its yearly target by £200m. The department said that the venture had assisted over 600 organisations since its launch, which was double its target, and had facilitated “more than 60 missions, high level meetings and events.”

But a DH response to a freedom of information request from the website *Social Investigations*⁴ suggested that private sector providers had benefited most. The response, seen by *The BMJ*, said that private firms had reported 17 so called “business wins” worth a total of £281m. This compared with just two deals reported by what the DH termed “public” organisations, although these were worth a substantial total of £251m. A further deal worth £22m was secured by a joint public-private provider, and one charity reported having secured £100 000 worth of business.

The deals secured by the private sector included a £120m contract to the UK company Sinophi Healthcare for hospital management and hospital investment in East China, as well as a contract for KPMG to provide a business case and consultancy work for the professional services company Arup, as part of a high end private hospital project in Beijing. The DH would not disclose details of any other deals, saying that the information had been provided by healthcare providers in confidence.

A Healthcare UK spokesman said, “The smaller proportion of NHS and public organisations with business wins at present is reflective of the fact that private companies currently have more fully developed commercial propositions at this time.”

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JIM VARNNEY/SPL

Survey found 44% of GPs admitted prescribing antibiotics to get a patient to leave

GPs feel pressurised to prescribe unneeded antibiotics, says survey

Andrew Cole [LONDON](http://thebmj.com)

Many GPs feel under pressure to prescribe antibiotics even when they may not be the correct treatment, and some patients continue to expect antibiotics as a matter of right, two parallel surveys from the Longitude Prize charity have found.

The surveys of more than 1000 GPs and a similar number of patients were commissioned by Nesta, the organisation behind the £10m Longitude Prize, which the public voted to award to finding smarter ways of using existing antibiotics, in the face of growing resistance and a dearth of new types.¹

The survey of GPs found that 55% felt under pressure—mainly from patients—to prescribe antibiotics, even if they were not sure that they were necessary, and 44% admitted that they had prescribed antibiotics to get a patient to leave the surgery. A similar proportion (45%) had prescribed antibiotics for a viral infection, knowing that they would not be effective. GPs who qualified before 1980 were most likely to have done this (55%). Over a quarter of GPs (28%) admitted prescribing antibiotics “several times a week,” even when not sure of their medical necessity. Over two thirds (70%) said that they did so because they did not know whether an infection was viral or bacterial, and a quarter (24%) said that this was because of a lack of easy to use diagnostic tools.

The parallel survey of patients showed that one in 10 people who visited their surgery at least once a month expected to be prescribed antibiotics every time, and another 13% expected them most of the time. Overall, around 4% of adults expected to have antibiotics prescribed every time they visited their GP and 6% on most occasions. People who worked full time were more likely to expect antibiotic treatment every time (6%) than those who were not in work (1%). And although 13% of 18-24 year olds expected antibiotics most of the time, just 2% of those aged over 65 did so.

Nearly nine in 10 patients (88%) said that their main reason for requesting antibiotics was to get rid of an infection, 13% for a persistent cold or flu, 9% for an unidentifiable pain, and 9% for a child who was ill. Men were more likely than women to request antibiotics for colds or flu (16% v 9%).

Three per cent of respondents said that they stocked up on antibiotics for future use, one in 10 had used old antibiotics that they had at home, and 7% had used antibiotics that had been prescribed to family or friends.

Nearly two thirds of the patients correctly stated that antibiotics should be used against bacterial infections, but 9% thought that they should be used to treat viral infections, and 27% thought that they dealt with both types of infection.

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IN BRIEF

Big fall in death rates from many major

cancers: The combined death rates from breast, bowel, lung, and prostate cancer have fallen by 30% in the past 20 years, figures from Cancer Research UK have shown. Death rates from breast cancer fell by 38%, bowel cancer by 34%, lung cancer by 27%, and prostate cancer by 21%. However, mortality rates from liver, pancreatic, melanoma, oral, and some digestive cancers have increased.¹

Clinical trials that end early are rarely published unless they show a treatment

benefit: Most clinical trials are never published if they are stopped early, says a study published in *JAMA*. The researchers looked at 1017 clinical trials conducted in Switzerland, Germany, and Canada from 2000 to 2003. They found that 25% had ended earlier than planned; around 60% of these trials have still not been published. Nine trials were stopped because it became clear that the treatment had a beneficial effect; all of these trials have been published.²

Older people's unmet social care needs are

growing: Nearly a third of older people who have difficulty carrying out everyday activities such as eating, washing, and dressing receive no formal or informal help, Age UK has said. Four in five people with unmet needs need help taking medication, over two thirds have difficulties eating, and half struggle to wash themselves. In the past seven years the number of people aged 65 or over who receive social care services has fallen by 27%.

Most people want health professionals to

have access to their health data: Most of the UK public want any health professional treating them to have access to key electronic data from their GP record, says an online survey by YouGov for the healthcare information specialist group EMIS. Nearly a third of people are shocked to learn that it is not standard practice for patient information to be shared electronically, and nearly two thirds are worried that, if this does not happen in emergency departments, it could cause treatment delays or potentially life threatening medical errors.³

WHO calls for screening of travellers in

Ebola areas: The World Health Organization has called on all countries affected by the Ebola outbreak to screen passengers who are leaving international airports, seaports, and major ground crossings. It has set up a taskforce to monitor the effect of Ebola on travel and transport.

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East Kent trust in special measures after being rated inadequate

Nigel Hawkes LONDON

The hospital trust that provides services to more than 750 000 people across east Kent has been found to be inadequate—the worst possible rating—by the Care Quality Commission (CQC), which recommended that it be placed in special measures.¹

East Kent Hospitals University NHS Foundation Trust runs three hospitals, at Ashford, Canterbury, and Margate, as well as two community hospitals—Buckland in Dover and the Royal Victoria in Folkestone. The CQC found that the trust was inadequate in safety and leadership and that it required improvement in effectiveness and responsiveness. Only in caring was the trust's performance rated good.



Mike Richards identified a lack of effective leadership and care failings in most services

The verdict was reached after two prearranged visits to the hospitals early in March by a team of 57 chaired by Diane Wake, chief executive of Barnsley Hospital, and a further inspection that took place without advance warning later the same month.

William Harvey Hospital in Ashford was rated inadequate for accident and emergency (A&E), surgery, and children's care. At Kent and Canterbury Hospital, surgery was rated as inadequate—an especially damaging finding, as the trust board voted in February to centralise surgical services there, which the CQC said had raised considerable concerns among staff they consulted.

Queen Elizabeth the Queen Mother Hospital in Margate was rated as requiring improvement overall, and its A&E services were singled out as inadequate.

Mike Richards, chief inspector of hospitals, said, "When we inspected all three hospitals run by East Kent Hospitals University NHS Foundation Trust, we were extremely concerned at the disconnect we identified between the senior team and the staff working on the front line. We saw ineffective leadership in action across a number of clinical services, and that the board was at times receiving false assurance through governance procedures.

"It is a lack of effective leadership, alongside care failings across the majority of services we inspected, which has led me to recommend to the foundation trust regulator Monitor that the trust be placed in special measures."

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Serco plans to pull out of clinical services in UK

Gareth Iacobucci THE BMJ

The private company Serco is to withdraw from providing clinical services in the United Kingdom, having experienced heavy financial losses on its NHS contracts.

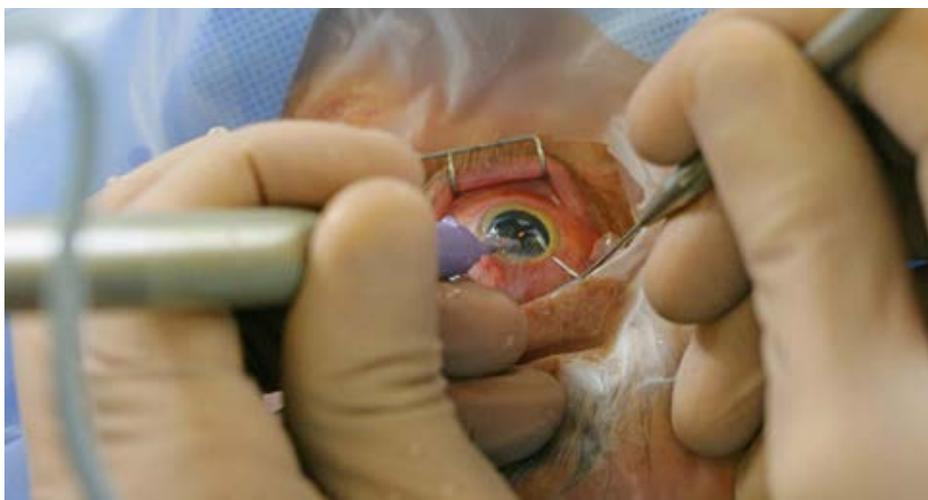
In a stock exchange announcement,¹ the outsourcing specialist said that it had taken the decision after a review of the cost of delivering "improved service levels" and meeting performance obligations for its contracts, which had identified additional costs of £3.9m in the past six months and nearly £18m in 2013.

The statement highlighted Serco's recent disposal of two NHS contracts—one for GP out-of-hours care in Cornwall and one for clinical services at Braintree Community Hospital²—and said that it would also dispose of a third "loss

making contract" for community health services in Suffolk when the deal ends next year. The company added that it did not intend to bid for future NHS clinical services contracts but would continue to provide "non-clinical health support" services to NHS trusts.

The withdrawal came after criticism of the company over the delivery of its clinical service contracts. In 2013, a report by the parliamentary Public Accounts Committee³ into Serco's running of GP out-of-hours care in Cornwall accused the company of bullying employees, providing a substandard service, and manipulating data.⁴ And earlier this year NHS commissioners in Suffolk imposed financial penalties on the company after it missed key targets.⁵

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CHASSENET/BSIP/SPL

Half of patients operated on in a mobile unit reported blurring, swelling, and other adverse effects

Private contract is terminated after half of cataract patients have complications

Clare Dyer **THE BMJ**

An NHS hospital has terminated a contract with a private healthcare provider only four days into its term, after half of patients who underwent cataract operations experienced complications.

Taunton and Somerset NHS Foundation Trust cut short its contract with Vanguard Healthcare after around half of the 62 patients who had been operated on in a mobile unit at Musgrove Park Hospital reported blurring, swelling, and other adverse effects. An 84 year old retired salesman, who has lost his sight and has been

told that he will need a corneal transplant, is taking legal action.

His solicitor, Laurence Vick, head of clinical negligence at the law firm Michelmores, said, "Private providers must agree to an immediate joint investigation with the NHS of problems on contracts, in place of the current fragmented approach." The case has highlighted the use of private providers by NHS hospitals to provide short term solutions and has raised questions about where liability lies if things go wrong.

When the problems first surfaced, the trust's

medical director, Colin Close, was quoted in the *Somerset County Gazette* as saying, "Any financial responsibility would rest with us." But the trust told *The BMJ* this week that he was misquoted and was referring to the hospital's responsibility to look after the patients generally. It was unwilling to discuss the issues in detail while an investigation was going on.

The trust told the *Gazette* that it contracted with Vanguard in May for 400 operations, to help clear a backlog caused by an influx of emergency patients the previous winter, as well as difficulty in replacing ophthalmology staff who had left. The NHS England standard contract, which must be used for any NHS commissioning outside of primary care, obliges service providers to put in place clinical negligence cover and to indemnify the commissioner for any injuries caused by the provider's negligence. As a result, the NHS may not have to pick up the bill for any compensation claims.

Ian Gillespie, chief executive of Vanguard Healthcare, said, "We're working closely with the trust to understand and fully investigate the root causes of any complications. This investigation is still ongoing, making it inappropriate to comment on specific issues or on individual patient cases.

"Operations were carried out in Vanguard's operating theatre by highly qualified surgeons, approved by the hospital, and with many years' experience of working in the NHS. We are not conducting services of the kind deployed at Musgrove Park Hospital anywhere else in the UK."

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Experts condemn "flawed" NICE process over its rejection of prostate cancer drug

Adrian O'Dowd **LONDON**

Experts have reacted angrily to new guidance from the National Institute for Health and Care Excellence (NICE), which rejected a drug that can extend the life of men with prostate cancer and delay the need for chemotherapy.

On 15 August NICE published its final draft guidance¹ on using the drug abiraterone (marketed in the United Kingdom as Zytiga and manufactured by Janssen) before chemotherapy in men with advanced prostate cancer. The institute said that it was not recommending abiraterone for prostate cancer in people who had received hormone therapy but whose disease has spread, if they had few symptoms and chemotherapy would not yet have been given.

Currently, abiraterone is given to patients at the end of life after chemotherapy, to give them a few more months of life, but NICE believes that it is not cost effective to offer it earlier. The institute said that clinical evidence submitted by the manufacturer came from one trial and that,

although the results showed that abiraterone could delay the progression of the disease when compared with placebo, it was unclear by how much it actually extended life.

Andrew Dillon, NICE chief executive, said, "The manufacturer's own economic model demonstrated that the drug does not offer enough benefit to justify its price." NICE said that it had a "number of concerns" about the way the manufacturer estimated cost effectiveness.

The charity Prostate Cancer UK said that the decision was a mistake, akin to refusing to let men with advanced prostate cancer have a drug that could extend their life and delay their need for chemotherapy. Owen Sharp, the charity's chief executive, said, "An inflexible NICE process plus the drug company's inability to produce all the requested data has led to this being just the latest in a string of hugely disappointing



NICE did not use its end of life criteria when assessing abiraterone

rulings on prostate cancer drugs."

NICE decided not to use its end of life criteria, meaning that it ruled out allowing a higher cost-benefit threshold (which is sometimes allowed for patients with a short life expectancy). Paul Workman, interim chief executive at the Institute of Cancer Research, said, "It is plainly illogical that NICE did not have the flexibility to assess use of abiraterone before chemotherapy under the same end of life criteria,

simply because men were here surviving for longer than the two year cut-off."

NICE launched a consultation² in March on proposed changes to how it assesses the cost effectiveness of new treatments for use in the NHS. Workman added, "We worry that the new rules under consideration could make this situation even worse."

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PHIL BOORMAN/CULTURA CREATIVE/ALAMY

Hospitals in England carried out five million CT scans in 2012-13 compared with one million in 1996-97

Call for new radiation safeguards after sharp rise in CT scans

Matthew Limb LONDON

A group of experts has called for extra safeguards to protect people from radiation exposure, given a “dramatic” recent rise in the use of computed tomography (CT) scanning.

Hospitals in England carried out almost five million CT scans in 2012-13, compared with just over one million in 1996-97, the Committee on Medical Aspects of Radiation in the Environment said.¹ The committee chair, Alex Elliot, said that the latest data for 2013-14 showed a further 13% rise in use this year and that it showed no sign of “plateauing.”

He said that CT scans made up a big proportion of the overall medical exposure to radiation in the United Kingdom, so their rising use was a concern in terms of patients’ overall radiation exposure. A key concern was that their use in children was rising quickly because children are more sensitive to ionising radiation than adults and will live longer with the potential risks. The number of UK children undergoing CT scans rose from 25 000 in 1993 to 48 000 in 2002, and this has since doubled to around 100 000.

CT scanning has been shown to increase a child’s risk of brain cancer and leukaemia,

and the increased risk is dose dependent.² “An abdominal CT scan is the highest radiation dose,” said Elliot. “If you were to carry out 2000 abdominal CT scans, statistically you would cause one case of cancer.”

However, the committee emphasised that the benefits of CT scans outweighed their potential risks when used appropriately and carried out safely. The committee published a report on 14 August, which was commissioned by the Department of Health and contained seven recommendations for a more “proactive approach” to CT scanning to better protect patients.

The committee said that it should be mandatory for hospitals to report their CT scan use and dose levels to Public Health England, to check how they align with diagnostic reference levels (DRLs). DRLs were introduced to support the control and periodic reduction of radiation doses resulting from diagnostic procedures.

Elliot said, “If a hospital or radiology department is continually exceeding those DRLs, somebody somewhere should be asking why.”

Several of the report’s recommended measures included ensuring the appropriateness of referrals and “optimisation” of scanning procedures and equipment. Hospitals should buy CT scanners with dose reduction features and make sure that radiologists and radiographers know how to adjust them to set appropriate dose levels for individual patients, the committee said. Furthermore, scanning should seek to produce the image quality necessary to answer specific clinical questions, rather than aim to provide the most detailed image possible.

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UK government may face legal challenge over plain cigarette packaging

Adrian O’Dowd LONDON

One of the world’s largest tobacco firms is considering legal action against the UK government over its plans to introduce plain packaging for tobacco products.

Philip Morris Ltd, the UK affiliate of Philip Morris International, raised the possibility of legal action in its response¹ to a recent Department of Health consultation² on regulations that would introduce plain packaging.

In its response Philip Morris said that it wanted the Department of Health to reject the move in favour of “legally sound alternatives.” “If necessary, however, PMI [Philip Morris International] is prepared to protect its rights in the courts and to seek fair compensation for the value of its property,” it said.

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Surgeon struck off for prioritising profit

Clare Dyer THE BMJ

A cosmetic surgeon who provided liposuction at private clinics has been struck off for “subordinating his proper responsibilities as a doctor to the pursuit of a commercial enterprise.”

Krishnamurthi Nulliah failed to adequately examine patients, take a proper history, or obtain informed consent, a panel of the Medical Practitioners Tribunal Service found. He also took a deposit on the first consultation and committed vulnerable patients to surgery without a “cooling off” period. Nulliah, who was neither represented nor present at the Manchester



Nulliah placed clinic’s success over welfare of his patients

hearing, defended himself in emails sent a few days earlier; but the panel preferred the evidence of four patients given under oath.

Two of the patients had come to Nulliah after seeing television programmes about the Bodytite procedure, a form

of radiofrequency assisted liposuction designed to tighten skin and remove fat. Another patient had bought a Groupon voucher for treatment and consultation at a Harley Health Clinic in London.

All four patients reported that he had failed to discuss the risks of surgery or alternatives such as dieting and exercise.

He had offered a discount to one patient if she agreed to treatment in additional areas. The panel found that it was “disingenuous of him to suggest that he did not have an interest in the commercial success” of the Harley Health Clinic.

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