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Further care home scandals like Winterbourne are likely if no action is taken, warn campaigners



Stills from the *Panorama* investigation into Winterbourne View hospital: a case review report described the care provided there as a “horrifying picture of abuse”

Adrian O’Dowd LONDON

Abuse scandals at care homes for people with learning disabilities similar to that at Winterbourne View are likely to recur if the government fails to act, campaigners have warned.

The warning comes at the same time as a multiagency report described as painting a “horrifying picture of abuse” called for more investment in community based care for people with learning disabilities. The focus of both reports is the former Winterbourne View private hospital in south Gloucestershire, owned and operated by Castlebeck Limited.

In May last year the BBC’s *Panorama* programme broadcast undercover filming of staff at the privately run assessment and treatment centre as they physically abused residents.^{1 2}

The revelations prompted the government to

call on the regulator of health and care services for England, the Care Quality Commission (CQC), to carry out an urgent review of such hospitals and carry out its own ongoing review.

A new report from two charities that campaign for people with learning disabilities has warned that the same thing could happen elsewhere.

The joint report *Out of Sight* by Mencap and the Challenging Behaviour Foundation, says that since the Winterbourne scandal they have received 260 reports from people who were concerned about a member of their family with a learning disability being neglected or abused in institutional style care.³ Incidents reported include physical assault, sexual abuse, withdrawal of food and water, and the overuse of restraint by physical and medical means.

Mencap’s chief executive, Mark Goldring, said,

“We fear that unless the government commits to a strong action plan to close large institutions and develop appropriate local services for people with a learning disability, there is a very real risk that another Winterbourne View will come to light.”

An independent serious case review into events at Winterbourne by the South Gloucestershire Safeguarding Adults Board—a multiagency body that includes representatives of South Gloucestershire Council, local NHS organisations, the police, and the CQC— says that the abuse there resulted from serious and sustained failings in the management procedures of Castlebeck.⁴

The report calls for more investment in community based care to reduce the need for inpatient admissions at assessment, treatment, and rehabilitation units such as Winterbourne.

[Cite this as: BMJ 2012;345:e5379](http://bmj.com)

First NHS hospital to be run by private sector made £2.3m loss in first quarter

Ingrid Torjesen LONDON

The first financially challenged NHS hospital to have its management franchised out to the private sector has recorded a loss of £2.3m in the first quarter of this financial year.

In February this year Circle took over the management of Hinchingsbrooke Healthcare NHS Trust in Cambridgeshire, which had debts of around £40m. At the time, Circle said it was confident it could turn the trust’s fortunes around and drew up a 16 point transformational plan to

make cost improvements of £9.9m this year.¹

The trust is now £3.4m off that target, and the current projection is that the trust will deliver £6.5m of its original savings plan target this year, shows a financial report presented to the trust’s board on 26 July.²

Although income to the trust was £0.2m more than expected during the first three months of the financial year, this was swallowed up by overspends in other areas, such as the cost of locum consultants and procurement.

Referrals and admissions from outside Cambridgeshire were also 26% lower than anticipated.

The report says that all cost improvement plans at the trust have been reviewed and that “the shortfall of £3.4m will be recovered by a combination of new savings schemes already identified and strict vacancy and non-pay controls.”

All recruitment requests will now be reviewed by the senior management team, and a weekly review of all cost improvement schemes will require

managers to provide evidence of progress against agreed targets.

The report warns that any further slippage on the cost improvement programme would be likely to create cash flow problems, in which case “the trust may need to consider what access it has to loans and other cash injections.” Hinchingsbrooke must make surpluses in the order of £70m over the 10 year contract period with Circle to clear its £40m debts.

▶ **OBSERVATIONS**, p 19

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IN BRIEF

A third of cases of chronic kidney disease are undiagnosed: Latest figures for England show that 40 000 to 45 000 people die prematurely because of chronic kidney disease each year. Around 1.8 million people have chronic kidney disease, but around one million cases are undetected, says a report from NHS Kidney Care, which is calling for efforts to improve earlier diagnosis.¹

Appeals court blocks Arizona abortion law: An appeals court has temporarily blocked the Arizona law restricting abortions to 20 weeks, the most restrictive law in the US.² The Supreme Court has ruled that abortions can be carried out before fetal viability, considered to be 23-24 weeks.

China cracks down on counterfeit drugs: More than 1900 people were arrested in a swoop on 24 fake drug networks across 31 provinces in China. Police confiscated 205 million tablets containing banned ingredients such as sibutramine, sedatives, and hallucinogenic chemicals and saline labelled as rabies vaccine, state media reported.

Capita to provide assessments for personal independence payments: The UK government has awarded Capita, a professional services company, one of three regional contracts to deliver health and disability assessments for the new personal independence payments across central England and Wales. The payments will replace disability living allowance for people of working age.

Monitor intervenes to stabilise Bolton trust's finances: Monitor, the independent regulator of NHS foundation trusts in England, has intervened to appoint an interim chair to stabilise the financial position of Bolton NHS Foundation Trust after the trust failed to improve. Monitor has also asked the trust to appoint external advisers to develop a robust financial recovery plan.

HPV vaccination expansion considered: New evidence indicates that the human papillomavirus vaccine could protect against a wider range of HPV related diseases, which would make the current HPV immunisation programme in England even more cost effective, the Joint Committee on Vaccination and Immunisation has said. A two dose schedule, already introduced in Switzerland and parts of Canada, is being considered.
Cite this as: *BMJ* 2012;345:e5350

Response is lukewarm to draft targets for NHS commissioners

Adrian O'Dowd LONDON

Proposed targets for the doctor led clinical commissioning groups that will take charge of commissioning in the NHS in England from next year have received a lacklustre initial response.

The National Institute for Health and Clinical Excellence (NICE), working with the NHS Commissioning Board, published the first menu of commissioning outcomes framework (COF) indicators on 1 August.¹

The 44 indicators recommended by the COF advisory committee include targets on cancer mortality, care after a stroke, emergency admissions, and patients' quality of life.

From April next year, the COF will hold clinical commissioning groups to account for improvement in quality of healthcare and patient outcomes.

Several doctors' representatives and charities have raised doubts over the indicators, saying that there are too many and that they may be too rigid to allow doctors trying to commission the necessary freedom to succeed and be innovative.

The proposed indicators cover domains and topics such as preventing people from dying prematurely, enhancing quality of life for people with long term conditions, and aspects of care given immediately after a stroke and after hospital discharge following stroke. Diabetes, cancer, chronic obstructive pulmonary disease, and maternal care also feature on the list.

NICE said that the indicators had been identi-

fied and developed from three sources: the NHS Outcomes Framework, NICE quality standards, and other existing indicator collections, such as national audits.

The NHS Commissioning Board will decide on the final indicators to feature in the 2013-14 framework in the autumn.

Gillian Leng, deputy chief executive and director of health and social care at NICE, said, "Each indicator has been through public consultation and feasibility testing, so commissioners can be reassured that they will work in practice."

The BMA was sceptical of the indicators in their present form. The chairman of its General

Practitioners Committee, Laurence Buckman, said, "We must instead have a flexible, open approach that encourages innovation and patient focused commissioning decisions. Indicators need to be sensitive to the health

needs of local populations and allow commissioners to tailor services to what local people want and deserve, while observing effective benchmarking and performance management practices."

Michael Dixon, chairman of the NHS Alliance, said, "Most of the indicators look eminently sensible and are very evidence based.

"But clinical commissioning groups are going to be the new innovators so it's really important that we do not hem them in, having to fulfil lots and lots of quality indicators when they might have other priorities."

Cite this as: *BMJ* 2012;345:e5279



Michael Dixon (left) and Laurence Buckman agreed that targets needed to be flexible to serve local needs

One in three survivors of childhood meningitis is left with "hidden" after effects, three year study finds

Emma Rourke BMJ

One in three children who survive bacterial meningitis is left with long term health consequences, a study has found.

Serogroup B meningococcal disease accounts for most of the 3400 cases of meningitis and septicaemia seen in the United Kingdom each year. Around half of these cases occur in children.

Research published in *Lancet Neurology* sought to investigate the long term consequences of meningococcal infection in children

who had the disease when they were aged between 1 month and 13 years.¹ Although most children survive meningococcal disease without long term health consequences, the study found an increased prevalence of mental health problems, learning difficulties, and epilepsy in those with a history of infection.

The case-control study, which involved 573 children, compared 245 individuals who had had serogroup B meningococcal disease in the preceding three years with 328 controls.

Cancer screening advice should be separate from invitations

Susan Mayor LONDON

The public in England should be given more balanced information explaining the risks as well as the benefits of cancer screening, and this information should be separate from an invitation to be screened, an expert group has recommended in a consultation report.¹

“Until now, the approach to information about the NHS cancer screening programmes has been, broadly, to encourage screening—while providing information on benefits and harms. But there is a growing imperative to provide comprehensive and balanced information on the benefits and harms of cancer screening, in order to facilitate an informed choice,” said Amanda Ramirez, national clinical lead for information for patients with cancer.

In 2011 the national cancer director, Mike Richards, announced that there would be a new process for developing information on cancer screening for the public, patients, and health professionals after growing concern that the current leaflets failed to promote informed choice.²

An NHS leaflet on breast cancer screening

introduced in 2010 was condemned as a “disgrace” by critics. They said that the information was unbalanced, overestimating the number of breast cancer deaths saved by screening and failing to give enough information on the potential harms of screening.³

The NHS has commissioned Ramirez to lead an independent group of academics to consult on the new process for developing information on screening. Ramirez is also director of Informed Choice about Cancer Screening at King’s Health Partners, an academic health sciences centre that brings together King’s College London with three southeast London hospitals.

After meeting a range of charities, health professionals, citizen advocates, and academics, Ramirez suggested providing a comprehensive and balanced information leaflet about the benefits and harms of screening that is in addition to the letter inviting a person for NHS cancer screening.

She explained: “The essence of the approach is something that has not been done before: separating the offer of screening from even



Leaflets should reflect the downsides to screening

handed information. Until now they have been wrapped up together. Critically, information would acknowledge other drivers of decision making and recognise that not accepting the offer of screening is a reasonable choice.”

The recommended approach, which is based on the “consider an offer” model, would offer people screening and explain the basis for the offer: that it reduces premature mortality from the cancer (or incidence, if relevant) at the population level. It would acknowledge that there are also downsides to screening and that it is an individual’s choice whether to undergo screening.

Cite this as: *BMJ* 2012;345:e5322

Texas judge rules that Wakefield’s libel action against *BMJ* cannot go ahead

Clare Dyer *BMJ*

The libel action filed in Texas by Andrew Wakefield against the *BMJ*, its editor in chief, Fiona Godlee, and the investigative journalist Brian Deer has been thrown out before it reached first base.

The Travis County district judge Amy Clark Meachum ruled that the case could not go ahead because the Texas courts had no jurisdiction over the three British defendants.

Wakefield sparked a worldwide scare over the measles, mumps,

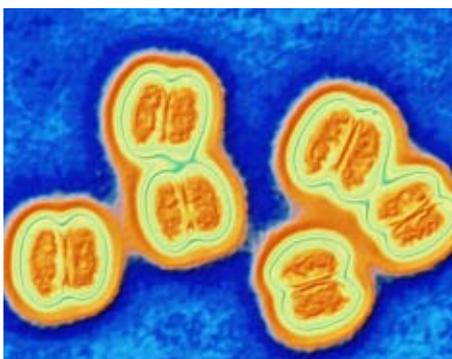
and rubella (MMR) vaccine when he published research that he suggested could link the vaccine with autism. He was struck off the UK medical register in 2010 by the General Medical Council for serious professional misconduct, including dishonesty and unethical behaviour.¹

Now living in Austin, Texas, he sued the *BMJ*, Godlee, and Deer over articles and editorial commentary

published in 2011 that he said accused him of “intentionally and knowingly manipulating or falsifying data and diagnoses.”²

Had the case not been thrown out for lack of jurisdiction, the *BMJ*’s lawyers were preparing to argue that it should be dismissed under recent legislation in Texas designed to curb meritless libel lawsuits.

Cite this as: *BMJ* 2012;345:e5328



Survivors of meningitis B should be screened for psychological disorders and cognitive deficits as well as hearing loss, said the authors

The researchers found that children who had had serogroup B meningococcal disease were more likely than controls to experience a range of health problems, including hearing loss of 40 dB or greater (odds ratio 4.8 (95% confidence interval 1.3 to 17.4)) lower full scale IQ (matched mean 99.5 for cases and 107.5 for controls; matched coefficient -7.6 (95% confidence interval -9.9 to -5.4)) and psychological disorders (odds ratio 2.6 (1.8 to 4.1)).

The study also found that 36% of children with a history of the disease developed deficits in executive function and memory (matched odds ratio 2.7 (1.8 to 4.1)). In nearly one in 10 children these deficits were considered majorly

disabling (matched odds ratio 5 (2 to 12.6)). There were no significant differences, however, in attentional function or the incidence of post-traumatic stress disorder.

Beyond these “hidden” after effects, 1% of children with serogroup B meningococcal disease had disabling amputations.

Sue Davie, chief executive of the Meningitis Trust, which commissioned the study, said, “We hope that now these results are in the public domain parents will feel empowered to ask for help for their child, and education and health professionals will be better informed about the long term effects of the disease.”

Cite this as: *BMJ* 2012;345:e5318

US health insurance firms issue \$1.1bn in rebates

Janice Hopkins Tanne **NEW YORK**

Nearly 13 million US citizens are receiving rebates totalling \$1.1bn (£0.7bn; €0.9bn) from their health insurance companies this month.

President Barack Obama has pointed to the rebates as a benefit of the Affordable Care Act, the health reform law he passed in March 2010.¹

The rebates were due because some health insurance companies failed to spend 80% to 85% of the insurance premiums they received on providing medical care, as required by the law.

The medical loss ratio, as it's called, was 80:20 for insurance companies providing health insurance to smaller companies and 85:15 for those insuring larger firms. The health insurance companies can spend the remaining 20% or 15% on overheads, administration, bonuses, marketing, advertising, and so on.

Health insurers are now required to report their spending each year to the Department of Health and Human Services. Those that didn't

spend enough on medical care in 2011 have had to issue rebates for the difference. Some large insurers such as Aetna, Cigna, Humana, and United Healthcare were among them.

Consumers in each state received a notice from their insurance company telling them about the 80/20 or 85/15 rule, whether their company met it, and whether they would receive a rebate, said the Department of Health and Human Services. The information will also be posted on the department's website.

The average rebate was about \$151 per family, with rebates varying by insurance company and state.

Most people get their health insurance through their jobs, so their rebate was sent to their employer, which can share the rebate with the employee or use it to reduce future insurance premiums or to improve health benefits.

About 28% of smaller employers and 19% of larger employers providing group health insur-

ance to their employees are getting rebates, said the Kaiser Family Foundation, an independent health policy and communications foundation.

Nearly a third (31%) of people who buy insurance directly from a health insurance company are receiving a rebate cheque in the mail.

The effect of the law is to encourage insurance companies to reduce their expenses, stop raising premiums to increase profits, and spend the premiums they receive on providing medical care.

The Kaiser Family Foundation estimated that the cost of employer provided health insurance plans for a family rose to \$15 000 last year.² Health insurance is paid partly by the employer and partly by the employee.

The law does not apply to people who receive healthcare through the Medicare (government insurance for elderly people and some disabled people) or Medicaid (insurance for poor people) programmes.

Cite this as: *BMJ* 2012;345:e5329



VOLKER STEIGER/SPL

Adverse events were third highest among children treated in intensive care, the study found

Adverse events in children having surgery are common and need investigation, Canadian study concludes

Barbara Kermod-Scott **TORONTO**

Children are more likely to experience adverse events when treated in teaching hospitals (11.2%) than in community hospitals (3.3%), shows a study from Canada.¹

The proportion of adverse events was highest in children undergoing surgery (35% of patients), followed by medical patients (30%), and children in intensive care (13%). Emergency and maternal or obstetric adverse events were more common in community hospitals, while surgical and intensive care events were more common in academic centres.

The findings are probably not unique to Canada, as the risk factors for unsafe care in pae-

diatric medicine are universal, say the authors.

The study's principal investigator, Anne Matlow, said, "Children are at risk because they cannot always communicate what is wrong, because they are at different sizes and stages of development, and because they depend on adults to advocate for them."

Surgical adverse events predominated overall and occurred more often in academic paediatric centres than in community hospitals (37.2% versus 21.5% (relative risk 1.7 (1.0 to 3.1)), whereas events associated with diagnostic errors were significantly less frequent in academic centres (11.1% versus 23.1% (0.5 (0.2 to 0.9)).

Cite this as: *BMJ* 2012;345:e5314

Researchers call for national funding to monitor all birth defects

Sophie Wedgwood **LONDON**

Most congenital anomalies in England and Wales go unreported, with the risk that clusters of defects could go undetected and not be investigated, say researchers.

The second annual report of congenital anomalies in England and Wales found that one in every 45 babies (2.2%, an estimated 16 000 babies) born in 2010 had a birth defect. This rate has remained stable for the past five years and is similar to that in the rest of Europe.¹

The report found that the most common anomalies were congenital heart defects, which affected at least five in 1000 births.

Neural tube defects, such as spina bifida, affected one in 1000 babies, as did gastro-schisis. Regional monitoring has shown that gastro-schisis has become more common in some areas, including Wales, and that babies born to younger mothers were at greater risk. Gastro-schisis is also more common in England and Wales than in other European registers.

Researchers from the British Isles Network of Congenital Anomaly Registers, however, warned that because only six regional audits contribute to the registers, 65% of births in England and Wales are not included in the audit, and some clusters of defects could be missed. They have called for national funding to cover all births.

Cite this as: *BMJ* 2012;345:e5274