

# this week

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## Darzi briefed to uncover “hard truths”

Wes Streeting, the new health and social care secretary, has appointed Ara Darzi to lead an independent review of NHS performance in England. The surgeon and former Labour health minister has been asked to provide a “raw and frank assessment” of the state of the health service that will help steer the government’s 10 year plan, Streeting said.

Darzi’s previous review of the NHS in 2008 led to the creation of GP led polyclinics across England. His latest report will cover key areas such as waiting times and access and is expected to report to the Department of Health and Social Care in September.

Streeting said, “Anyone who works in or uses the NHS can see it is broken. This government will be honest about the challenges facing the health service and serious about tackling them. This investigation will uncover hard truths, and I’ve asked for nothing to be held back. I trust Lord Darzi will leave no stone unturned.”

Darzi said, “As every clinician and every patient knows, the first step to addressing any health problem is a proper diagnosis. My work will analyse the evidence to understand where we are today—and how we got here—so that the health service can move forward.

“This is an important step to reestablishing

quality of care as the organising principle of the NHS.”

The recommendations in Darzi’s 2008 *High Quality Care for All* review included opening 152 GP led health centres (later known as “Darzi centres”) to improve access to primary care. But GP leaders were unhappy about the manner in which the centres were imposed on local areas, and many subsequently closed down under the coalition government because of the high costs.

Writing on X, Mark Green, a GP and member of Berkshire County Local Medical Committee, said of Darzi, “He was a disaster last time and he’ll be a disaster this time. If I recall he had some bonkers ideas for general practice, is a surgeon in the private sector, and knows nothing about how we work.”

Victoria Tzortziou-Brown, vice chair of the Royal College of General Practitioners, said, “General practice is at breaking point, having faced years of underinvestment and poor workforce planning, so it makes sense to investigate the pressing issues facing GPs, our teams, and crucially our patients, so we can turn a corner and deliver the level of care and services our patients need.”

● HELEN SALISBURY, page 66

Gareth Iacobucci, *The BMJ*  
Cite this as: *BMJ* 2024;386:q1552

**Ara Darzi’s review of NHS performance in England will “leave no stone unturned,” says Wes Streeting**

### LATEST ONLINE

- “Untie” aid to allow health researchers in low income countries to lead projects, UK is told
- Child immunisation: global rates remain below pre-pandemic levels
- Scientist who worked on Cassava’s Alzheimer drug simufilam is charged with fraud



# SEVEN DAYS IN

## Nine infants have died in England in latest outbreak of whooping cough



Nine infants died from whooping cough in England between last November and the end of May, the UK Health Security Agency has reported. A total of 7599 cases have been confirmed in England this year, rising from 555 in January to 2591 in May.

Pregnant women who have not been vaccinated and parents and carers of children whose vaccinations are not up to date should see their GP, the UKHSA has said.

Just over half (53%, 4057) of the cases seen this year were in people aged 15 years or older who usually get a mild illness, but many cases (262) continue to be reported in babies under 3 months of age, who are at greatest risk from the infection.

Pregnant women are offered a vaccine, ideally between 20 and 32 weeks, which protects their baby in the first few months of life when they are most vulnerable to severe disease from infection. The UKHSA said that vaccination gave 92% protection against death in infants. But vaccine uptake has been falling, with coverage in March 2024 at 58.9%, against peak coverage of 72.6% in March 2017.

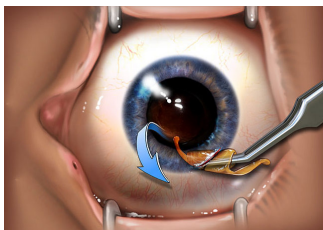
Anyone with whooping cough should stay at home until 48 hours after starting antibiotics or three weeks after symptoms start if they have not had antibiotics, said the UKHSA.

Zosia Kmietowicz, *The BMJ* Cite this as: *BMJ* 2024;386:q1545

## Waiting lists

### England lags in orthopaedic recovery

The NHS in England is lagging behind other high income nations in its post-pandemic recovery in terms of average waiting times for hip and knee replacements, an analysis by the Nuffield Trust found. However, England is performing better on less intensive cataract (below) surgeries, where average waiting times have improved more quickly than almost everywhere else. Nuffield said England had fewer hospital



beds, lower numbers of key staff, and lower levels of investment in sites and equipment than other nations, which made orthopaedic treatment more challenging.

### Number waiting for hospital treatment rises

The waiting list for planned procedures and appointments has risen for the second month in a row to 7.6 million, up by 31 249 since April, with 4597 patients waiting more than 18 months. Latest NHS

England performance statistics showed that 74.6% of patients were seen in A&E departments within four hours, up from 74% in May but against a target of 95%. The target for urgent cancer diagnosis was met in May, as 76.4% of patients with cancer were told that they had the condition or had it definitively ruled out within 28 days, against a target of 75%.

## Life sciences

### UK underperforms on research potential

The UK is failing to take advantage of its strength in biomedical research and innovation, the Association of the British Pharmaceutical Industry has warned after figures showed a drop in foreign investment. The *Life Sciences Competitiveness Indicators 2024* report, published by the government's Office for Life Sciences, showed that drug industry investment in UK research and development remained high at £9bn in 2022 but that the value of foreign direct investment in life sciences fell in 2023 for the second year running.

## Multiple sclerosis

### NHS rolls out new 10 minute injection

NHS patients in England will be able to receive ocrelizumab

(Ocrevus, below) through a 10 minute injection under the skin rather than twice yearly intravenous infusions, which can take four hours, after approval from the drug regulator MHRA. The drug, a disease modifying treatment for patients with active relapsing or primary progressive multiple sclerosis, has been shown to be highly effective at halting the symptoms of the disease. NHS England said that the treatment will save time for patients and clinicians and will help to free up hospital capacity.



## Climate emergency

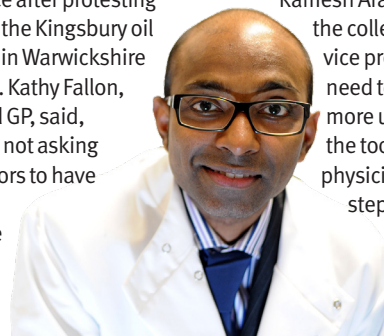
### Doctors cancel GMC fees in Sarah Benn protest

Eight doctors have written to the GMC to protest against the recent Medical Practitioners Tribunal Service decision on Sarah Benn, the GP who was given a custodial sentence after protesting outside the Kingsbury oil refinery in Warwickshire in 2022. Kathy Fallon, a retired GP, said, "We are not asking for doctors to have a carte blanche

to protest. Rather, a criminal conviction for non-violent protest should not automatically trigger the MPTS without looking at the circumstances." The GMC said that Benn was referred to a tribunal not for protesting about climate change but because she had breached several court orders, which amounted to contempt of court.

### Royal college launches physicians' green toolkit

The Royal College of Physicians has published a "green physician toolkit" to help doctors play their part in tackling the climate crisis. It proposes that doctors should reduce unnecessary prescribing by using shared decision making approaches with patients to cut the environmental burden of medicines that are no longer useful. Other suggestions include reducing blood testing where clinically appropriate, generating less waste, and limiting the environmental impact of travel. Ramesh Arasaradnam (left), the college's academic vice president, said, "The need to act has never been more urgent," adding that the toolkit would support physicians with "small steps that can make a difference."



# MEDICINE

## Mental health

### Prescriptions for ADHD drugs rise by 28%

Prescribing of central nervous system stimulants and drugs for attention deficit/hyperactivity disorder rose by 28% in England from April 2023 to March 2024 to reach 150 000 for adult patients, while prescribing for children rose 9.9% to 120 000 patients. The NHS Business Services Authority's annual report on medicines used in mental health also estimated that 89 million antidepressant drug items were prescribed last year, up 3.3% since 2022-23. Dementia drug items increased by 5.8% to 4.5 million, and the number of patients given prescriptions for dementia medicines rose by 5.6% to 310 000.

## Assisted dying

### Government promises free vote on law change



The prime minister, Keir Starmer, reiterated his commitment to a free vote on an assisted dying bill and to make time for it, in an LBC radio interview. This follows a commitment he made in March to Esther Rantzen—a vocal advocate for law change after her diagnosis of stage IV lung cancer—that he would ensure parliamentary time for debate. Sarah Wootton, chief executive of Dignity in Dying, said, “We welcome the prime minister’s recommitment to time for the debate. It’s clear that assisted dying is firmly on the political agenda and we are on the brink of change.”

## Fertility

### London centre can resume treating IVF patients

The Homerton Fertility Centre in east London can resume



ADHD drugs were prescribed to more than 150 000 adults and 120 000 children last year

treating patients from 8 August, the Human Fertilisation and Embryology Authority (HFEA) has ruled. In March the clinic had its licence suspended over significant concerns about its freezing processes. Peter Thompson, HFEA chief executive, said, “The clinic has introduced new ways of working as a result of the investigation. The HFEA’s licence committee has agreed that a limited number of cycles can be undertaken to allow these new ways of working to ‘bed in’ and ensure staff feel supported.” The clinic will remain under heightened regulatory oversight, the HFEA said.

## Screening

### Scientists investigated over cervical smear tests

A small number of biomedical scientists are being investigated over fitness to practise concerns relating to cervical screening at Northern Ireland’s Southern Trust, said a report by BBC News. In October 2023 it emerged that smear tests of more than 17 000 women treated by the trust would be rechecked in a major review. The report said that some of the women affected had since referred the matter to the Health and Care Professions Council. The council does not share details or information about individual cases where investigations and legal processes are ongoing.

Cite this as: *BMJ* 2024;386:q1566

## SIXTY SECONDS ON... NASAL SPRAYS



### WHO NOSE WHAT’S GOING ON?

A group of UK researchers, that’s who. Their large randomised trial has found that nasal sprays bought over the counter can keep coughs, colds, and flu at bay and prevent full blown symptoms from developing.

### SMELLING OUT THE EVIDENCE

Researchers from Southampton and Bristol universities looked at data from nearly 12 000 adults from 332 general practices. Patients were randomised to receive either a gel based nasal spray (2935), a saline liquid based spray (2967), an online tool promoting physical activity and stress management (2727), or usual care such as rest, keeping warm, fluids, or other over-the-counter drugs (2983).

### NASAL GAZING?

Their results, published in *Lancet Respiratory Medicine*, showed that in comparison with usual care the people who had the gel based spray and the saline spray had fewer days of illness. Days of illness were not significantly lower in people who used the online tool.

### WHAT OTHER SCENT WAS PICKED UP?

Those in the gel based spray group and saline spray group lost fewer days of work and normal activity when compared with those in the usual care group (adjusted incidence rate ratio (IRR) 0.81 (95% CI 0.67 to 0.98) for gel based, 0.72 (0.59 to 0.87) for the saline). Antibiotic use was also lower for all interventions when compared with usual care: IRR 0.65 (0.50 to 0.84; P=0.001) for the gel based spray group, 0.69 (0.45 to 0.88, P=0.003) for the saline spray group, and 0.74 (0.57 to 0.94; P=0.02) for the online behavioural tool group.

### A SINUS OF THINGS TO COME?

The National Institute for Health and Care Research funded paper said research should examine the effect of rolling out these simple interventions widely. Lead author Paul Little, professor in primary care research at Southampton University, said, “Our advice, particularly for those at higher risk

from infections or those who get recurrent infections, is, at the first sign of cough, sore throat, cold, or flu-like symptoms, use a nasal spray to prevent it from developing fully and use sprays preventively after close exposure to people with infections.”

Gareth Iacobucci, *The BMJ*

Cite this as: *BMJ* 2024;386:q1560

## CHILD HEALTH

90% of NHS trust bosses said that children’s health and wellbeing were not sufficiently considered in national policy

[Survey of 134 NHS trust heads by NHS Providers]



## Digital test could speed up child ADHD diagnosis

A computer based test known as QbTest could soon be rolled out across the NHS to help speed up the diagnosis of attention deficit/hyperactivity disorder in children aged 6-17 years, says draft guidance from NICE.

NICE's advisory committee has recommended the test, which tracks participants' movement and compares their inattention, impulsivity, and hyperactivity with a control group, should be used alongside a standard clinical assessment to aid diagnosis.

Earlier this year the Nuffield Trust warned that the NHS was unable to keep up with ADHD assessment demands. Although no national data on waiting times or referrals exist, the think tank reported a 51% rise in prescriptions between 2019-20 and 2022-23.

Patients told NICE that long waits were a "significant issue, causing anxiety and even suicide." Additionally, many people have sought private care. "Any technology that could increase

### CHILDREN WITH ADHD DESERVE TO RECEIVE A DIAGNOSIS IN A TIMELY MANNER

Mark Chapman

assessment speed was highlighted as having potentially large benefits," NICE said.

The draft recommendation

was based on evidence from the Aqua randomised controlled trial, which found that the QbTest, alongside a standard assessment, led to a diagnostic decision being made for more people within six months of their first appointment.

NICE emphasised that the test should be used only to "supplement professional judgment, and not replace it." It also noted it was unable to make recommendations on its use in adults because of "limited evidence."

Mark Chapman, director of NICE's health technology programme, said, "Children and young people with ADHD deserve to receive a diagnosis in a timely manner."

Comments will be accepted until 6 August. The committee is expected to meet again on 20 August.

Elisabeth Mahase, *The BMJ*  
Cite this as: *BMJ* 2024;386:q1567



JULIAN CLAXTON/ALAMY

## SURVEY: satisfaction with GPs is high, apart from appointments

**T**rust and confidence in GPs remain high in England, but nearly a fifth of patients had a bad experience contacting their practice, the latest GP patient survey shows. The findings highlight the scale of the challenge facing the new Labour government and came just days after the new health and social care secretary, Wes Streeting, promised to

"bring back the family doctor" so as to "fix the front door of the NHS."

Of 2.56 million surveys sent to adults registered with a general practice in England, 699 790 were returned completed between 2 January and 25 March 2024, a response rate of 27%. The questionnaire has been redeveloped so is difficult to compare with previous years, although it seemed that people's overall satisfaction

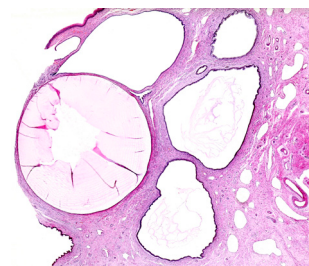
**92.3% said they had confidence and trust in the healthcare professional at their last appointment**

## "Lack of endometriosis pathway and poor symptom recognition hinder care"

Patients with endometriosis are having their symptoms dismissed and investigations delayed because of a lack of awareness among healthcare professionals of the chronic condition and how it presents, a report has found.

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviewed questionnaire responses from 623 clinicians, 167 hospitals, and 941 patients and looked at 309 sets of case notes.

The inquiry found that,



**Many doctors, including gynaecologists, still believe a painful period is normal** Report authors

unlike chronic conditions, there is no NHS care pathway for endometriosis. More than half (546) of the 941 patients surveyed said they had to visit a GP several times before any investigations were undertaken or treatment was initiated.

In 2020 MPs on the all party parliamentary group on endometriosis found the average time to diagnosis was eight years, despite more than half of patients (58%) visiting their GP at least 10 times with symptoms.

The charity Endometriosis UK said an estimated one in 10 women of reproductive age in the UK has the condition, making it the second most common gynaecological condition in the UK. Despite this, NCEPOD found that patients often faced delays in their onward referrals because of the lack of a clear endometriosis pathway, and many have to restart the process again when they are re-seen.

"I don't understand why you're discharged from gynaecology when you have a diagnosis of a lifelong condition that is likely to get worse. I've had to start the process again and wait 18 months for an appointment," one patient said. Another said, "There was no follow-up appointment. I had to go back to my GP to be referred to gynaecology again and then to see a specialist. This took years."

### Lack of support and recognition

Many patients don't receive the appropriate level of support, the review of case notes showed. Of the 309 cases covered, "failure to refer to supportive services resulted in less than best practice" for 70 patients (23%), the report said. It found that almost half of patients surveyed (420 of 941) said they had never been asked about the effects of symptoms on their quality of life.

with their practice had improved slightly. Three quarters of respondents (73.9%) said their overall experience of their practice was good, and 92.3% said they had confidence and trust in the healthcare professional at their last appointment.

The survey, carried out by Ipsos for NHS England, also found that 85% of patients said that the healthcare professional was good at treating them with care and concern.

But booking an appointment remains an issue: 67% of patients described their overall experience of contacting their practice as good, but 19% said it was either fairly or very poor. More than a third of respondents (34%) said they had to wait too long for an appointment.

**BOOKING** an appointment remains an issue: more than a third of respondents (34%) said they had to wait too long for an appointment

Just over half (55.9%) of patients reported a good overall experience of NHS services when their general practice was closed. When this happened, 60% either phoned NHS111 or used the service online, with 24% going to a hospital emergency department.

Kamila Hawthorne, chair of the Royal College of GPs, said GPs were as worried and frustrated as their patients when patients can't get appointments and don't know where to turn outside routine hours. She added, "Decades of underfunding and poor workforce planning have left general practice on the brink. More and more people need our care, but we simply do not have enough GPs to keep up, and these survey results



### Decades of underfunding and poor workforce planning have left general practice on the brink

Kamila Hawthorne

show that it's our patients who are bearing the brunt."

Streetering has said the Labour government is committed to bringing back the family doctor so patients can see the same doctor at each appointment. According to the survey, only 39.7% of patients "always" or "a lot of the time" got to see their preferred healthcare professional.

Becks Fisher, director of research and policy at the Nuffield Trust, said this finding was particularly worrying, as there was clear evidence that seeing the same health professional over time improved outcomes among patients. "Having promised to 'bring back the family doctor,' the government must use guidance and incentives to make this happen for more people, even if it means not demanding as many other things from GPs."

Jacqui Wise, Kent  
Cite this as: *BMJ* 2024;386:q1547

NCEPOD has called for the NHS to formalise a care pathway for patients with suspected or confirmed endometriosis and to raise awareness among healthcare professionals that it is a chronic condition and "should be treated as such." Training in the recognition of symptoms, such as pelvic pain and heavy menstrual bleeding, must be improved too, it said.

"Many doctors, including gynaecologists, still believe a painful period is normal, painful intercourse needs a psychosexual counsellor, and painful defecation means irritable bowel syndrome," said one clinician, when asked why there were delays in diagnosis.

NCEPOD has highlighted Australia's 2018 national action plan, which aimed to improve patients' quality of life through research funding, education campaigns, and clinics. "Other countries have followed their lead. Perhaps this could also be considered in the UK," it said.

Elisabeth Mahase, *The BMJ*  
Cite this as: *BMJ* 2024;386:q1548

## ICSs need "financial freedom to succeed"

If the NHS's integrated care systems are to succeed they must have more freedom to use their funding to best meet the needs of their local populations, the King's Fund has said.

Two years after 42 ICSs were created across England, and in light of the new government's commitment not to reorganise the NHS, the think tank assessed how ICSs have performed in delivering more than £100bn of NHS funding.

The research team interviewed 24 local leaders across four sites and carried out online workshops with chief officers of ICSs and leaders from the voluntary sector and national bodies. The team reported that, despite a difficult start, with staff and budget cuts shortly after their inception,

ICSs have made some progress, such as organising well with local partners, scaling up and spreading success, and using resources more effectively.

However, the King's Fund warned that these improvements could be derailed by the current



extremely difficult economic circumstances, the strain on the NHS and social care sector, and the "intense political scrutiny" on targets and waiting times.

The report's lead author, Chris Naylor, said, "ICSs were born into a storm, but despite their rocky start there are now signs

of the benefits brought by more collaborative working through these structures... The challenge is to make sure ICSs now have the best possible chance of driving improvements for patients."

Responding to the report, a spokesperson for the Department of Health and Social Care said, "It is our mission to build an NHS fit for the future. We want to move health care away from hospitals into the community and ensure patients get quicker diagnoses and treatment.

"Working with ICSs to join up local health and social care services will be one way of achieving this, by helping people live healthier, independent lives for longer."

Elisabeth Mahase, *The BMJ*  
Cite this as: *BMJ* 2024;386:q1576

### THE KING'S FUND REPORT SETS OUT THREE MAIN RECOMMENDATIONS FOR THE GOVERNMENT AND NHS ENGLAND

- Have realistic expectations about how quickly ICSs can deliver on objectives such as workforce, especially given the current challenging situation facing the health and care sectors
- Ensure that the systems put in place to hold ICSs accountable are "proportionate and reinforce local partnership working rather than undermine it"
- Give ICSs "greater flexibility to use national funding in ways that best serve their local needs and priorities"

# Streeting says he's optimistic pay can be resolved after first talks with junior doctors

Labour's new health and social care secretary, Wes Streeting, is "optimistic" that a resolution can be found to the junior doctors' long running pay dispute, after meeting them for face-to-face talks for the first time.

After an initial phone call with junior doctors' leaders on his first day in the role, Streeting met BMA representatives on 9 July to begin formal talks.

In a statement after the meeting Streeting said he wanted "to hit the reset button on relations between the government and junior doctors" to bring their nearly two year long pay dispute to an end. He said, "It's not going to be easy. This government has inherited the worst set of economic circumstances since the second world war. But both sides have shown willingness to negotiate, and we are determined to do the hard work required to find a way through."

He added he was "angry about the way the junior doctors are treated in the NHS, and there is a lot we can

**We are determined to do the hard work required to find a way through**

Wes Streeting

do to change that. Junior doctors are the future of the health service, and I want to work with them to turn around our NHS."

BMA Junior Doctors Committee (JDC) co-chairs Robert Laurenson and Vivek Trivedi also made a statement after the talks, saying they had focused on "why we thought the previous set of talks went wrong and how the new government can work

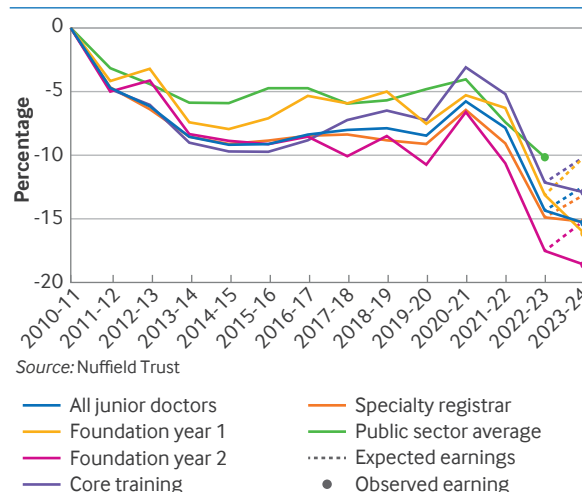
with us so the mistakes of the past are not repeated."

They said, "This dispute has lasted far too long and has cost the NHS far more than it would have taken to solve from the beginning."

The JDC has called for a 35% pay increase, based on their claim of pay falling by over 26% in the 13 years to 2021-22, so as to restore pay to the equivalent of 2008 levels. "As we have said repeatedly in this dispute, we are open to discussing the timeframe over which pay restoration can occur—but what is important is having a negotiating partner who takes the principle seriously," the co-chairs said. "Mr Streeting has said pay restoration will be a journey: we are looking to set off."

In March Trivedi told *The BMJ* that the Conservative government had refused to engage with or listen to the concerns of junior doctors at the start of the dispute and had instead followed an "irrational" and "ideological" approach of refusing to talk while strikes were planned. He indicated that a change to that

REAL TERMS DECREASE IN PAY SINCE 2010



## Four in 10 new cancers attributed to modifiable risk factors

Nearly 136 000 new cancer cases in the US in 2019 could be attributed to being overweight or obese, with alcohol consumption linked to another 97 000 cases, researchers from the American Cancer Society have said.

Using nationally representative data, the

research team estimated the proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors such as smoking, excess body weight, alcohol, diet, physical inactivity, ultraviolet radiation, and infections such as HIV and human papillomavirus.

They found that in 2019 40% of the around 1.8m new cancer cases (excluding non-melanoma skin cancers) and 44% of all cancer deaths (595 737) in US adults aged 30 years and older were attributable to at least one of the risk factors.

Cigarette smoking topped the list,

accounting for 19.3% of attributable cancer cases and 28.5% of deaths. This was followed by excess body weight (7.6% and 7.3%, respectively) and alcohol consumption (5.4% and 4.1%).

### Ignorant of risk

The findings, published in the American Cancer Society's journal *CA*, came after a 2020 paper showed that around 50% of the US population surveyed did not know alcoholic drinks were linked to cancer risk.

To determine

prevalence estimates for the risk factors, the researchers averaged data from three cycles of national surveys (such as the National Health Interview Survey and National Health and Nutrition Examination Survey) and allowed for a 10 year lag period between exposure and cancer occurrence.

When looking at individual cancers, the team found that in 19 of 30 cancer types over half of cases and deaths could be attributed to at least one of the evaluated risk factors.

Cigarette smoking topped the list of risk factors, accounting for **19.3%** of attributable cancer cases and **28.5%** of deaths. This was followed by excess body weight (**7.6%** and **7.3%**, respectively) and alcohol consumption (**5.4%** and **4.1%**)





**THE JDC** has called for a **35%** pay increase, based on their claim of pay falling by over **26%** in the 13 years to 2021-22, so as to restore pay to the equivalent of 2008 levels

approach or a new government team “who approach the problem differently” would be needed to resolve the dispute.

Streeting has said he’s “looking forward to meeting again next week to discuss what went wrong in past talks and to make further progress on finding a solution to this dispute.”

The opening talks came as the Nuffield Trust published an analysis on the erosion of junior doctors’ pay. It estimated that the real terms fall between 2010-11 and 2023-24

ranged from more than 10% for doctors in core training to more than 15% for second year foundation doctors (figure, left). This estimate considered the consolidated pay increase of 6% plus £1250 for 2023-24 that was recommended by the DDRB and pay forgone because of industrial action. There have been 48 days of industrial action by junior doctors since their strike action began in March 2023.

Ingrid Torjesen, London  
Cite this as: *BMJ* 2024;386:q1531

### Cancer mortality can be substantially reduced through known preventive initiatives

Report authors

Lung cancer had the highest number of attributable cases (201 660) and deaths (122 740), with colorectal cancer also found to have a high number of attributable cases (78 440) and deaths (25 800).

The authors said, “These findings reinforce that the morbidity and premature mortality from cancer in the US can be substantially reduced through

broad and equitable implementation of known preventive initiatives, such as excise taxes on cigarettes to reduce smoking, screening for and treating hepatitis C infection, and vaccination against human papillomavirus infection.”

#### Study limitations

The researchers noted several limitations to their study, including that the 10 year lag period may not be suitable for all cancer types and risk factors. They also used the same relative risks

for associations between risk factors and cancers across sex and age groups, even though “the relative risks may not be homogenous across these groups.”

The team explained that they opted to focus on 2019, despite 2020 data being available, to avoid the disruptive impact the pandemic had on cancer diagnoses.

Elisabeth Mahase, *The BMJ*  
Cite this as: *BMJ* 2024;386:q1561

## Improve conditions or lose senior doctors, government is warned

Three royal medical colleges, representing 60 000 doctors, have warned the new Labour government that it must act urgently to improve doctors’ working conditions or risk losing critical senior staff from the NHS.

In the 2023 UK consultant physician workforce census—a collaboration between the Royal College of Physicians, the Royal College of Physicians of Edinburgh, and the Royal College of Physicians and Surgeons of Glasgow—almost half of the consultants surveyed (47%) reported having lost enjoyment in their job in the past year. Workload, poor IT, and staff vacancies were cited as the top three reasons.

Nearly two in five consultants (39%) reported having an excessive workload almost all or most of the time, and 18% said they almost never felt in control of their workload. The survey also found that 14% of consultants reported feeling very stressed at work, and another 55% said they were somewhat stressed.

The 2023 census was sent to 22 253 consultant physicians and specialist, associate specialist, and specialty (SAS) doctors from November 2023 to January 2024. In total, 3689 responses were received (a 17% response rate), of which almost all (3666) were from practising NHS consultant physicians. Currently, just under 25 000 consultant physicians are on the GMC’s specialist register.

Mumtaz Patel, vice president of education and training at the RCP, said, “Right now, we have dedicated staff working in a health service that simply doesn’t work for them. They are overworked and undervalued, job satisfaction is falling, and many are clearly becoming disenfranchised. Unless we urgently improve working conditions, we face losing many of our brightest and most committed.”

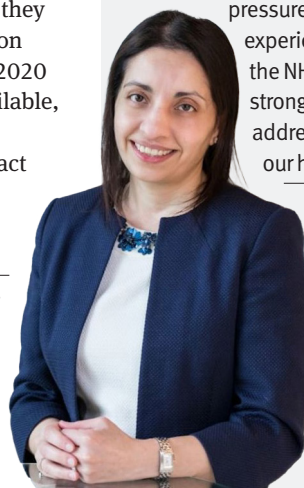


Royal College of Physicians of Edinburgh

### Vacancies and rota gaps

A major problem showed by the census was widespread vacancies. At least one vacancy in their department was reported by 59%, and 69% said rota gaps were negatively affecting patient care. These gaps also restrict consultants’ ability to supervise and train. Last year junior doctors told *The BMJ* they felt “demoralised” because “burnt out” consultants did not have the time or capacity to teach. Mike McKirdy, RCPSPG president, said, “Training is under significant pressure and relies on our ability to make sure experienced consultant level doctors remain in the NHS as clinical educators and trainers. We strongly urge the new government to seriously address the ongoing crisis, which any reform in our health system will depend on.”

Elisabeth Mahase, *The BMJ*  
Cite this as: *BMJ* 2024;386:q1541



**WE HAVE DEDICATED STAFF WORKING IN A HEALTH SERVICE THAT DOESN'T WORK FOR THEM** Mumtaz Patel



## THE BIG PICTURE

# Russians destroy Kyiv children's hospital

A deadly wave of missile strikes launched by Russia on 8 July has destroyed a large part of Ohmatdyt, a major children's hospital in Kyiv, Ukraine, the UN has reported.

UN human rights chief Volker Türk "deplored" the attack, which severely damaged the intensive care, surgical, and oncology wards of Ukraine's largest children's referral hospital.

"Among the victims were Ukraine's sickest children," Türk said. "My team observed children receiving treatment in hospital beds set up in parks and on streets, where medical workers had quickly established triage areas among chaos, dust, and debris."

The attacks are reported to have killed at least 34 people and injured a further 127.

Elisabeth Mahase, *The BMJ* Cite this as: *BMJ* 2024;386:q1522



Patients are evacuated from Kyiv's Ohmatdyt, one of the largest children's hospitals in Europe. Staff carried children needing cancer, transplant, and dialysis treatment into the street, many still attached to drips



OLEKSANDR GUSEV/IGLOBAL IMAGES UKRAINE/GETTY

# How can we get malaria control back on track?

Vaccines are just one part of the broad global effort required

**M**alaria remains a significant global health burden. The World Health Organization's 2023 malaria report estimates that the number of cases worldwide increased by five million between 2021 and 2022, reaching 249 million.<sup>1</sup> The number of deaths reached 608 000 in 2022, roughly 32 000 more than pre-pandemic levels. The African region is worst affected, accounting for over 90% of cases and fatalities, mostly among children under 5 years. The current trajectory falls far short of WHO's ambitious global targets for malaria control to reduce both incidence and mortality by at least 75% by 2025 (relative to 2015 levels), and 90% by 2030.<sup>1,2</sup>

Against this concerning backdrop, three recent developments are particularly welcome. The first malaria vaccine, RTS,S/AS01 (RTS,S), was approved in 2021,<sup>5</sup> targeting the sporozoite stage of *P falciparum*, Africa's most prevalent malaria parasite.<sup>6</sup> Following extensive clinical trials<sup>7-12</sup> and pilot programmes in African countries, WHO recommended the vaccine's use in children in regions with moderate to high malaria transmission. Real world data shows moderate effectiveness, with around 56% protection after one year and 36% after four years in children vaccinated aged 5-17 months.<sup>11</sup> Cameroon became the first country to integrate RTS,S into its national immunisation programme in January 2024. At least 28 other African nations have expressed interest in deploying the vaccine, and Gavi, the Vaccine Alliance, has provided funding to 18 of these countries to facilitate distribution.<sup>1</sup>

WHO recommended a second vaccine candidate, R21/Matrix-M (R21), in October 2023.<sup>13</sup> R21 also targets the sporozoite stage, and phase 3 trials showed over 75% efficacy



JAMES GATHANY/CDC

**Promising solutions such as new vaccines need to be integrated with, rather than replace, existing control measures**

against clinical malaria in children in areas with seasonal transmission.<sup>14</sup> WHO recommends co-administration of RTS,S and R21, at three doses and a booster, prioritising areas with moderate and high malaria transmission.

Ensuring equitable access for children in resource limited settings requires international collaboration and innovative funding models. International donors must support the efforts of WHO, Gavi, and their partners by guaranteeing adequate funds for the acquisition and distribution of vaccinations in countries with the greatest need.<sup>15</sup>

## Monoclonal antibodies

Monoclonal antibodies that block *Plasmodium* sporozoites from infecting the liver at an early stage—preventing both clinical illness and onward transmission—are a third promising development. Early trials report significant protection against *P falciparum* over a six month malaria season with intravenous or subcutaneous administration in both adults and children.<sup>16,17</sup> Three monoclonal antibodies are currently under clinical development, but none has yet been approved for wider use.<sup>18,19</sup> Research is still needed to evaluate effectiveness and safety across diverse settings and variables such as nutritional state or coinfection. Additionally, addressing logistical challenges associated with manufacturing costs, cold chain requirements, and healthcare system

integration is crucial for widespread implementation.

Getting malaria control back on track requires a concerted global effort, including increased funding and bold data driven strategies, particularly given the exacerbating effects of climate change. Development of new tools, including more effective vaccines, long lasting insecticides unimpaired by resistance, effective outdoor vector control, single dose preventive therapies (such as monoclonal antibodies), diagnostics that can detect *P vivax* latent stages in the liver, and new antimalarials to combat resistance to artemisinin combination therapy should be prioritised.

Emphasis should also be placed on innovations in healthcare delivery, analytics, and monitoring, as well as easily producible diagnostics and medications that are resilient to temperature variations. Processes to bring affordable products to market should be expedited while preserving efficacy and safety. Finally, the ability of national and local regulatory bodies to assess and license such products should be reinforced.

To understand and help overcome barriers to progress, the WHO's malaria strategy for 2024-30 prioritises developing and disseminating norms and standards, novel tools, collection and deployment of high value data, providing technical leadership, and context specific support for countries.<sup>20</sup>

Promising new solutions such as vaccines need to be integrated with, rather than replace, existing control measures such as insecticide treated nets, indoor residual spraying, chemoprevention and therapy, and rapid diagnostic tests. Only a multifaceted approach with sustained global commitment can achieve the eradication of malaria.

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Amal A El-Moamly, professor of medical parasitology, Suez Canal University, Ismailia, Egypt  
dramal8@med.suez.edu.eg

# The health legacy of sports mega events

Population health benefits must be planned and delivered as thoroughly as the event itself

In May the World Health Assembly endorsed a resolution proposed by over 40 countries to strengthening health and wellbeing through sports mega events.<sup>1,2</sup> This included a call to integrate the promotion of regular physical activity to people of all ages and abilities into the objectives of events such as the Olympics.

The financial, human, and environmental costs of hosting such events are enormous; the 2022 World Cup in Qatar was estimated to cost over \$200bn (£160bn; €190bn).<sup>8</sup> Organisers, governments, and sports' governing bodies often justify this by arguing that the event will have long term benefits for the host, such as urban regeneration, economic growth, social impact, or improved population health.<sup>3</sup> Unfortunately, systematic evidence indicates that sports mega events don't leave lasting increases in population physical activity.<sup>4-7</sup>

## Staying the distance

A legacy that improves population health must be planned and delivered as thoroughly as the event itself.<sup>9</sup>

Lasting health effects, such as increased participation in sports and other physical activity, come from clearly defined plans for legacy ambitions, beginning during the bidding process and extending years, even decades, after the event.<sup>9,10</sup>

Examples of good practice exist. For example, the Paris 2024 Olympics has a vision and strategy for legacy aimed at promoting physical activity across schools, workplaces, and urban centres.<sup>11</sup> Wide ranging objectives include promoting design principles that encourage physical activity in school, work, and public spaces that are being built or renovated, and a scheme to promote 30 minutes of daily physical activity for children aged 6 to 11 in schools, which has already been rolled out



NICOLAS GARRIGA/AP/ALAMY

**Evidence indicates that sports mega events don't leave lasting increases in population physical activity**

nationally.<sup>12</sup> An interim evaluation of the legacy and sustainability strategy highlighted that 91% of teachers in the schools where the scheme was initially trialled believe their pupils are less sedentary. Although this is encouraging, physical activity was not measured directly, and the size of the survey is unclear.<sup>12</sup> Other initiatives have also been implemented ahead of the games beginning, and further evaluation is needed.

For sports mega events to show a return on investment for health we need a common set of indicators to assess legacy for health. The Organisation for Economic Co-operation and Development (OECD) has published impact indicators for culture, sports, and business events, which could be built on.<sup>13</sup>

The social impact indicators include the percentage of target groups reporting increased frequency of participation in sport or physical activity and the percentage of target groups reporting change in health and wellbeing.<sup>13</sup> Both indicators will require baseline data. Care is needed to ensure that assessments are as objective and robust as possible, and that the extent of any change can be measured.<sup>13</sup>

We need also to be systematically better at measuring impact and learning from both failure and success.<sup>8-12</sup> This means testing and refining evaluation methods and building capacity and support for knowledge transfer between sports events.<sup>9</sup>

A large ecosystem of stakeholders is responsible for elite sport and its prestigious events. Systemic problems can't be resolved by a single event, host city, or host country. Responsibilities lie among sport event owners, local and national event hosts and organisers, and wider stakeholders, including the international and regional sport federations.

They should review and revise their processes (such as host bidding requirements) to ensure long term resourcing and a return on investment for population health. Bid policies and processes for major sports events should require and incentivise stronger planning, delivery, and reporting of event legacy outcomes and the effect on public health priorities such as physical inactivity.

## Out in front

Some sport entities are already making progress. The International Olympic Committee's legacy objectives 2021-24 embed legacy within the entire games' lifecycle, including legacy in the process for electing future Olympic hosts.<sup>14</sup> Union Cycliste Internationale, the world governing body of cycling, has made increasing mass participation in cycling a pillar of its strategy through its "bike cities" award for cities that host elite cycling and invest in cycling for all.<sup>15</sup> Other sports should follow, and all sports entities should share practical experiences and hard-won lessons.

The World Health Assembly resolution cannot be ignored, and promises that events make about population health should be kept. The sports industry can ensure that every future event leaves a positive sport and physical activity legacy for host citizens and sports fans.

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Fiona C Bull, head of physical activity unit, World Health Organization, Geneva, Switzerland  
bullf@who.int

Paul J Simpson, partnerships editor, *The BMJ*, London, UK



## ARTIFICIAL INTELLIGENCE

# Deepfakes and doctors: how people are being fooled by social media scams

**Chris Stokel-Walker** investigates the increasing prevalence of AI videos purporting to be of popular doctors selling phoney products

**H**ilary Jones is one of the UK's most recognisable doctors. For decades he has answered the public's questions on television, tackling their worries about illnesses, and making medical jargon easy to understand.

It's little wonder, therefore, that people might be interested in the latest wonder drug that Jones endorsed in a video posted on Facebook earlier this year.

The drug was purported to be a cure for high blood pressure, and Jones was supposedly talking about it on the *Lorraine* TV programme, on which he often appears.

The video was, however, not of Jones. It was a deepfake created by artificial intelligence (AI) technology. And it's far from the only one.

"Some of the products that are currently being promoted using my name include those that claim to fix blood pressure and diabetes, along with hemp gummies with names like Via Hemp Gummies, Bouncy Nutrition, and Eco Health," says Jones.

He isn't alone in seeing his name co-opted. The late Michael Mosley and Rangan Chatterjee are just two of the other doctors whose public profiles have been used to promote health scams.

**We will be investigating the examples highlighted by The BMJ. We don't permit content that intentionally deceives or seeks to defraud others**  
*Meta spokesperson*

### Seeking out scams

John Cormack, a retired doctor who is based in South Woodham Ferrers in Essex, worked with *The BMJ* to investigate the scale of deepfake doctors across social media.

"Previously I steered away from things like Facebook, but during the pandemic it became obvious that a lot of misinformation was being shared online," he says. Cormack acted directly by posting about misinformation that his patients might encounter. But sharing posts on local Facebook pages and writing columns for his local news magazine could only reach patients in his own area.

After the acute phase of the covid pandemic passed, he saw a trend towards deepfake videos. "The latest trend is deepfake, where doctors who are perfectly innocent get embroiled in ideas such as big pharma and the health services withholding the cure for diabetes—and if you take these expensive pills for a short period of time it can cure you," he says.

Deepfakes use AI

to map a digital likeness of a real human onto a video of a body that isn't theirs. The technology—at least in its current state—is relatively new, and so reliable evidence on how convincing it is can be hard to come by. But one recent study of deepfakes, specifically talking about scientific subjects, suggests that 25-50% of people cannot distinguish them from authentic videos.

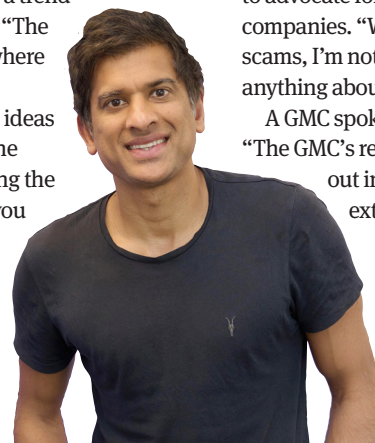
"The bottom line is: it's much cheaper to spend your cash on making videos than it is on doing research and coming up with new products and getting them to market in the conventional way," says Cormack. "They seem to have found a way of printing money."

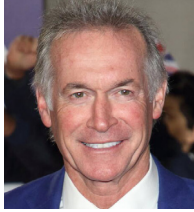
He believes the GMC would see it as outside its jurisdiction. "The GMC would only do something if the videos were genuine" and doctors were promoting bad products, Cormack says. "It sees its role as more of a regulatory body."

Jones also doesn't believe it's the GMC's job to advocate for doctors against social media companies. "While it would be aware of the scams, I'm not sure what means it has to do anything about them," he says.

A GMC spokesperson told *The BMJ*, "The GMC's regulatory powers, as set out in the Medical Act, only extend to individual doctors

**Rangan Chatterjee is one of several household name doctors whose face is used to sell fake health products**





**Even if the videos are taken down, they just pop up the next day under a different name**  
Hilary Jones

who are on the UK medical register. Computer generated videos by people not on our register would sit beyond our remit.” They added that the organisation sympathised with doctors.

The only way Cormack sees to tackle the problem is to make the platforms that host the content—Facebook, Instagram, X, YouTube, and TikTok, to name a few—accountable for the videos they disseminate. “It’s down to the likes of Meta, the company that owns Facebook and Instagram, to stop this happening,” says Jones. “But they’ve got no interest in doing so while they’re making money.”

A Meta spokesperson told *The BMJ*, “We will be investigating the examples highlighted by *The BMJ*. We don’t permit content that intentionally deceives or seeks to defraud others, and we’re constantly working to improve detection and enforcement. We encourage anyone who sees content that might violate our policies to report it so we can investigate and act.”

## The tech behind the con

The slew of questionable content on social media that uses the likenesses of popular doctors and celebrities is an inevitable consequence of the AI revolution we’re currently living through, says Henry Ajder, an expert on deepfake technology. “The rapid democratisation of AI tools for voice cloning and avatar generation has transformed the fraud and impersonation landscape,” he says.

The ubiquity of these tools means that they’ve been taken out of the hands of specialists and put into the hands of the general public—where they can create a critical mass of content that bombards users.

“There’s been a big increase in this kind of activity,” says Jones, who employs a social media specialist to trawl the web for deepfake videos that misrepresent his views and tries to have them removed. “Even if they’re taken down, they just pop up the next day under a different name,” he says.

“Some of these tools require identity checks or biometric authorisation, but many do not have robust safety measures

## What to do if you find a deepfake

- First, look carefully at the video or image, or listen to the audio, to make sure your suspicions are well founded. In a post-AI era we’ve all become more sceptical, and there can be a risk of becoming “the boy who cried wolf.”
- Try to contact the person endorsing the product if you aren’t the subject of the video, and see whether the video, image, or audio is legitimate. Do so using a method away from where you encounter the video—it’s possible the social media account with the questionable content is also controlled by a scammer.
- Leave a comment on the content questioning its veracity. You may not be the only person with concerns, and letting people know that you think all is not right may help dissuade others from parting with their cash.
- Use the platform’s built-in reporting tools. You will often find these alongside the post, usually hidden behind three dots that are often in the top right corner of the post. You may be asked to share more information about your concerns, and the report will be sent through an automated system. If platforms also believe it is fake, they will remove it.
- Also report the person or account that shared the post. Simply removing a single post may not be enough, and sometimes social media systems aren’t intelligent enough to recognise repeat offenders.
- Even if you’re not the subject of a deepfake, you should be aware that patients may come to you having seen deepfake videos. They may want certain treatments deepfakes have recommended. You should try to make them aware that deepfakes exist and that they ought to follow standard medical advice rather than what they have seen on social media.

to stop bad actors puppeteering someone’s likeness,” Ajder says. “Over the past year we’ve seen huge growth in this form of deepfake fraud, particularly on YouTube and X. Many are selling fraudulent cryptocurrencies, investment schemes, or medical products, with varying degrees of sophistication.”

Deepfakes work by preying on people’s emotions. They use the image, voice, or likeness of a trusted person in a community. The same thinking was the reason one AI company, OpenAI (whose products are not believed to have been used in any of the videos seen by *The BMJ*), sought to convince Hollywood actor Scarlett Johansson to voice its ChatGPT tool, GPT-4o, released in May 2024. Johansson refused but OpenAI used a similar sounding voice—at which point Johansson complained. OpenAI quickly took the ability to use the voice in question offline.

## Emotional connection

When it comes to medical products, that emotional connection with the person telling you about the new wonder drug or magnificent medical device matters even more. Someone you don’t know trying to sell you the virtues of a particular treatment



**The volume of videos circulating would suggest bad actors are having some success**  
Henry Ajder

may raise suspicions. But if they’re someone you “know” from social media, television, or radio, you’re more likely to believe what they’re saying.

Indeed, it’s the reason that doctors like Jones take to the airwaves—he has previously said that he’s able to influence tens of thousands of people with a single TV appearance in the same time it would take him to speak to one patient in a clinic.

Spotting deepfakes can be tricky too, says Ajder, as the technology has improved. As recently as a year ago, there were telltale signs that a video was AI generated. Sometimes you could see multiple fingers or blurry sleeves; at one point, a near certain giveaway was that AI tools couldn’t correctly render human earlobes. In other instances, a disconnect between what the person was saying, and how their mouth moved, could be discerned.

“Some combine synthetic voice audio with an existing video where lip movements don’t match perfectly, whereas others combined voice cloning with synthetic lip synchronisation techniques,” says Ajder. “It’s difficult to quantify how effective this new form of deepfake fraud is, but the volume of videos now circulating would suggest bad actors are having some success.”

For those whose likenesses are being used, there’s seemingly little they can do about it (see box). Jones says, “The onus falls on people using social media not to buy anything from it, because it’s so unreliable that you simply don’t know what you’re buying.”

Chris Stokel-Walker, freelance journalist, Newcastle upon Tyne [stokel@gmail.com](mailto:stokel@gmail.com)  
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# How do we improve primary care in our overpopulated, understaffed prisons?

Custody healthcare has improved in the two decades since it came under NHS care. But the nation's prisoners are still a long way from receiving equal care, say the GPs. **Sally Howard** reports

**A**n 85 year old man arrives late at night at the reception area of a category B prison (see box, right) in southern England. Frail, confused, and wheelchair bound, the new prisoner has multiple comorbidity, including obstructive lung disease, Parkinson's disease, and heart disease.

That he has arrived here is down to novel forms of forensic DNA analysis, the use of which has seen increases in the prosecution and incarceration of the perpetrators of historical sex offences—successes in the view of the justice system but problematic for an ill equipped and overcrowded prison estate. The jail, built in the 1860s, has no lifts. It has narrow doorways that cannot accommodate wheelchairs. After the 6 pm nightly lockdown there is no access for care workers from the community.

"I do receptions [when prisoners are medically assessed at arrival] twice a week, and I see this sort of situation frequently," says Jonathan McAllister, of the example he gives above. McAllister is lead GP at HMP Thameside and regional medical lead for the Practice Plus Group, a private provider commissioned by NHS England to supply



**Punishment is deprivation of liberty not deprivation of healthcare**

Jonathan McAllister

healthcare to more than 50 prisons in England.

Meanwhile, at a category C prison in Yorkshire a "code blue" has sounded. While "code red" signifies a cut or serious injury, code blue is the term prison healthcare staff use to refer to loss of consciousness or respiratory arrest. Increasing misuse of synthetic cannabinoids and opiates, which enter prison estates by drones or are soaked into clothes or the pages of paper and books, has led to a sharp rise in code blues.

"We saw 25 code blues in one day at one of the prisons I work in," says Iain Brew, a veteran prison GP and former deputy medical director for Practice Plus Group, who currently works at HMP Lewes. Brew says the spread of drugs such as fentanyl, synthetic cannabinoids, and the anticonvulsants pregabalin and gabapentin, which users mix with synthetic opioids to increase their effects, is leading to a rise in violent incidents and seizures as well as prison lockdowns and emergency services callouts.

"That day we made 25 calls to ambulance trusts. There was a hugely disruptive effect on the prison regime, as people were locked in their cells," Brew explains.

A growing prison population, an ageing population, staff shortages, and inmates' drug misuse are some of the acute challenges for doctors trying to deliver high quality care in prisons. Recent reports have found that people currently in prison use hospital services far less and miss more hospital appointments than the general population and that stagnant real terms funding for prison health since 2006 has forced prison healthcare providers to reduce services, pay less for permanent staff, and increase the

## PRISON CATEGORIES

**Category A** Prisons with the highest level of security

**Category B** Prisons that hold long term and high security prisoners and prisoners taken directly from court

**Category C** Lower security training and resettlement prisons

**Category D** Open prisons, minimal security

use of volunteers in healthcare. This is against the increasing flow of psychoactive drugs into prisons, which increases medical emergency cases and undermines health interventions.

On 6 July the prime minister, Keir Starmer, announced the appointment of James Timpson, a chief executive known for employing ex-offenders, as the new prisons minister—Starmer said Timpson "walks the walk." Timpson told Channel 4 in February that he believed "many of the people in prison shouldn't be there." His comments were widely reported in the aftermath of the appointment.

While initiatives to improve continuity of care and disease screening for hepatitis C for prisoners are bright spots, bodies including the Royal College of General Practitioners' secure environments group have called on the Labour government to improve per capita funding for healthcare for this vulnerable and high needs population.

## Who are the patients?

As of November 2023, there were 89 100 people in prisons across England and Wales. This was a 4% increase since 2021, with the population projected to rise further



**James Timpson, the new minister for prisons**

on current trajectories until 2026, because of longer sentences for more serious crimes and improved prosecution of domestic abuse and sex offences. Around 4% are women (aged 18 or over), and around 500 are juveniles, mostly aged 16-18. The proportion of the prison population aged 60 or over has, meanwhile, increased by 8% in the past decade and by 243% since 2002, with 17% now over 50 years old.

Prisoners have higher rates of infectious diseases, chronic illnesses, and poor mental health; increased risk of premature mortality; and poorer access to health services (in custody and in the community) than the general population. They are more likely to have backgrounds of poverty, debt, unemployment, substance misuse, poor education, and homelessness. There are high levels of self-harm. Some 57% of women, 41% of men, and 30% of children in prison report having a disability, compared with



**Often we can send one person to their hospital appointment a day. Who do I choose?**

Natalie Miller

the 24% average prevalence in the general population. A third (34%) said they had an “alcohol problem” when they arrived at prison.

Caroline Watson is chair of the RCGP secure environments group and a GP at HMP Bedford. She tells *The BMJ* that we should see people in prison as “super-vulnerable” patients who need higher levels of resourcing to meet the “principle of equivalence” that NHS England health and justice teams commission to. This is the notion that prisoners’ access to healthcare should equal that of patients in the community, which has been in currency since the 1950s.

NHS England is responsible for commissioning healthcare for people in prisons and young offender institutions in England, with directly commissioned services including primary care, substance misuse services, dental and ophthalmic services, and mental health services. Local health boards

commission healthcare services in public sector prisons in Wales.

Prison GPs refer to the combination of primary care, substance abuse, and mental healthcare commissioning in prisons as the prison healthcare “triad.”

### Continuity of care is a battle

Providing healthcare in prisons, for GPs and around 1000 nurses working across the prison estate, is a challenge because of myriad factors that disrupt continuity of care. Transfers around the prison estate, as well as to lower category prisons as prisoners draw near to release dates, interrupt care pathways, including positions on waiting lists for secondary care, as do sudden or early releases from prison or court to tackle prison overpopulation problems.

Prison nurse Natalie Miller, who is deputy regional manager for

### “UNIQUELY REWARDING”: WHY GPs CHOOSE PRISON PRACTICE

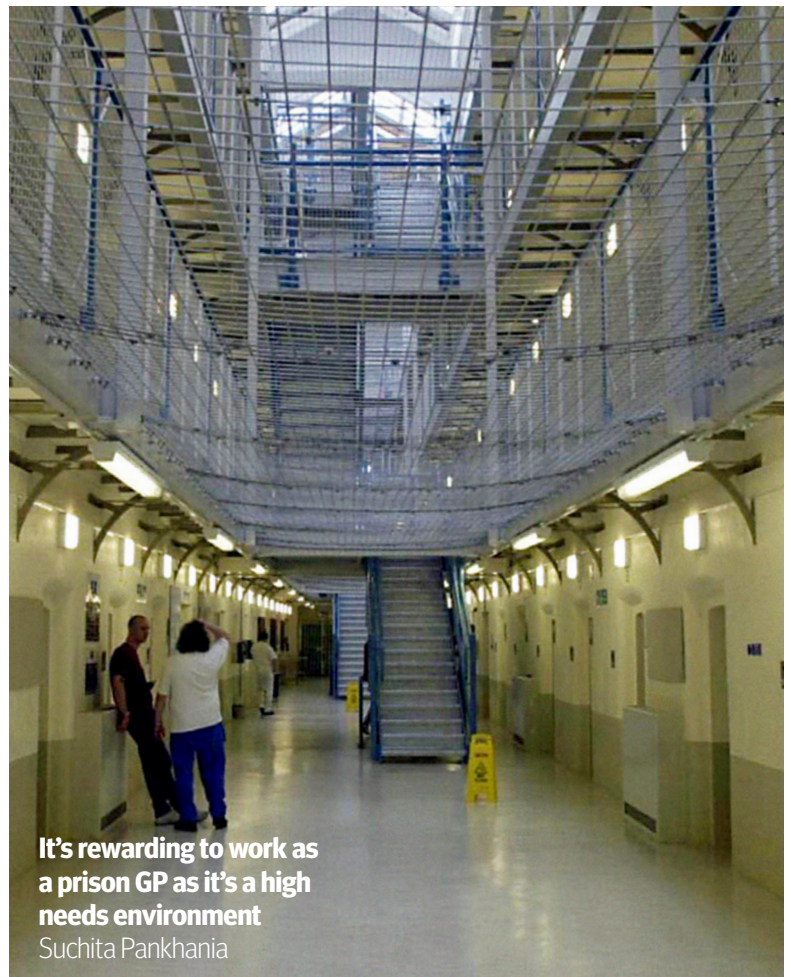
For all the challenges, some GPs are drawn to a specialty in which they can make huge improvements to patients’ lives.

Iain Brew (right) started in prison work 20 years ago as he believed that working with such a vulnerable population was rewarding. Brew’s “life work” has been to bring in a finger prick test for hepatitis C antibodies across the England and Wales prison estate.

Suchita Pankhania, a GP in training who has chosen to work in prisons as part of her GP vocational training scheme, says, “Prison medicine is an area that we do not often get exposed to, whether at medical school or during our foundation training. It’s rewarding to work as a prison GP as it’s a high needs environment: many people in prison have neglected their health for years, and it’s a clinical challenge to tackle multiple health concerns against the backdrop of prisoners’ poor mental health.”

Jonathan McAllister agrees that rewards are “huge” in prison general practice. “It’s common for people to arrive at prison having not seen a GP for years,” he says. “They might have been in a car crash and never sought medical attention for their injuries because of a fear of arrest or have had a heart attack in the community and not been prescribed follow-up medication by a cardiologist to prevent another.”

He adds, “I get so much gratitude from these men for listening, for taking away pain in a context in which they feel no one in society cares for them. It’s quite moving.”



**It’s rewarding to work as a prison GP as it’s a high needs environment**  
Suchita Pankhania

MICHAEL STEPHENS/ALAMY

five prisons in the West Midlands after stints at HMP Brixton and Wormwood Scrubs in London and HMP High Down in Surrey, says non-optimal healthcare for people in prisoner, in her experience, is often down to understaffing.

“Often there are staff [on a given day] to send one person to their hospital appointment,” Miller says. “Who do I choose when it’s between two prisoners who are both having, say, chemotherapy?” In 2022 the Ministry of Justice launched an inquiry into staffing problems in the prison operational workforce and the attrition of prison officers from the sector, with government figures analysed by the Prison Reform Trust showing there are 10% fewer staff in prisons than in 2010, despite the rising prison population.

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### Community crises ricochet behind the walls

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Brew says that bottlenecks in the community routinely overspill into the prison estate, with a lack of mental health beds and secure hospital places often meaning prisons end up as containers for people with mental illnesses who should not be there. (In England and Wales’ three high security hospitals traffic in and out of the hospital setting is controlled in order to maintain safety for both patients and the community.)

Miller notes that hospitals often discharge patients back to prison

### Anything that helps this vulnerable population is good news

Jonathan McAllister

“medically fit”—though not fit for prison because of high levels of care need, with little notice for prison teams to adapt to these needs.

“You have someone who cannot feed themselves, cannot walk unaided, and there you are scrambling to work out how to accommodate them in a prison with stair access only and cells that cannot fit a commode,” Miller says.

Calls from voices in the prison sector to build “older prisoner” jails, or high security care homes, are as yet unanswered.

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### Better porridge: bright spots

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Despite high levels of healthcare needs, an ageing population, and challenges arising from chronic overcrowding of an understaffed estate, there are emerging examples of innovative practice in prison healthcare.

Delta Wing at London category B prison Wormwood Scrubs has become a specialist test wing for prisoners over 70, where older prisoners can support each other, including with basic social care needs, with a nurse’s station located nearby.

HMP Littlehey in Cambridgeshire, which has a large cohort of older prisoners, is piloting initiatives such as remote diabetes nursing support and bespoke pathways for inmates with dementia, life limiting conditions, and at the end of life.

Other initiatives are attempting to tackle problems concerning continuity of care. NHS England’s Reconnect service provides prison leavers with targeted help from a support worker to access community based health services on release from prison, for six months or until their health needs are met. NHS England declined to answer *The BMJ*’s question about how many prison leavers have access to this scheme, and the Department of Health and Social Care did not respond.

Watson tells *The BMJ* that the RCGP publishes resources to help GPs working in secure environments and is instituting “communities of

practice” in integrated care boards to help prison healthcare workers to share resources and solve problems. The college’s annual Health and Justice Summit is also a forum to explore better practice in prisons.

In May the then government told *The BMJ*, “The 2023 national partnership agreement on health and social care in England sets out the shared priorities across the Department of Health and Social Care, HM Prison and Probation Service, the Ministry of Justice, NHS England, and the UK Health Security Agency to improve health and care outcomes for people in prison and on probation.” The agreement highlights priorities, including data sharing between partners and improving mental health pathways and access to substance misuse treatment. Labour has promised a prison estate building scheme to “build the prisons the Tories promised and failed to deliver.”

Brew welcomes Timpson’s elevation to the House of Lords and appointment as prisons minister. “James Timpson has invested in ex-offenders for decades and supported so many people both inside and after release.” Brew’s hope is that Timpson’s insight “will focus the lens on rehabilitation and away from punishment” and usher in a culture where the new government works with the prison service “to ensure that healthcare activity is valued as a purposeful activity like education and work, and not seen as a nuisance. By helping residents to identify and tackle their health problems, we can help generate self-respect, which in turn leads to respect for others and reduced reoffending,” he adds.

Anything that helps this vulnerable population is good news as far as McAllister is concerned. He reminds new prison GP recruits that prisoners’ punishment is deprivation of their liberty. “Not deprivation of good food, exercise, or education,” he says, “and certainly not deprivation of healthcare.”

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Sally Howard, freelance journalist, London  
sal@sallyhoward.net

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**We should see people in prison as super-vulnerable patients who need higher levels of resourcing**  
Caroline Watson