CMO announces modernisation of HIV rules

Chief Medical Officer, Professor Dame Sally Davies has announced that outdated rules designed to combat the threat of AIDS in the 1980s, when attitudes were very different and risks were less understood, will be modernised in line with the most recent science.

The changes mean that:

- People will be able to buy HIV self-testing kits once the kits comply with regulations.
- Doctors, nurses and other skilled healthcare workers with HIV who are undergoing treatment will be able to take part in certain medical procedures from which they are currently banned

Up to 100,000 people have HIV in the UK but around a quarter are living with it undiagnosed. These changes will give people more choice on how to get tested and therefore get treatment earlier, which will reduce the risk of new HIV infections.

Following independent scientific advice, the Department of Health will lift the ban on healthcare workers with HIV being able to carry out certain dental and surgical procedures. Strict rules on treatment, monitoring and testing will be in place to safeguard patients.

There have been just four cases of clinicians infecting patients reported worldwide and the last of these was more than a decade ago.

Deborah Jack, Chief Executive of the National AIDS Trust (NAT) said: "We welcome these changes to the guidance on HIV positive healthcare workers undertaking exposure-prone procedures and the removal of the ban on self-testing as we believe it is vitally important that policies are based on up-to-date scientific evidence and not on fear, stigma or outdated information.

"Allowing healthcare workers living with HIV to undertake exposure-prone procedures corrects the current guidance which offers no more protection for the general public but keeps qualified and skilled people from working in the career they had spent many years training for. We know people are already buying poor quality self-testing kits online which is why NAT have campaigned for a change in the law. Legalisation is an important step to ensure they are regulated, accurate and safe."

Funding for heart failure research

University of Reading researchers have been awarded funding by Heart Research UK to discover new ways of treating heart failure. This will allow the Cardiac Signalling Team, based at the University's Institute of Cardiovascular and Metabolic research, to find out why and how heart muscle cells do not divide and instead choose to die.

The team, led by Professor Angela Clerk, will study all the protein kinases found in heart muscle cells, over the next two years. As enzymes, the kinases make ideal 'targets' for developing new drugs that prevent them from working or change what they do. It is hoped that this work will lead to new treatments for heart failure and allow the heart tissue to regenerate. Studies show that nearly 80,000 people a year die from heart disease in the UK and more than 750,000 people in the country live with heart failure.

The research project will provide crucial insights into why and how heart muscle cells stop dividing and do not regenerate.
Prof. Clerk said: "This research will enable us to look at all 300-plus kinases for the first time ever. This is good news for current sufferers as we all aim to bring new therapies to the clinic in the coming few years."

Importance of maintaining normothermia

More than 70% of surgical patients experience post-operative hypothermia every year, which can cause adverse effects including wound infections, cardiac disturbances, coagulopathy, delayed emergence from anaesthesia and increased mortality. In a bid to tackle this issue, an interactive training day, organised by 3M, at University College London Hospital helped 36 London-based NHS nursing practitioners explore the importance of maintaining normothermia in surgery.

The event opened with a motivational talk from Struan Robertson, a consultant specialising in performance improvement, and an insight into the results of clinical studies on the effects of inadvertent perioperative hypothermia on surgical site infections was provided by Dr Andrew Melling, principal lecturer/reader in adult nursing at Northumbria University.

This was followed by a session on the importance of maintaining normothermia by Jim Savage, 3M clinical support manager, who spoke about the Enhanced Recovery Pathways Programme, based on the underlying principle that patients recover from surgery and leave hospital sooner by minimising the stress responses on the body during surgery.

Jim Savage said: "Hypothermia prevention is recognised in the intraoperative phase and can be prevented by routinely monitoring the patient's temperature in theatre and utilising an air-warming system, along with IV fluid warmers, as per NICE clinical guideline 65."

The event also included a number of workshops designed to identify warming solutions. These were followed by a session outlining the educational and training support that 3M can offer in patient warming, including online courses for healthcare professionals, as well as an overview of the Bair Hugger Temperature Management Unit and Ranger High Flow Set, designed to warm both blood and intravenous fluids and prevent the risk of an air embolism when rapidly infusing fluid.

New procurement strategy aims for greater efficiency and less bureaucracy

A new NHS procurement strategy has been announced by health minister Dr Dan Poulter, with the aim of cutting wasteful spending and allowing finances to be put back into the front line for patient care. The blueprint details plans to save £1.5 billion by getting the NHS to use its money more smartly and more efficiently.

The strategy *Better Procurement, Better Value, Better Care: A Procurement Development Programme for the NHS* takes an open and frank look at the procurement inefficiencies that currently exist. Findings have shown that there is little consistency in the way the NHS spends money, and that very few senior employees know what good procurement looks like. Findings also identified an over-reliance on 'framework agreements' at the expense of the NHS striking radical money-saving deals, like hospitals getting together to bulk-buy equipment for a discount.

A number of specific actions have been set out to tackle these problems:

- The recruitment of a new NHS procurement champion with private sector expertise who will have the authority to drive better procurement practices across the whole of the NHS; recruitment will start immediately.
- Dr Dan Poulter to lead a special top-level team, drawn from Government, the NHS and business to work with the new procurement champion to provide on-going scrutiny and guidance to the NHS in driving improvements in NHS procurement and productivity gains.
- Mandating hospitals to publish for the first time what they pay for goods and services and setting up a brand new 'price index' especially for hospitals, through which they will be able to see how much they are spending on different products compared to other hospitals. This will drive improvements because for the first time ever, hospitals will have to publish what they pay for supplies and services, and be held accountable to patients and the public for what they spend. Hospitals and their boards will be able to see where they are lagging behind and could do better.
- Cutting the temporary staff bill by 25% by the end of 2016 (temporary staffing currently costs the NHS £2.4 bn every year), by helping the NHS learn from the best hospitals and use more efficient staffing arrangements.
- A plan for the Department of Health to make the most of the market by working with top NHS suppliers directly to strike new, bulk deals for cutting-edge medical equipment like radiotherapy machines and MRI scanners.
- Growing the UK economy by making the NHS more agile and better at working with small and medium-sized businesses; including implementing Lord Young's recommendations on pre-qualification questionnaires, including simplifying them across the NHS, or even abolishing them for low value procurements.
- Exposing poor value for money and bad contracts by making more data about the deals the local NHS is signing publicly available.
- Improving support to help senior NHS staff better understand procurement.

Public health risks of ESBL *E. coli* under investigation

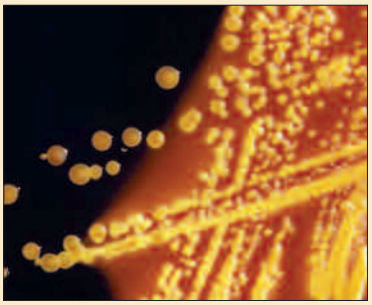
A new study by Public Health England (PHE) aims to establish the most significant reservoirs of a strain of antibiotic-resistant bacteria known as ESBL-positive *E. coli* that cause human illness in the UK.

The findings will help to develop intervention strategies in efforts to reduce the numbers of infections such as urinary tract infections or blood poisoning, caused by these bacteria.

The study will look at sewage, farm slurry and raw meat to determine whether there are any potential risks to human health in a number of different reservoirs of these bacteria. It will also look at stool samples from patients who have no symptoms of illness to see whether the bacteria is in their gut.

Not all types of ESBL-positive *E. coli* bacteria cause human disease, and the contribution to human disease made by resistant strains from animals, meat and environmental sources is not currently very well understood.

Resistant strains of *E. coli* are an increasing problem, reducing the number of antibiotics that can be used for treatment. Many of the resistant strains produce enzymes called extended-spectrum beta-lactamases (ESBLs), which make them resistant to most penicillin-like antibiotics. *E. coli* with ESBLs can also be found in food animals, raw retail meat, sewage and river water, but further research is needed to establish whether these reservoirs pose any public health risk.



CDC

Escherichia coli.

Professor Neil Woodford, head of the Antimicrobial Resistance and Healthcare Associated Infections Reference Unit at PHE, said: "The risks posed to human health by resistant *E. coli* from non-human reservoirs are not fully understood. This study will help to disentangle this complex interrelationship. Treatment of infections caused by resistant *E. coli* can be difficult, which is why we need to understand the risks better."

Increase in new hepatitis C diagnoses

Laboratory confirmed new diagnoses of hepatitis C infection (HCV) reported in England rose by more than one-third to 10,873 cases in 2012.

In London, which accounts for 26% of all hepatitis C cases reported in England in 2012, cases have almost trebled to 2,844 cases in 2012, up from 954 in 2010.

The figures, which were released in the annual hepatitis C report produced by Public Health England (PHE), confirms that around 160,000 people are living with chronic HCV in England – many of whom are unaware of their infection. Across the UK more than 215,000 individuals are thought to be chronically infected.

In the UK, the greatest risk of HCV is through sharing equipment for injecting drugs. Data from the Unlinked Anonymous Monitoring (UAM) survey of people who inject drugs suggest that levels of infection in this group remain high in 2012, with around half of those surveyed in England being infected.

To help reduce the levels of sharing, needle and syringe programmes continue to be developed throughout the UK and latest figures from national surveys of people who inject drugs across the UK suggest that levels of sharing are falling.

Others at risk of hepatitis C include those who have received blood transfusions before September 1991 or blood products before 1986 in the UK.

Emergency general surgery recommendations

In a drive to improve patient care, the Royal College of Surgeons (RCS) and the Association of Surgeons of Great Britain and Ireland (ASGBI) have set out their views on the challenges and a way forward for emergency general surgery in the NHS.

Emergency general surgery accounted for 14,000 adult admissions to intensive care in England and Wales in 2011/12, and created intensive care costs of over £88m per year. Patients requiring emergency surgical assessment or operation are among the sickest in the NHS. Often frail, elderly and with other medical problems, the risk of death or serious complication can be high. The most common complex major emergency operations in adults are those to treat abdominal infections, bowel obstructions, appendicitis and gallstones.

The Royal College of Surgeons (RCS) and Association of Surgeons of Great Britain and Ireland (ASGBI) are concerned about the delivery and future viability of emergency general surgery. Systems within some hospitals are not sufficiently well designed to deal with the safe and efficient delivery of this important area of care. Several factors affect the ability to deliver a good service, from having the right workforce in place through to problems accessing operating theatres and diagnostic services when necessary. To improve the care provided to emergency general surgery patients they have produced a report *Emergency General Surgery* which recommends that:

- NHS England establish a strategic clinical network for emergency general surgery to oversee the delivery of safe and efficient care.
- Best practice tariffs should be developed to reward the delivery of high quality emergency general surgical services.
- Surgical treatment of acutely ill patients must take priority over planned, elective surgery when necessary.
- Services must be consultant-led and senior doctors must be involved throughout the patient's care. The seniority of the surgeon involved in the operation must match the clinical need of the patient.
- There should be a greater focus on the outcomes of care, with improved resources for audit and review of practice. Outcomes should be in the public domain.

A recent study, published in the *British Journal of Surgery* revealed significant variation between hospitals in patient death rates following emergency surgical admissions in England. It also found that survival rates were higher in hospitals with better resources.

Patients presenting as emergencies account for the majority of deaths associated with general surgery. There is increasing evidence that the quality of care for these high-risk patients is variable across hospitals within the NHS.

Researchers at Imperial College London conducted a national study to quantify and explore variability in death rates among high-risk emergency general surgery patients. Their analysis included 367,796 patients who received care at 145 hospitals from 2000 to 2009.

The researchers found significant variability in death rates within 30 days of admission among patients treated at different hospitals, with rates ranging from 9.2% to 18.2%. This may, in part, be explained by differences in hospital resources. Specifically, hospitals that had greater numbers of intensive care beds and made greater use of ultrasound and computed tomography scanning tended to have lower mortality rates.

Commenting on the report, Omar Faiz, from the Department of Surgery and Cancer at Imperial, who led the study, said: "We do not yet fully understand all the reasons for variable performance, but this study strongly suggests that there is considerable scope for improving the care of emergency surgical patients. The findings may have long-term implications with regard to the provision of emergency services and the infrastructure required to support high-risk emergency patients in acute general hospitals."

NEWS IN BRIEF

Healthcare cleaning division launched

In Depth Managed Services, a cleaning and facilities management company, has launched a dedicated healthcare cleaning division focusing on hospitals, dialysis centres, nursing and care homes, and dental surgeries.

Council joins drive for blood and organ donors

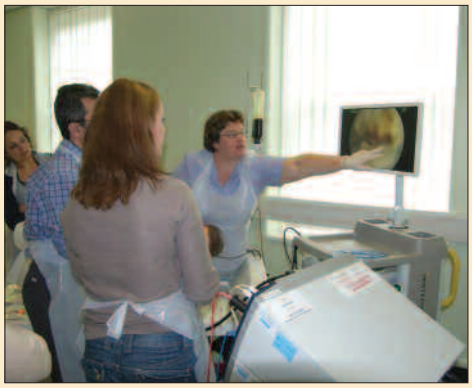
Worcestershire County Council recently became the first county council in the UK to join forces with NHS Blood and Transplant in a bid to encourage more people to donate blood, sign up to the NHS Organ Donor Register and discuss their wishes with their loved ones

The authority has signed up to a partnership with NHS Blood and Transplant, which collects donated blood in England and North Wales and manages the UK's organ donation system.

The partnership, in conjunction with the Worcestershire Acute Hospitals Trust (WAHT) Organ Donation Committee, will see the council promote both blood and organ donation to its employees and residents through channels such as its website and staff newsletter.

Endoscopic imaging equipment aids skills training

Imotech has supplied Cardiff University's Welsh Institute for Minimal Access Therapy (WIMAT) Endoscopy skills lab, based at University Hospital Llandough, with two new fully digital flexible endoscopy stacks which will be available for training endoscopists using high-quality simulation models.



As a Royal College of Surgeons Accredited Training Centre, WIMAT offers courses from the Royal College of Surgeons of England, the Royal College of Obstetricians and Gynaecologists, and hosts training courses provided by some of the world's leading medical suppliers.

Arwen McCarthy, course coordinator of the Welsh Institute of Minimal Access Therapy (WIMAT), said: "The technology has made a marked improvement to the environment and the courses have benefitted from them hugely. It has brought real procedures to life for our students using the equipment. With this technology our gastroenterological professionals will be able to perfect various endoscopic skills, before treating actual patients."

Dr Neil Hawkes, endoscopy clinical lead at WIMAT and consultant gastroenterologist at Royal Glamorgan Hospital, added: "It is sometimes difficult for trainees to gain first-hand practical experience in dealing with endoscopic emergencies and being able to trial the kit used – training on models bridges the gap. Working with Imotech we have been able to provide a very realistic simulated experience, with modern endoscopic equipment not often available for use on models."

New indicators for dementia care proposed

Three new indicators to improve dementia care could be added to the Quality and Outcomes Framework (QOF) incentive scheme for UK practices, as NICE unveils potential indicators for 2014/15.

There are around 800,000 people with dementia in the UK, and the disease costs the economy £23 billion a year. By 2040, the number of people affected is expected to double due to an ageing population – and the costs are likely to treble.

As part of the final menu of QOF indicators for 2014/15, GPs could be encouraged to record the percentage of patients with dementia who have attended a memory assessment service.

A new dementia indicator will encourage practices to record the name and contact details of the carers of each patient with dementia to help improve communication between practices and other teams, such as out of hours care.

Practices could also be encouraged to measure the percentage of patients with a new diagnosis of dementia, with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded.

"Our independent Committee is made up of healthcare professionals and lay members with a wide range of expertise. This depth of experience is invaluable in helping us reach robust clinical decisions on indicators that are practical for GPs to undertake, and that we expect will be essential for improving the quality of patient care."

The final decision on which indicators will be added to the QOF will be made by the British Medical Association's General Practitioners Committee and NHS Employers.

Male cancer survival

Survival for testicular cancer has risen by almost 30% in the last 40 years, with nearly all men now beating the disease, according to Cancer Research UK.

These figures show that more than 96% of men now survive testicular cancer in the UK, compared with less than 70% in the 1970s. These improvements are largely because of the drug cisplatin.

Men with advanced, incurable prostate cancer who are treated with the latest drugs also have nearly three times the life expectancy of men treated a decade ago, according to data from the Royal Marsden Hospital. Men who were treated in trials or under drug access schemes at the hospital survived 41 months on average, compared with between 13 and 16 months ten years ago. All had prostate cancer which had spread and no longer responded to standard hormone treatments.

Just over three-quarters of the patients received a chemotherapy drug called docetaxel, which was approved for NHS use in 2005. In addition, half were treated with abiraterone, a new prostate cancer drug developed by UK scientists, that only became available on the NHS last year. A small number of patients were offered three other novel therapies – enzalutamide, cabazitaxel and radium.

Foundation hospitals set to recruit more frontline staff

Monitor has reported that NHS Foundation Trusts (FTs) intend to recruit 10,000 more clinical staff to raise the quality of care.

The sector regulator's annual review of FT plans shows Trusts are forecasting to take on 1,134 permanent consultants, 1,273 junior doctors and 4,133 nurses and midwives in 2013/14. They will also be increasing the amount of healthcare assistants, ambulance paramedics, social care and theatre staff.

This investment will cost an estimated extra £500 m (or 2% of current staffing costs) and is also intended to maintain staffing levels following the failures of care highlighted by the recent Francis and Keogh reports.

Guidance on tests to check for cancer spread

The National Institute for Health and Care Excellence (NICE) has recommended a new test for surgeons to use during operations to discover if breast cancer has spread. The test – the RD-100i OSNA system produced by Sysmex UK – is used while surgery to remove breast cancer tumours is carried out. It can detect if the cancer has spread to lymph nodes in the armpit.

Currently, it is necessary to wait for the results of a biopsy taken during the initial surgery before arranging a second operation if the disease has spread. NICE now recommends that whole lymph node analysis using the system is an option for detecting sentinel lymph node metastases during breast surgery in people with early invasive breast cancer, allowing the test results to be available to the surgical team during the initial operation to help decide if any lymph nodes should be removed at the same time as the initial tumour and avoiding the need for a second operation and allowing subsequent treatments such as chemotherapy to begin earlier.

The tests can also analyse the whole lymph node and therefore may reduce the risk of a micrometastasis being missed.

Heart disease in women is under diagnosed and undertreated

Around 3.3 million women in the UK are living with heart and circulatory disease. Recent study findings from the US, published in *Global Heart*, show that women are less likely to receive preventive recommendations – including cholesterol-lowering statins and lifestyle advice – than men with a similar risk.

Researchers also concluded that coronary heart disease has unique characteristics in women and more research is needed to establish whether treatment strategies specific to women is required.

Commenting on the findings, Simon Gillespie, chief executive at the British Heart Foundation, said: "Women with heart disease are under diagnosed, undertreated and unaware that this condition can kill them. Coronary heart disease is largely preventable and so it is unacceptable that over 30,000 women die as a result of coronary heart disease each year in the UK. We need more female-focused research into the diagnosis and treatment of coronary heart disease so we can set about reducing the number of women we are losing to the UK's single biggest killer".

State-of-the art imaging department in London hospital

A new imaging department has opened at Highgate Private Hospital. The diagnostic suite will now give patients access to state-of-the art equipment and specialist services, including computed tomography (CT), magnetic resonance imaging (MRI), 3/4D ultrasound, digital fluoroscopy and digital X-ray services.

Mark Lyons, director at Highgate Private Hospital, said: "Patients will now be able to have their outpatient consultation and then walk through to the imaging suite where, in many cases, they may be able to be scanned on the same day. Radiology reports will then be sent to the referring doctor within 48 hours. Our aim is to tailor services to fit in with people's lifestyles, for example offering same day/flexible appointment times, longer opening hours and operating an on-call service to support local sporting clubs."

Debbie Lang, a radiographer specialised in MRI, will head up the new department. Two new radiographers have also joined the imaging team at Highgate.

Debbie Lang, radiographer, Highgate Private Hospital

System allows patients to update their own records

Since its introduction last year over 2,400 patients with long-term conditions have signed up to use the myhealth@QEHB system, which allows patients to view and update their own medical records online.

A survey of patients actively using the portal has revealed that more than 77% of respondents agreed or strongly agreed that 'by using myhealth@QEHB I am more prepared for hospital visits,' while 73% agreed or strongly agreed that they felt 'more in control of my medical care'.

The system was developed in-house by University Hospitals Birmingham (UHB), which runs the Queen Elizabeth Hospital Birmingham (QEHB). It reflects the 'No decision about me, without me' principle to give patients high-quality information and support to allow informed choice and shared decision-making.

Originally trialled by liver patients, it has now been made available across 13 specialties. Patients are encouraged to give feedback and the system is continually enhanced to give them even more access and flexibility in how they use information to monitor and help manage their care. Further enhancements to the system will include connecting to telehealth devices that will direct bespoke questionnaires to patients to monitor their vital signs, symptoms and treatment compliance at home.

Commenting on the system, Daniel Ray, UHB's director of Informatics, said: "The aim throughout the development of the system has been to enable patients to be more actively involved in contributing to their care. Feedback suggests the system has been well-received by patients and clinicians, who have worked with us to develop its functionality. Increasingly we are hoping it will also improve patients' communication with their GP, for example, allowing them to log in at the surgery and discuss their results before a letter arrives through the post."

Troponin test may help predict heart attack risk

Abbott has announced the results from a study evaluating its High Sensitive Troponin-I (hsTnI) assay which says that it may help doctors predict which patients presenting with symptoms of a heart attack, such as severe chest pain, are at a higher risk for having a heart attack 30 days later.

A concern for patients who present with severe chest pain is that they are more likely to experience another cardiovascular event within a few weeks or months. Researchers evaluated the performance of a hsTnI assay with the performance of a fourth generation troponin T assay among 4,695 patients presenting with severe chest pain and found that the hsTnI assay identified more patients at higher risk of recurrent heart attack.

Concerns raised over junior doctor changeover period

New research suggests that failure by junior doctors in their annual changeover period to identify deteriorating patients and poor prioritisation skills are likely to drive a reduction in the quality and safety of patient care.

August is a period associated with worse clinical outcomes than the rest of the year. Researchers writing in *JRSM Short Reports* found that there was a significant increase in the number of urgent medical tasks after changeover, but that new junior doctors completed routine tasks quicker than their more experienced predecessors. The researchers analysed data from the wireless system for the management of out-of-hours workflow at City Hospital and the Queen's Medical Centre, Nottingham.

Leading the research team, Dr John Blakey of the Liverpool School of Tropical Medicine, said: "The abrupt change to the provision of care by junior doctors who are inexperienced, or who are less experienced for their level of seniority, presents clear potential for a reduction in the quality and safety of patient care." The study lends empirical evidence to qualitative research investigating whether junior doctors are prepared for the practicalities and complexities of their first posting, say the researchers. They suggest improved training, supervision and quality control could reduce omissions, errors, failure to recognise deterioration and poor task prioritisation skills.