Waiting times in British casualty departments remain too long

Zosia Kmietowicz, *London*

Some critically ill patients have to wait more than 20 hours in cubicles or on trolleys before being admitted to hospital, according to a recent "snapshot survey" of patients in accident and emergency departments in Great Britain.

Researchers from the Association of Community Health Councils visited accident and emergency departments at 194 hospitals in England, Scotland, and Wales at 16.30 on Monday 25 January to ask staff how long patients had been there. The longest wait for a bed on a hospital ward was reported at City Hospital in Birmingham, where an 84 year old man with diarrhoea and vomiting lay in casualty for 28 hours and 43 minutes before being admitted. He was just one of 10 people across the country who had waited more

than 20 hours for a hospital bed despite the extra £209m (\$334m) given to the NHS to ease winter pressure on services.

In the survey, Birmingham emerged as the place with the longest queues for admission, with five patients from the area being included in the list of the 17 worst cases in the country. Greenwich, Tunbridge Wells, Wandsworth, and Bromley also performed poorly.

Commenting on the findings, Donna Covey, director of the association, said: "The picture is better than last year but still shows unacceptable waits for some patients in accident and emergency, and wide variations across the country. Accident and emergency departments are the pressure points of the health service. When the rest of the health-care system overloads, it is

accident and emergency that takes the strain."

A spokeswoman for the association said that understaffing and the inappropriate use of accident and emergency services caused delays, but she emphasised that the purpose of the survey was to raise public awareness of the problems and highlight trouble spots rather than offer solutions.

Surrey and Sussex Healthcare Trust showed that improvements in accident and emergency services could be made. In last year's survey the East Surrey Healthcare NHS Trust (as it was then known) recorded the longest waiting time, 37 hours, but the trust does not feature among this January's 20 departments with the longest waiting times. A new consultant, more doctors and senior nurses, and a minor injuries unit have helped speed up the service.

Isobel Gowan, the trust's chief executive, said: "I am pleased our performance has improved. But we have no grounds for complacency. Thirteen and a half hours waiting is 13 hours too many." □

Independent experts settle Toronto research funding dispute

David Spurgeon, *Quebec*

A dispute over research sponsored by a pharmaceutical company at a leading Canadian hospital has been resolved after consultation with outside research experts. The agreement reinstates the researcher, Dr Nancy Olivieri, to her previous academic position.

A resolution to the dispute came after Sir David Weatherall of Oxford University and Professor David Nathan of Harvard University conducted two days of mediation between Dr Olivieri and Toronto's Hospital for Sick Children. The University of Toronto's president, Robert Prichard, facilitated the agreement concluded last week.

The dispute over Dr Olivieri's research with a new drug treatment for thalassaemia had lasted more than two years and had upset research staff at the hospital (*BMJ* 1999;318:77). Dr Olivieri claimed that she had been refused legal support by the hospital after she broke a confidentiality agreement with the sponsoring firm, Apotex, to publicise her concerns about the safety of their drug, deferiprone. On 7 January, the hospital announced the removal of Dr Olivieri as head of its haemoglobinopathy programme.

A statement issued jointly by the hospital and Dr Olivieri on 26 January said: "She will continue to lead the clinical and research program on haemoglobinopathy patients and clinically based research on thalassaemia, sickle cell and related diseases."

Under the terms of the agreement, Dr Olivieri will move from the Hospital for Sick Children to the nearby Toronto Hospital, where she will continue to lead the haemoglobinopathy programme for adults. The Hospital for Sick Children will also pay Dr Olivieri's legal costs associated with the dispute and will withdraw all letters and written complaints about her from its records. Sir David and Professor Nathan said: "We are delighted by the resolution of this matter." □

UK plan for Food Standards Agency

John Warden,
parliamentary correspondent, BMJ

The British government has resuscitated its plan for an independent Food Standards Agency designed to improve nutrition and food safety. A draft bill setting up the agency was published last week for consultation, along with the government's stated intention to pass the necessary legislation this year.

The bill follows the white paper of a year ago (*BMJ* 1998;316:171) which drew over 1000 responses and, the government said, received widespread support. The agency's main aim has been defined as the protection of public health in relation to food. This is meant to encompass the agency's responsibilities for food standards and nutrition in addition to food safety. But the agency should make decisions that are proportionate to the risk, pay due regard to costs as well as benefits, and avoid overregulation. The agency should also aim

The Food Standards Agency aims to improve public nutrition

to avoid raising unjustified alarm, according to the bill.

The agency is to provide intelligible, scientifically based information about the nutritional content of individual foods and disseminate impartial and accurate advice on a balanced diet while working closely with the health departments.

The agency will operate "at arm's length" from the government but will be ultimately accountable to the health ministers, who will assume responsibility for food policy from the Ministry of Agriculture, Fish-

eries, and Food. The ministry has been accused of putting the interests of farmers before those of public health, particularly in the crisis over bovine spongiform encephalopathy.

Separate executive bodies in Scotland, Wales, and Northern Ireland, each with their own director, will work with the devolved assemblies there.

A controversial new aspect of the bill is a proposed £90 (\$144) annual levy on food premises—mainly restaurants and shops—to supplement the government's existing budget for food safety. □