Government paints too rosy a picture of A&E, report says

Lynn Eaton *London*

The UK government's claim that waits of more than 24 hours in accident and emergency (A&E) departments have been eliminated is not true, a report from the British Medical Association says this week.

And the latest initiatives to tackle long waits will do little to resolve the main cause of the problem: insufficient numbers of staff and too few inpatient beds.

That is the message from a survey conducted by the BMA and the British Association for Accident and Emergency Medicine in July. It asked 549 consultants working in A&E departments in the United Kingdom to comment on their experience of how long and why patients waited in the previous week. It also asked them whether they agreed with the government's statements on progress towards the targets for waiting in A&E departments.

A total of 163 consultants replied, representing 135 departments—about 40% of all A&E departments in the United Kingdom. Of the 135 departments, 38% reported that the situation had deteriorated in the past year in terms of the overall service to patients.

One in three departments

reported that at least one patient waited more than 12 hours in the previous week from the time when they arrived in the department to the time they were admitted, transferred, or discharged.

One in five departments reported at least one patient waiting more than 24 hours in the previous week. This, says the report, contradicts the government's policy document *Reforming Emergency Care*, published in 2001, which stated that "over 24-hour waits have been eliminated" and that "87% of patients admitted via A&E who need a bed are found one within four hours of a decision to admit."

Don MacKechnie, chairman of the BMA's A&E subcommittee, said that it was heartening to see that many doctors had introduced new ways of working to help to reduce waiting times. But he added: "Sadly, many more are prevented from making change because of inadequate funding, not enough staff, or lack of management support."

John Heyworth, president of the British Association for Accident and Emergency Medicine, added: "Too many patients are still waiting far too long in emer-

gency departments throughout the UK. Some progress has been made, but overall this remains patchy and inconsistent."

Respondents were asked to comment on the extent to which the Department of Health's statements in *Reforming Emergency Care* applied to their department. Only 30% of departments agreed that the statement "patients who need a bed are found one within four hours of a decision to admit" reflected the situation in their department.

The report highlights growing concern over the number of patients who are admitted to

hospital but kept in a bed on the A&E ward, arguing this move has merely masked the delays in getting an inpatient bed.

A spokesman for the department of health said: "Three quarters of those who go to an A&E department who need to be admitted to hospital get a bed within four hours. Those aren't our figures—they're Audit Commission figures from 2000. By December 2004 all patients will be in and out of A&E within four hours." □

Waits and Measures—Improving Emergency Care for Today's Patients can be accessed at www.bma.org.uk

MEPs reject US-style direct advertising of drugs

Rory Watson *Brussels*

Members of the European parliament have categorically rejected tentative plans to allow pharmaceutical companies to provide information on drugs directly to the public in the European Union.

As part of its proposals to update existing EU legislation on the approval and marketing of drugs, the European Commission had suggested a five year pilot scheme during which firms could supply data directly to

patients on three common illnesses: diabetes, asthma, and AIDS.

Erkki Liikanen, the European commissioner behind the proposal, insisted that the idea recognised that many patients already obtain fragmented information from the internet and stressed that it would not lead to US-style direct advertising to patients.

"Our proposal is that European citizens should obtain information that has been validated by European regulatory authorities and that follows guidelines to be agreed between the member states and the Commission," he explained.

His arguments did not convince the MEPs, who rejected the proposal by 494 votes to 42 in Strasbourg last week.

Leading the opposition to the

scheme, British Labour MEP Catherine Stihler said: "We don't want consumers, sitting on their couches, bombarded with a hard sell from big drug companies in the break between *Crossroads* and *Coronation Street*. We're at a crossroads—if we open the door to direct advertising it's a slippery slope down the American road, where pink pills on TV ads offer a miracle solution to everything from baldness to chronic fatigue."

The comprehensive rejection, which has almost certainly sounded the death knell for the idea, has been welcomed by consumer organisations. The Bureau Européen des Unions de Consommateurs, the Brussels based European umbrella association of national consumer bodies, warned that the concession would only have increased brand awareness but "would not

help to increase disease or treatment awareness."

It pointed out that spending on drugs grew in the United States by \$42.7bn (£28bn; €44bn) between 1993 and 1998, with \$9.3bn of the increase being accounted for by the 10 drugs most heavily advertised directly to consumers.

However, the MEPs gave strong support to the proposal to speed up authorisation procedures for new drugs and to make innovative treatments available to all EU citizens at the same time. This would be achieved by making it mandatory for all drugs containing new active substances—about 20 a year—to receive centralised authorisation from the European Medicines Evaluation Agency, instead of from individual national regulatory authorities. □