UK pushes EU to tackle health gap between rich and poor

Sophie Arie *London*

The United Kingdom is using its term as president of the European Union to urge the region to focus on reducing the difference in the health of rich and poor people.

"Almost all important health problems, and major causes of premature death across Europe such as heart disease and cancer, are more common among people with lower levels of education and income," said the UK secretary of state for health, Patricia Hewitt, who hosted an EU summit in London this week called "Tackling health inequalities—governing for health" (*BMJ* 2005;331:855, Oct 15).

"Narrowing this health gap, and making good health a reality for everyone, is essential if we are to create a Europe of social justice as well as prosperity," she said.

At the conference, which was attended by delegates from 25 European countries and inter-

national health experts, Marko Kyprianou, the EU commissioner for health and consumer protection, warned of the need to break a vicious cycle: "In many countries the gap in incomes between rich and poor has widened. With growing inequalities in wealth have come growing inequalities in health. And in turn, inequalities in population health contribute to widening disparities in wealth."

Two reports published at the summit provided the most up to date figures on health inequality across Europe and highlighted the fact that relative health inequality has increased dramatically in some European countries in recent decades, despite overall improvements in public health. In many cases this appears to be the effect of globalisation, which has increased income gaps and is changing cultural habits.

"In several eastern European countries inequalities have increased enormously in the past decade," said Johan Mackenbach, a professor in the department of public health at the Erasmus University Medical Centre, Rotterdam, and author of one of the reports.

In Estonia in 1989, for example, people from upper socioeconomic groups could expect

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Almost all important health problems are more common among people with lower levels of education and income, the UK health secretary, Patricia Hewitt, told the EU summit on health inequality

to live around seven years longer than people from disadvantaged groups. In 2000 the gap had increased to 13 years.

People in higher socioeconomic groups are living longer, in part because of a focus on fitness and healthy eating. People in lower socioeconomic groups generally continue to smoke, eat badly, and take less exercise. Other factors, such as housing, environment, and work conditions, also contribute.

A second report showed that although countries such as the Czech Republic, Latvia, and

Lithuania have adopted the World Health Organization's advised target of reducing health inequality indices by 25% by 2010, other countries, such as the Netherlands, had more specific goals.

Commissioner Kyprianou said new thinking across all sections of government was needed to tackle the problem.

Health Inequalities: Europe in Profile, by Johan Mackenbach, and *Health Inequalities: A Challenge for Europe*, by Ken Judge, are at www.dh.gov.uk/eupresidency2005.

NHS to settle small compensation claims without litigation

Clare Dyer *legal correspondent, BMJ*

Patients in England who suffer as a result of shortcomings in NHS care could get up to £20 000 (\$35 000; €29 000) compensation without resorting to litigation, under plans for a small claims system to divert low value cases from the courts.

The NHS Redress Bill, published last week, sets up the framework for a scheme that will provide apologies, investigations, and, where appropriate, compensation up to an expected ceiling of £20 000 when mistakes are made.

The scheme is largely based on proposals in *Making Amends*, a report by the chief medical officer for England, Liam Donaldson.

The scheme aims to avoid hefty legal costs, which tend, in

small claims, to dwarf the compensation awarded. It also aims to provide the non-monetary remedies—such as explanations of what went wrong and steps to prevent recurrence of errors—that patients often seek but that cannot be ordered by the courts.

Under the scheme, which is expected to come into operation in 2007-8, the onus will no longer be on patients to initiate a claim. NHS organisations will be expected to review adverse incidents and begin investigations themselves.

They will be required to report any incidents that might fall within the scheme to the NHS Litigation Authority, which will decide on liability and compensation where warranted.

Many claims are expected to

be settled by an apology and a promise that the NHS will learn from the mistakes or by providing care to put things right.

Under the scheme patients will be able to opt out at any time before settlement and go down the litigation route. They would also receive independent legal advice before accepting the settlement offered.

The NHS paid out £503m for clinical negligence claims in 2004-5, of which around £150m went on legal costs.

The health minister Jane Kennedy said: "The NHS Redress Bill means fairness for patients, not fees for lawyers. It is an important step in preventing a US-style litigation culture."

"We want to improve patients' experience of the NHS by giving patients what they tell us they want when something goes wrong with their care: an apology, an explanation of what's happened, and action to put things right."

Action against Medical Acci-

dents, a charity that supports people affected by medical errors, gave the bill a "cautious welcome" but called for details of safeguards, including access to expert independent advice, to be spelled out in the bill.

Christine Tomkins, deputy chief executive of the Medical Defence Union, said: "It's crucial that doctors are reassured when the outcome of treatment is not as everyone had hoped—that they are not unfairly blamed. This is particularly important because many avoidable adverse incidents are due to systems failures and seldom the fault of one person."

"We are pleased [the health department's] announcement shifts the emphasis away from attributing blame towards preventing harm and continually improving patient care and safety." □

The NHS Redress Bill can be viewed at www.dh.gov.uk/actsandbills or www.parliament.uk.