Independent treatment centres will have to provide training

Health secretary Patricia Hewitt moved to placate some concerns raised by doctors that training NHS junior doctors is being compromised by the arrival of independent treatment centres using doctors from outside the United Kingdom. But she made it clear that the pace of reform in the NHS is to increase in 2006 with patients' "demands and aspirations" the key driver of better care. And care will be provided by a wider range of organisations outside the NHS.

Speaking at an NHS Confederation lecture last week, Ms Hewitt said that patients were happy with treatment in the independent sector but that the NHS had not been won over.

"We will continue to respond to legitimate concerns—for instance, to ensure that training for junior doctors is provided in independent treatment centres and more generally to provide a level playing field for different providers within the NHS family," Mark Gould *London*

New campaign to encourage use of national IT programme begins

A new drive has been launched to persuade clinicians to support the multibillion pound computerisation programme of the NHS in England. The initiative comes as a survey by the polling company Medix shows continuing scepticism among doctors over the national programme for IT—key systems of which experienced a technical breakdown over Christmas and the new year.

The survey's finding came just as the "choose and book" system was launched. This system allows a GP to refer a patient for elective treatment at another centre via a computer system (thus booking the appointment direct from the surgery).

A survey of doctors' opinions carried out last week by Medix

found that 68% of respondents regarded the national programme's performance as poor or unacceptable. Only 13% of GPs and 19% of other doctors said the programme is a good use of resources.

However, there was strong support for electronic health records: 59% of GPs and 66% of other doctors said they believe the whole national programme will improve clinical care in the longer term.

Michael Cross *London*

NHS trusts are using cash meant for sexual health services to balance their books

Primary care trusts are diverting millions of pounds away from sexual health services to balance their books, a group of medical charities has said. Just 30% of primary care trusts say they plan to spend the extra funding given to them for sexual health services for its intended purpose, a report by the HIV and AIDS charity the Terrence Higgins Trust and other charities warns.

The review of trusts' local delivery plans found that the need to invest in sexual health services was "overshadowed by the pressure on PCTs [primary care trusts] to achieve financial balance," despite the government providing £250m (\$440m; €360m) in extra funding. The local delivery plans set out what services the trusts will commission up to 2008.

Of the 44 plans the reviewed, 21 failed to mention abortion services, while the same number made no reference to HIV, which the report's authors described as "the fastest-growing serious health condition in the UK."

The same number of plans did not mention reducing the prevalence of gonorrhoea, despite it being a government target.

Kaye M McIntosh *London*

Review of Strategic Health Authority Local Delivery Plans is available at www.tht.org.uk.

Prostate cancer patients get worse care than other cancer patients

Susan Mayor *London*

Patients with cancer are receiving better care from the NHS in England than five years ago, but many are still waiting too long to see a specialist after being referred by their GP, a new report says. It warns that provision of specialist care for prostate cancer is a lower priority than for other common cancers.

The report, *Tackling Cancer: Improving the Patient Journey*, assessed the progress made since the introduction of the NHS Cancer Plan, a national strategy introduced in 2000 to improve cancer services. The plan was based on a range of information on service provision, including a national survey of 4300 patients with the four commonest cancers (breast, lung, bowel, and prostate) in 49 NHS trusts.

The report found that referral times had improved since 2000, but 40% of patients eventually diagnosed with cancer still waited more than two weeks to see a specialist after referral by their GP. The report warns, "Delays heighten patient anxiety and may have adverse consequences for the course of the disease."

Eighty per cent of patients with suspected breast cancer are currently seen within two weeks, and the Public Accounts Committee, which developed the report as part of its role in examining public expenditure, recommended that cancer networks should aspire to this standard for all patients with suspected major cancers.

Provision of specialist care for patients with prostate cancer seemed to be a lower priority than for other major cancers, such as breast cancer. More than two thirds (68%) of patients with prostate cancer waited longer than two weeks from referral by a GP to be seen by a specialist, compared with 37% of people with other cancers. They were also less likely than patients with other cancers to report that they had received full information on their treatment, to have a named nurse in charge of their care, and to be given information about support groups.

The report called for an in-depth look at the standard of prostate services in England as well as the reasons for deficiencies

and suggested that cancer networks should implement action plans for improvements where problems are identified.

The report also found uneven access to care for patients who were dying. Current levels of availability of specialist palliative care varied around the country and did not necessarily reflect areas with high cancer death rates.

The Midlands and East region, for example, had 60% fewer inpatient beds per thousand cancer deaths than the London regions. To help redress this regional imbalance, the department of health has commissioned the National Council for Palliative Care to produce a palliative care needs assessment based on population.

Derryn Borley, head of cancer support services with the cancer information charity CancerBACUP, said, "This report and others like it show that we need a second cancer plan to address vital areas where cancer patients aren't receiving good enough treatment and care." □

The report, *Tackling Cancer: Improving the Patient Journey* is available at www.publications.parliament.uk/pa/cm200506/cmselect/cmpubacc/790/79002.htm.

Ultrasound scan through a cancerous prostate gland