England sets up task force to hasten use of electronic records

Michael Cross *London*

Plans to create a shared electronic care record for every NHS patient in England are to be accelerated, despite auditors' reservations and a call from BMA members for GPs to consider boycotting the system.

Norman Warner, the minister responsible for reforming the NHS in England, announced the plans after the first independent audit of the four year old project was published last week.

In a long awaited report the National Audit Office calculated that the project, the largest of its kind in the world, would cost £12.4bn (£18.1bn; \$22.8bn) over 10 years. This is double the contract value normally cited by the department but lower than previous estimates, which had put the total cost at £20bn over 10 years (*Financial Times* 30 May, p 1).

Although the NHS and its national programme for information technology, Connecting for Health, had made "commendable progress," it would be

"some time before it is possible fully to assess the value for money of the programme," the audit office said. It confirmed previous reports that the core of the new system—the national shared clinical record—is at least two years behind schedule.

At a packed press conference Lord Warner, sitting alongside Richard Granger, chief executive of Connecting for Health, described the audit verdict as "extremely positive." He said critics of the programme should consider the alternative: paper based systems that "create additional costs [and] cause delay, inconvenience, incorrect care and treatment, and, in some tragic cases, needless loss of life."

He said that he did not have "a flicker of doubt" that the care records service being created under the national programme for IT would be in place by 2010.

He announced the creation of a task force to speed up implementation of the records

Lord Warner does not have "a flicker of doubt" that the records service will be in place by 2010

service and called on doctors to "conclude the ongoing debate" about the ethics of loading clinical data onto the system.

The programme's next phase, a summary care record available from any NHS com-

puter terminal, will be piloted early next year. The original target date was December 2004. One reason for the delay is a dispute with the medical profession about procedures for loading clinical information on to the system. Lord Warner called for "leadership" from the profession to conclude the debate.

However, on the same day 400 GPs meeting at the BMA's local medical committee conference reaffirmed their position on the central sticking point of the dispute: on whether patients should be assumed to have agreed to their data being on the system unless they opted out.

The conference passed a resolution urging that "all patients should be given the autonomy to opt in to having their records held centrally."

The National Programme for IT in the NHS: Report by the Comptroller and Auditor General is available at www.nao.gov.uk.

Four in five asthma deaths may be due to long acting β agonists

Pat Hagan *London*

Eighty per cent of deaths related to asthma in the United States may be due to the use of long acting β agonists, indicate the results of a meta-analysis of 19 clinical trials.

The results of the review, published in the *Annals of Internal Medicine* (2006;144:901-12), have led to calls for the drugs to be withdrawn from the US market.

"We can show that overall it is statistically significant that, compared with patients taking a placebo, these long acting β agonists kill a lot of people," said the lead researcher, Edwin Salpeter from Cornell University.

The analysis concludes that 4000 of the 5000 asthma related deaths in the US each year occur in patients who are taking the drugs. Although they can relieve the symptoms of asthma they can also, without warning, trigger bronchial inflammation and sensitivity.

Long acting β agonists, such as salmeterol, made by Glaxo-SmithKline, and formoterol, made by Novartis, first emerged in the early 1990s. They are designed to be used for asthma that is not fully controlled by inhaled steroids and bronchodilators.

Taken alongside those drugs they can relieve symptoms after 15 to 20 minutes, and their effects can last for up to 12 hours. They work by relaxing muscles in the airways so that more air can get into the lungs.

But their use has been dogged by fears about safety. The US Food and Drug Administration raised concerns last year after some post-marketing safety studies indicated a possible increased risk of serious adverse events.

The latest evidence comes from studies involving almost 34 000 patients in 19 trials around the world.

The pooled data indicate that patients taking long acting β agonists are 3.5 times more likely to die from asthma and 2.5 times more likely to be hospitalised than those taking a placebo.

The researchers stressed, however, that deaths from asthma were still relatively rare.

The controversial findings raise important questions about the treatment of asthma.

Martyn Partridge, chief medical adviser for the charity Asthma UK, said, "This is a situation where we must 'watch this space.' Reports of adverse effects are not new, and there was a statistically non-significant excess of deaths in patients on salmeterol in the original post-marketing surveillance study.

"For me the bottom line is [that] for those with more than very occasional asthma give low dose inhaled steroids. Only add a LABA [long acting β agonist] if asthma is not well controlled, and don't continue it if it does not benefit the patient."