In brief

Patient safety chiefs go on extended leave: Sue Osborn and Susan Williams, joint chief executives of the National Patient Safety Agency for England and Wales, are taking "extended leave." The agency was criticised by the parliamentary Public Accounts Committee early in July (*BMJ* 2006;333:59, 8 Jul).

Miscarriage drug doubles cancer risk: Women over the age of 40 whose mothers were given diethylstilbestrol to prevent miscarriage have almost twice the risk of breast cancer that other women their age have. The drug has long been implicated in the development of rare vaginal and cervical cancers in the daughters of women who took it while pregnant (*Cancer Epidemiology, Biomarkers & Prevention* 2006;15:1509-14).

Trusts' spending on different diseases varies widely: Primary care trusts in England spent a total of £7bn (€10.4bn; \$13.4bn) in 2004-5 on mental health services—twice as much as was spent on cancer care, a report from the health policy think tank the King's Fund shows. But the report points to "stark variations" in trusts' spending in specific disease areas, even after allowing for differences in the health needs of the local population. See www.kingsfund.org.uk/resources/briefings.

Specialists accept drug companies' gifts: A survey of Australian specialists published in the *Internal Medicine Journal* has found that nearly all were offered, and accepted, gifts of food and office items from drug companies. Of the 823 respondents 15% asked for gifts from drug companies (doi: 10.1111/j.1445-5994.2006.01151.x).

Second human case of bird flu in Thailand: The World Health Organization has confirmed Thailand's second human case in three weeks of H5N1 bird flu, in a 27 year old man in a central province. Indonesian authorities have confirmed the country's 43rd death from bird flu, making it the country hardest hit by the disease. Vietnam has had 42 deaths.

Pathology services are to be overhauled

Michael Day *London*

The government has announced a complete overhaul of England's pathology services.

The move was prompted by last week's publication of a report of a review of pathology services chaired by Patrick Carter, a Labour member of the House of Lords. It concluded that pathology services were "fragmented and inefficient." Lord Carter called for better transportation of

samples and greater efficiency in notifying patients of results.

To achieve this, his report says, much better computer links between doctors and pathologists are needed, and pathology laboratories need to be freestanding organisations akin to NHS trusts.

The health minister Norman Warner said that the report's key recommendations would be piloted in 12 hospitals around the country from January next year. Lord Warner said: "We need to look for substantial efficiency gains through new ways of working that can be fully implemented in 2008-9. I am looking for at least a 10% gain."

The Royal College of Pathologists backed the report's recom-

mendations. It said, "If we don't modernise pathology—for example, cervical smears, blood tests, biopsies for cancer, diabetes testing—as this report says then patients in the United Kingdom won't benefit from the same standard of diagnosis that other countries in Europe and the West offer. This means that doctors will find out what's wrong with patients later and less accurately."

Lord Warner also raised the possibility of greater involvement of the private sector in pathology services. He told the Government News Network (www.gnn.gov.uk), which provides communications expertise to the civil service and government, that plans to reform pathology services included "bringing in new providers of pathology services, especially in regard to routine tests."

This proposal brought a less enthusiastic response from the college, which said that Lord Warner was clearly going further than Lord Carter's recommendations. "The report is very cautious about privatisation. The Royal College of Pathologists welcomes that caution," said the college's vice president, Peter Furness, professor of renal pathology at Leicester University. □

Review of NHS Pathology Services in England is at www.dh.gov.uk.

MARK THOMAS/SP/L

A candidate for privatisation?

Stroke services could do better

Paul Dinsdale *London*

Patients with stroke in England, Wales, and Northern Ireland are still receiving substandard care, despite a large increase in the number of hospitals with a specialist stroke unit, says a major audit of stroke services.

The 2006 national sentinel organisational audit for stroke found that patients with stroke are not being taken to hospital quickly enough and that only 12% of trusts have specific arrangements in place with their local ambulance service for emergency transfer of stroke patients to hospital.

A tenth of patients with stroke are eligible for thrombolytic treatment, but only 0.1%—218 patients over the last year—are receiving it, which is "a tiny proportion of those who might benefit," says the report.

The audit was carried out on

behalf of the Intercollegiate Stroke Group—which is based at the Royal College of Physicians—by the college's clinical effectiveness and evaluation unit and was funded by the Healthcare Commission. It assesses the facilities in place to treat patients with stroke and is carried out in alternate years.

The audit found that the number of hospitals with a stroke unit specialising in rehabilitation has increased—up to 91% from 79% in 2004—but that only 50% of hospitals have an acute stroke unit for emergency patients (an increase from 34% in 2004).

It also found that specialist community facilities for patients with stroke have not developed as fast as services in hospitals. The audit says that patients often feel "abandoned" when they

leave hospital, as there are not enough specialist community stroke teams to support them.

It says evidence shows that early supported discharge helps patients recover more quickly and is cost effective but that only one in five trusts provides the service.

The audit group says: "The concern remains that patients who are not admitted to a stroke unit are receiving second rate care. The time has come to start addressing the problem that similar services in the community have failed to develop in parallel."

In terms of managing stroke as a medical emergency, the audit group says that the NHS has been very slow to introduce thrombolysis services for stroke, with only 40 trusts (18%) saying that they offer a service and only 30 used thrombolysis treatment during the last year. □

National Sentinel Stroke Audit: Phase 1 Organisational Audit 2006 is available at www.rcplondon.ac.uk.