College proposes better deal for acute medical patients

Lynn Eaton *London*

The Royal College of Physicians has set out a new blueprint for providing acute care in the NHS in what it calls "one of the most important" reports it has produced in recent years.

The college believes its proposals will dramatically improve the quality and safety of people who are acutely ill, because it will ensure that those patients have the undivided attention of specialist acute care teams, rather than specialists in other types of care who are doing shifts on the acute ward on a rotation.

It recommends there should be at least three consultants with primary responsibility for acute medicine in each acute hospital, and more in larger hospitals, by 2008.

It also argues that a doctor with skills in acute medicine,

usually a specialist registrar, should be present at all times in all units receiving medical emergencies.

All trusts admitting acutely ill medical patients should have a dedicated area (to be called an acute medical unit) where they can be managed, it states.

The college's president, Professor Carol Black, said; "I believe this to be one of the most important reports the college has produced in recent years. The college has taken a lead role in addressing the question of how best to provide acute medical care in hospital, and this report sets out the future direction for training, staffing, and service organisation aimed at better delivering healthcare."

Professor Ian Gilmore, the college registrar, added: "For too

long, patients with acute medical problems have had a raw deal when admitted to hospital."

Some hospitals already have a specialist acute medicine team headed by a consultant, but a college spokesperson said that this is not yet widespread in the NHS.

Only about 100 consultant physicians currently work in acute medicine, either solely in this field or combined with another specialty. Most acute medicine done at consultant level is by consultants trained in another medical specialty, the report states. In hospitals without a specialist acute team, consultants from other specialities have to do "shifts" on the acute ward on a rotational basis.

The college calls for changes in medical training to ensure that appropriately trained con-

sultants become available for these new roles.

It condemns the policy of managing acutely ill medical patients on non-medical wards, describing it as "unacceptable" and a "cause of major concern."

Among the report's other recommendations, the college calls for a review of each new patient by a consultant physician within 24 hours of admission; the appointment of a national director of acute medicine by the Department of Health; and dedicated time in the undergraduate curriculum for acute medicine. □

Acute Medicine: Making it Work for Patients is available from the Royal College of Physicians' publications department, price £9. A summary is available on www.rcplondon.ac.uk

Companies offer surgeons incentives to use their prostheses

Zosia Kmietowicz *London*

Half of all hip replacement operations are done by surgeons who do fewer than one such procedure a week, often with prostheses without a proved track record, says a parliamentary report.

Over 43 000 hip replacement operations are done in England every year. But with no list of which devices of the 64 available are approved, and with little monitoring of the results of different surgeons, patients may not be getting the best service, says the Public Accounts Committee.

It reports that despite guidance by the National Institute for Clinical Excellence in April 2000 on standards for hip prostheses to be used in the NHS, the Purchasing and Supply Agency has still not drawn up

a list of devices that meet these criteria.

Although many surgeons are following the standards, 11% of consultants still use prostheses for which there is no published evidence of their effectiveness, says the committee.

Another worrying aspect of hip surgery is the fact that, owing to incentives from manufacturers, nearly half of all hospitals are using prostheses they would otherwise not purchase, says a report. In addition, 10% of consultants have accepted incentives from manufacturers of hip prosthesis, and in two thirds of cases the offers, usually of travel and training, are not properly recorded or appropriately approved.

The report also warns that the future of the National Joint Registry, set up in April 2003 to monitor the performance of joint implants, may be in jeopardy.

After six months the registry has records on only half the hip and knee replacements done in the NHS, but it needs information from nearly all consultants and trusts to be of value. If

compliance with the registry does not improve, the registry will be unable to answer how the volume of a surgeon's work affects clinical outcomes in patients, says the report. □

Hip Replacements: An Update can be seen at www.parliament.uk/parliamentary_committees/committee_of_public_accounts.cfm

No list of approved hip prostheses exists