UK Health Commission downgrades four foundation trusts

Zosia Kmietowicz *London*

Four foundation hospital trusts have been graded down to two stars in this year's round of annual performance indicators from the healthcare watchdog, throwing into question their future as independent operators.

Peterborough Hospitals NHS Trust, Addenbrooke's NHS Trust, Moorfields Eye Hospital NHS Trust, and Papworth Hospital NHS Trust could face being stripped of their foundation status if they fail to satisfy demands from the independent regulator of NHS foundation trusts to explain the reasons for their demotion by 3 August.

Three of the four trusts failed to achieve three stars, the standard required to opt for foundation status, on grounds of financial management. If they are found to be in breach of the terms of authorisation set by the regulator, action could be taken against them, said a spokesperson for the regulator.

Overall the star ratings for 2003-4 show that the NHS is improving in most areas. Acute and specialist trusts, which have been rated for the fourth year in

a row and longer than any other organisation, performed particularly well. Nearly half (43%) achieved three stars and 78% achieved two or three stars, even though targets, such as waiting times, have become tougher.

Anna Walker, chief executive of the Healthcare Commission, which published the star ratings for the first time this year, said: "There is clearly an improving NHS. There are tougher targets and these are being reached by more trusts, which shows that this system can help drive improvement."

Primary care trusts have also been improving in general. Three quarters of them now boast two or three stars, compared with less than two thirds last year. But primary care trusts in London continue to perform badly compared with those in the rest of the country. Only 39% have three or two stars, compared with 86% of such trusts in northern England. And no London primary care trust has been awarded three stars.

Ms Walker explained that a number of complex factors have contributed to London's poor

performance: "London has to deal with a mobile and mixed population which, combined with issues such as MMR [measles, mumps and rubella] vaccination and smoking cessation targets, have led to a cause for concern." The commission will be looking more closely into the reasons why primary care trusts in the capital have underachieved to work out ways of improving their performance, she added.

Mental health trusts too failed to show the same level of improvement as some other

organisations. More than a third still have one star or less, and only 15 out of 83 trusts were awarded the maximum three stars.

Professor Ian Kennedy, chairman of the commission, said: "The information which the NHS collects about the care of people who use mental health services is simply not good enough. It must be improved to ensure the better care of patients." □

The full star ratings can be seen at http://ratings.healthcarecommission.org.uk/indicators_2004/

Professor Ian Kennedy said the information collected about mental health services was "not good enough"

Blair pledges £150m to support and protect AIDS orphans

Deborah Cohen *BMJ*

The UK government has promised to respond to the needs of orphans, children, and women made vulnerable by HIV and AIDS at the launch this week of the UK's new strategy for tackling HIV and AIDS in the developing world.

The strategy provides a framework for how the UK government will spend the £1.5bn (\$2.8bn; €2.2bn) funding for AIDS over the next three years announced by Gordon Brown in

last week's government spending review.

Speaking at a breakfast meeting at 10 Downing Street attended by women and children with AIDS, Tony Blair said: "We have placed a special focus on the needs of women, young people, and orphans in this strategy. These are the people most vulnerable to AIDS in the developing world and I am glad to announce at least £150 million towards international efforts to

support and protect orphans."

Money has also been earmarked for the Global Fund to Fight AIDS, Tuberculosis and Malaria; UNAIDS; and the United Nations Population Fund, but not all the money has been assigned and investment will be made "in those programmes which make the biggest difference."

The government reiterated its support for comprehensive HIV programmes that include increasing access to sexual and reproductive health services and information as set out in a new position paper on sexual and reproductive health and rights.

Focusing on the world's 40 poorest countries, the strategy

pledges to provide money and advice to support developing country governments and other partners to develop and deliver programmes that prevent, treat, and mitigate the impact of AIDS; prioritise the needs of marginalised groups; and address the broader causes and effects of HIV and AIDS.

The strategy also highlights support for research into microbicides, treatment, and the economic impact of AIDS. (See p 192.) □

Taking Action: the UK's Strategy for Tackling HIV and AIDS in the Developing World is at www.dfid.gov.uk/Pubs/files/HIVAIDS-takingaction.pdf