NHS doctors can work in independent treatment centres, UK health minister announces

Zosia Kmietowicz *Manchester*

NHS doctors will be allowed to work in independent treatment centres once they have fulfilled their contractual obligations to the NHS. Patricia Hewitt, the UK secretary of state for health, made the announcement at the annual conference of the BMA in Manchester this week.

In addition, doctors in specialties without shortages who want to work full time for independent treatment centres will be allowed to leave the NHS and take up their new post without having to wait six months. Until now, this practice has been banned to safeguard staffing levels in the NHS. The "six month rule" will be retained for doctors in specialties with a shortage, such as radiology, however.

The change in regulations on treatment centres means that doctors will be able to work in them after they have offered the first four hours of additional work to the NHS and have approval from their NHS employer.

The change in policy was welcomed by Paul Miller, chairman of the BMA's consultants committee, who believes that it will help to improve the care offered by independent treatment centres. "It doesn't make sense to fly in doctors from around the globe for a fortnight when NHS doctors, who understand the system, are able to work. Allowing NHS doctors to work in treatment centres is a win for both doctors and patients. It creates another earning stream for doctors, and having NHS consultants in there will raise the standards of care," he said.

Representatives greeted the announcement with polite murmurs despite many having been critical of treatment centres and seen them as a threat to local NHS services in the past. Dr Miller admitted that creating treatment centres was not the BMA's favoured means of increasing capacity in the NHS

Patricia Hewitt, the UK secretary of state for health, addresses the BMA annual conference

but acknowledged that the government had chosen to pursue this route. It may have been more appropriate to treat more patients in existing NHS facilities using NHS doctors and paying them for their extra time, he said.

Ms Hewitt renewed the government's commitment to stand by targets set on treatment times in emergency departments and in other specialties, such as

orthopaedics. Jennie Blackwell, a doctor from northwest England and a member of the Junior Doctors Committee, pleaded for the secretary of state to reduce the target to treat 98% of patients within four hours of arriving in the emergency department.

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Doctors to consider scrubs to reduce infection

Zosia Kmietowicz *Manchester*

Doctors' representatives have criticised the government for failing to act sufficiently swiftly to control the rise of hospital acquired infections in the United Kingdom. They called for new resources to tackle factors that they saw as contributing to the problem—in particular, high bed occupancy and the contracting-out of hospital cleaning services.

Representatives at the annual meeting of the BMA in Manchester this week also called for controls to be set for visitors to hospitals to help stem the spread of infections. They also agreed to consider the introduction of scrubs for all healthcare professionals and students

working in hospitals.

Geoffrey Lewis, a member of BMA Council who proposed the motion on cleanliness in hospitals, told the conference that despite the government's pledge to halve the number of cases methicillin resistant *Staphylococcus aureus* (MRSA) in the next three years, the problem of hospital acquired infections was getting worse.

The incidence of MRSA in England and Wales has risen by 600% in the past 10 years, he told representatives. In 2003, there were 7647 cases of MRSA in England and Wales, a rise of 4% on the previous year, and 955 deaths. This compared with 481 deaths in 1999. Dr Lewis added that the UK had two of the most virulent strains of MRSA in existence.

He said that a second year medical student in the Midlands had recently reported that patients in the area were scared to go to hospital because they were concerned of what they could catch there.

BMA condemns competition and payment by results in NHS

Annabel Ferriman *BMJ*

The competitive market in the NHS and the policy of "payment by results" were both condemned by representatives at the BMA's annual meeting in Manchester this week. George Rae, a BMA Council member, said that the government seemed to be "obsessed with the private sector." Payment by results, whereby hospitals are paid for operations according to a set national tariff, could only work if all parties, both public and private, were treated equally, he said.

"There must be no preferential treatment for the private sector. We must not have a competitive market that works against the NHS," Dr Rae asked

the government not to dilute or fragment the health service and not to engage in superficially attractive policies with potentially damaging results.

Jacky Davis, a consultant radiologist in London and a member of the BMA's consultants committee, pointed out that this government had once described the internal market as a cancer, but now favoured having a rigged market, in which independent treatment centres were given a guaranteed income.

The meeting unanimously passed a motion that said that "more emphasis should be placed on collaboration as opposed to competition," and that the new competitive market must not prejudice the NHS through any guaranteed flow of income to the private sector. But it threw out a proposal that the BMA should join with other unions to campaign for the restoration of public and planned provision of the NHS as the only way to maintain a universal equitable healthcare system.