Strategy launched to boost research in the NHS in England

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Strategy launched to boost research in England

The UK government has introduced a new research strategy, designed to make it easier to carry out research in the NHS in England, with a series of proposals published this week. The proposals aim to establish the NHS as an internationally recognised centre of research excellence, with a commitment to spend more than £650m ($1150m; £950m) a year on high quality patient based research and development.

“The aim is to enable the NHS to become an organisation that supports outstanding individuals (both leaders and collaborators), working in world-class facilities (both NHS and university), conducting leading-edge research,” the document says.

The strategy’s recommendations are designed to solve the problems faced by researchers working in the NHS, including bureaucratic blocks to clinical research, allocation of research funding on a historical basis, barriers to the collection and use of patients’ data, and lack of career paths for clinical academics.

The recommendations also aim to help the NHS in England become a world leader in doing clinical research in partnership with, and for, industry. (See p 247).

Susan Mayor London

The proposals, Best Research For Best Health: A New National Health Research Strategy, are available at www.dh.gov.uk/researchstrategy.

Three quarters of indebted trusts are cutting staff

Just over three quarters of the NHS trusts that have acute financial problems have reduced their staff to try to balance the financial problems have reduced their staff to try to balance the financial problems. Doctors’ representatives are worried that care of patients is suffering and good working relationships with managers could be damaged.

The survey included responses from 35 chief executives out of the 63 trusts that are under government scrutiny because of their financial troubles. Of the respondents, 29 (82%) had imposed a vacancy freeze, 27 (78%) said that they had made staff reductions as a short term measure, 18 (52%) had temporarily closed wards, and 13 (38%) had cancelled services or restricted eligibility for services.

The Department of Health announced last week that after visits to the 63 trusts by accountability firm KPMG for preliminary assessment, it was going to send in “turnaround teams” of financial specialists to 18 trusts that needed urgent help. The government is worried about the estimated £620m ($111m; £910m) deficit that the NHS in England is expected to have by the end of the current financial year.

Clare Dyer legal correspondent, BMJ

NICE calls for wider use of statins

Treatment with statins should be considered in patients with clinical evidence of cardiovascular disease and in people with a 20% or greater risk of developing the disease within 10 years. This was the recommendation of the March of Dimes, a US voluntary health group.

About 60% of babies with serious birth defects were born in poor countries, 34% in middle income countries, and 6% in rich countries. John Zarocostas Geneva

The Global Report on Birth Defects is available at www.marchofdimes.com

Serious birth defects kill at least three million children a year

An estimated 3.3 million children under the age of 5 die each year from serious birth defects, a worldwide report says. But more effective interventions and the use of medical genetic services, especially in poorer countries, could reduce mortality and disability by up to 70%.

“Health policymakers have not been aware of the immense global toll of birth defects, including the true extent of death and disability,” concludes the Global Report on Birth Defects.

The study examined birth defects in 193 countries and estimated that overall 7.9 million children are born with a serious birth defect of genetic or partially genetic origin—that is, 6% of total births a year worldwide. The study was prepared for the March of Dimes, a US voluntary health group.

About 60% of babies with serious birth defects were born in poor countries, 34% in middle income countries, and 6% in rich countries.

Adrian O'Dowd London

Police question former GP about assisted suicide

A former GP and campaigner for voluntary euthanasia was questioned by police this week about his role in the assisted suicide of a widow from Scotland at the Dignitas clinic in Zurich.

Surrey police quizzed Michael Irwin about accompanying May Murphy, aged 75, on a flight from Glasgow to Amsterdam and on to Zurich last August. He disclosed that he had travelled with her and was in the room when she took a fatal dose of barbiturates.

Dr Irwin, aged 74, from Cranleigh in Surrey, was struck off by the General Medical Council last year for obtaining prescription drugs in his own name to try to help a terminally ill friend on the Isle of Man commit suicide. The drugs were never used because the friend had lost the ability to swallow by the time Dr Irwin arrived at his home (BMJ 2005;331:717).

Dr Irwin is a former medical director of the United Nations in New York and is a long time campaigner for voluntary euthanasia and assisted suicide. The Crown Prosecution Service is considering whether to prosecute him after an earlier admission that he helped or advised five people considering a trip to Dignitas. Mrs Murphy was the first person whom he had accompanied to the clinic.

Clare Dyer legal correspondent, BMJ

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Treatment with statins should be considered in patients with clinical evidence of cardiovascular disease and in people with a 20% or greater risk of developing the disease within 10 years. This was the recommendation of the National Institute for Health and Clinical Excellence (NICE), recommended the use of statins in patients with a 30% risk and in people who already had symptoms of the disease. Lowering the risk threshold for statins will more than double the number of people who can be prescribed the drugs on the NHS, from the current two million in England and Wales.

The guidance recommended that treatment should usually be started with a low cost statin drug, taking into account the required daily dose and product price per dose. NICE estimated that the net cost to the NHS of increasing provision of the drugs would be about £8.5m ($15m; €12m) a year.

Susan Mayor London

NICE guidance on statins is available at www.nice.org.uk.