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GMC says doctors can give medical notes to patients who want to end their lives

Nearly 2000 amendments are not enough to tackle the problems underlying the health bill, says BMA

Zosia Kmietowicz LONDON

The BMA has said that the government needs to go back to the drawing board with its plans for the NHS if care of patients and efficiency are to improve.

Last week the Department of Health announced a further 137 amendments to the Health and Social Care Bill in addition to the 1800 already tabled (*BMJ* 2012;344:e859). But these have done little to tackle the problems underlying the bill, which remains fundamentally flawed and should be withdrawn, says the BMA in a briefing paper to peers ahead of the report stage in the House of Lords, which starts on 8 February.

Nearly all *BMJ* readers who responded to an online poll last week—92% (2710 of 2950)—agreed that the bill should now be withdrawn.

Writing in the *Observer* on 5 February the Labour leader Ed Miliband called for the professions, patients, and peers to work together over the next three months to kill off the bill and “prevent great harm being done to the NHS.” The bill “was a dangerous leap in the dark” that was a “misguided attempt to impose a free market free-for-all” on the NHS, he said.



ANNE KATRIN PIJKISS/REX



Lord Owen and Baroness Williams will be among those leading the debate on the bill on its return to the House of Lords

Medical professionals can see “how this managed reorganisation is already causing chaos that damages patient care,” he added. “That is why the people who know the NHS best like this bill the least.” It was not too late to stop the bill, said Mr Miliband.

In a statement on the eve of the bill returning to the Lords the crossbench peer David Owen said, “The prize for forgoing the Health and Social Care Bill is potentially immense. A relieved workforce, a uniting of the health professions, an accompanying readiness to adopt a

reform programme within existing legislation at a faster pace than ever before. These are major advantages worth far more than temporary political embarrassment. An NHS that is all working together can and will adopt a positive reform programme. There is no appetite within the health professions for the status quo. What they all want is coherent evidence based reform.”

Hamish Meldrum, chairman of council of the BMA, said that although some amendments have improved some parts of the bill, the legislation remains over-reliant on market forces, with excessive control over commissioning groups

and poor plans for incentives for commissioning. Proposals to give hospitals more scope to generate income from private patients also pose serious risks, he added.

“The bodies representing the majority of clinical staff in the NHS are all in agreement, and the decision to come out against the reforms was not one that any of us took lightly. The Lords must listen to the serious concerns being voiced by the profession before it is too late,” said Dr Meldrum. **The BMA’s briefing paper is at <http://bit.ly/yOF0GB>.**

Cite this as: BMJ 2012;344:e935

CCGs and councils must have single process for buying services for older people

Adrian O’Dowd LONDON

GPs should play a part in helping to coordinate better services for older people and to tackle a currently “fragmented” and inadequate system of social care, say MPs.

A critical report by the parliamentary select committee on health after its inquiry into social care said that care for older and vulnerable people was still flawed by fragmented efforts between the NHS and local authorities, despite repeated calls for better joint working.

The report, published on 8 February, said that the solution was to ensure joined-up working, which would also allow the NHS to deliver the efficiency savings expected of it. The MPs called for every area of the country to have a single commissioner who would bring together the different pots of money that are spent on help and support for older people, including NHS care, social care, and social housing.

Under the NHS reforms currently going through parliament, the new

GP led clinical commissioning groups and local councils should have a duty, said the MPs, to create a single commissioning process. The single commissioner could decide how the collected resources should be used to improve outcomes for older people and would have responsibility for a single outcomes framework for older people’s health, care, and housing.

The government should adopt this model nationally, says the report, so that it coordinates policy and regularly rebalances spending across

health, housing, and care services, underpinned by the single outcomes framework, which would replace the three overlapping frameworks that currently exist: adult social care, NHS outcomes, and public health.

There was also a need to ensure that GPs identified much earlier the needs of carers who provide essential care to elderly and vulnerable people. ***Social Care: Fourteenth Report of Session 2012-12* is at www.parliament.uk/business/committees.**

Cite this as: BMJ 2012;344:e932

Susceptibility to depression of people with long term illness is not recognised, report says

Nigel Hawkes LONDON

A failure to recognise that people with long term conditions are often also depressed and anxious makes for poorer outcomes and substantially increases the cost of caring for them, say the healthcare think tank the King's Fund and the independent Centre for Mental Health in a new report.

People with diabetes, heart disease, arthritis, and chronic obstructive pulmonary disease have a much greater chance of also having mental health problems that worsen their prognosis. Yet the "silo based care" offered by the NHS means that these mental health problems often go untreated or even unrecognised, the report says.

The results are damaging and expensive, it

says. For example, depression increases mortality after a heart attack by a factor of 3.5, and patients with chronic obstructive pulmonary disease spend twice as long in hospital if they have a mental health problem, shows research collected for the report. Overall, the evidence indicates that 30% of people with long term conditions also have a mental health problem—a total of 4.6 million people in England.

Research in the United Kingdom and abroad indicates that the cost of treating long term physical conditions is 45% to 75% higher if they are accompanied by a mental health condition. The Department of Health for England estimates that 70% of NHS costs relate to long term conditions, so the report calculates from these two proposi-

tions that between £8bn (€9.6bn; \$12.6bn) and £13bn a year of spending is attributable to the mental health comorbidity in this group. This is not the extra cost of mental health treatment but the increased demand on physical health treatments attributable to the comorbidity.

Opportunities exist to improve mental and physical health at the same time, the report suggests, but existing healthcare provision often fails to realise them. "A separation of mental and physical health is hardwired into institutional arrangements, payment systems and professional training curricula," the report says.

Long-Term Conditions and Mental Health is available at www.kingsfund.org.uk/mentalhealth.

Cite this as: *BMJ* 2012;344:e950

Training can help GPs provide a better death for patients, study shows

Ingrid Torjesen LONDON

GPs need better training to boost their confidence in talking about death to patients and to improve care at the end of life, says new research published by the coalition Dying Matters.

The coalition, set up by the National Council



A doctor talks to a patient in the DVD, *How Long Have I Got, Doc?*, which tackles issues of dying

for Palliative Care to reduce people's fear of dying by breaking down the taboo of talking about and preparing for death, has piloted a training package for GPs to build their confidence in talking about the issue.

Before undertaking the training 45% of 113 GPs said that they did not feel confident in talking to patients about death and dying, but after the four month programme 94% of the GPs said that they felt confident in talking to patients about where and how they wanted to be cared for at the end of life.

Dying Matters has launched a DVD, called *How Long Have I Got, Doc?*, which is based on real life scenarios of GPs talking to patients about the end of life and shows GPs how they can initiate these conversations. The coalition hopes to disseminate the DVD to GP trainers.

Steve Mowle, vice chairman of the Royal College of General Practitioners, which hosted the launch event, said, "We all know that having frank and caring conversations with our patients towards the end of their lives makes a huge difference. Good end of life care is all about planning, and you can't plan unless you have that conversation."

Mayur Lakhani, chairman of the National Council for Palliative Care and Dying Matters, said that the average GP had around 20 patients die every year. Currently only around a quarter of these deaths were being recognised and recorded by GPs as imminent, so the end of life needs of many patients were not being met.

How Long Have I Got, Doc? is available at www.dyingmatters.org.

Cite this as: *BMJ* 2012;344:e881

Southall plans to sue GMC for delays and denying him a fair trial

Clare Dyer BMJ

The child protection paediatrician David Southall plans to sue the General Medical Council for allegedly denying him a fair trial, he announced this week after the UK regulator threw out its only remaining case against him.

He claims that the GMC, which has brought three cases against him, breached article 6 of the European Convention on Human Rights, which

guarantees the right to a fair trial within a reasonable time by an independent and impartial tribunal.

The move comes after the GMC took a decision not to rehear its only remaining case against Dr Southall, a year and nine months after the Court of Appeal sent it back to the GMC with a strong hint that it should be dropped.

The GMC's decision to cancel the case, in which he was charged

with accusing a mother 14 years ago of murdering her son, brings to an end a long period that has seen him repeatedly investigated by the regulator.

Roger Green, the member of the GMC's investigation committee who decided that the case should be cancelled, concluded, "I do not believe that the evidence to unambiguously support the single factual allegation in dispute is

sufficient for the case to progress."

Dr Southall said, "This is a victory for abused children—past, present, and future. It is also a victory over an orchestrated and dangerous campaign which has waged war over 16 years against my work in trying to protect children from life threatening abuse. This vicious campaign continues and is frightening doctors who want to help protect children."

Cite this as: *BMJ* 2012;344:e954

Fall in suicides among mental health patients is linked to better services

Ingrid Torjesen LONDON

Suicides among vulnerable mental health patients have fallen in England and Wales as a result of mental health trusts implementing best practice recommendations, after the move to providing more care in the community, a study has found.

The study, published in the *Lancet* (doi:10.1016/S0140-6736(11)61712-1), assessed whether nine recommendations made by the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness more than a decade ago (*BMJ* 2001;322:633) had been implemented by 91 mental health trusts in England and Wales, and whether the recommendations had made any difference to the suicide rates of patients treated.

Suicide is the main cause of premature death in mental health patients, and this group has a 10-fold higher risk of suicide than the general population.

The researchers from the University of Manchester looked at suicide rates between 1997 and 2006 and found that trusts that had implemented between seven and nine of the inquiry's recommendations had lower rates than those that had taken up fewer than six. Trusts that had not implemented any of the recommendations saw little reduction in suicide rates, and a quarter of trusts were found to have implemented all nine.

Researcher Nav Kapur, professor of psychiatry and population health at the University of Manchester, said: "These are really important findings for suicide research and mental health services internationally. No other studies have been able to show what impact specific mental health service improvements have on suicide rates."

Cite this as: *BMJ* 2012;344:e831



Dr David Southall: "This is a victory for abused children—past, present and future"



MIKE GOLDWATER/ALAMY

Reduced staff and different skill mix may explain higher deaths among patients admitted at weekends

New evidence of worse outcomes for weekend patients reignites call for seven day hospitals

Jacqui Wise LONDON

Patients admitted to hospital at the weekend are significantly more likely to die within 30 days than those admitted during the week, concludes a study that has led to renewed calls for the NHS to provide true seven day access.

The comprehensive study, published in the *Journal of the Royal Society of Medicine*, analysed all 14.2 million admissions to NHS hospitals in England between April 2009 and March 2010, during which time there were 187 337 in-hospital deaths within 30 days of admission (doi:10.1258/jrsm.2012.120009). A supportive analysis found a total of 284 852 deaths within 30 days, whether in or out of hospital.

The study took into account diagnosis, comorbidities, admission history, age, sex, ethnicity, deprivation, seasonality, day of admission, and hospital trust.

For every 100 deaths within 30 days of patients admitted to hospital on a Wednesday, the study found that there would be 116 deaths of patients admitted on a Sunday. However, the study also found that the likelihood of patients dying in hospital is less at the weekend than during the week.

For every 100 deaths of patients in hospital on a Wednesday, 92 deaths would occur among similar patients already in hospital on a Sunday. The findings were consistent for emergency and for elective admissions. The authors also found that the findings were consistent with data from 254 academic and not for profit hospitals in the United States.

The study confirms previous reports concerning specific clinical conditions and a recent survey of outcomes published in Dr Foster's 2011 hospital guide (*BMJ* 2011;343:d7791).

The study's lead researcher, Domenico Pagano, of the quality and outcomes research unit of the University Hospitals Birmingham NHS Foundation Trust, said, "Previous reports, however, have not accounted for differences in patient characteristics associated with admissions on different days."

Professor Pagano said that a number of factors might be associated with the greater risk of death for patients admitted at weekends. Patients admitted during the weekend will include those patients who would otherwise, had they been less ill, have had their admissions postponed until a weekday. At the weekend there may be reduced or altered staffing and skill mix, with fewer senior staff to review cases and respond to emergencies. Another possibility is that a coding bias may affect weekend admissions, with less information on comorbidity being collected.

The study also showed a greater risk of death over the 30 days of follow-up among patients who were admitted electively at weekends than among similar patients admitted during the week.

Professor Pagano said, "This could be because patients [who are] planned to have higher risk elective procedures at the beginning of the week are admitted over the previous weekend. Consequently the risk profile of elective patients admitted at weekends may be different and possibly higher from those admitted during the week."

Responding to the new research, the Royal College of Physicians reissued its call for any hospital that admits acutely ill patients to have a consultant physician on site for at least 12 hours a day, seven days a week, who should have no other duties scheduled during this time.

Cite this as: *BMJ* 2012;344:e892

IN BRIEF

Trusts are given access to PFI bailout

fund: Seven hospital trusts in England with debts that are partly caused by private finance initiative repayments are to have access to a £1.5bn government bailout fund over the 25 year course of the contracts. Without the fund, services at the trusts—Barking, Havering and Redbridge; St Helens & Knowsley; South London; Peterborough and Stamford; North Cumbria; Dartford and Gravesham; and Maidstone and Tunbridge Wells—would be at risk, said the Department of Health.

Pfizer recalls a million packets of the pill in US:

The drug company Pfizer has voluntarily recalled a million packages of oral contraceptives that were distributed in the United States. The blister packs may contain pills with the wrong amount of active ingredient or with pills in the wrong position in the packaging to correlate with the ovulation cycle. Lawyers are already soliciting for cases of unwanted pregnancy and “damages.”

MDR-TB is at highest ever recorded: Some countries are finding multidrug resistant tuberculosis in more than 65% of patients who have been previously treated for tuberculosis, shows a World Health Organization study that used the latest global data (doi:10.2471/BLT.11.092585). Cases of multidrug resistant disease have been reported in 80 countries, in some instances in almost 30% of all newly diagnosed cases. High rates were reported in Belarus, Estonia, Russia, and Tajikistan.

AstraZeneca to shed over 7000 jobs: The drug company AstraZeneca is to cut a further 7300 jobs worldwide over the next two years as part of a restructuring programme. The company has 61 000 staff globally, 8000 of them in the United Kingdom. Research and development functions will be slimmed down in the programme. Pre-tax profits for the three months to the end of December 2011 were \$2.05bn (£1.3bn; €1.6bn), down from \$2.28bn in 2010.

Websites look at clinical trials in children:

Two new sections of the experiential health websites www.healthtalkonline.org and www.youthhealthtalk.org cover the issue of children taking part in clinical trials. The sites carry interviews with parents and children talking about how they found out about trials, why they decided to take part or, in some cases, to decline an invitation to participate, what information they needed and were given, and how they felt about the experience.

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Drivers in Wales are urged not to smoke in cars carrying children

Roger Dobson ABERGAVENNY

The Welsh Assembly has this week launched a campaign, “Fresh start Wales,” designed to protect children from the harmful effects of secondhand smoke.

The first minister of Wales, Carwyn Jones, says that the Welsh government will consider pursuing a ban on smoking in cars carrying children if exposure to secondhand smoke in cars does not start to fall within the next three years. A survey of health behaviour in schoolchildren indicated that around 20% of 11-16 year olds in Wales were exposed to cigarette smoke the last time they travelled in a car.

“Children are particularly at risk from secondhand smoke, especially in vehicles

where a confined space means there is no respite from the harm of the toxic chemicals in cigarettes,” said Tony Jewell, chief medical officer for Wales, who launched the campaign.

“Exposure to these chemicals puts children at risk from a range of conditions, including sudden infant death syndrome and asthma. There is robust evidence that the level of toxic chemicals is very high in cars, even with a window open.”

The campaign urges parents and others to pledge to keep their cars smoke free (www.freshstartwales.co.uk). The first phase of advertising will feature on local radio, billboards, buses, and bus shelters.

Mr Jones said, “If necessary we will not shy

Charity rates TV shows for junk food adverts

Melissa Sweet SYDNEY

An Australian cancer charity has launched an interactive online tool so that parents can identify which television shows have the most and least advertising of junk food.

Cancer Council NSW has also designed the Fat Free TV Guide (www.fatfreetv.com.au) as an advocacy tool, encouraging users to send emails or videos to television station executives.

The website says: “Pick a program and you’ll not only find out how many junk food ads are in popular TV shows, you’ll also see how much energy, saturated fat, sugar and sodium your kids would be getting if they ate one serve of everything they saw advertised in an average episode.”

It calculates that children watching the three unhealthiest programmes would be exposed to 26 advertisements of unhealthy foods and drinks over six hours of viewing.

If a child were to eat a serving of all the foods advertised during a single episode of a Saturday sporting match, they would consume seven times more saturated fat and four times more sugar than the recommended daily intake.

Clare Hughes, the council’s nutrition programme manager, who led the project, said that it used a nutrient profiling tool developed in



Shows that have the top junk food rating include AFL (Australian Football League) and The Simpsons

the United Kingdom to assess foods being advertised over a 14 week period.

A research paper describing how the tool was used to assess food advertisements is being prepared for publication, she told the *BMJ*.

The initiative comes amid longstanding calls by Australian public health groups for tighter regulation of the marketing of junk food to children.

Ms Hughes said that the guide showed the need for regulation of advertising to limit children’s exposure to junk food advertisements.

She said that the project was unusual in targeting the television industry, as public health campaigns usually focused on food manufacturers. Members of the public had already sent more than 100 emails to television executives, she said.

Jane Martin, senior policy adviser at the Obesity Policy Coalition of Australia, said that self regulation by the industry was failing to protect children from marketing of unhealthy food.

“Despite this and high public support for regulation of marketing on television, there’s been a distinct lack of will from the government to act,” she said.

The Parents’ Jury, an advocacy group funded by health groups, welcomed the initiative.

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away from considering legislation to further protect children from secondhand smoke. A ban on smoking in cars carrying children will be considered later in this five year term of government if smoking levels do not reduce as a result of the campaign.”

Wales, which was the first of the UK nations to vote in favour of a ban on smoking in public places, would be the first to ban it in cars. It is estimated that 23% of adults in Wales smoke.

An analysis by the Welsh Assembly found that a number of other countries or regions already have bans on smoking in cars. In Australia a smoking ban in cars carrying children under 16 will come into force in some states in May 2012.

Nine of Canada's 10 provinces have banned smoking in private vehicles. In Nova Scotia, the first Canadian province to ban smoking in cars carrying children, the proportion of children exposed to smoke after the ban fell from 29% to 13%.

Cite this as: *BMJ* 2012;344:e934



A survey has shown that a fifth of children aged 11 to 16 in Wales are exposed to smoke in cars

Imperial Tobacco fails to block ban on displays

Bryan Christie EDINBURGH

One of the world's biggest tobacco firms has lost its second legal challenge against legislation in Scotland designed to prevent young people from starting to smoke.

Imperial Tobacco has sought to overturn a ban on the open display of cigarettes in shops and their sale in vending machines. It argued that the Scottish parliament does not have the power to make such a change, as regulations on the sale of goods in Scotland are matters for Westminster.

That argument was rejected by the Scottish courts last year (*BMJ* 2011;342:d581), but Imperial Tobacco decided to appeal, which delayed the ban's implementation. That appeal has now been unanimously dismissed by three senior judges at the Court of Session in Edinburgh.

The judges accepted that Scotland had the power to pass legislation to protect the health of its citizens. Lord Hamilton, Scotland's senior judge who delivered the ruling, also said it was "not without significance" that Westminster has already made equivalent measures for England, Wales, and Northern Ireland.

No date has been set for the ban to be introduced in Scotland, as Imperial Tobacco has not ruled out taking a fresh appeal to the Supreme Court in London. A spokesman for the company said that it would need

to look at the judgment in detail before making a decision. "Clearly we're disappointed. We'll be reviewing the judgment with a view to appealing it," he said.

A separate legal challenge to the ban on cigarette vending machines in Scotland has been raised by Sinclair Collis, the UK's largest operator of vending machines, which is still before the courts.

The latest defeat for the tobacco companies was warmly welcomed by Scotland's public health minister, Michael Matheson, who said that implementation of the measures would play a "crucial role" in preventing youngsters from starting to smoke.

"Each year in Scotland 15 000 children and young people start smoking, and the potential impact on their health is frightening," he said. "A child who starts smoking at 15 or younger is three times more likely to die of cancer as a result than someone who starts smoking in their mid-20s."

Sheila Duffy, chief executive of the antismoking group ASH Scotland condemned Imperial Tobacco's action. "This was a typically cynical attempt to undermine our democratically elected Scottish parliament, years of accumulated research evidence, and the wellbeing of the Scottish people, purely to protect their own profits," she said.

Cite this as: *BMJ* 2012;344:e952



Children who smoke at 15 are three times more likely to die as a result than someone who starts in their 20s

"Golden Pill" award remains unfilled for the fourth year running



Zosia Kmiotowicz LONDON

The annual awards ceremony of the non-profit and fiercely independent French journal *Prescrire* in Paris at the end of January must have been a bit of a subdued and extremely short affair. No new drugs or new indications for established drugs reviewed in 2011 impressed the editorial team sufficiently to grab any of the top three categories.

The "Golden Pill" award for a major therapeutic advance remained unfilled for the fourth year running, and no drugs made it to the honours list for drugs that provide a clear advantage over existing treatments. But most surprising was that for the first time in the 31 year history of the awards no drugs were even considered noteworthy—defined as making a modest improvement to patient care.

In fact the *Prescrire* (english.prescrire.org) "awards" were more noteworthy for their condemnations than their endorsements. Only one product—mexiletine capsules—was highlighted in

the packaging awards. Many more were awarded yellow cards and red cards for their failings—for providing difficult to understand information, potentially fatal packaging, insufficient clarity about the dangers to unborn children, contradictory schedule instructions, paediatric medicines packaged in way that was unsuitable for children, and adult medicines without child proof safety caps.

And although eight companies were honoured in the information awards—Janssen-Cilag (outstanding) followed by Arrow Génériques, Chauvin, Kreussler Pharma, Mylan, Novex Pharma, Orphan Europe, Shire—10 were given red cards (Allergan, Bayer Schering, Biogen Idec, Boehringer Ingelheim, Bristol-Myers Squibb, Eisai, Ipsen Pharma, Menarini, Panpharma, Servier).

Prescrire is financed exclusively by individual readers' subscriptions and takes no advertising from drug companies.

The magazine concludes: "2011 was a dismal year for patients and healthcare professionals, given the dearth of new drugs providing real therapeutic advance.

"Inadequate marketing authorisation procedures and a failing system of incentives to stimulate therapeutic advance call for urgent action from health authorities."

A full list of Golden Pill winners and honours list drugs since 1981 is at <http://english.prescrire.org/Docu/Archive/docus/2011PrescrireAwards.pdf>.

Cite this as: *BMJ* 2012;344:e841





Heart patients arrive at the Punjab Institute of Cardiology in Lahore where more than 120 have died

120 patients die in Pakistan after taking contaminated drug

Sophie Arie LONDON

Authorities in Pakistan have temporarily closed a drug company thought to have produced contaminated drugs that killed more than 120 patients at a Lahore hospital over the past month.

The crisis has raised concern over the quality of low cost drugs and the effectiveness of the drug regulatory system in Pakistan.

A batch of the drug, Isotab (containing isosorbide mononitrate 20 mg), is thought to have caused the deaths at the state run Punjab Institute for Cardiology in Lahore, where it was given free of charge to patients with heart conditions. Tests have shown that the batch was contaminated with a heavy dose of the antimalarial pyrimethamine, which caused rapid depletion of white blood cells. Several hundred patients are still unwell after taking the drug.

Government investigators believe that more than nine million Isotab tablets were produced by a manufacturer called Efroze Chemical at its factory in Karachi. It is thought that a serious error in the manufacturing process led to the contamination.

The deaths have highlighted the weaknesses

of Pakistan's drug regulatory system at a time when Pakistan's health ministry has been dismantled and reforms have devolved responsibility for health services and systems from central government to the provinces.

"This should be a wake-up call," said Sania Nishtar, president of Heartfile, a health policy think tank in Pakistan. "There are only a handful of drug testing laboratories in the country, and most of them are non-functional," she said. "While the standard operating procedures for quality testing may have been articulated, the infrastructure to implement them doesn't exist."

Dr Nishtar warned that political struggles had already delayed the creation of an independent drug regulation authority, which was approved by the cabinet in 2005, and the devolution process had caused further delays.

At the same time, corruption has allowed as many as 600 drug manufacturers to operate in Punjab province without being officially registered, the Pakistan Medical Association says.

The drug is not thought to have been distributed outside Pakistan.

Cite this as: *BMJ* 2012;344:e951

Around 1000 women with private sector PIP implants seek NHS help

Adrian O'Dowd LONDON

Around 1000 women in the United Kingdom who had breast implantation procedures carried out privately using implants made by the discredited French manufacturer Poly Implant Prosthèse (PIP) have come to the NHS seeking help.

However, it is still unclear just how much the NHS will be asked to help in the cases of the almost 40 000 women in the UK who have PIP implants, said Bruce Keogh, medical director for the NHS in England, who is heading an ongoing inquiry into the issue.

PIP closed last year after it emerged that it had used non-medical grade silicone in its breast implants. The NHS in England has advised women with the implants not to have them removed automatically but to seek clinical advice. With the approval of their doctor they can have them removed by the NHS but will have new implants inserted only in NHS cases (*BMJ* 2012;344:e478, 17 Jan).

Professor Keogh gave evidence to the parliamentary health select committee on 7 February as part of an inquiry into PIP breast implants and regulation of cosmetic interventions.

For most women who had implants done privately, the NHS expected the private sector to match the NHS offer, he said.

MPs asked whether the NHS had the capacity to help women with PIP implants. Professor Keogh replied: "We don't have a clear view yet as to what the magnitude of that is, but so far about 1000 women have presented to the NHS... We will be offering them removal of their breast implants but will not be offering routine replacement unless there is a very significant clinical need for that."

Professor Keogh said that of the 12 major private providers in the UK who had given women PIP implants, seven had agreed to match the NHS offer, three were close to it, but two companies remained "some way away" from agreeing.

Cite this as: *BMJ* 2012;344:e972

Europe launches investigation into health risks of faulty breast implants

Rory Watson BRUSSELS

The European Commission has launched an in-depth scientific investigation into the potential risks to health of faulty breast implants. While preparing to update existing legislation, it will also examine with national authorities how surveillance of medical devices can be strengthened under the present rules.

The initiatives were taken after the Scientific Committee on Emerging and Newly Identified Health Risks concluded, in an opinion published on 2 February, that there were insufficient data to draw firm conclusions on the potential health risk to women with Poly Implant Prosthèse (PIP) silicone breast implants.

The committee, an independent advisory

body with expertise in plastic surgery, polymer science, and epidemiology, concluded there were insufficient data to suggest that women with PIP implants faced greater health risks than those using other implants. It ordered an investigation. See ec.europa.eu/health/scientific_committees/emerging/docs/scenih_r_o_034.pdf.

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