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NHS pays too much for branded drugs

Susan Mayor LONDON

The UK health services are overpaying by about £500m (€740m; $980m) a year for prescription drugs, says a government report published this week. This is because of the current system for pricing drugs in the United Kingdom, it says, and it calls for the pricing scheme to be changed to reflect the benefit of drugs to patients.

The report, from the Office of Fair Trading, a body that protects consumers' interests in the UK, found that many alternative products were available in the areas of greatest NHS expenditure, including drugs for raised cholesterol concentrations and high blood pressure.

Several drugs currently prescribed in large volumes were up to 10 times more expensive than alternatives that the researchers considered delivered very similar benefits to patients. They argue that hundreds of millions of pounds are spent on the more expensive products each year, restricting funds available for other drugs.

On the basis of its findings, which included a survey of 1000 GPs on their prescribing habits and a comparison with drug prices in 10 other countries, the Office of Fair Trading argued that the current drug pricing system, the pharmaceutical price regulation scheme, should be reformed, to deliver better value for money to the NHS and to focus business investment on drugs that have the greatest benefits for patients.

The report recommends changing to a patient focused, value based pricing scheme, in which the prices the NHS pays for drugs reflect the therapeutic benefits they bring to patients. It argues that this would enable the NHS to obtain greater value for money from its existing drug budget. The authors estimate that this would release in the region of £500m of expenditure that they say could be used more effectively.

The Pharmaceutical Price Regulation Scheme: An OFT market study can be found at www.oft.gov.uk.

Novartis pressured to drop patent case

Sally Hargreaves LONDON

The Swiss drug company Novartis is under growing pressure from all sides as its long awaited High Court case against the Indian government began last month in Chennai.

Novartis is challenging the government's refusal of a patent for the leukaemia treatment imatinib (Glivec) and also section 3(d) of the Indian Patent Act, which restricts drug patents to innovative drugs. The law was designed to make it easier for poor patients to get cheaper generic drugs. If Novartis succeeds in the case, it would signal the start of more stringent patent laws in India and an end to the current trend of lower prices.

"People living with HIV from Lesotho to Laos depend on India for generic equivalents of antiretrovirals," said Sarah Renn, from the US Student Global AIDS Campaign, which staged protests this week outside the Novartis offices in Cambridge, Massachusetts. "Novartis's court case in India could jeopardise sustainable access to medicines for countless numbers of poor people throughout the world."

Ellen t'Hoen, coordinator of the globalisation project of Médecins Sans Frontières' campaign for access to essential medicines, said, "The hearing has now started, and there has been a real increase in global mobilisation on this issue.

"Novartis was one of the 39 companies that took the South African government to court over five years ago in an effort to prevent the government from importing cheaper AIDS medicines. It feels like we're back in South Africa in 2001. I think Novartis is genuinely surprised at the strength of feeling. It will be very difficult for Novartis to maintain this challenge."

About 300 000 people from more than 150 countries have now signed the international petition against Novartis's actions organised by Médecins Sans Frontières.

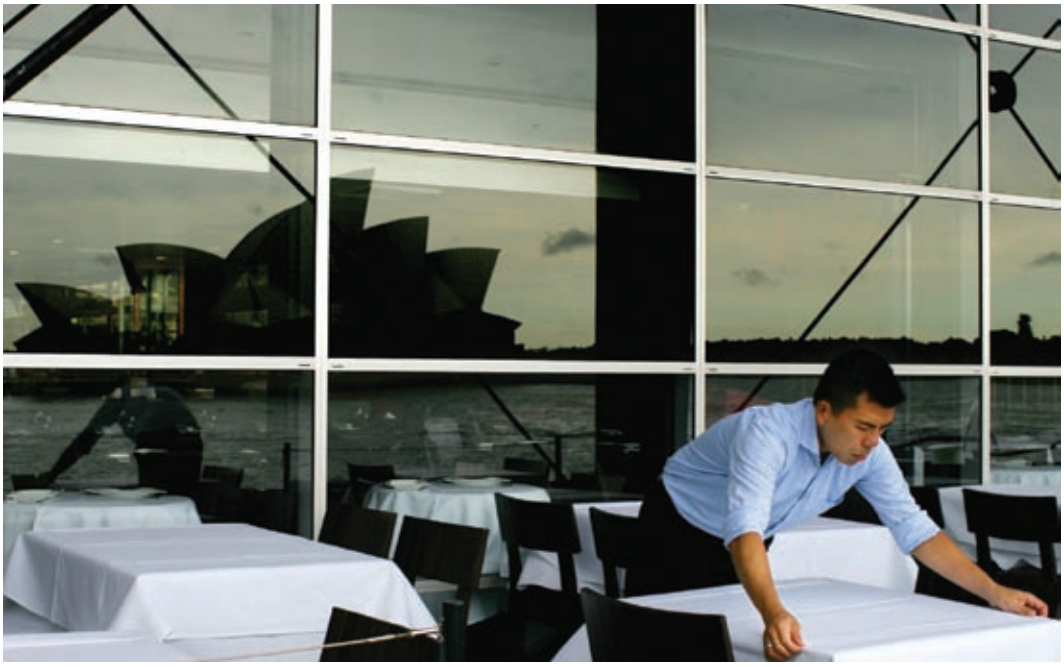
Most experts believe that India is not in breach of any international laws. The World Trade Organization's 2001 Doha agreement on trade related aspects of intellectual property rights (TRIPS) and public health incorporated a degree of flexibility to protect public health and promote access to drugs.

In a statement Novartis said that its legal challenge sought to make clear the status of India's laws regarding the protection of intellectual property and the granting of patents.

"Lost in this debate is that patents help patients by stimulating the long term research and development efforts needed to develop breakthrough therapies like Glivec," said Ranjit Shahani, of Novartis, India.

SAURABH DAS/AP/EMPICS

Protesters in New Delhi urge Novartis to withdraw its case against the Indian government



PAUL MILLER/AP/EMPICS

Roche fined over "extravagant" meals for doctors

Bob Burton CANBERRA

Roche has been fined $A75 000 (£30 200; €44 900; $59 100) for breaching provisions of the Australian drug industry's voluntary marketing code of conduct specifying that hospitality should be "simple and modest."

In July last year the *BMJ* (2006;333:169) and the *Australian* newspaper reported that Roche Products spent more than $A71 000 on three lavish conference dinners for about 330 doctors. Since then the Therapeutic Goods Administration, the Australian government drug regulator, lodged a complaint alleging that Roche may have breached six provisions of the code. Roche is a subsidiary of the Swiss based F Hoffmann-La Roche Group. The meals, associated with a two day long haematology and oncology symposium and another workshop in mid-2005, were provided at leading Sydney restaurants, like the one above.

Roche's drug rituximab (MabThera), which is used to treat non-Hodgkin's lymphoma, is the company's biggest earner and accounted for more than a 10th of the company's 42bn Swiss francs (£17.4bn; €26bn; $34bn) income in 2006.

The code of conduct committee, which is run by the main lobby group for the drug industry, Medicines Australia, and investigates code complaints, noted that there are "no financial limits on hospitality imposed in the Code," but nevertheless thought that the code had been breached.

A minority of committee members objected to the suggestion that meals with an average cost of $A215 per attendee were "excessive." However, most thought that the hospitality was "extravagant" and "brought the industry into disrepute."

The committee classified the breach of the code as "severe," which allowed it to impose a maximum fine of $A200 000. Instead it imposed a fine of $A75 000 on the basis that one moderating factor was "the high quality and substance of the education provided."

Mukesh Haikerwal, national president of the Australian Medical Association, the main doctors' group, believes the onus is on drug companies not doctors to ensure any hospitality complies with the code.

Peter Mansfield, from the drug marketing watchdog Healthy Skepticism, disagrees. He argues that research on the effect of hospitality on prescribing patterns shows that "the only way to prevent doctors spreading the bias infection is by refusing drug company meals."

In the year to 30 June 2006, the Australian government spent more than $A145 000 a day on rituximab.

A Roche spokeswoman, Libby Day, said that the company has reviewed its interpretation of the code.

The committee's report is available at www.medicinesaustralia.com.au/pages/images/Code%20of%20Conduct%20Annual%20Report%20Final%200906.pdf.

Government suffers defeat in the House of Lords over Mental

Clare Dyer BMJ

The government suffered three crushing defeats in the House of Lords this week over the controversial Mental Health Bill. The bill would allow people with severe personality disorders who had committed no crime to be detained if they were judged a threat to themselves or others.

As the *BMJ* went to press on Tuesday, ministers were considering whether to try to reverse the defeats inflicted by peers from all sides during the report stage of the bill.

In the biggest setback for ministers, peers voted by a 71 vote majority to ensure that patients can be detained for treatment only if it is likely to alleviate their condition or prevent it getting worse.

The bill simply requires that "appropriate medical treatment" be available for the patient.

The government offered a compromise amendment, defining the purpose of treatment as "to alleviate, or prevent a worsening of, the disorder or one or more of its symptoms or effects." But the Liberal Democrat peer Lord Carlile successfully pressed his amendment to a vote.

"It is quite wrong that there should be compulsory detention in a hospital where there is no therapeutic benefit," he said.

A second defeat came because of the definition of mental disorder in the bill. Peers voted by a majority of 88 to make specific exclusions for drug misuse; sexual identity or orientation; cultural, religious, or political beliefs; and disorderly conduct.

In a third defeat for the government, the lords voted by a majority of 39 to ensure that a doctor would take the final decision—rather than merely being consulted by a "clinician" who may not be medically qualified—on whether to renew a patient's detention.

Attorney General to scrutinise Southall's "special" files

Clare Dyer BMJ

The attorney general, Lord Goldsmith, is to review 4450 "special" files kept on patients and former patients by the paediatrician David Southall amid fears that he may not have disclosed all the material he had when he acted as a prosecution witness in criminal trials.

The review, which is expected to take six months, will also examine all the criminal trials in which Professor Southall acted as a witness for the prosecution in the past 10 years.

A hearing by the General Medical Council into charges that Professor Southall kept "what amounted to secret medical records" on four children ran out of time last December and has been adjourned until November this year.

The consultant paediatrician is thought to have created 4450 "special" files, not placed with hospital medical records, during his time at London's Royal Brompton Hospital and in his current post at North Staffordshire Royal Infirmary in Stoke-on-Trent.

The attorney general said in a statement to the House of Lords, "It is said that Professor Southall kept so-called 'special case' files containing original medical records relating to his patients that were not also kept on the child's proper hospital file.

"Concerns have been raised that in some of those cases criminal proceedings may have been taken but the existence of the files was not revealed, resulting in their not being disclosed as part of the prosecution process. I share those concerns.

"What is not clear at this stage is the nature and extent of the failure of disclosure, if such it be. I have therefore decided that I will conduct an assessment of the cases where Professor Southall was instructed as a prosecution witness to determine if any 'special case' files existed."

Doctors engaged as prosecution witnesses are obliged to reveal all their material to defence lawyers, including an index of any unused material. The attorney general's previous review of cases in which parents were convicted of killing their children has already identified a number of cases in which Professor Southall acted as a witness. That review was instigated by concerns about expert evidence after the convictions of Sally Clark and Angela Cannings for murdering their children were quashed.

"What is not clear at this stage is the nature and extent of the failure of disclosure, if such it be"

Professor Southall was found guilty of serious professional misconduct and barred from child protection work for three years in 2004 after accusing Sally Clark's husband Stephen of murdering one of their sons on the basis of watching a television interview with him.

In the current GMC hearing, the paediatrician is accused of tampering with medical records and keeping secret medical files and making them inaccessible to other people involved in the children's care. He also faces a new GMC case relating to his research into continuous negative extrathoracic pressure, an experimental system of neonatal ventilation. He denies serious professional misconduct.

Health Bill for England and Wales

Lord Carlile (left), Baroness Meacher and Earl Howe all supported amendments to the Bill

US campaign aims to end industry gifts and speaking fees

Janice Hopkins Tanne NEW YORK

A new campaign will urge US doctors, academic medical centres, medical societies, and other healthcare organisations to work together to end the conflicts of interests that result from ties to companies that make drugs and medical devices.

The campaign is funded by a two year, $6m (£3.1m; €4.6m) grant from the Pew Charitable Trusts. It will be organised by The Prescription Project, a new group working with Community Catalyst, a Boston healthcare advocacy group, and the Institute on Medicine as a Profession at Columbia University in New York (www.pewtrusts.com).

The campaign was sparked by an article last year in *JAMA* (2006;295:429-33), in which leading academics said, "More stringent regulation is necessary, including the elimination or modification of common practices related to small gifts, pharmaceutical samples, continuing medical education, funds for physician travel, speakers' bureaus, ghostwriting, and consulting and research contracts.

"We propose a policy under which academic medical centers would take the lead in eliminating the conflicts of interest that still characterize the relationship between physicians and the health care industry."

Robert Restuccia, executive director of The Prescription Project, said, "The prescribing practices of doctors are being influenced by billions of dollars in direct-to-physician marketing. When Americans visit their doctor and get a prescription, they should know he or she is relying only on the best medical information, not the latest marketing campaign."

The Prescription Project says that US residents received 3.6 billion prescriptions in 2005—about 12.3 a person. National spending on prescription drugs is growing at double the rate of other health services and is approaching $200bn a year. In 2004 consumers paid out of their own pockets for about a quarter of prescribed drugs. Cost effective, evidence based prescribing would benefit many.

The project says it will "document the scope of the problem [industry influence] and its impact on healthcare quality and cost, and collaborate with medical organizations to improve prescribing."

ANDREW FOX/ALAMY

Prison improves health of female users of illegal drugs

Anne Griffin BMJ

The health of female prisoners who are drug users tends to improve during their time in prison, a study from Oxford University funded by the King's Fund has found.

Three quarters of the 505 women studied by researchers from Oxford's public health department had used illegal drugs in the six months before imprisonment. After one and three months' imprisonment, drug users' health had improved, but it remained worse than in the general population.

"The most striking finding was just how poor the women's health was on arrival," said Emma Plugge, lead author of the study and senior research scientist. "In the case of drug users, [their health was] significantly worse than that of women in … the general population with the poorest health.

"Women described the way in which acquiring drugs and maintaining their addiction had taken precedence in their lives to the detriment of almost everything else, including their health," said Dr Plugge. "These women led such chaotic lives outside prison that prison life was a respite. Their health improved as a result."

The study used questionnaires to find out about the women's subjective sense of their own health, as well as about diet, alcohol consumption, and drug use. "Regular meals, consistent shelter and protection from violence by a partner or street violence were all things which many of these women were not getting in the outside world," said Dr Plugge.

For the study population, some health behaviours had improved in prison: the proportion of smokers remained the same, but the amount smoked decreased; alcohol consumption and drug use decreased; and fewer women were exchanging sex for goods or money.

Twenty seven per cent of women had been paid in money, goods, or drugs for sex at some time before entering prison. After the first month of imprisonment, some women continued to exchange sex for money, goods, or drugs; four women said they had been paid for sex in the past month, and one woman said she had paid for sex.

After three months, women were more likely to be taking drugs for depression or high blood pressure, indicating that health consultations in prison tackle unmet needs. Exercise and diet, however, did not improve, and rates of self harm did not change significantly.

For all the women in the study, poor mental health, mainly depression and anxiety, was a common and significant feature of descriptions of health status. Without drug use and mental illness, the researchers noted, some of the women may not have ended up in prison in the first place: "For many of these women, their prior health status was directly linked to their offending. There was theft to finance chronic addiction and offences directly linked to mental health problems."

The overall health of women who were not drug users stayed roughly the same during their time in prison. But these women said that they felt their health had declined because of poor hygiene, poor diet and other factors.

The report, *The Health of Women in Prison: Study Findings*, is available at www.publichealth.ox.ac.uk/units/prison.

German project for drug addicts not extended despite good results

Annette Tuffs HEIDELBERG

A controversial German project to treat drug addicts, in which severely dependent addicts receive twice daily injections of diamorphine, is not going to be extended beyond the seven centres in which it now operates, it was announced last week.

The programme, which treats about 300 addicts, has aroused strong opposition from the ranks of the conservative Christian Democrat party, which forms part of Germany's coalition government.

The project started as a controlled trial in 2002, comparing the use of diamorphine and methadone in two groups of drug users, a total of 1120 altogether. The trial ended in June 2006, and the results indicated that the use of diamorphine was more effective in improving the health and lifestyle of addicts than the use of methadone (*Current Opinion in Psychiatry* 2006;19:631-6).

Opponents of the trial claimed that it made the state a drug dealer and that the €30m (£20m; $39m) spent on the project could have been better spent on preventive measures.

The aim was to treat persistent heroin addicts for whom other treatments had failed and to help them build a relatively normal life.

The addicts had to be at least 23 years old, using intravenous drugs, and addicted to heroin for at least five years.

Results showed that the addicts given heroin fared better than those given methadone. "Those taking heroin did not drop out as much as the methadone group. They had much less illicit drug use of street heroin and cocaine and better health records," said Christian Haasen, from the Hamburg University Hospital Addiction Centre, who is in charge of the study.

See www.heroinstudie.de for more information, which is also in English.

Tough measures are needed to tackle doping in sport, say MPs

Zosia Kmietowicz LONDON

MPs have called for an independent agency to be established to toughen the United Kingdom's stance on doping in sport and to set a good example to play "clean" for the 2012 Olympic Games.

In a report the House of Commons Science and Technology Committee says that more needs to be done on every level to combat the use of illegal substances by athletes. School children need to be taught about the risks of doping, and athletes and their attending coaches and doctors need more comprehensive education about which substances are banned and why they appear on the prohibited list, it says.

It also says that more research should be done to develop more sophisticated techniques for detecting banned substances, which should include blood tests as well as urine sampling. And much tougher measures should be introduced for athletes caught doping.

Phil Willis, the committee's chairman, said: "Sport matters to people, and any scandal associated with British sportsmen or women resonates way beyond the immediate sporting world. It can be a matter of national humiliation.

"The 2012 Olympics have given us the perfect opportunity to showcase the best of British sporting talent. We must not risk turning an occasion for national pride into one of embarrassment and disgrace. That is why the government and the international sporting bodies concerned must do much more to identify and prevent doping scandals now."

The cross party group of MPs says that athletes caught cheating by using chemicals or biological agents should be banned from sport for four years and ordered to repay any financial gains they have made since their last clean test. Athletes should also have to state where they obtained the banned substances before they are allowed to return to competitive sport.

During its inquiry the committee held four oral sessions taking evidence from athletes, medical officers, sports scientists, and doping experts. The committee concluded that official figures on the incidence of illegal doping may not accurately reflect the problem, and it called for more research into the true scale of the problem. Figures from the World Anti-Doping Agency show that 2.1% of tests for banned substances resulted in "adverse analytical findings" in 2005; in the UK 1.3% of 7968 tests proved positive in 2005-6.

To make it easier to detect performances improved by illegal substances all UK athletes should be made to compete on the international circuit during the 12 months before the Olympics, says the report. And a new agency that is independent of UK Sport and other national sporting bodies should be set up to test athletes for drug use. The agency should also monitor and evaluate potential new illegal substances and methods as they are developed.

The report also recommends a pilot project to examine the feasibility of a physiological or doping passport to be carried by all athletes. This would record the results of doping tests and natural concentrations of hormones such as erythropoietin during their careers, which would make it easier to detect any substance abuse, the committee says.

"Any scandal associated with British sportsmen or women resonates way beyond the... sporting world"

The committee also expressed concern at the ease in which banned and potentially dangerous substances can be obtained for use by athletes. It recommended that the government review regulation in this area.

Human Enhancements Technologies in Sport is available at www.parliament.uk.

Dwain Chambers who was banned for using anabolic steroids

JASPER JUINEN/PA/EMPICS

UK pilot allows pharmacists to supply sildenafil

Susan Mayor LONDON

Doctors are welcoming a pilot study launched in an English city last week in which men with erectile dysfunction can buy sildenafil (Viagra) directly from community pharmacists rather than having to be prescribed the drug by a doctor. But they feel the scheme does not tackle the inequity of the present system, under which some male patients are able to obtain the drug free on the NHS while others are excluded from free treatment. Some experts also object to the fact that the scheme is limited to only one drug.

Three pharmacies—part of the Boots chain—in Manchester are piloting the new service, which involves an initial screening with a pharmacist and long term follow-up for men wanting ongoing provision of sildenafil. The potential for the scheme to be extended across the UK will be assessed later this year.

Geoffrey Hackett, a GP and consultant urologist at Good Hope Hospital in Sutton Coldfield and president of the British Society of Sexual Medicine, argued that more men should be eligible for treatment on the NHS. Drug treatment can be provided only to patients whose erectile dysfunction is due to specified causes, including diabetes, multiple sclerosis, and major pelvic surgery, and where it causes severe distress, as assessed by a specialist.

Dr Hackett said, "Erectile dysfunction should be reclassified as peripheral arterial disease. Treating peripheral vascular disease in the feet and toes in patients with diabetes is an NHS priority. So why is disease affecting another set of peripheral vessels not considered as important?"

He also considered that the Boots programme limits treatment options, "Patients are entering into a consultation where there is only one possible treatment option. But Viagra is only one of the treatment options for erectile dysfunction. Patients should be assessed for the best treatment for them."

A spokesperson for Boots said, "We make it very clear in our programme that we are only checking if one particular treatment (Viagra 50 mg) works for that patient. We chose Viagra as it has a longer licence than the other treatments available and so more safety data was available.

Robbing Peter to pay Paul

Junior doctors are seeing cuts in study leave and cancelled courses as trusts and strategic health authorities raid education budgets to balance their books. **Lisa Hitchen** reports

Lisa Hitchen LONDON

As the end of the financial year looms, UK doctors are worried that strategic health authorities (SHAs) and primary care organisations will use education and training money to reduce their health service deficits.

"There is a commitment for the NHS to balance its books by April. We are very much hoping they won't take [money] from the education budgets," said Andrew Rowland, vice chairman of the BMA's Junior Doctors Committee.

Education and training budgets are vulnerable not only because of deficits in the NHS but also because the money that the Department of Health gives for educating and training doctors is no longer ring fenced.

Until April 2006, the cash given to strategic health authorities for education and training had to be spent on just that—education and training. Last year, however, that protection was removed.

The House of Commons health committee drew attention to the vulnerability of these budgets last December, saying, "There is an immediate danger of funding distributed by the Department of Health for education and training purposes … being used for other purposes by the SHAs" (*BMJ* 2006;333:1236).

Funding for education and training comes from two levies: the service increment for teaching (SIFT) for undergraduate teaching and the medical and dental education levy (MADEL) for postgraduate teaching. Together with another levy for non-medical staff they make up what is known as the multiprofessional education and training levy (MPET).

Money from SIFT is not payment for teaching as such but is designed to allow for the extra costs to the NHS of having students present when patients are seen by doctors. Consultants in an outpatient clinic, for example, generally see fewer patients if students are present. Money from MADEL, however, pays some salary costs and includes payment for study leave.

With ring fencing gone, NHS money for undergraduate medical training, junior doctors' study leave, and discretionary posts for academic consultants has all ended up in a central "contingency fund."

Consequently, medical schools' SIFT budgets were cut by 5-15% nationally, meaning that some teaching programmes were cancelled, at a time when the number of medical students was rising. These included life support courses, which are needed by doctors working in the acute sector.

One of the medical schools that seemed most at risk was at the University of Leicester, because it gets a massive 67% of its funding for clinical academic posts from the NHS, as opposed to the Higher Education Funding Council. The national average is 38%. Earlier this year it seemed that the school would have to cut some of its medical academic posts, but eventually it managed to make savings without reducing staff. But its 10% cut still means the school has not been able to recruit staff for the next research assessment exercise.

Another organisation affected is Worthing and Southlands Hospitals NHS Trust in Sussex. Last October the deanery for Kent, Surrey, and Sussex saw a 14% cut in its funding from the South East Coast Strategic Health Authority, with 11.4% of this cut handed on to the Worthing and Southlands Hospitals NHS Trust.

With the hospital getting £340 000 (€505 000; $663 000) less than it was expecting, outgoings, such as for study leave and travel expenses, were stopped.

Junior doctors were extremely demoralised by the situation, said Gordon Caldwell, the director of medical education. Trust in the strategic health authority had been "severely damaged." Dr Caldwell is adamant that ring fencing should be brought back and is fearful for next year.

"The cuts have made attachments to the surgery and study leave more difficult to finance"

Julian Bashforth, chairman of the BMA's Wessex junior doctors committee, who is about to join a GP vocational training scheme, is equally worried after his dealings with South Central Strategic Health Authority over next year's funding plans for Southampton University NHS Trust.

A representative from the authority told him earlier this month that the Department of Health was going to restore to it the £38.5m cut from the MPET budget, but the authority's provisional plan was to pass only £13.5m of this back into training and education. The rest would go into a pot, with £75m from primary care trusts. This £100m would then be divided up after NHS organisations had bid for it.

This year's cut had already led to freezes in study leave and other budgets and jobs not being replaced, said Dr Bashforth. Money for some essential courses, however, such as paediatric life support, has been found from other budgets.

"We are challenging the SHA's right to do this," he said. "As the PCTs [primary care trusts] are the majority shareholder in the proposed £100m fund, it seems inevitable that they will have the deciding vote when it comes to spending the money. We believe that this would mean losing the majority of the £25m to subsidise clinical services."

The *BMJ* contacted South Central Strategic Health Authority, but they did not respond before this article went to press.

Other strategic health authorities are likely to follow the policy of pooling money with PCTs, predicts Michael Rees, chairman of the BMA's Medical Academic Staff

MIKE GOLDWATER/ALAMY

Hospitals get cash for the extra time it takes for doctors to see patients when students are present

Committee. "I think what is happening in Southampton will be repeated elsewhere."

Some GPs who provide undergraduate training with money from SIFT are also worried. Roy Macgregor, a GP partner and lead for undergraduate and postgraduate teaching at a practice in north London, said that the cuts to education budgets were also likely to threaten provision by GPs and that that would have a knock-on effect on "the variety and nature of undergraduate training."

"The cuts—both from the PCT and the London Deanery—have made attachments to the surgery and study leave more difficult to finance. The deanery has significantly cut the availability of funding to support registrars and the students coming out of medical school," he said.

But it is not all bad news. Gareth Williams, dean of the faculty of medicine and dentistry at Bristol Medical School, praised his trust for recognising the importance of education and fighting to secure training monies in this financial year.

"Trusts in Bristol have been able to defend teaching, and we are very grateful for that."

A network of clinical academies set up by the school meant that money used for training could also be more clearly accounted for, unlike arrangements under the traditional SIFT system, which are outdated, he said.

"Because it was negotiated from scratch we know exactly how much money there is, and it is traceable," he said.

Next year there are plans to run all components of the budget together, he said. With no ring fencing, SIFT money is potentially at risk again, but a big cut is not expected.

Katie Petty-Saphon, executive director of the Council of Heads of Medical Schools, was also "quietly optimistic" for the next financial year—with central budgets for SHAs to pay for education up by 5.3%. "Hopefully that will protect education, and the money will be spent as intended," she said.

"The situation is plateauing. We are quietly optimistic that it will be much better next year. SHAs have more staff, and they are understanding their roles and responsibilities better. They know they need to be committed to education. This [latest crisis] was a one off, but there still needs to be a real champion for education in the Department of Health."

The Department of Health remains adamant that it will not reintroduce ring fencing, because it wants to continue to allow SHAs maximum flexibility.

IN BRIEF

Inquiry investigates contaminated blood: An independent public inquiry is to examine the provision of contaminated blood by the NHS before 1991, which infected thousands of people with haemophilia with HIV and hepatitis C. The Labour peer Lord Archer of Sandwell, a former solicitor general, will chair the inquiry. Lord Turnberg, past president of the Royal College of Physicians, will be medical assessor.

Court says Eli Lilly's documents must be returned: The US federal court judge Jack Weinstein has said that eight defendants must return Eli Lilly internal documents on the marketing and side effects of olanzapine (Zyprexa) (*BMJ* 2007;334:59, 171). However, the documents remain available on the internet. His ruling is at www.eff.org/legal/cases/zyprexa/zyprexa_judgement.pdf.

German health reform is finally agreed: The much disputed German healthcare reform passed the final legislative hurdle last Friday. Representatives of Germany's 16 states approved the bill despite severe reservations in the upper house of parliament. The reform should come into effect on 1 April 2007, but key aspects, such as a new system for collecting and distributing the statutory contributions, were postponed to 2009.

Cruise liners not responsible for ships' doctors: The Florida Supreme Court has ruled that cruise liners are not responsible for the negligent actions of ships' doctors, which they successfully argued to be independent contractors. It overturned the decision of a lower court in favour of Elizabeth Carlyle, aged 14 years, whose ruptured appendix was misdiagnosed as flu on a 1997 cruise to Mexico.

German doctors criticise funding of patient group: The German hospital doctors' union, Marburger Bund, has criticised the health ministry for spending €5.1m (£3.4m; $6.7m) a year until 2010 on the independent patient advisory service corporation, a patient lobby group with a network of 22 offices. The union says doctors and health insurances should be included in the initiative.

UK officials test plans for flu epidemic: Hundreds of health officials from throughout Great Britain took part in a logistical exercise this week to see how a flu pandemic would be dealt with. Officials estimate that a flu pandemic would cause 400 000 deaths in the United Kingdom.