

# CMO

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## Update

# Report keeps smoking high on public health agenda

**In an appeal to win over image-conscious young adults firmly into the growing non-smoking section of society, the Chief Medical Officer has highlighted the damaging effects of smoking on the skin in his latest annual report.**

*Health Check on the State of Public Health: Annual Report of the Chief Medical Officer 2003* acknowledges that public awareness of the link between smoking and premature death, as well as serious heart conditions, is generally good. However, knowledge about how

change. The report tackles the following areas for analysis and action:

### SEXUAL HEALTH

Early detection and diagnosis are important in preventing the spread of HIV, but it is estimated that one-third of those with HIV are unaware of their infection. Opportunities are not being taken to test people who attend genitourinary medicine clinics and clinic waiting times around the country are excessively long. More needs to be done to speed diagnosis, make treatment available earlier and prevent transmission to others.

### SECOND-HAND SMOKE

Surveys have shown the British public is supportive of smoke-free public places, but there have been concerns that a smoke-free policy would be damaging to businesses in the hospitality and leisure sectors. A longtime and vocal advocate of smoke-free public places, the CMO now turns his attention to economic issues and shows how concern about falling profits is unfounded.

### ACADEMIC STAFFING

Whilst clinical research and medical student intake have recently received a major boost through extra investment, successful delivery of a programme for

teaching and research depends on a strong academic base. Yet the number of posts in academic medicine is falling. The annual report highlights the main staffing issues and calls for focused attention on this problem.

### BLOOD TRANSFUSIONS

Transfusions of blood, a precious resource, are generally safe in this country, but like most other medical procedures, they are not free of risk. Risks could be reduced further if all hospital and clinical teams adopted the safest procedures and if improvements were implemented more rapidly.



smoking prematurely ages the skin is not as good as it could be. Awareness of damaging cosmetic effects could help encourage people in their teens and twenties to give up smoking or to avoid picking up the habit in the first place.

Like previous CMO annual reports, the latest 'Health Check' identifies a number of key areas in need of action, offering strong statistics and arguments to make its case where necessary and recommendations for

Download a copy of the CMO's annual report at [www.dh.gov.uk/cmo](http://www.dh.gov.uk/cmo)

E-mail: [cmo@doh.gsi.gov.uk](mailto:cmo@doh.gsi.gov.uk)

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# New collaborative gives clinical research a lift

**Doctors can expect more clinical trials in a range of targeted areas, including medicine for children and mental health, following the official launch of the UK Clinical Research Collaboration (UKCRC) in late June.**

The UKCRC is a national networking body designed to promote the growth of experimental medicine and clinical trials through partnerships between the National Health Service (NHS), the Government, industry and the voluntary sector. It will encompass new satellite networks in five key areas of medical research:

- mental health
- medicine for children
- Alzheimer's disease
- stroke
- diabetes

The collaborative will create more opportunities for patients to access innovative medicine by joining clinical trials. It will aim to provide badly needed infrastructure for running studies and make the most of the networking potential of the NHS as a government-run public service.

"We are looking to see that the NHS becomes a research-rich environment and that medicine is evidence-based.

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*Mrs Mary Manning*

Patients will have the benefit of new knowledge, new processes and new technology," said Mrs Mary Manning, executive director of the London-based Academy of Medical Sciences.

New funding of £100 million per year by 2008, on top of inflationary adjustments, was announced by Health Secretary John Reid in March to support the UKCRC. Currently, £70 million per year is allocated centrally, in addition to the £440 million per year distributed directly to hospital trusts in support of clinical research.

The new funding represents a substantial sustained increase for clinical research. It shows the Government is serious about addressing the post-1970s decline in clinical research that has affected the UK, along with much of the rest of the developed world.

"This is significant for the NHS. It doubles national R&D spending," said Professor Sally Davies, director designate of Research and Development at the Department of Health.

The Medical Research Council (MRC) is expected to fund a new tranche of clinical trials to run through the networks.

## **CANCER NETWORK MODEL**

The UKCRC model was inspired by the successful National Cancer Research Network (NCRN). Since it launched in 2001, the NCRN has developed 30-plus regional networks and the number of patients enrolled in



**TRADITIONALLY, CLINICAL TRIALS HAVE NOT BEEN REPRESENTATIVE OF SOME PATIENT POPULATIONS, INCLUDING CHILDREN AND PEOPLE OVER 65 YEARS OF AGE. THE UK CLINICAL RESEARCH COLLABORATION WILL FOSTER THE GROWTH OF STUDIES IN TARGETED AREAS, WHERE RESEARCH IS MOST NEEDED.**

cancer trials has doubled. Resources have been allocated throughout England on the basis of population.

"We want to replicate the equitable model of the cancer research network. The UKCRC will have broad geographical spread and opportunities for clinicians and patients all over the country to join in," said Prof. Davies.

Each UKCRC network will provide infrastructure and training for research and large-scale trials. A designated co-ordinating lead centre for each network will be commissioned by the Government. One lead co-ordinating centre to cover all of the networks will also be commissioned through a competitive tendering process.

Clinicians can watch out for news of tenders and appointments, as well as opportunities to link with lead centres, on the R&D section of the Department of Health website and in professional media adverts.

Some appointments, including the general networking body and the lead centres for medicine for children and diabetes, are likely to be announced by early 2005. In the case of mental health, a network has already been operating and managed jointly by the Institute of Psychiatry at King's College in London and the University of Manchester. This network will now be expanded.

## REVIVING RESEARCH

Plans for the UKCRC were unveiled in the Research for Patient Benefit Working Party report from the Department of Health. The report acknowledged areas that are holding back clinical research, including lack of capacity, infrastructure and incentives for professionals working in trials.

It also offered solutions based on a number of reports, including the influential *Strengthening Clinical Research* document released by the Academy of Medical Sciences in October 2003. This report noted the major decline in clinical research in the UK, as well as worldwide, since the 1970s.

"We have had a huge growth in laboratory research and a decline in mechanisms for translating fundamental knowledge into

something that can be used at the patient's bedside," said Manning, of the Academy of Medical Sciences.

Manpower is particularly of concern in the UK as there is a shortage of clinical scientists. This was highlighted in the May 2004 clinical staffing survey from the Council of Heads of Medical Schools and Council of Deans of Dental Schools.

A UKCRC sub-group has been set up specifically to look at building clinical research personnel capacity and UKCRC members are expected to provide new funding for research positions. Also, for the last eighteen months, the Department of Health has been funding a popular mentoring scheme through the Academy of Medical Sciences to nurture the careers of young clinician scientists.

## MENTAL HEALTH

Whereas in the field of cancer research, there is a long-standing culture of involving patients in clinical trials, there may be a lack of trained people, culture, experience and infrastructure to conduct studies in other areas of medicine.

Mental health is a case in point. Only 5% of trials registered in the Cochrane Central Register of Controlled Trials relate to mental health disorders, even though mental illness is a cause of major disability, commented Professor Til Wykes, head of the Centre for

*"Mental illness affects so many people and can have very severe effects ... yet so little research is done in this area."*

*Professor Til Wykes*

Recovery in Severe Psychosis at King's College. The leading cause of death for young men is suicide and 1 in 6 people experience severe anxiety or depression, she added.

When trials are conducted, they may involve too small a group of participants and may not be representative of the general population of patients with mental illness.

"Mental illness affects so many people and can have very severe effects and yet so little research is done in this area," Prof. Wykes said. "Size matters. We need to increase the scale of research."

For more information and URL links go to [www.dh.gov.uk/cmo](http://www.dh.gov.uk/cmo)

Policy contact:  
[Sally.Davies@doh.gsi.gov.uk](mailto:Sally.Davies@doh.gsi.gov.uk)

# Focus on medicine for children

Children's medicine is set to be one of the first areas developed under the umbrella of the new UK Clinical Research Collaboration (UKCRC), which will provide infrastructure to enable studies in a range of targeted medical fields.

The fact that most medicines given to children are not actually licensed for use in children has long been a cause of concern, according to the May 2004 report *Safer and Better Medicines for Children*, from the Royal College of Paediatrics and Child Health. This report, which was commissioned by the Department of Health, the Medical Research Council and the Association of British Pharmaceutical Industry, establishes the state-of-play in children's research and outlines areas for development.

Traditionally, clinical studies have not been representative of some patient populations, including children and people over 65 years of age, for a variety of reasons, including

ethical concerns. With respect to paediatrics, it may be more difficult to obtain informed consent and studies tend to be more expensive. In the absence of specific testing and licensing in children, adult dosages are adjusted.

The traditional leaning toward trial exclusion on the basis of demographics has gradually faded. Now, there is a consensus in favour of greater testing of medicines in order to ensure prescribing is evidence-based and appropriate for a range of patient groups.

In the US, a law that offers incentives for industry to perform studies in children led to a big increase in children's research. A similar plan has been drafted by the European Union and, following passage, is likely to result in a demand for research capacity in the UK. The UK is now preparing for the European legislation by building capacity and knowledge of paediatric pharmacology through the UKCRC, as well as other initiatives.

# Getting up to speed on hepatitis C virus

The Government has launched a campaign to raise professionals' awareness about prevention, diagnosis and treatment of the blood-borne hepatitis C virus (HCV).

The campaign, which has included the distribution of an information pack to primary care professionals, was launched on 29 June to coincide with the release of the Chief Medical Officer's new action plan for tackling hepatitis C in England.

An awareness drive to educate the public about avoiding the risk of

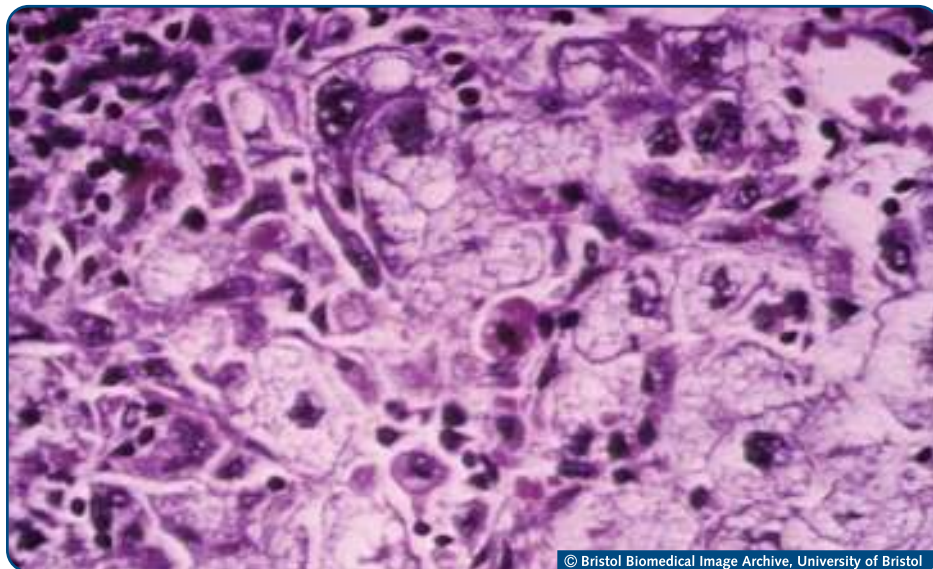
*"We want to develop awareness and knowledge of hepatitis C among professionals on the frontline."* Gerry Robb

infection and considering testing where appropriate will follow later this year. By that time, primary care professionals should be ready to field questions about HCV.

"We want to develop awareness and knowledge of hepatitis C among professionals on the frontline," said Gerry Robb, head of the surveillance and blood-borne virus policy team at the Department of Health.

The campaign will help professionals recognise the main risk factors, advise on how to avoid infection, discuss testing with patients, if appropriate, and follow up if they discover patients are infected.

One of the Government's main aims is to reduce the level of undiagnosed and, typically, asymptomatic cases of infection. It is estimated that 0.4%, or 200,000 people, in England are



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chronically infected and that the majority have not been diagnosed. Left untreated, chronic HCV can lead to cirrhosis of the liver and primary liver cancer. Also, those who are unaware that they are infected may unwittingly pass on

the infection to others and will not be able to take advantage of cost-effective treatments.

## NEW TREATMENT

In January 2004, the National Institute of Clinical Excellence (NICE) recommended a combination of pegylated interferon alpha and ribavirin for treatment of patients with moderate to severe chronic hepatitis C. Primary care trusts were required to offer the new combination treatment as of spring 2004.

This treatment is associated with fewer side effects than older treatments and, overall, it clears the infection in up to 55% of cases. Efficacy varies depending upon the type of the infection – up to 80% of those with genotypes 2 and 3 are treated successfully.

"The good news is that over half of patients are cured by antiviral

treatment. This is in marked contrast to the situation with hepatitis B and HIV, where all we can do is suppress the virus. With hepatitis C, the virus does not come back when treatment is stopped," said Professor Howard Thomas, chair of the Department of Health advisory group on hepatitis and head of the Department of Medicine at London's Imperial College.

Dr Martyn Wake, a general practitioner and executive chair of the Sutton and Merton Primary Care Trust, expects there will be a gradual increase in rates of diagnosis and treatment in coming years.

"The whole pool of those with chronic HCV will not be eligible for treatment at the same time," Dr Wake added.

A multi-centre study, which is funded by the Department's Health Technology Assessment programme, has been investigating the benefits, safety and efficacy of combination therapy (interferon plus ribavirin) in patients with mild chronic hepatitis C infection. The results are due to be published later this year and will be considered by NICE.

## PRIMARY CARE FOCUS

Surveys have shown general practitioners' awareness of hepatitis C

is relatively low, which is not surprising for a number of reasons. The virus was discovered in 1989 and effective treatments have become available relatively recently. For those who are infected, the illness is often difficult to detect.

"Most people with hepatitis C infection have no symptoms and the illness smoulders on for many years. It may be picked up on a blood test as slightly abnormal liver function, but liver function may also appear to be normal," said Dr Wake.

Consider the following statistics on hepatitis C:

- Of those who are infected, the virus is cleared in the acute stage in 20% to 40% of cases. The remainder will become chronically infected.
- It is estimated that 5% to 20% of chronically infected people will progress to cirrhosis of the liver over a period of about 20 years. A small number (1% to 4%) of those with cirrhosis will progress to primary liver cancer each year.

Doctors can offer an initial antibody test to determine if a patient has ever been infected with hepatitis C, bearing in mind that those who have cleared the infection may still test antibody positive. HCV-RNA testing (e.g. PCR - polymerase chain reaction), detects the presence of the virus, identifying those still infected who require investigation. Depending on disease progression and prognosis, there will be a range of outcomes for those testing positive.

### SPOTTING PATIENTS AT RISK

Perhaps the most difficult at-risk patients to reach for testing are people who injected drugs decades ago.

"No one wants to come out and say they shared needles on a few occasions and now need to get a test. People don't want to risk stigmatising themselves in this way and you can't ask all patients whether they have injected. It is important for patients to self-identify," Prof. Thomas commented.

The Government's upcoming public awareness campaign, due this autumn, should help these people come forward.

For more information and URL links go to [www.dh.gov.uk/cm0](http://www.dh.gov.uk/cm0)

Policy contact:  
[Gerry.Robb@doh.gsi.gov.uk](mailto:Gerry.Robb@doh.gsi.gov.uk)

## HEPATITIS C TESTING QUICK REFERENCE SUMMARY

Hepatitis C virus (HCV) testing should be offered to the following at-risk groups:

- Current injecting drug users
- Those who injected drugs at any point in the past
- Recipients of blood transfusions in the UK prior to September 1991 or blood products prior to 1986
- Recipients of organ and tissue transplants in the UK before 1992 or in countries where hepatitis C is common and donors may not have been screened
- Babies born to mothers known to be infected with HCV
- Children of mothers found to be infected with HCV
- Regular sexual partners of those infected with HCV
- Healthcare workers accidentally exposed to blood where there is a risk of HCV transmission
- Anyone who has received medical or dental treatment in countries where HCV is common and infection control may be poor (this will include recipients of blood transfusions and blood products where donations are not screened for HCV)
- People who have had tattoos, body piercing and other forms of skin piercing in places with poor infection control procedures

Source: Department of Health

## Immunisation update

Response to polio outbreak in Africa

The Department of Health has provided advice on polio immunisation for children entering the UK and for travellers in at-risk areas, following an outbreak of polio in northern Nigeria in July.

Great progress has been made in recent years toward the global eradication of polio and the disease is now endemic in only a handful of countries. But there is still a need to be alert to potential risks.

Cases linked to the Nigeria outbreak have been reported in Benin, Botswana, Burkina Faso, Cameroon, Central African Republic, Chad, Ivory Coast, Ghana, Togo and Sudan. Children coming from any of these countries should be immunised against polio if there is any doubt about their vaccination status. Guidance on immunisation of individuals with unknown or incomplete immunisation is available in



*Immunisation Against Infectious Diseases 1996 (the 'Green Book').*

All travellers should seek specialist travel health advice and ensure they are protected against polio prior to visiting countries considered at risk. Travellers who have completed their primary series against polio should receive a booster dose of the vaccine if more than 10 years have elapsed since their last polio vaccination.

Policy contact:  
[Dorian.Kennedy@doh.gsi.gov.uk](mailto:Dorian.Kennedy@doh.gsi.gov.uk)

# Warning on common check for nasogastric tube placement

The Medicines and Healthcare products Regulatory Agency (MHRA) has advised health professionals that one of the methods used to check the correct placement of nasogastric tubes may be insufficient. In one case, an incorrectly positioned nasogastric tube went undetected, resulting in the death of a child.

A number of methods are used singly or in combination to check the position of nasogastric tubes. One involves testing of the aspirate from the nasogastric tube for acidity, using blue litmus paper.

However, blue litmus paper may not distinguish between the acidic pH of gastric contents and other fluids.

Consequently, it is possible that an incorrectly positioned nasogastric tube will go undetected, according to a new MHRA device alert (MDA/2004/026, 14 June 2004). The MHRA concludes that blue litmus paper should not be used to test the aspirate and advises that pH indicator paper be used instead. The Alert also provides advice on how to implement this change.

The MHRA alert was issued following a coroner's inquest into the death of a child. In this case, nurses performed the litmus test and also the 'whoosh' (auscultation of insufflated air) test, which involves the use of a syringe to push a small volume of air down the nasogastric tube whilst the sounds produced are monitored with a stethoscope.

Although both of these routine tests were conducted, malposition of the nasogastric tube was not identified until an x-ray was taken following the development of clinical symptoms. In addition to highlighting the limitations of the blue litmus paper test, this case also demonstrates that the 'whoosh' test can be misinterpreted and should not be relied upon as the primary test for placement of nasogastric tubes.

The National Patient Safety Agency will be working with the National Nurses Nutrition Group and other stake-holders to understand the root causes of incidents like these. This will ensure nasogastric tubing procedures are as safe as possible in future.

For more information and URL links go to [www.dh.gov.uk/cmo](http://www.dh.gov.uk/cmo)

Policy contact:  
[David.Knight@doh.gsi.gov.uk](mailto:David.Knight@doh.gsi.gov.uk)

## DEVELOP YOUR KNOWLEDGE OF GENETICS

The Department of Health is offering new opportunities for professionals to develop their knowledge of genetics and learn how to apply this expertise in everyday practice across the National Health Service (NHS). The initiatives reflect commitments made in the Department's genetics white paper in 2003.

Links between genetic factors and the development of chronic diseases, such as diabetes and cancer, are continually being discovered. Awareness about new genetics research is growing and patients are more likely to bring concerns about the risks of inherited diseases to their doctors, as well as other health professionals.

In light of these trends, the Department of Health is planning to create up to ten posts for general practitioners with a special interest in genetics to help increase the awareness of genetics in general practice.

The Department will provide central funding to cover locum and training



costs and to develop the roles. Professionals will be supported by the new Birmingham-based NHS Genetics Education and Development Centre.

### VISITING FELLOWSHIPS

The Department is also offering visiting fellowships to NHS professionals to visit one or more centres of genetics excellence in health systems outside the UK. The visits will last up to three months and will take place in 2005.

Successful applicants will demonstrate their experience in leadership and change management in the NHS, as well as an interest in genetics-related healthcare.

Incoming fellowships are also available to facilitate learning and service development in the NHS. Prospective host institutions in England can apply.

For more information and URL links go to [www.dh.gov.uk/cmo](http://www.dh.gov.uk/cmo)

Policy contacts:  
[Alison.P.Hill@doh.gsi.gov.uk](mailto:Alison.P.Hill@doh.gsi.gov.uk)  
[Diana.Paine@doh.gsi.gov.uk](mailto:Diana.Paine@doh.gsi.gov.uk)

## Opportunities in genetics Key details and dates

### Visiting fellowships in genetics

- Opportunity to learn about genetics services abroad
- Details and application pack available on Medical Research Council website
- Closing date for applications 10 September 2004
- Results announced by 10 December 2004
- Take up fellowship between February and December 2005

### General practitioners with a special interest in genetics

- Central support to develop general practitioners with a special interest in a new clinical area
- Details and application pack on genetics section of Department of Health website
- Workshop in London for prospective applicants and primary care organisations 16 September 2004
- Closing date to book for workshop 23 August 2004
- Closing date for applications 29 October 2004
- Results available January 2005

# Consultations update

Consultations provide opportunities for stakeholders and the wider public to contribute to Department of Health policies. Visit [www.dh.gov.uk/consultations](http://www.dh.gov.uk/consultations) to access open and closed consultations, plus the Department's responses to recent consultations

## PATIENT SAFETY

Healthcare professionals are encouraged to contribute to a consultation on communication and co-operation between the National Health Service, police services and the Health & Safety Executive, during investigations of patient safety incidents.

Details on the consultation were published on the Department of Health website in a memorandum of understanding on 1 July. Views may be submitted to the Department of Health by e-mail to: [MOU@doh.gsi.gov.uk](mailto:MOU@doh.gsi.gov.uk) or by post to Agatha Ferrao, Room 531, Skipton House, 80 London Road, London SE1 6LH. Responses will be accepted until 1 October.

## RESTRICTIONS ON STAFF WITH HEPATITIS B

The Government has launched a consultation to gather views on the implementation of new advice from its advisory group on hepatitis. The group has recommended that under specified conditions, healthcare workers infected with hepatitis B who are taking oral antiviral treatment should be allowed to return to unrestricted practice, provided they are carefully monitored. The closing date for comments is 22 October 2004.

## CHOOSING HEALTH?

The Government is drafting a white paper on public health, following the close of the Choosing Health? national consultation on 28 June. The consultation, which launched on 3 March, solicited views on major health problems like obesity, smoking and sexually transmitted diseases.

The Department estimates that over 1,800 consultation responses were received by e-mail and 400 were submitted by post. Primary care trusts, local councils, strategic health authorities and regional government offices reached out to a wide range of respondents in a variety of ways. More than 19,000 people took part in local consultation events and/or surveys.

## HEALTH AND SOCIAL CARE STANDARDS

The Department published a final version of healthcare quality standards on 21 July, as part of the document *National standards, local action: health and social care standards and planning framework*.

This document incorporates 'Standards for better health', a group of standards that were open to a 12-week consultation earlier this year, as reported in the April 2004 issue of *CMO Update*. The standards will be used as the foundation for assessment criteria to be developed by the Healthcare Commission. They will provide a basis for planning, commissioning and delivering services for the NHS.

# HEALTHCARE COMMISSION QUESTIONS & ANSWERS

## What is the Healthcare Commission?

The Healthcare Commission is the new inspectorate for the National Health Service (NHS), as well as private and voluntary healthcare sectors. It was created under the Health and Social Care (Community Health and Standards) Act 2003 and officially launched on 1 April 2004. It will take over responsibilities from other bodies, including the Commission for Health Improvement and the Audit Commission. It will also assume a range of new functions.

The Healthcare Commission's statutory name is the Commission for Healthcare Audit and Inspection.

## What does the Healthcare Commission actually do?

For the first time, Parliament has created a single organisation that can review the quality of healthcare by reference to national standards across the NHS and independent sectors.

Throughout 2004/2005, the Healthcare Commission will be in transition as it builds on existing programmes of assessment.

Specifically, it will:

- independently inspect health services from the patient's perspective, taking account of the whole patient journey as much as possible;
- take the lead in co-ordinating NHS inspections with a range of other organisations, so that form-filling and inspection visits are minimised;
- identify how effectively public funds are being used in healthcare;
- investigate serious service failures;
- publish annual ratings of NHS trusts in England; and
- produce an annual report on healthcare in England and Wales.

## Who runs the Healthcare Commission?

Professor Sir Ian Kennedy, chairman of the inquiry into deaths of children at Bristol Royal Infirmary, is the Commission's Chairman. He leads a board of 14 commissioners.

Anna Walker, Chief Executive, heads a team of staff based in Bristol, Leeds, London, Manchester and Nottingham.

## Where can I get more information?

Visit [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk) for more information about the Commission's work and plans for the future. Specific information for doctors and other healthcare professionals is available on the service provider information section of the website.

## HEALTHCARE INFECTION

### ■ Prioritising infection control

Proposals for improving hospital cleanliness and cutting levels of healthcare associated infection have been unveiled in a report by Health Secretary John Reid.

Reid's proposals cover many fronts, including national standards, public information on methicillin resistant staphylococcus aureus (MRSA) infection rates and use of the latest research and technology.

Additionally, results from the first three years of the Department of Health's mandatory MRSA surveillance system in acute trusts in England have been published. Data on MRSA rates per 1000 bed days in NHS trusts are available on the CMO section of the Department website.

## INFECTIOUS DISEASE

### ■ Preparing for West Nile virus

A contingency plan to protect the public from the mosquito-borne West Nile virus (WNV), including guidance for clinicians on symptoms and diagnosis, has been published by the CMO.

The contingency plan defines the responsibilities of those who would be involved in tackling the disease and sets measures for surveillance and control of mosquito populations.

Enhanced surveillance for human WNV infection in the United Kingdom started on 1 June 2004 and will operate until the end of October 2004. Clinicians are reminded to consider the possibility of WNV, especially in patients over 50 years of age presenting with encephalitis, meningitis or an unexplained neurological illness. All possible WNV cases should be reported to the Health Protection Agency's Communicable Disease Surveillance Centre in Colindale.

## NEW FUNDING

### ■ Chronic eye disease gets £4m boost

New ways of treating patients with the chronic eye diseases glaucoma, age-related macular degeneration and low vision are to be tested in eight pilot sites around the country, as part of a £4 million programme funded by the Department of Health.

The sites will aim to improve services by creating links between high street and hospital eye care, investing in cutting-edge

technology and providing further training to optometrists. They will explore opportunities for utilising the skills of optometrists and other eye care professionals in the initial diagnosis and/or treatment of stable eye disease conditions.

The new scheme involves primary care trusts in Peterborough, North Birmingham, Brighton and Wandsworth, among other areas.

## HEALTH IMPROVEMENT

### ■ Physical activity benchmarks

The CMO has published a new landmark report on physical activity and health – *At least five a week*.

The report advises that children and young people should have at least 60 minutes of moderate intensity physical activity on five days per week. Adults should take at least 30 minutes a day of moderate intensity physical activity, five days per week. An inactive lifestyle is an important, if less recognised, causal factor for chronic disease.

## MENTAL HEALTH

### ■ Protection for vulnerable people

The Mental Capacity Bill, published on 18 June, sets a new statutory framework to protect vulnerable people, carers and professionals. The Bill, which was developed by the Department for Constitutional Affairs in partnership with the Department of Health, will introduce a clear decision-making framework on financial, health and welfare matters for people who may lack capacity.

## PATIENT SAFETY

### ■ Anaesthetic tubing report

Proposals for improving the safety of anaesthetic tubing used in operations, including a recommendation for new checking procedures for the relevant equipment, have been published by an expert group commissioned by the CMO.

The proposals appear in the report *Protecting the breathing circuit in anaesthesia*. Problems with blockages in anaesthetic tubing during surgery have resulted in death in at least two cases and a number of near misses. When these cases first came to light in 2001, there was speculation that the incidents were the result of sabotage, but a police investigation ruled out foul play. The investigation suggested that storage issues, rather than deliberate tampering, caused the problems.

URL links to all reports cited in this bulletin can be found at [www.dh.gov.uk/cmo](http://www.dh.gov.uk/cmo)

## ...PUBLICATION INFO

Chief Medical Officer  
Sir Liam Donaldson

MSc, MD, FRCS(Ed), FRCP, FRCP(Ed),  
FRCGP, FFPHM, FMedSci

Richmond House  
79 Whitehall  
London  
SW1A 2NS



For changes in address, please contact The Medical Mailing Company, PO Box 60, Loughborough LE11 0WP (Freephone 0800 626 387).

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Editorial address: Room 147 Richmond House, 79 Whitehall, London SW1A 2NS

Editor: Emily Hayes. E-mail: [cmoupdate@doh.gsi.gov.uk](mailto:cmoupdate@doh.gsi.gov.uk)