

2016-01-04 Focus

SUGAR APP:

The BBC reports that "parents are being urged to sign up for a free app which tells them the sugar content of food and drink. The "sugar smart app", from Public Health England, works by scanning barcodes and revealing total sugar in cubes or grams. Officials hope it will help combat tooth decay, obesity and Type 2 Diabetes and encourage families to choose healthier alternatives. "

Adele Robinson reporting for Sky News writes of "a campaign urging parents to make healthier choices – but critics say it does not go far enough." She adds that "British children are consuming their body weight in sugar each year, according to Public Health England. Some of those aged between four and 10 eat around 22kg per annum, the equivalent to the average weight of a five-year-old. The figure has prompted a new Government campaign called Change4Life, urging parents to make healthier food choices. It includes a free smartphone app called Sugar Smart which allows users to learn the sugar content of products, in grams and cubes, by scanning barcodes."

The BBC's take on the average consumption is that 22kg of sugar is "about 5,500 sugar cubes."

It sounds a great idea – sugar is now looked on as a form of poison by the more scary 'healthy living' advocates ... and bad habits learned in childhood tend to stay with us for life (and I speak as one weaned on deliciously sweet 'malt extract' – which was provided free of charge to mothers so that their kids would thrive in the days of post-war rationing.) The sugar smart app is free to download from app stores.

BOOZE RETHINK:

It had to come ... but did it really need to happen so soon after Christmas? The BBC reports that "the chief medical officer for England, Dame Sally Davies, will recommend abstaining from alcohol for at least two days a week" and says "The daily maximum intake for men could also be cut to the same as for women. Currently, women are advised to drink no more than 2-3 units a day and men no more than 3-4." This is the first major review for 20 years and results from the alarming rise in alcohol related serious illnesses (such as cirrhosis and several cancers including Ca breast) and early deaths.

By the way the growing fashion for having a 'booze free month' after the festive season has been proven to confer numerous significant health benefits.

Meanwhile the Local Government Association, which represents more than 370 councils who are responsible for public health, is campaigning for bottles and cans of alcoholic drinks to include 'calorie count' signs. It wants them on all bottles and cans in a bid to beat the obesity crisis. The Association says that, while the long-term health effects of drinking, such as liver and heart damage and increased risk of cancer are relatively well known, the huge number of hidden calories contained in alcohol is not. It adds "Labelling the number of calories in an alcoholic drink will ensure people are as informed as possible to enable choice. Calories from alcohol are 'empty calories', with no nutritional value. By drinking alcohol, the amount of fat the body burns for energy is reduced."

I'm not quite as sure as the LGA that the association between alcohol and cancer (or, indeed, that between being overweight and an increased risk of cancer) is "relatively well known" ... but that doesn't detract from the merits of the campaign.

MORE MONEY DOWN THE DRAIN.

'Digital Health' reports on the latest IT scandal. "Whitehall is still failing to learn from IT failures and is continuing to make "very common mistakes", the Public Accounts Committee has concluded in a report on the late, over-budget and under-performing GP Extraction Service. In the report issued over New Year, the Commons' committee also castigates the organisations involved in the GPES project, which was supposed to enable data to be extracted from practice computer systems for planning, payment, and quality management.

It says the Department of Health failed to exercise effective oversight of the NHS Information Centre, that the NHS IC lacked the "expertise or capability" to run the project effectively, and that it applied the wrong contracting and testing approaches. However, the PAC reserves its strongest criticism for Atos, which was awarded the contract to produce the software that was supposed to interact with the four practice systems in use in England. It says Atos "did not show an appropriate duty of care to the taxpayer" and that it failed to provide "proper, professional support to an inexperienced client" when it allowed the NHS IC to accept the system without end to end testing."

Meanwhile the NHS managers whom preside over so much waste and gloss over so much chaos continue to reward themselves in proportion to their egos rather than their productivity. Laura Donnelly writes in The Telegraph: "NHS hospital chief executives have been handed pay rises of up to £35,000, with the highest annual earnings reaching a record £340,000, a Daily Telegraph investigation has found. Despite government pledges that the most senior NHS managers would have their pay frozen, 40 per cent of trusts increased executives' wages by at least £5,000 during 2014-15.

Some managers' earnings rose by almost a quarter, the findings from more than 200 NHS trust boards show. Patients' groups accused the NHS of "scandalous excesses" at a time when the health service is facing the greatest financial crisis in its history."

Amongst the smug smiling faces of those who are looking after themselves much better than the poor sods they really should be caring for, there's a telling quote from Janet Davies, chief executive of the Royal College of Nursing. She says: "Nursing staff have been repeatedly told that there isn't enough money to improve their pay, even after years of pay restraint. To learn that many senior NHS staff are enjoying pay rises and bonuses while nurses struggle to make ends meet is immensely demoralising." Hear, hear!

THIRD-HAND SMOKE:

There's been a lot in the newspapers recently about the possibility that buying a house from a smoker could prove dangerous for your health. No-smoke.org reports on a growing awareness of a health hazard – and gives the background to the latest research. "We know that smoking and second-hand smoke exposure are harmful, but what about "third hand smoke"? This is a relatively new term used to describe the residual contamination from tobacco smoke that lingers in rooms long after smoking stops and remains on our clothes after we leave a smoky place. It may seem merely like an offensive smell, but it is also indicative of the presence of tobacco toxins." For more

info Google *new home owners at risk from 3rd hand smoke* ... or go to www.no-smoke.org/learnmore.php?id=671

NHS NEW YEAR'S RESOLUTIONS.

It's time the NHS in this part of the world was improved ... but the omens are not good. There was talk recently of producing a level playing field whereby practices and their patients would be treated more fairly and equitably by the NHS. I naively assumed that the idea was to bring the underfunded practices (like mine) up to the same level as the majority. It now appears that the plan is to bring the small and medium sized practices (which are much more popular with patients than the gigantic ones which are currently favoured by the NHS bosses) **down** to a level whereby it is not economical to continue running their practices. All the long-established practices in SWF are affected to a greater or lesser degree. This seems crazy when the grand plan is to strengthen general practice so as to take some of the pressure off secondary care. The question is: "If so, why are those who hold the purse strings doing their level best to destroy primary care?"

Let's have some NHS resolutions to give us something to aim for in the months ahead.

- Try to stop Mid Essex being the capital of discrimination in the NHS. We need fair funding for the area ... AND within it.
- Better funding for primary care where the vast majority of patients are seen and treated (whilst the hospitals grab the lion's share of the budget.) Improved premises should also be high on the agenda.
- Stamp out the hypocrisy and dishonesty that is the legacy from the PCT era – managers still argue black is white in an attempt to shield those responsible for arbitrary/wasteful/harmful/indefensible decisions.
- End the practice of making important decisions behind closed doors. SWF has been a casualty of the 'high-handed' approach for years – and still is. Patients and clinicians should have a say in what goes on. In that way maybe we'd avoid a repetition of some of the crass (and costly) mistakes that have been made over the years.
- Improve public consultations – i.e. it should no longer be possible to decide what you're going to do, then consult the public and, having done so, do exactly what you'd decided to do in the first place. The Walk-In Centre was the perfect example – a costly White Elephant which, although much loved by patients latterly, provided a service that could have been provided FAR more cheaply and efficiently in other ways. (We also need to get rid of the sleaze – don't, for example, allow NHS bodies to invent 'patient representatives' who, if they exist at all, are probably not patients and are certainly not representative.) Consultations should be open and transparent – and the questions should be agreed by patients and clinicians before they are put to use.
- The Patient Participation Groups are becoming a force to be reckoned with. What we need is to set up an effective network of these groups as a driver for change. In my view we've never really had an organisation that's effective and fully independent since the old Community Health Councils were laid to rest (almost certainly because they were too independent and too vocal when it came to standing up for the rights of patients ... including their right to have their medical records treated as confidential.)

- Inject a little realism and a modicum of common sense into healthcare. Stop treating it as a religion. End the madness. Eschew the time-honoured practice of revering sacred cows – and regard it rather as a service that should be fairly and equally available to all.

THIS IS MAKE OR BREAK YEAR FOR MID-ESSEX.

Healthcare here is a 'suitable case for treatment'. What we need is to shake off the contaminated residue of the PCT era and move forward. What we'll get is anyone's guess.

Happy New Year!

Dr John