

Expert warns some health and wellbeing boards are too “pink and fluffy”

Adrian O’Dowd LONDON

Some of the new bodies that bring together the NHS, public health, and local authorities to coordinate health services in England lack the “stiffness of spine” to make actual improvements in healthcare, MPs have been told.

The local health and wellbeing boards were discussed during an evidence session of the parliamentary communities and local government committee on 7 January.

Chris Bentley, an independent consultant on population health who has been working with local authorities on health, said, giving evidence, that he was sceptical of the positive effect that health and wellbeing boards would make when they became fully operational from April.

Trying to close the gap in health inequalities between people from the most deprived areas and the most affluent was difficult, he said.

“Looking at the way the new arrangements are coming into place, I am a little worried that they don’t have the kind of firmness or the stiffness of spine that is going to be necessary to drive forward measurable change at population level from local authorities,” said Bentley.

“That [change] is happening in a number of places that I have been working with, but I wouldn’t say it was universal. There are some areas where I would say the arrangements are a bit ‘pink and fluffy’ and are not going to necessarily enable people to drive forward changes. Nowhere I have seen has got it perfect yet.”

Many boards were planning to hold only four meetings a year, he said. “If you are only going to have four meetings a year, you’ve got to have some sort of pretty durable structures that can do things between the meetings.”

Cite this as: BMJ 2013;346:f36

Leeds surgical team performs first hand transplantation in UK

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A surgical team has reported encouraging results of the United Kingdom’s first hand transplant operation, which used a new technique to amputate the recipient’s non-functioning hand during the procedure, enabling the surgeons to accurately rebuild nerve structures to the transplanted hand.

The team at Leeds General Infirmary carried out the complex eight hour operation on 27 December 2012, after a donor limb became available. Its tissue matched one of the two patients listed to receive a hand transplant, 51 year old Mark Cahill, who was unable to use his right hand because of severe gout.

“This operation is the culmination of a great deal of planning and preparation over the last two years by a team including plastic surgery, transplant medicine and surgery, immunology, and rehabilitation medicine,” said Simon Kay, the consultant plastic and reconstructive surgeon who led the operation.

“The team was on standby from the end of November awaiting a suitable donor limb, and the call came just after Christmas,” he explained. “It is still early days, but indications are good and the patient is making good progress.”

Hand transplantation was pioneered in Lyon, France, in 1998. Kay works closely with the transplant team in Lyon, where several successful hand transplantations have been carried out. But this was the first time that a patient’s hand had been amputated during the procedure to attach the transplanted hand.

Two surgical teams worked at nearby hospitals at the same time, one removing the donor’s hand while a second amputated the patient’s hand. They mapped the nerves, blood vessels,



Simon Kay (left) used a new technique to transplant a hand for Mark Cahill (right)

LEEDS INFIRMARY

and tendons very precisely before transplantation, marking them up on each hand.

This enabled them to connect the nerves, blood vessels, and tendons and bones in the patient’s wrist very accurately to those in the donor hand. After attaching the bones and some tendons, the team connected the blood vessels to restore circulation to the transplanted hand. The remaining tendons were then connected and the nerves repaired.

A hospital spokesman said that the patient could not yet feel the transplanted hand but that he could move the fingers slightly. The spokesman said, “The team considers that the transplant is doing better than some other similar transplants at this stage,” adding that it was too early to comment on the success of procedure, given the risks of transplantation.

Cite this as: BMJ 2013;346:f36