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Mexicans queue for A/H1N1 tests, p 1096



Quality is not a destination, p 1094



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Fragile health systems will make surveillance and mitigation a challenge, says Richard Coker

1088 Prescribing antibiotics for acute cough in primary care

Can be reduced by improving communication and measuring CRP, state Alastair D Hay and Katy V Jüttner
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1089 Childhood disability and social policies

Thinking needs to extend beyond biomedical dimensions of disease, says Peter Rosenbaum
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1090 Diagnosis and treatment of primary hypothyroidism

New guidance highlights how to do it in primary care, write Amit Allahabadia, Salman Razvi, Prakash Abraham, and Jayne Franklyn

1091 Unemployment and health

Health benefits vary according to the method of reducing unemployment, says Danny Dorling

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1094 Quality in primary health care; European Working Time Directive; "I want to see the consultant"

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1096 NICE launches portal for professionals to access evidence

Global aid agencies boost support to poorer nations to fight flu threat

1097 Rheumatoid arthritis patients should be referred more swiftly

European flu toll reaches 107 confirmed cases

1098 Polyclinics could be focus of care for offenders with mental health problems, report says Health minister Ara Darzi pushes innovation in the NHS

Darzi opens first of London's polyclinics

1099 Lung cancer treatment in UK lags behind other countries

Doctors do pull their weight in changing NHS, debate decides

1100 US Institute of Medicine report calls for an end to firms' drug and device promotion to doctors Hanumappa Sudarshan: the quiet reformer who has set up health services for 600 000 people

1101 Indian doctor starts his third year in prison

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1103 No gifts, please, we're doctors Douglas Kamerow

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The pandemic alert level has been raised to phase 5—just one level short of a full pandemic—by the World Health Organization. As influenza A/H1N1 spreads quickly from its origins in Mexico, Rebecca Coombes assesses the threat and our levels of protection

1106 Open government?

Researchers are turning to the Freedom of Information Act to shed light on health policy decisions, but, as Jane Cassidy reports, getting data is not always straightforward

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1108 Is the private sector better value for money than the NHS? A Scottish case study

The value for money of work contracted out to independent sector treatment centres has been hard to assess. Allyson Pollock and Graham Kirkwood look at data from the only such centre in Scotland

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1112 Effect of point of care testing for C reactive protein and training in communication skills on antibiotic use in lower respiratory tract infections: cluster randomised trial

Point of care testing reduced Dutch general practitioners' prescribing of antibiotics from 53% of patients to 31%

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1116 Participation in life situations of 8-12 year old children with cerebral palsy: cross sectional European study

Among 1174 children in nine European regions, those with pain and greater impairments were most likely to miss out on normal daily and social activities, although those in east Denmark were the least excluded

Jérôme Fauconnier, Heather O Dickinson, Eva Beckung, Marco Marcelli, Vicki McManus, Susan I Michelsen, Jackie Parkes, Kathryn N Parkinson, Ute Thyen, Catherine Arnaud, Allan Colver

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1122 Sociodemographic variations in the contribution of secondary drug prevention to stroke survival at middle and older ages: cohort study

In nearly 13 000 patients who had strokes between 1995-2005 in England only a quarter of men and a fifth of women got the appropriate drugs in primary care, with those aged over 80 markedly less likely to receive lipid lowering drugs

Rosalind Raine, Wun Wong, Gareth Ambler, Sarah Hardoon, Irene Petersen, Richard Morris, Mel Bartley, David Blane

1127 Meeting information needs of patients with incurable progressive disease and their families in South Africa and Uganda: multicentre qualitative study

Interviews with seriously ill patients and their caregivers in sub-Saharan Africa reveals that they are rarely provided with adequate information about their disease and its prognosis

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1132 Effect of guideline based computerised decision support on decision making of multidisciplinary teams: cluster randomised trial in cardiac rehabilitation

pico

Providing computerised decision support to teams working in cardiac rehabilitation helped them to adhere to guideline recommendations

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1133 Kawasaki disease

Anthony Harnden, Masato Takahashi, David Burgner

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1139 The competent novice: How to handle stress and look after your mental health

Junior doctors can take action to avoid stress and depression associated with their workload. This article explains how, and gives advice on who to seek help from if the need arises

Amy Iversen, Bruno Rushforth, Kirsty Forrest

1143 10-minute consultation: Request for slimming tablets

SW Mercer, M E J Lean

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GETTY IMAGES

PICTURE OF THE WEEK

Campaigner Dr Philip Nitschke holding up a drug testing kit that is used as part of assisted suicide. The Australian doctor was initially refused entry to the UK but was granted leave to stay in time to lead a workshop on assisted suicide in Bournemouth. More events are planned for East Sussex, Gloucestershire, and Scotland.

THE WEEK IN NUMBERS

2.5 Rate of cerebral palsy in Europe per 1000 live births (**Research**, p 1116)

£135 million Sum handed by the World Bank to Mexico to fight the spread of the swine flu virus (**News**, p 1095)

28% Proportion of doctors who experience psychological distress (**Practice**, p 1139)

£2.7 billion Amount so far paid by the NHS to private healthcare companies (**Analysis**, p 1108)

2500 Number of premature deaths per year that could be prevented by reducing unemployment (**Editorials**, p 1087)

THE WEEK IN QUOTES

“Under-treatment among older people with stroke in routine primary care cannot be justified” (**Research**, p 1122)

“Kawasaki disease is an important diagnosis not to miss in febrile children because treatment within 10 days may prevent coronary artery damage” (**Clinical Review**, p 1133)

“Medicine is unique in the extent to which relationships between physicians, researchers, and drug companies are ubiquitous” (**News**, p 1100)

“Mexican swine flu feels different, the real deal” (**From The Frontline**, p 1150)

“Although many trusts may have 48 hour compliant rotas on paper, the practicality of these rotas is worrying” (**Letters**, p 1093)

EDITOR'S CHOICE

The problem with ISTCs



Editorial, p 1087
Features, p 1104
Personal view, p 1147

“Perfidious financial idiocy” was how a previous editor of this journal described the private finance initiative (PFI), a way of securing private funding for public projects, notably hospital building (*BMJ* 1999;319:2-3). Richard Smith based his assessment largely on the work of Allyson Pollock, who, Cassandra-like, found her message ridiculed when it wasn’t ignored. But that was then. The current unravelling of PFI, with the government bailing out projects in trouble, makes her analysis look prescient. So we should at least take notice of what Professor Pollock has since turned her attention to.

Her latest target is independent sector treatment centres (ISTCs), the beneficiaries of the British government’s policy of contracting out clinical services to commercial companies. Last year, she castigated the Department of Health for failing to collect and provide data to allow evaluation of this policy, quoting a member of the Commons Health Committee who said that the whole area seemed to be “an evidence-free policy zone” (*BMJ* 2008;336:421-4).

While researching a series of articles on the NHS last year I was surprised to discover one of the reasons why: commercial sensitivity. In trying to analyse the effects of the NHS’s reform programme, the Audit Commission and the Healthcare Commission found themselves prevented from working out whether ISTCs were value for money because relevant data, deemed to be commercially sensitive, were denied them. Recall for a moment that the Audit Commission is meant to promote value for money for taxpayers, auditing the £200bn (\$302bn, €268) spent by 11 000 local public bodies. Seeking to bring this weird state of affairs to wider attention, I accompanied my article with a quote from the commissions’ report (*BMJ* 2008;337:a524). Even more worryingly, the Healthcare Commission

could not report on the quality of care at ISTCs because the centres failed to comply with the data requirements of the Hospital Episode Statistics.

They do things differently in Scotland and, after a public interest appeal to the Scottish information commissioner, NHS Tayside placed the only Scottish ISTC contract in the public domain. In this week’s article Allyson Pollock and Graham Kirkwood pore over its content, alongside an assessment by management consultants PricewaterhouseCoopers and the contemporaneous Scottish Morbidity Record (p 1108).

It might be that the treatment centre’s owners got a much better deal than the taxpayer, being paid up to £3m for patients who did not receive treatment. But without access to the full data we’ll never know. Pollock and Kirkwood’s surely uncontroversial bottom line is that a proper assessment of ISTCs requires the full contract details and costs to be in the public domain.

Jane Cassidy discusses the use of the Freedom of Information act to uncover this sort of information, but reports that England’s Department of Health needs to up its game (p 1106). The department has been ticked off twice by the information commissioner in the past year and has been ruled to have acted wrongly in 14 of 16 decisions that have gone to appeal since 2005.

With doctors having to endure endless lectures on the virtues of “quality” and “leadership” emanating from the Department of Health, could they request a spot of “transparency” in return? Who knows—it might shed some interesting light on both the quality of care provided by ISTCs and the leadership abilities of those entrusted to spend taxpayers’ money wisely and well.

Tony Delamothe, deputy editor, *BMJ*
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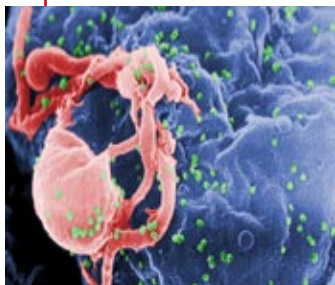
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PLUS

Career Focus, jobs, and courses appear after p 1150.



LATEST RESEARCH

Longitudinal community plasma HIV-1 RNA concentrations and incidence of HIV-1 among injecting drug users

A longitudinal measure of community plasma HIV-1 RNA concentration was correlated with the incidence of HIV in the community and predicted this incidence, independent of unsafe sexual behaviours and sharing used syringes. If these findings are confirmed, they could help to inform both HIV prevention and treatment interventions, say the authors of this prospective cohort study.

Long term monitoring in patients receiving treatment to lower blood pressure

Usual clinical approaches to the monitoring of patients taking drugs to lower blood pressure have a low probability of yielding reliable information about true changes in blood pressure. Evidence based guidelines for monitoring treatment response are urgently required to guide clinical practice, according to this analysis of data from a placebo controlled randomised controlled trial.

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LATEST BLOGS

Early on in the swine flu pandemic, the Mexico City hospital where radiologist Adrian Gonzalez works was declared a national referral centre. He finds a changed working environment: "The emergency department has been redesigned to keep patients with suspected cases in an isolated area with negative pressure while establishing a diagnosis. The beds used commonly for elective procedures that require one or two days of stay are now empty, and are being transformed into an intensive care unit, in readiness for people with severe complications of the disease."



Closer to home, Richard Smith argues that the polypill is about demedicalisation: "To advocate the polypill is to . . . hand back power to patients, encourage self care and autonomy, call for better worldwide distribution of simple effective health care (the polypill brings affordable treatment to people who cannot afford a doctor), and deprofessionalise primary care."

And Julian Sheather visits performance artist Bobby Baker's exhibition at the Wellcome Trust, which features the "diary paintings" she produced as therapy for mental illness: "With art therapy, the therapy is usually the thing. The 'art' is a by-product. At the Wellcome Trust, Baker's drawings are the thing. The daily ritual of making them may have anchored her, may have helped her momentarily distance herself from her horrors, but this is much more than art as therapy. Through a series of clever, coloured and unpitying cartoons she slowly builds a picture of what it means to live with a disintegrating mind. Sly, witty and precise, at times caustic, at times flatly horrific, she brings you as close as you probably want to get to the daily horrors of severe mental illness. This is fine biographical art, and, it needs to be said, the art of an extraordinarily courageous survivor."

Read these and other *BMJ* blogs at <http://blogs.bmj.com/bmj>

LATEST PODCASTS

Helen Morant talks to Richard Coker and Tom Jefferson about pandemic flu. Geoff Watts talks to Theresa Marteau about the Wellcome Trust's new Centre for the Study of Incentives in Health. Tony Delamothe talks to Allyson Pollock about her article on independent sector treatment centres (p 1108). And Annabel Ferriman takes us through the latest news.

The podcasts from last week's King's Fund and *BMJ* debate, "Are doctors neglecting their duty to lead health service change?" are now live, at <http://www.bmj.com/campaigns/leadership/>. They feature the arguments for and against the motion, comments from the floor and vox pops.

Listen to this and other podcasts at <http://podcasts.bmj.com/bmj/>

MOST COMMENTED ON

Tight control of blood glucose in long standing type 2 diabetes

Modifiable factors influencing relatives' decision to offer organ donation: systematic review

"I want to see the consultant"

Why the Pope may be right

What to cut

MOST READ

Critical thinking

Diarrhoea and vomiting caused by gastroenteritis in children under 5 years: summary of NICE guidance

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How to handle stress and look after your mental health

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