MALCOLM WILLETT

FEATURE, p24

NEWS

1 Withdraw "misleading and damaging" consultation on shared decision making, say health policy critics

Northern Ireland signs deal for electronic patient records after successful pilot

2 Drug error death a decade ago has made UK a leader in safety

Circle seeks £47.5m to avoid becoming insolvent

3 Preterm babies have greater risk of psychiatric conditions as adults

Vaccinating children against flu is cost effective

4 Call for more safe sex education as gonorrhoea rises by a quarter

Judge orders Spanish doctor to pay for child support after a failed abortion

Preterm babies: adulthood mental illness more likely, p 3

RESEARCH

RESEARCH HIGHLIGHTS

11 The pick of *BMJ* research papers this week

RESEARCH NEWS

12 All you need to read in the other general journals

RESEARCH PAPERS

13 Clinical and cost effectiveness of booklet based vestibular rehabilitation for chronic dizziness in primary care: single blind, parallel group, pragmatic, randomised controlled trial Lucy Yardley et al

14 Facilitated physical activity as a treatment for depressed adults: randomised controlled trial Melanie Chalder et al

EDITORIAL, p 6

15 Effectiveness of a diabetes education and self management programme (DESMOND) for people with newly diagnosed type 2 diabetes mellitus: three year follow-up of a cluster randomised controlled trial in primary care Kamlesh Khunti et al

EDITORIAL, p 7

16 The effect of the Talking Diabetes consulting skills intervention on glycaemic control and quality of life in children with type 1 diabetes: cluster randomised controlled trial (DEPICTED study) Mike Robling et al

EDITORIAL, p 7

17 Validation of two age dependent D-dimer cut-off values for exclusion of deep vein thrombosis in suspected elderly patients in primary care: retrospective, cross sectional, diagnostic analysis Henrike J Schouten et al

RESEARCH METHODS AND REPORTING

18 Comparative effectiveness research in cancer screening programmes
Michael Bretthauer and Geir Hoff

COMMENT

EDITORIALS

5 Improving vascular health: are pills the answer?
Liam Smeeth and Harry Hemingway

6 Exercise to treat depression
Amanda Daley and Kate Jolly

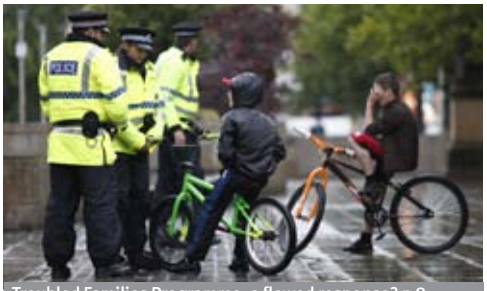
RESEARCH, p 12

7 Strategies to optimise clinical outcomes for patients with diabetes
Frank J Snoek

RESEARCH, pp 13, 14

8 The British government's Troubled Families Programme
Adam Fletcher et al

9 The new NHS information strategy
Jeremy C Wyatt



Troubled Families Programme: a flawed response? p 8

FEATURES

24 Integrated care: a story of hard won success
A large scale pilot of integrated care services is showing early signs of success for patients and staff, but clinicians explain to Richard Vize that this is often despite NHS processes and not because of them

ANALYSIS

21 Drug prophylaxis in general medical patients: does usage reflect the benefits and risks?
Similar evidence supports the use of heparin to prevent DVT and acid suppression to prevent GI bleeding in hospital patients. But one is recommended and widely used while the other is not. Shoshana Herzig and Michael Rothberg examine the role of industry influence and research bias

Articles appearing in this print journal have already been published on bmj.com, and the version in print may have been shortened. bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references are given as w1, w2, etc) and be labelled as extra on bmj.com.

Please cite all articles by year, volume, and elocator (rather than page number), eg *BMJ* 2012; 344:d286.

A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.


Medicine in Shakespeare, p 32

COMMENT

LETTERS

26 European healthcare league; Extent of McKinsey's power; Anti-VEGF treatment

27 Histology of scalp cysts; Planned place of birth analysis

28 Taxing unhealthy foodstuffs; Salty food league table

29 Withdrawal of liraglutide; Lack of hospital diabetes teams; Investigating hospital deaths

OBSERVATIONS

ON THE CONTRARY

30 From rags to riches: the atrial fibrillation story Tony Delamothe

VIEWS AND REVIEWS

PERSONAL VIEW

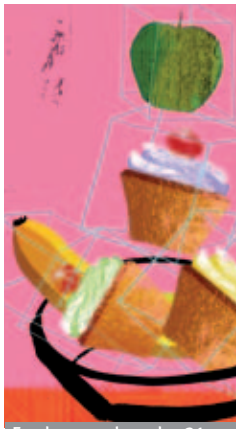
31 Plastic food packaging encourages obesity Clare Relton et al

BETWEEN THE LINES

32 Nameless woe Theodore Dalrymple

MEDICAL CLASSICS

32 The Medicalization of Everyday Life A Mark Clarfield


Food overpackaged, p 31

OBITUARIES

33 Colin Gordon McKerron; Nicholas Mark Reynolds; Watson Rogers; Graham L Steer; Josephine Taylor; Colin Wesson; Robert Fraser Williams

LAST WORDS

45 Bad medicine: dementia Des Spence

Psychoanalysis can seriously damage your health Colin Brewer

EDUCATION

CLINICAL REVIEW

34 Prepregnancy care Srividya Seshadri et al

PRACTICE

EASILY MISSED?

40 Familial hypercholesterolaemia Peter J Gill et al

10-MINUTE CONSULTATION

42 A child with neck swelling Ian P Sinha et al

ENDGAMES

44 Quiz page for doctors in training

MINERVA

46 Bisphosphonates and eye inflammations, and other stories

FILLERS

20 Playing the odds

39 Corrections and clarifications

BMJ

9 June 2012 Vol 344

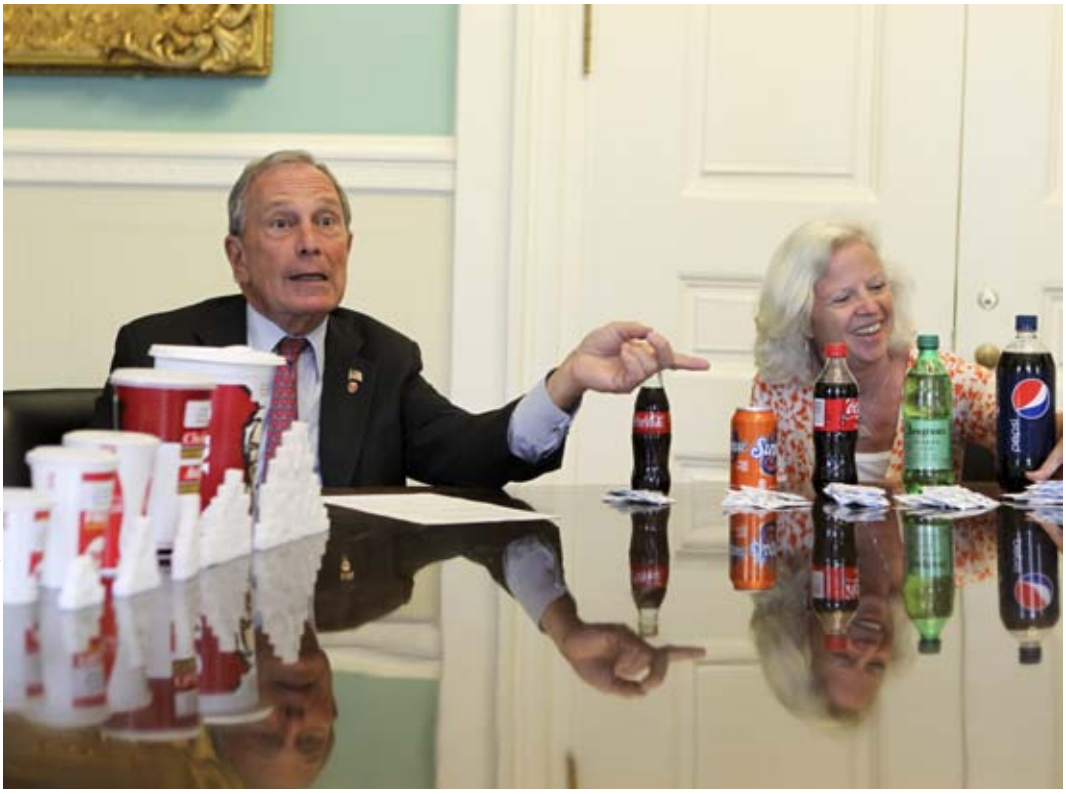
The Editor, *BMJ*
BMA House, Tavistock Square,
London WC1H 9JR
Email: editor@bmj.com
Tel: +44 (0)20 7387 4410
Fax: +44 (0)20 7383 6418
BMA MEMBERS' INQUIRIES
Email: membership@bma.org.uk
Tel: +44 (0)20 7383 6642
BMJ CAREERS ADVERTISING
Email: sales@bmjcareers.com
Tel: +44 (0)20 7383 6531
DISPLAY ADVERTISING
Email: sales@bmjgroup.com
Tel: +44 (0)20 7383 6386
REPRINTS
UK/Rest of world
Email: ngurneyrandall@bmjgroup.com
Tel: +44 (0)20 8445 5825
USA
Email: mfogler@medicalreprints.com
Tel: + 1 (856) 489 4446
SUBSCRIPTIONS
BMA Members
Email: membership@bma.org.uk
Tel: +44 (0)20 7383 6642
Non-BMA Members
Email: support@bmjgroup.com
Tel: +44 (0)20 7383 6270
OTHER RESOURCES
For all other contacts:
resources.bmj.com/bmj/contact-us
For advice to authors:
resources.bmj.com/bmj/authors
To submit an article:
submit.bmj.com

BMJ Group

The BMJ is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to *BMJ*, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. $796.

Printed by Polestar Limited



CHANG W LEE/THE NEW YORK TIMES/REDUX / EYEVINE

PICTURE OF THE WEEK

The Bloomberg administration in New York has unveiled a plan to ban the sale of large sugary soft drinks in restaurants, cinemas, and sports venues in the city in an attempt to combat the rising prevalence of obesity. This far reaching ban would affect the sale of any sweetened drinks larger than 16 fluid ounces (473 mL) and could take effect as early as March 2013 in a city where more than half of adults are overweight or obese. During his time in office Michael Bloomberg has banned smoking, outlawed trans fats in restaurants, and forced chain restaurants to put calorie counts on menus

RESPONSE OF THE WEEK

"I'm sorry; did I misread this? Or is the editorial stance of the *BMJ* such that we are not to be told another side to this story? The disbelief of a public already astonished at doctors' remuneration; the idea that doctors are not already treated "preferentially"; the irony that they think they are not condescending when they use terms like "our patients"; the thought that the public can "rest assured" because doctors will only withhold treatment until the public "need us most." We doctors are making me sick."

Christopher J Townsend, participatory development advocate, Exeter, UK, in response to "Doctors to take industrial action over pensions in June" (*BMJ* 2012;344:e3860)

BMJ.COM POLL

This week's poll asks:
"Should addicts have their benefits cut if they refuse treatment?"

News (*BMJ* 2012;344:e3694)
Vote now on bmj.com

MOST READ ON BMJ.COM

Restless legs syndrome
Effect of tranexamic acid on surgical bleeding
Comparisons of established risk prediction models for cardiovascular disease
Preventing overdiagnosis: how to stop harming the healthy
Ultrasound guided corticosteroid injection for plantar fasciitis

MOST COMMENTED ON BMJ.COM

Venous thrombosis in users of non-oral hormonal contraception: follow-up study, Denmark 2001-10
The psychiatric oligarchs who medicalise normality
Are doctors justified in taking industrial action in defence of their pensions?
The hardest thing: admitting error

EDITOR'S CHOICE

Integrated care is what we all want

This story suggests that the best way to achieve efficiencies while improving the quality of care is collaboration not competition

Integrated care is one of those concepts that's hard to argue against. Who among us would not want hospital staff to work closely with primary, community, and social care services, so that, when we turn up in the emergency department with a serious exacerbation of our chronic condition, the team there knows all about us? Better still, wouldn't we all want the various teams to liaise closely so we don't have to go to hospital at all? If, by integrated care, we mean seamless, high quality care, it's obviously desirable. So why is it so hard to achieve? And why do we struggle to deliver it in the National Health Service—arguably the one health system in the world that should be able to provide seamless care?

There's no shortage of stories about failed and fragmented care in the UK and elsewhere. But this week we present a success story, hard won against every kind of obstacle, and all the more instructive for that. As Richard Vize reports, a pilot scheme in North West London set out to reduce pressure on hospital beds and has ended up saving money and improving quality of care. It has also conjured better communication and understanding among clinicians in unexpected ways (p 24).

But back to the barriers. No one who is planning to set up an integrated care scheme should underestimate them. "It is not an easy journey," warns Andrew Steedon, who co-directed the project. "It is tough and you are going to hit opposition from everyone. You need a tough skinned team." Sceptical, suspicious, unwilling, and obstructive clinical colleagues seem to have been the main opposition. But in the end it was clinicians who led the scheme. Still it wouldn't have worked if clever and committed people hadn't found a way round the NHS's complex financial mechanisms and disparate information technology, none of which is aligned for integrated care. Vize describes a "Heath Robinson" financial machine and rightly says, "it shouldn't have to be so complicated."

As for designing better pathways of care, it turns out that the only people who know how the whole system works are the patients. Their input transformed the North West London scheme and became, like integrated care itself, obvious. Only they cross the organisational boundaries, a fact that underlines the wisdom and importance of efforts to give patients control of their own medical records (http://www.patientsknowbest.com/).

This story suggests that the best way to achieve efficiencies while improving the quality of care is collaboration not competition. Meanwhile, much of the discussion about the latest round of changes to the NHS in England has focused on whether competition will be good or bad for health (*BMJ* 2011;343:d4136, d4205).

Can this approach work more widely? Buoyed up by their success, the North West London team is looking to expand into other age groups and diseases. The much lauded integrated care scheme in Torbay (*BMJ* 2011;342:d1917), however, is said to be struggling to sustain itself (http://bit.ly/L3ypTk). At the moment, such transformational schemes rely on the exceptional efforts of exceptional people. Our challenge now is to make the exception the rule.

Fiona Godlee editor, *BMJ*
fgodlee@bmj.com

Cite this as: *BMJ* 2012;344:e3959

To receive Editor's Choice by email each week, visit www.bmj.com/newaccount

Twitter

Follow the editor, Fiona Godlee, at twitter.com/fgodlee and the BMJ's latest at twitter.com/bmj_latest

Sign up today using your smartphone

—follow these steps:

- Download a free QR reader from your handset's app store
- Hold your Smartphone over the QR code
- You will then be forwarded to the email sign up page