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- 2 A new landmark for London's East End  
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Please cite all articles by year, volume, and locator (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.

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## FEATURES

- 23 After the bill, what next?  
Last week the *BMJ* and Nuffield Trust brought together some of the leading voices in healthcare at a debate held during the trust's annual summit to consider what life in the NHS will be like after the Health and Social Care Bill finally passes into legislation. Rebecca Coombes presents the highlights of the speaker's arguments

## ANALYSIS

- 26 What are the priorities for prevention and control of non-communicable diseases and injuries in sub-Saharan Africa and South East Asia?  
Last year's high level meeting at the United Nations in New York sought to galvanise countries around the world into scaling up their responses to the escalating worldwide burden of non-communicable diseases. But with global resources tight, D Chisholm and colleagues examine which interventions should be given priority for action and investment



Combating non-communicable diseases, pp 11, 26

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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

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Dear Mr Cameron,  
You're making a big mistake  
with the NHS.  
Please, please listen to us.

Dr Brigid Sheppard, GP

66% of NHS staff think that if government plans go ahead they will make the NHS worse.

Source: Based on Jan 2012 survey of 1,601 adults who work in the NHS in Great Britain by YouGov: 38 Degrees.

38degrees.org.uk/nhs

## PICTURE OF THE WEEK

Brigid Sheppard, a London general practitioner, features on new billboard campaign in 150 locations in London and across the country this week, urging UK prime minister David Cameron to withdraw the controversial health bill to reform the NHS in England. The £300 000 campaign has been devised and funded by advocacy group 38 Degrees, which has doctor members. As well as in the capital, the poster will be erected in the constituencies of Mr Cameron and deputy prime minister Nick Clegg, and marginal parliamentary seats around the country. The group hopes to convince Mr Cameron that the bill could lose his party votes in May's local government elections.

● SEE FEATURE, p 23

## MOST READ ON BMJ.COM

How safe are metal-on-metal hip implants?

Differential risk of death in older residents in nursing homes prescribed specific antipsychotic drugs: population based cohort study

Diagnosis of *Helicobacter pylori* infection

Effects of gestational age at birth on health outcomes at 3 and 5 years of age: population based cohort study

Happiness is a U shaped curve, highest in the teens and 70s, shows survey

## MOST COMMENTED ON BMJ.COM

Assaulting alternative medicine: worthwhile or witch hunt?

Does psychoanalysis have a valuable place in modern mental health services?  
No

Does psychoanalysis have a valuable place in modern mental health services?  
Yes

Migrant healthcare: public health versus politics

Hormone replacement therapy

## RESPONSE OF THE WEEK

**“The current problems and indeed scandals about devices, implants, and prostheses highlight the need to ensure that for safety the lifelong patient record contains details of them. This means complete records should be in NHS and private discharge letters.**

**The future is more worrying with the potential break-up of the NHS into competing organisations with no continuity of record, and clinical governance requirements are needed now”**

Anna E Livingstone, general practitioner, London, UK, in response to “Serious risks from metal-on-metal hip implants” (*BMJ* 2012;344:e1539)

## BMJ.COM POLL

Last week we asked, “Does psychoanalysis have a place in modern mental health?”

**63%** voted YES (total 917 votes cast)

This week's poll asks: “Should everyone over 65 be screened for atrial fibrillation?”

**People over 65 should be screened for atrial fibrillation, say stroke specialists**

● [bmj.com](http://bmj.com) Cast your vote



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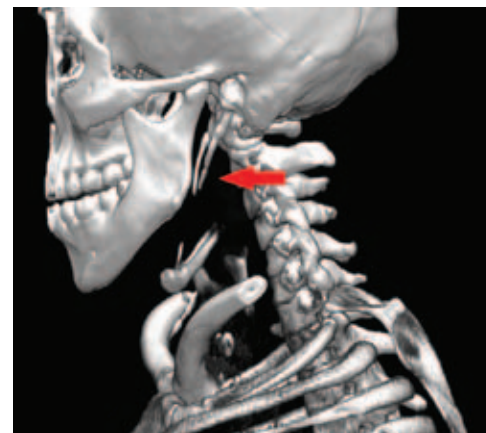
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## EDITOR'S CHOICE

## What outcome for the NHS?

**Integrated care remains everyone's holy grail, but opinions are deeply divided as to whether the bill will make this more or less likely**

The mess that is the Health and Social Care Bill continues its weary way through parliament. After the rather too late but increasingly great professional protest of the past few weeks (doi:10.1136/bmj.e1675), can the public be mobilised to persuade the government to abandon the bill? As from next week a campaign of banner advertisements funded by individual donations will attempt to persuade Londoners—and, more specifically, the prime minister—to think again.

But for the moment we have to assume that the bill will be passed. This was the opening premise for a roundtable debate hosted by the *BMJ* at the Nuffield Trust summit last week. Delegates had heard from the secretary of state for health Andrew Lansley that everything was going fine and all would be well. So we asked 11 leading voices in healthcare to give their views on what the NHS will look like after April (p 23, [www.bmj.com/multimedia](http://www.bmj.com/multimedia)). Views ranged from impatience to get on with the changes to fears that the new structures will struggle to achieve much needed strategic reconfiguration. Integrated care remains everyone's holy grail, but opinions are deeply divided as to whether the bill will make this more or less likely.

One thing that all agree is essential is greater transparency on outcomes of care, which the new NHS outcomes framework should deliver (p 7). A focus on outcomes rather than processes of care is an important advance, but you'd expect the *BMJ* to question the quality of the evidence base underlying those outcomes. Lavinia Ferrante di Ruffano and colleagues do just that. In their Research Methods and Reporting article, they explain how to assess the value of diagnostic tests

(p 18). Most studies look only at the accuracy of individual tests. Some do better by comparing the sensitivity and specificity of test strategies. Better still are those studies that look at how diagnostic tests change decision making. But the only true way to properly assess the value of different diagnostic pathways, say the authors, is to compare how each one affects patients' health. This means we must think of diagnosis not as a single event but as a complex intervention. Most of the evidence base for deciding which tests to offer patients won't attempt this higher level of evaluation. So anyone charged with deciding which tests to buy for their patients should approach the evidence with their critical faculties on high alert.

Someone who has done as much as anyone to demystify the evidence base and promote evidence based medicine is Trish Greenhalgh. Her 10 part series on "How to read a paper" ([www.bmj.com/content/315/7101/180](http://www.bmj.com/content/315/7101/180)), which led to her best selling *BMJ* book by the same name, are consistently among the most accessed articles on [bmj.com](http://bmj.com). This week, after 21 years as a *BMJ* columnist, she is signing off (p 52). Her columns have personified for me the unique mix of voices that is the *BMJ*: good writing based on sound science that puts patients first. Over the years I have agreed with much of what she has written, and one thing in particular: that "the pen is, in some instances, mightier than the randomised controlled trial at effecting change" (*BMJ* 1994;308:142).

**Fiona Godlee editor, *BMJ* [fgodlee@bmj.com](mailto:fgodlee@bmj.com)**

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