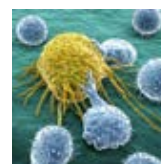


NEWS

UK news Healthcare gains made in past decade are reversing, says report, p 2

World news Australian campaign aims to stop visits to doctors from drug representatives, p 4

References and full versions of news stories are on thebmj.com



thebmj.com

First evidence of long term safety of human embryonic stem cells reported

London GP practices need £1bn for rebuilding and repairs, says Darzi report

Jacqui Wise LONDON

The chair of the London Health Commission has called for £1bn over five years to rebuild or refurbish every general practice in London, in what would be the biggest investment programme of its kind since 1948.

Last year the mayor of London, Boris Johnson, asked Ara Darzi to chair the commission. Darzi's 170 page report, *Better Health for London*,¹ contained 64 recommendations, including a ban on smoking in public parks, Oyster card discounts for commuters who walk some of their way to work, a restriction on fast food outlets near schools, and the appointment of a London health commissioner.

In a letter to Londoners at the beginning of the report, Darzi said, "All of us should be ashamed at the state of many of London's GP practices: the condition of most practices is poor or only 'acceptable,' and a staggering three quarters of London's GP practices are in need of rebuild or repair.

"One third of practices are inaccessible for people in wheelchairs. This is the sign of chronic underinvestment from a capital expenditure system that has fundamentally failed."

The report noted that £1bn would be just 4% of total capital spending in the NHS over the next five years and 26% of the anticipated capital spending in London, which still meant that 74% of the capital budget would be invested in hospitals and other care facilities. It added that investment must be joined with reform and called for an end to professional isolation, whereby every GP practice joins in a network of local practices.

The report said that around £1.5bn of NHS estate was unused, underused, or misused—costing the health service more than £50m a year in maintenance alone. It called for a withdrawal of the public subsidy from hospitals that hoard assets, to force them to use these for patient care or release them for housing.

Cite this as: *BMJ* 2014;349:g6238

64 RECOMMENDATIONS including

- ban on smoking in public parks
- Oyster card discounts for commuters who walk some of their way to work
- restriction on fast food outlets near schools



Lansley claimed backing from the medical establishment despite opposition from doctors and journals

Senior Tories admit NHS reform was worst mistake in power

Gareth Iacobucci THE BMJ

Senior Conservative politicians have admitted that their controversial reorganisation of the NHS in England was the worst mistake they have made since being in government, the *Times* newspaper has reported.

The report claims that Prime Minister David Cameron and Chancellor George Osborne regretted their failure to understand the scale and effects of the plans devised by the former health secretary Andrew Lansley, described by one insider as "unintelligible gobbledygook."¹

It said that Downing Street officials now regarded the changes as a "huge strategic error," with a former adviser to Number 10 quoted as saying, "No one apart from Lansley had a clue what he was really embarking on, certainly not the prime minister. He kept saying his grand plans had the backing of the medical establishment, and we trusted him. In retrospect, it was a mistake."

The full scale structural reorganisation of the NHS was enacted in the Health and

Social Care Act 2012, despite opposition from the medical profession and beyond. The implementation of the changes, which included the abolition and redeployment of several tiers of NHS management, is estimated to have cost more than £1.5bn.² The plans were so contentious that the government announced an unprecedented "pause" in the legislative process to allow further consultation.³ It eventually pushed through a modified version of the bill after dissent from the Liberal Democrats was quelled.⁴

The Times quoted a senior Cabinet minister as saying, "We've made three mistakes that I regret, the first being restructuring the NHS. The rest are minor."

It also quoted an ally of Osborne, who disclosed that the chancellor regretted not blocking the legislation before it became law. "George kicks himself for not having spotted it and stopped it. He had the opportunity then and he didn't take it."

Senior figures from the medical profession were scathing about the

disclosures. Writing on the social media website Twitter, Clare Gerada, former chair of the Royal College of General Practitioners, said that doctors would have been referred to the General Medical Council if they had acted in the same way. "If a doctor implemented untested, unnecessary, harmful [medications] they would be struck off," she wrote.

Clive Peedell, a consultant oncologist and co-leader of the National Health Action Party, which was set up in opposition to the reorganisation, said that the admission was "a huge embarrassment for the Tories but also a depressing revelation." He said, "It's no surprise to us that these reforms have been a disaster as this is exactly what we predicted."

But the current health secretary, Jeremy Hunt, defended the changes, insisting, "Andrew's structural changes are saving the NHS more than £1bn a year. The difficult question for those who complain about Andrew's reforms is: where would we have found the money otherwise?"

Cite this as: *BMJ* 2014;349:g6221

Antibiotic prescribing rose by 6% in four years

Zosia Kmiotowicz **THE BMJ**

GPs' prescribing of antibiotics in England rose by 4% from 2010 to 2013, while hospital prescribing rose by 12%, despite efforts to curb it, show figures from Public Health England.

Overall there was a 6% rise in consumption of antibiotics in England in the four years to 2013, from 25.9 to 27.4 defined daily doses per 1000 inhabitants a day, said the first annual report of the English Surveillance Programme for

GPs' PRESCRIBING OF ANTIBIOTICS UP BY 4% from 2010 to 2013

Antimicrobial Utilisation and Resistance.¹

The bulk of antibiotic prescribing, 79%, took place in general practice, with 15% in hospitals and 6.2% related to other community prescribers, predominantly dentists.

The highest combined GP and hospital prescribing was in Merseyside, at 30.4 daily defined doses per 1000 inhabitants per day, while the area with the lowest combined prescribing was in the Thames Valley, with 22.8.

In March 2013 the chief medical officer, Sally Davies, warned that antimicrobial resistance was a "ticking time bomb" that posed an "apocalyptic" threat similar to that of climate change, where deaths from infections could become as common again as they were in the early 19th century. Appropriate prescribing and better monitoring were essential, she said.²

In September last year the Department of Health launched a five year strategy to tackle the growing problem of antibiotic resistance.³

Cite this as: *BMJ* 2014;349:g6179

Australian campaign aims to stop visits to doctors from drug representatives

Amy Coopes **SYDNEY**

Australian doctors and medical trainees are being urged to shun drug company representatives in a new grassroots pledge campaign criticised by the drug industry as potentially dangerous for patients and cautiously received by the nation's leading doctors' group.

The No Advertising Please initiative (<http://noadvertisingplease.com.au>) will formally launch on Saturday 11 October at the annual conference of the Royal Australian College of General Practitioners in Adelaide. More than 100 signatories have already taken its pledge not to see drug company reps for the next 12 months, including several high profile medical academics.

The campaign's founder, Justin Coleman, is hoping for a "culture shift" away from visits by drug representatives—the usual way for doctors to keep up to date with pharmaceutical developments in Australia. It follows similar campaigns in the United States (<http://nofreelunch.org/index.htm>), Italy (<http://www.nograzie.eu>),

Germany (www.mezis.de/en.html), and the UK (www.healthyskepticismuk.com).

Coleman said, "It's very clear and not at all surprising that doctors who see reps prescribe more of the medications which the rep is promoting." If that weren't the case, the industry wouldn't hire representatives, he said.

Describing No Advertising Please as "an awareness raising initiative," he said, "We're not campaigning for different legislation or regulation, and it's not asking pharmaceutical

companies or governments to take action—it's really from the ground up."

The University of Queensland's Geoff Spurling, the lead author of a 2010 systematic review that examined the effect of drug company promotion on prescribing,¹ is among those who have signed on. "A lot of money is spent by drug companies on their sales force, and both doctors and patients are right to have concerns about the quality of prescribing that results from these interactions and also the credibility of the medical profession," he said.

Spurling's review of 58 studies found no evidence of educational benefit to doctors from drug company promotion and identified an association with more frequent, more costly, and lower quality prescribing. Other research has shown that representatives are less likely to discuss a drug's risks and adverse effects than its benefits,² and one study has highlighted concerns about financial conflicts of interest.³

The campaign has been endorsed by the Consumer Health Forum and General Practice Registrars Australia, which represents trainee doctors. The Australian Medical Association warned against any move that would constrain doctors from fulfilling their ethical obligations.

Cite this as: *BMJ* 2014;349:g6183



Research by Geoff Spurling (left) underpins the claims of the group founded by Justin Coleman

Smoking rates continue to fall in the UK

Jacqui Wise **LONDON**

Smoking prevalence in the United Kingdom fell from 19.8% in 2012 to 18.7% in 2013 and was substantially lower among women than men, the latest survey by the Office for National Statistics has shown.

The *Integrated Household Survey*,¹ which surveyed over 260 000 adults, found that 16.5% of women and 21.1% of men smoked. Men were more likely to be current smokers than

women across every age group.

Smoking decreased in England, Scotland, and Wales but stayed the same in Northern Ireland. Scotland reported the highest proportion of smokers at 21.1%, while England had the lowest proportion at 18.4%.

At the regional level the data showed a north-south divide, as smoking prevalence in London, the South East, and the South West was significantly lower than in the North

East, the North West, and Yorkshire and the Humber.

George Butterworth, tobacco policy manager at Cancer Research UK, welcomed the news of the falling rates. But he warned, "Smoking rates won't continue to drop on their own; the government needs to build on this success by safeguarding NHS smoking cessation services and protecting children from tobacco industry marketing by introducing plain, standardised packaging of tobacco products without delay."

The survey also collected information on perceived general health and found that, across the UK, 75.9% of adults said that they were in good general health in 2013, a similar level to that in 2012. Current smokers were less likely to report good general health than those who had never smoked. Among adults aged 50-64 who were current smokers 56.7% considered themselves to be in good health, compared with 75.9% of adults who had never smoked.

Cite this as: *BMJ* 2014;349:g6113

UK needs database of payments from industry to doctors, meeting hears

Clare Dyer **THE BMJ**

Doctors in the United Kingdom should be obliged to adhere to a code of conduct on relationships with industry and to declare their interactions with drug and medical device companies on a publicly accessible searchable database maintained by the profession, a joint meeting of the Royal College of Physicians and *The BMJ* has concluded.

On 9 October delegates resolved to convene a working group to draft a code of conduct governing interactions with industry. The aim is to publish it for consultation by the end of March 2015 and produce a final version by the end of June.

The meeting noted the current lack of an overarching UK system for regulating sponsorship, payments for expert advice, and other benefits that healthcare professionals receive from the industry, despite "clear evidence that commercial influences in research, education, publishing, and clinical practice affect patient care." A voluntary register of doctors' interests called *Who Pays this Doctor?* (www.whopaysthisdoctor.org) has attracted fewer than 150 entries.

Delegates at the meeting at BMA House in London called for clear leadership from the profession lest it risk "losing the trust of the public and having measures imposed upon it." To maintain public trust, doctors would have a duty to declare all conflicts of interests, especially financial payments, and to strive to minimise commercial influences on their work.

In 2013 the General Medical Council published guidance on conflicts of interest.¹ It is now considering whether to oblige doctors to declare such conflicts on the medical register, as part of a project looking at what further information, if any, should be on the register.

Cite this as: *BMJ* 2014;349:g6197



From 10 November advertisements of e-cigarettes in the UK must not be associated with youth culture

Doctors criticise new rules that allow celebrities to endorse e-cigarettes

Adrian O'Dowd **LONDON**

New rules to govern the advertising of electronic cigarettes will not allow companies to target under 18s and will state that advertisements must not promote the use of tobacco products.

However, doctors' leaders and experts have criticised a decision allowing celebrity endorsements and free samples to be given, which they say could undermine efforts to quit smoking. Also, companies will be allowed to advertise e-cigarettes on television and actually show the devices, which they have not been able to do previously.

The Committee of Advertising Practice, which writes and maintains the UK advertising codes that are administered by the Advertising Standards Authority, published its new advertising rules¹ on e-cigarettes on 9 October. They will have effect from 10 November, in addition to those already in place.

Advertising of tobacco products in the United Kingdom is banned, except in the trade press, and the rules on e-cigarettes followed a public consultation process. An estimated 2.1 million adults currently use e-cigarettes, up from 1.3 million in 2013 and 700 000 in 2012. The rules state that e-cigarette advertisements must not be likely to appeal particularly to people under 18, especially by being associated with youth culture, and that people shown using them must not be, or seem to be, under 25. Also, advertisements must not encourage non-smokers or non-nicotine users to use e-cigarettes and must

make clear that the product is an e-cigarette, not a tobacco product.

Shahriar Coupal, director of the committee, said, "While the debate about e-cigarettes continues, our commitment is to make sure they are advertised in a responsible way and that children are protected."

Ram Moorthy, deputy chair of the BMA's board of science, said, "It is essential that we maintain a consistent approach in portraying a negative image of smoking, and we must ensure that advertising e-cigarettes does not reinforce the normalcy of smoking behaviour. However, we are concerned that, despite new rules to ensure that adverts will not appeal to the under 18s, celebrity endorsements will still be allowed."

The Department of Health said in a statement, "The new advertising rules aim to ensure that e-cigarettes are promoted in a responsible way. In particular, protecting young people is top priority and this is why we are changing the law to ban the sale of e-cigarettes to under 18s."

The European Tobacco Products Directive, passed by the European parliament in February,² bans the cross border advertising of e-cigarettes, including television, radio, the internet, and newspapers, but countries can decide whether also to ban local advertising, such as on buses and billboards. The directive comes into force in May 2016, and the department has said that it will consult next spring on whether further rules on advertising e-cigarettes are needed.

Cite this as: *BMJ* 2014;349:g6180



Banning tobacco advertising in England in 2003 is thought to be linked to a fall in smoking

Michael O'Donnell

Wants to rediscover altruism



PETER LOCKE

MICHAEL O'DONNELL is still fondly remembered for a job he left more than 30 years ago: he was editor of *World Medicine*, a magazine that nurtured talent and entertained readers as few medical publications ever have. Editors attract enemies, but nobody has a bad word to say about O'Donnell. He qualified in medicine at Cambridge and at St Thomas' Hospital in London, practised as a GP in Surrey, and became full time writer 12 years later, working in newspapers, magazine, radio, and television. He was elected to the General Medical Council in 1971, serving as "rebel in residence" (his words) and achieving some reforms, though too few to satisfy him. O'Donnell is 86.

What was the worst mistake in your career?

"Treating myself for gastro-oesophageal reflux during a hectic week working in New York. Within 48 hours of returning to Heathrow I was in intensive care, and three days later I had a quadruple coronary bypass"

What was your earliest ambition?

To be one of those romantic writers, actors, or poets who lived only in my imagination.

Who has been your biggest inspiration?

My father, a GP in a Yorkshire colliery village, was the source of most of the knowledge that helped me survive 12 years in general practice. During the 1930s depression, when I was a schoolboy, I helped him load his car each day with tins of meat and veg and tureens of hot soup. To him the distinction between "social" and "medical" care was as meaningless as it still is to me.

What was the worst mistake in your career?

Treating myself for gastro-oesophageal reflux during a hectic week working in New York. Within 48 hours of returning to Heathrow I was in intensive care, and three days later I had a quadruple coronary bypass.

What was your best career move?

Writing a cheeky letter to the publishers of *World Medicine* suggesting that they make me editor.

Who is the person you would most like to thank and why?

Not one person, but the talented handful of people who helped me to create *World Medicine*. We shared an intuitive understanding of what we were trying to do, but we would have been hard pressed to define what that was.

What single unheralded change has made the most difference in your field in your lifetime?

The only time I've worked in a field was during the war when, as part of the Dig for Victory campaign, I was press ganged into picking potatoes.

To whom would you most like to apologise?

My children. When they were young, the obsessional way I work deprived them of too much time that we should have spent together. I've tried to make up for it since.

If you were given £1m what would you spend it on?

I'd give it to someone prepared to found a political party that would challenge today's neoliberal consensus, and I'd try to rediscover the altruism that men and women brought back from the war and that led, among other things, to the creation of the NHS.

Where are or were you happiest?

Anywhere I can sit and write and pause occasionally to listen to music or read.

Do you support doctor assisted suicide?

Yes—subject to the safeguards proposed by Dignity in Dying, of which I am a patron.

Bevan or Lansley? Who has been the best and the worst health secretary in your lifetime?

My current day job is writing an eyewitness account of the rise and fall of the NHS. My research suggests that Bevan was a more effective minister than any who followed him. He was sharp and witty, a persuasive charmer, and a shrewd political operator. One measure of his achievement is the time it took for those who wished to destroy the NHS to make any progress.

What book should every doctor read?

The biggest collection that she or he can find of Anton Chekhov's short stories. Of all the doctor-writers Chekhov is the one who most clearly shows how close the art of a writer is to that of a clinician.

What poem, song, or passage of prose would you like mourners at your funeral to hear?

Eight years ago I might have chosen music composed by my wife. Then, at her funeral, I discovered that our local crematorium has a plaque proclaiming, with ill disguised pride, that it was runner-up in the Cemetery of the Year competition. To help it raise its game I would now opt for the Grimethorpe Colliery Band, leading the congregation in a rousing chorus of *Blaze Away*.

What is your guiltiest pleasure?

Mrs Brown's Boys, the television sitcom. Brendan O'Carroll's performance of his own scripts, enhanced by Ben Kellett's BAFTA winning direction, regenerates the naughty pleasure and uncontrollable laughter I enjoyed in the Grand Theatre, Doncaster.

If you could be invisible for a day what would you do?

Stow away on trains and planes and visit the world's great opera houses, where I could enjoy the sort of performances I never see because they're sold out or I can't afford the tickets.

What is your most treasured possession?

My brain. Woody Allen described his as his second favourite organ.

What personal ambition do you still have?

To die with dignity.

Summarise your personality in three words

I live alone, and four or five times each day an anguished cry echoes around my cottage. The voice is mine, but I didn't realise until now that the shout summarises my personality in three words: "Silly old fool."

Cite this as: *BMJ* 2014;349:g6198