# this week

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WIKTOR SZYMANOWICZ/FUTURE PUBLISHING/GETTY

**Kim Leadbeater, the MP who introduced the bill to parliament, celebrates the vote result with supporters**

# MPs vote for assisted dying bill

MPs have voted by 330 to 275 for a change in the law on assisted dying in England and Wales, after an emotionally charged five hour debate in the House of Commons.

The private member's bill will now be scrutinised in depth at the committee stage and may be amended by the House of Lords or the Commons before a final vote.

Kim Leadbeater, the Labour MP who presented the bill, said in the 29 November debate, "The law is failing people . . . We have a duty to do what is right to fix it for those who are dealing with the very real consequences of the failings of the current system.

"Polling shows consistently that around 75% of people would like to see the legalisation of assisted dying for terminally ill, mentally competent adults. We should all have the right to make the choices and decisions we want about our own bodies."

Leadbeater emphasised that the bill contained the strongest safeguards of any such legislation worldwide, with many layers of checks and safeguards, adding that doctors would be under no obligation to take part in any assisted dying requests.

During the debate Peter Prinsley, Labour MP for Bury St Edmunds and Stowmarket, who is a qualified doctor, said that after changing his mind he was now supporting the bill. "I have seen uncontrollable pain," he said. "I'm speaking here of people who are dying, not of people living well with chronic or terminal diseases. We are talking about people at the end of their lives, wishing to choose the time and place to die. We are not shortening life; we are shortening death."

Sarah Wootton, chief executive of the campaigning group Dignity in Dying, hailed the bill as a "historic step towards greater choice and protection for dying people."

Gordon Macdonald, chief executive of Care Not Killing, which opposes a change in the law, said, "We are naturally disappointed at the vote but have been hugely encouraged that the more MPs hear about assisted suicide and euthanasia the more they turn against changing the law and rightly want the government to focus on fixing the UK's broken palliative care system."

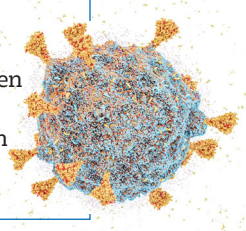
Andrew Green, chair of the BMA's medical ethics committee, said it remained neutral on the subject but some key issues would need attention. "These include the need for an opt-in system so doctors choose whether or not to participate, and the protection from abuse and discrimination for healthcare workers," he said.

Adrian O'Dowd, London

Cite this as: *BMJ* 2024;387:q2691

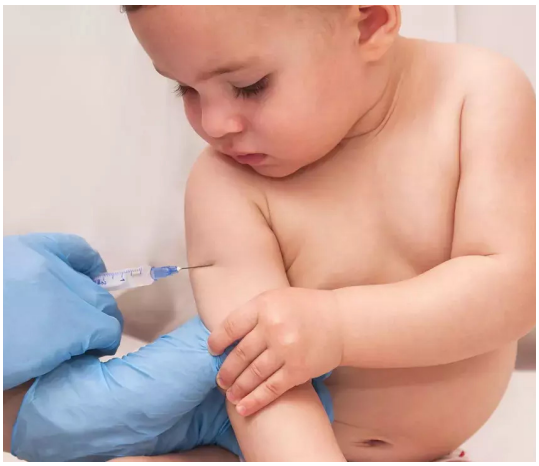
## LATEST ONLINE

- NHS could save millions from lower cost of clinical negligence claims, say experts
- Collective action: Seeing just 25 patients a day has brought back the "joy of consulting," says GP
- Long covid: 70% of children aged 11-17 recover within two years, study reports



# SEVEN DAYS IN

## MENINGOCOCCAL DISEASE: **Group B infections dominate cases in England**



**Cases of meningococcal disease in England continue to decline, but concerns remain about the constant prevalence of meningococcal group B (MenB) infections, said a report from the UK Health Security Agency.**

**England is close to defeating meningococcal group C disease, with cases down by 99% since routine vaccination was introduced in 1999. Just three cases were reported last year (July 2023 to June 2024), down from 955 cases in 1998-99. Cases of other groups of the disease, including A, W, and Y, also remain very low. But there were 301 cases of MenB infection last year.**

**The reason is poor uptake of the infant vaccinations against MenB and MenC disease, which are offered as part of the routine NHS programme. In 2022-23, 91% of children in England received two doses of the MenB vaccine, a decrease of 0.5% from the previous year, while the MenB booster coverage was 87.6%, a decrease of 0.4% from 2021 to 2022. The programme aims to achieve a 95% uptake.**

**Vaccination rates among teenagers routinely offered MenACWY vaccine in the 2022-23 school year were 68.6% in year 9 and 73.4% by year 10.**

Brian Kennedy, London Cite this as: *BMJ* 2024;387:q2684

## PAs

### Paediatricians call for recruitment pause

The Royal College of Paediatrics and Child Health has reiterated its call for a pause in recruitment of physician associates in paediatrics after a survey of its members. It also wants to see a national scope of practice for PAs in the UK with specific considerations for those working in child health. It invited 12 798 members to take part in the survey and received 2285 responses (17.9%). The college said that PAs must not replace the role of paediatricians in delivering care to children.

## GP appointments

### Primary care busier than ever this winter

General practices and primary care networks delivered 40.3 million appointments in October, figures from NHS England showed. Some 37.9% of appointments took place on the day they were booked, and 69.9% were carried out face to face. Ruth Rankine, primary care director at the NHS Confederation, said, "These new figures show the staggering amount of work that GPs and their teams are doing. This is up significantly on last year and well above pre-pandemic levels."

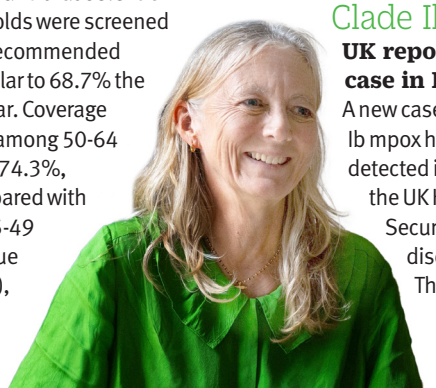
## Public health

### Government plans new strategy for men's health

The government has announced plans for a men's health strategy that will look at how to prevent and tackle the biggest health problems affecting men of all ages, including cardiovascular disease, prostate cancer, testicular cancer, and mental ill health. The call for evidence will be launched shortly, and the strategy will be unveiled next year. Announcing the plans, Wes Streeting, health and social care secretary, said, "We're seeing mental ill health on the rise and the shocking fact that suicide is the biggest killer among men under the age of 50."

### Appeal for women to act on smear test invitations

NHS England said that more than five million patients were not up to date with cervical screening. The NHS annual report on cervical screening found that 68.8% of 25-64 year olds were screened within the recommended period, similar to 68.7% the previous year. Coverage was higher among 50-64 year olds at 74.3%, which compared with 66.1% of 25-49 year olds. Sue Mann (right), NHS England's national clinical director for women's health, said, "If we are to make real inroads into eradicating cervical cancer, it's essential that everyone who is invited for screening comes forward when invited."



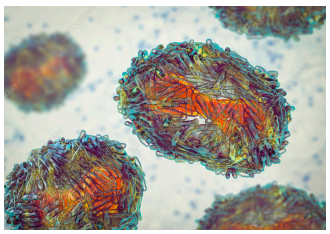
### Two million schoolchildren receive influenza vaccine

Figures show that almost two million schoolchildren in England have received the nasal spray vaccine against flu this year, with 25% of schoolchildren vaccinated by the end of October, up from 21% in the same period of 2023. The UK Health Security Agency has urged more people to protect themselves against flu, as only 31% of pregnant women and 35% of people with long term health conditions or who are immunosuppressed have been vaccinated. Just 24% of healthcare workers had received a flu vaccine up to the end of October.

## Clade Ib mpox

### UK reports new case in Leeds

A new case of clade Ib mpox has been detected in England, the UK Health Security Agency disclosed. The case



was detected in Leeds, and the patient is being treated at Sheffield Teaching Hospitals NHS Foundation Trust. The person had recently returned from Uganda, which is seeing community transmission of clade Ib mpox. Officials said that the case had no links to four previous cases of clade Ib mpox in the UK, which were in people from one household who have now fully recovered.

## HIV

### Underdiagnosis is hindering progress

Nearly 113 000 HIV diagnoses were reported in 47 of 53 countries in the World Health Organization's European region in 2023, up by 2.4% from 2022. The WHO surveillance report showed that 21 of the 47 reporting countries saw a rise in HIV diagnoses in 2023. However, estimates showed that only 70% of people with HIV in the WHO European region were aware of their status. The UN body is calling for renewed testing strategies in the region.

# MEDICINE

## Calorie labels

**Menu labelling is ineffective, study suggests**

Labelling restaurant and takeaway food to show calorific content does not seem to change people's behaviour, a study suggested. Mandatory kilocalorie labelling was introduced in England in 2022 to help reduce obesity. Surveys conducted with 6578 customers before and after the change suggested labelling was not associated with a significant fall in self-reported calories purchased or consumed, in research published in *Nature Human Behaviour*.


**The labelling of food menus has failed to change diners' consumption of calories**

## Smoking

**MPs back bill to phase out tobacco and vapes**

A UK bill to phase out the sale of tobacco to anyone born from 2009 onwards passed its second Commons reading, with 415 MPs voting in favour and 47 voting against. If the bill passes into law, smoking restrictions could also be implemented in some outdoor spaces, such as playgrounds and outside schools and hospitals. The


bill would also give the government more power to regulate electronic cigarettes and clamp down on vaping among young people.

## Dentistry

**Treatment target "unlikely" to be reached**

England's dental recovery plan, launched in February with the aim that "everyone who needs to see a dentist will be able to," is unlikely to deliver an extra 1.5 million treatments by March, said a National Audit Office report. Even if the target were reached it would still mean 2.6 million fewer treatments than six years ago, said the report. Only 40% of adults had seen an NHS dentist in the 24 months to this March, down from 49% in the two years before the pandemic.

## Employment

**Government sets out "back to work" plan**

The government has set out plans to tackle ill health as a root cause of unemployment and inactivity. The *Get Britain Working* white paper proposes remodelling job centres and expanding mental health support. Ministers said a quarter of people aged 16-64 had a long term health condition that limited their daily activities, and disabled people were nearly three times as likely as non-disabled people to be economically inactive. Under the plans extra capacity will be deployed to cut waiting lists at 20 English NHS trusts with the highest levels of economic inactivity.

## Maternity care

**Some women's care "fell short of expectations"**

Women's experiences of maternity care in England have deteriorated in key aspects over the past five years , experts have said after publication of the CQC's annual survey. This found signs women had better access to mental health support in the past year, but many reported a poorer experience overall. Women who reported their ethnicity as Indian, Pakistani, and "any other White background" reported especially poorer care.

Cite this as: *BMJ* 2024;387:q2697

## DATA SHARING

**58%** of people are willing to share data on the medicines they are taking to help develop AI systems in the NHS. The percentage willing to share sexual information is **44%**

*[Health Foundation]*

# SIXTY SECONDS ON . . . BENRALIZUMAB

### WHAT'S NEW?

Research published in *Lancet Respiratory Medicine* found that an injection of a monoclonal antibody called benralizumab significantly reduced asthma attacks and chronic obstructive pulmonary disease (COPD) exacerbations when compared with the standard treatment of prednisolone.

### THIS ISN'T A WHEEZE, IS IT?

It's no joke—and, as it's the first new treatment for asthma and COPD attacks in 50 years, people are excited. Mona Bafadhel, a professor at the King's Centre for Lung Health and the trial's lead investigator, said that the treatment could "be a game changer."

### LET ME INHALE THE INFORMATION

Patients with acute inflammation caused by high levels of eosinophils were included in the trial and randomly assigned to receive either a single injection of benralizumab or standard care with 30 g prednisolone daily for five days, or both. After 28 days the symptoms of cough, wheeze, breathlessness, and sputum were found to be better in patients who had received benralizumab. At 90 days, treatment failures occurred in 39 (74%) of 53 people in the prednisolone group and 47 (45%) of 105 in the pooled benralizumab group. Treatment with the benralizumab injection also took longer to fail.

### WERE THE FINDINGS CONCLUSIVE?

Take a breath. It was a phase 2 clinical trial that included just 158 patients. Nicholas Hopkinson, professor of respiratory medicine at Imperial College London, said, "The results are encouraging, but larger studies in broader populations will be needed to confirm the effect and allow a proper cost-benefit analysis."

### CAN WE BREATHE MORE EASILY NOW?

That remains to be seen. But respiratory disorders are the largest single cause of hospital admission in the UK and the major driver of winter pressures, said a recent report by the charity Asthma + Lung UK. And, as research shows that most people with asthma and COPD are still not receiving aspects of basic care that could reduce their risk of acute exacerbations, there are hopes this research may lead to better treatment.


Jacqui Wise, Kent

Cite this as: *BMJ* 2024;387:q2690


# Betting levy will raise £100m for services and research

**The voluntary system was no longer fit for purpose** Fiona Twycross

From next year gambling operators in England, Scotland, and Wales will pay a statutory levy that will partly fund NHS services to tackle problem gambling, the government has announced.

Limits on the amount that can be staked on online slot machines will also be introduced to help tackle gambling addiction, particularly among young adults. Stakes are currently unlimited but will be set at £5 per spin for people aged over 25 and £2 for 18-24 year olds.

The plans were developed by the previous Conservative government, with a white paper published in April 2023. This was followed by a public consultation on how the levy should be designed and implemented. In a response to that consultation the Department for Culture, Media and Sport has confirmed that it intends to bring in the statutory levy in April 2025 once the necessary legislation has been laid.

The statutory levy will replace the current voluntary system. Currently, not all gambling companies contribute equally, with some operators paying as little as £1 a year, said the department—a system that Fiona Twycross, minister for gambling, described as "no longer fit for purpose." She said the government was introducing a statutory levy as a priority, in line with the Labour Party's manifesto commitment to reduce the harms of gambling.

The levy will be charged at a rate of 0.1-1.1% of gross gambling yield, and online businesses are expected to pay the higher rate because their costs are lower.

### Record numbers

Half of the £100m that the mandatory levy is expected to raise will be directed to NHS England and appropriate bodies in Scotland and Wales to commission treatment and support services, working collaboratively with the third sector.

Prevention will be allocated 30% of levy funding, to include national public health campaigns and frontline staff training. Further details will be published in the coming months.

The remaining 20% of funding will go to UK Research and Innovation and the Gambling Commission to develop research programmes on gambling.

Claire Murdoch, NHS national director for mental health, said,

# Surgeon was "assaulted before dying in Israeli detention"

The Israeli human rights organisation HaMoked has claimed it has evidence that the prominent Palestinian orthopaedic surgeon Adnan Al-Bursh was beaten and assaulted before his death in Israeli detention in April.

In May the Israel Defence Forces (IDF) confirmed that Al-Bursh, who trained at King's College London and was the head of orthopaedic medicine at Al-Shifa hospital in Gaza, had died in prison, four months after being detained while working at Al-Awda Hospital in northern Gaza. The IDF did not provide details of the cause of death, although Al-Bursh's family said at the time that they believed he was tortured to death.

HaMoked has now said it has a deposition from a fellow prisoner, who previously knew Al-Bursh in Gaza, detailing the final moments leading up to the surgeon's death. The deposition, seen by Sky News, stated that Al-Bursh arrived at Section 23 in Ofer Prison in a "deplorable state," having "clearly been assaulted with injuries around his body." It said he was also "naked in the lower part of his body."

**He thought he may have broken ribs. He was unable to even go to the toilet alone** Khalid Hamouda

The deposition read, "The prison guards threw him in the middle of the yard and left him there. Dr Adnan Al-Bursh was unable to stand up. One of the prisoners helped him and accompanied him to one of the rooms. A few minutes later, prisoners were heard screaming from the room they went into, declaring Dr Adnan Al-Bursh [was dead]."

Before being taken to Ofer Prison, Al-Bursh was reportedly held in Sde Teiman detention centre. Khalid Hamouda, a fellow doctor also being detained there, told Sky News that Al-Bursh had been badly beaten. "He thought he may have broken ribs . . . He was unable to even go to the toilet alone," he said.

In response to the reports Israel's prison service told *The BMJ* that "all prisoners are detained according to the law" and "all basic rights required are fully applied by professionally trained prison guards."

A spokesperson said, "We are not aware of the claims you described, and as far as we know no such events have occurred under IPS responsibility.

"Nonetheless, prisoners, detainees, or their representatives have the right to file a complaint that will be fully examined and addressed by official authorities."

The IDF did not provide a comment.

### Three doctors killed in detention

As at 24 September three Palestinian doctors have been confirmed to have died while in Israeli detention, including the internal medicine doctor Ziad Eldalou, who died on 21 March, after being detained during an

"Problem gambling can completely ruin lives, and the issue has skyrocketed, with NHS services treating record numbers and our latest data showing a staggering 129% increase in service referrals compared with the same period last year."

In the first two quarters of 2024-25 there were 1914 referrals to NHS gambling clinics, up from 836 in the same period in 2023-24, said NHS England.

Zoë Osmond, chief executive of GambleAware, welcomed the government's plans but was concerned that the delay in appointing the new prevention commissioner could adversely affect the continuity of services. "Clarity on this role is urgently needed to prevent system degradation, as we know that prevention is at the core of tackling gambling related harms and needs to be integrated with the treatment offering," she said. "This includes impactful public health campaigns, self-help tools, and education programmes, which we know are essential to addressing this serious public health issue."

Jacqui Wise Kent
Cite this as: *BMJ* 2024;387:q2667

# UK to get five million H5 flu vaccine doses

The government has announced a deal with the drug company Seqirus UK for more than five million doses of human H5 influenza vaccine, as part of pandemic preparedness plans.

The deal will mean the UK will have immediate access to vaccines in the event of a pandemic of H5 flu, the UK Health Security Agency (UKHSA) has said.

The agency's emerging infection lead, Meera Chand, said, "It is important to be prepared against a range of influenza viruses that may pose human health risks. Adding H5 vaccines to the interventions already available will help us to be ready for a wider range of threats."

The A(H5N1) virus has made headlines around the world this year, including in the US, where there is an ongoing outbreak on dairy farms. Between April and the middle of November the US Centers for Disease Control and Prevention (CDC) has reported 52 confirmed avian influenza A(H5) virus infections in people.

Last month Canada reported that a teenage patient was in a critical condition after being infected with a new genotype of H5N1 highly pathogenic avian influenza (HPAI). The US also reported its first H5N1 case in a child in California.

Commenting on the announcement, David Allen, associate professor in virology at the University of Surrey, said, "While H5 influenza viruses mainly infect birds, on rare occasions these viruses can infect humans. H5 influenza infections in humans can cause severe disease and can be fatal.

"Having a robust preparedness plan in place is important to make sure the UK is ready to respond to any change in the cases of influenza, including H5 subtypes, as acting quickly will be crucial to getting any outbreak under control."

Andrew Pollard, director of the Oxford Vaccine Group at the University of Oxford, said, "H5 is only one of the multiple families of flu viruses


that create such a risk, so we should not be complacent. But H5 is the one that we are most concerned about today as a result of the global spread of this virus among birds and various mammals and, worryingly, across the US among cattle this year. H5 is out there, and we need to do all we can to be prepared."

Elisabeth Mahase, *The BMJ*
Cite this as: *BMJ* 2024;387:q2717

## ALWAYS SMILING, ALWAYS POSITIVE

**A colleague remembers Adnan Al-Bursh (right)**

Graeme Groom, orthopaedic surgeon at King's College Hospital, London, told *The BMJ* about his friend Adnan Al-Bursh, whom he first met while working in Gaza.

"I think a great deal about Adnan, and now about our wonderful colleague Mohammed Obeid. We fear that he is following the same path and may also be killed in prison in Israel.

"I first met Adnan in 2009. He had just returned from a training programme in Jordan. He was full of life and energy. We were then contemplating how we might support the development of a service in Gaza for the most severely wounded patients. Adnan was recommended to us. He and I had an extended interview in which I learnt a great deal about him.

"He subsequently came to King's College Hospital in London for six months in 2013. We got to know him well. He was a lovely fellow, always smiling, positive, and keen to be involved. He immersed himself in all aspects of our professional life while exploring every nook and cranny of London. He was welcomed into our homes.He loved it here.

"But most of all, he loved his family. He spoke to them every day. At night, when he was asleep, he left the camera on. His family could see him while he slept.

"When he returned to Gaza, we followed the same path for a while, and then he became independent. He worked with the International Committee of the Red Cross for a year and lately headed one of four orthopaedic departments at Shifa Hospital. We were shocked by the news of his arrest in December 2023 and appalled by word of his death on 19 April 2024.

"We weep for Adnan, for his family, and for Gaza. God bless you, Adnan, and keep you."

**WHO said that at least 128 healthcare workers remained in custody after being arbitrarily detained by Israeli forces while on duty**

Israeli raid on Al-Shifa Hospital on 18 March alongside many other staff. The World Health Organization said that at least 128 healthcare workers remained in custody after being arbitrarily detained by Israeli forces while on duty. However, this number is now likely to be higher, after the detention of dozens of male staff members from Kamal Adwan Hospital in north Gaza last month.

One of the doctors detained was the Médecins Sans Frontières (MSF) orthopaedic surgeon Mohammed Obeid, who was "detained by Israeli forces along with several medical staff" at Kamal Adwan Hospital on 26 October. Obeid had worked previously alongside his colleague and friend Al-Bursh at Al-Awda Hospital. Speaking to Sky News recently, Obeid recalled the moment that they were told they had to leave the hospital under an alleged threat by Israeli forces that they would otherwise destroy it "with all the women and children in it."

Both MSF and *The BMJ* have requested information on Obeid's status, location, and health, but no details have been provided.

Elisabeth Mahase, *The BMJ*
Cite this as: *BMJ* 2024;387:q2672

# ASTHMA: **New UK guidelines signal "step change" in diagnosis and management**

Combination treatment should be the standard first line care and will help to reduce hospital admissions and deaths, reports **Gareth Iacobucci**

New clinical guidelines advise doctors to stop prescribing short acting $\beta_2$ agonists (SABAs) such as salbutamol on their own for new patients with asthma.

Instead, all patients aged 12 and over should be offered a low dose combination inhaler of inhaled corticosteroid (ICS) and formoterol (a long acting $\beta_2$ agonist; LABA) to be taken as needed to reduce inflammation and relieve symptoms. This combination treatment is called anti-inflammatory reliever therapy.

The joint clinical guideline for the UK—from the British Thoracic Society, NICE, and the Scottish Intercollegiate Guidelines Network—aims to bring UK practice into line with global standards.

### What about people who already have asthma?

Doctors should not prescribe salbutamol "to people of any age with asthma without a concomitant prescription of an ICS," say the guidelines.

Stephen Fowler, professor of respiratory medicine at the University of Manchester, who is a consultant respiratory physician and adult expert adviser to the 2024 joint guideline committee, told *The BMJ* that while a lot of people with asthma still used only a salbutamol inhaler when required, this was out of step with clinical evidence. "A blue inhaler should always be prescribed along with an inhaled steroid," he said. If a GP is confident that a patient has asthma, he added, "they should change them to a combination inhaler, because it's much safer."

The charity Asthma + Lung UK said that SABA inhalers were "a key driver of poor asthma control" and that the recommendation aligned UK guidelines with global asthma guidelines.

### What about children under 12?

For children aged 5-11 years with newly diagnosed asthma, doctors should initially offer a twice daily paediatric low dose ICS with a SABA as needed.

For children aged 5-11 who already have asthma that is not controlled, clinicians should "consider paediatric low-dose ICS plus SABA as needed, as long as they are assessed to have the ability to manage a MART (maintenance and reliever therapy) regimen."

### Could some people still use two separate inhalers?

It depends on how controlled their asthma is. Among people over 12 with uncontrolled asthma, those currently using only a SABA should be switched to a low dose ICS-formoterol combination inhaler, used as needed. But doctors should consider providing an additional metered SABA inhaler plus spacer for emergency use in children under 12 who may be unable to activate a dry powder inhaler during an acute asthma attack.

Patients with well controlled asthma who use a regular inhaled steroid and have a separate blue inhaler to take as required may not need to switch. Fowler said, "I think there should be a discussion with [this group of] patients, where you say, 'We've got this new option—do you want to try this instead?' But that's not mandated by these guidelines. If somebody is already controlled on their treatment they can stay on what they're on."

**Moving away from salbutamol will lead to a substantial reduction in carbon footprint** Nick Hopkinson

**The treatment changes represent a true pivot in the principles of asthma care** Paul Walker

Katherine Hickman, GP and chair of the Primary Care Respiratory Society, said she was confident that the recommendations would improve patient care, but she added, "It is crucial to note that no patient should be switched to a new inhaler without an informed discussion."

After medicines for asthma are started or adjusted the responses to treatment should be reviewed in eight to 12 weeks, the guidance says.

### What changes are there around diagnosis?

The guidelines set out simplified pathways to test for asthma in adults and children. The first step, which is new, is to treat people immediately if they are acutely unwell or highly symptomatic at presentation.

Doctors—usually a GP—should measure the blood eosinophil count (only in adults) or the fractional exhaled nitric oxide (FeNO) level, if available, in patients with a history suggestive of asthma. If this does not confirm asthma the clinician should measure bronchodilator reversibility with spirometry. If spirometry is not available or is delayed, peak expiratory flow can be measured twice daily for two weeks.

If none of these tests confirms asthma in adults but the condition is still suspected on clinical grounds, doctors should refer for consideration of a bronchial challenge test.

**It is crucial to note that no patient should be switched to a new inhaler without an informed discussion** Katherine Hickman

**Why is the guidance changing?**
The guideline committee said that new evidence had emerged showing that people who used the combined ICS-formoterol inhalers when required had fewer severe asthma attacks.

"Salbutamol overuse is an enormous problem associated with asthma deaths," said Fowler. "I don't think anyone would disagree that it's a good idea to get rid of salbutamol. But this will be a step change for GPs to start thinking about prescribing this combination inhaler as a first line treatment now."

In terms of diagnosis, he said that the new pathway was an effort to simplify the advice to clinicians. The National Institute for Health and Care Excellence last published guidelines on asthma in 2017, and the British Thoracic Society and the Scottish Intercollegiate Guidelines Network have been producing guidelines together for many years.

"Until this year we've had two sets of guidelines that have given very different messages, both in diagnosis and in treatment," said Fowler. "In both the diagnostic and the treatment part of the guidelines, there is more evidence available now."

**Are there any challenges?**
Azeem Majeed, GP and head of primary care and public health at Imperial College London, said the recommendation to replace the use of SABAs alone with an ICS-formoterol combination inhaler was "formalising" what was already good practice for GPs.

But he said that the guidance on testing would be "more challenging" to follow because of the lack of diagnostic capacity in some areas, which could lead to unequal implementation and outcomes between areas. "Implementing the guidance on testing will therefore require investment in diagnostic capacity and staff training, as well as partnership working between primary care and specialist services," said Majeed.

The guideline specifically identifies poor access to FeNO and spirometry testing as barriers to access. Fowler said that, while most GPs should be able to request a blood eosinophil count, access to FeNO and spirometry was "highly variable" across the country and this was a priority area to tackle.

**What effect will the guidance have?**
Paul Walker, chair of the British Thoracic Society, said that the guidance should speed up diagnoses, as "the treatment changes represent a true pivot in the principles of asthma care and will contribute to improved outcomes."

Fowler said the guideline committee expected the shift to recommending combination anti-inflammatory reliever therapy to have "a big impact" on reducing hospital admissions, severe exacerbations, and deaths, which were commonly associated with underuse of inhaled steroids and overuse of salbutamol.

He said a review within eight to 12 weeks of each change of treatment should help identify patients with poorly controlled asthma and mean that they are referred to a specialist centre more quickly.

Nick Hopkinson, professor of respiratory medicine at Imperial, said the use of combination ICS-formoterol for relief of symptoms as well as for regular daily treatment was "a key step." He added that moving away from salbutamol would lead to "a very substantial reduction in the carbon footprint of asthma care, because the propellants are powerful greenhouse gases."

Gareth Iacobucci, *The BMJ*
**Cite this as: *BMJ* 2024;387:q2685**

# Performance of Scotland's NHS fails to recover after pandemic

Scotland is lagging behind England in improving its NHS performance in the wake of the covid pandemic.

An analysis by the Institute for Fiscal Studies has found that while hospital activity and waiting times have improved in England, no similar uplift has occurred in Scotland. "NHS performance is currently worse than pre-pandemic across all measures considered in Scotland," said the report.

The institute compared the latest data from April to June this year with October to December 2019. Elective inpatient admissions to Scottish hospitals were down by 15%, emergency admissions by 9%, and outpatient appointments by 6%. In England elective admissions were up by 8%, outpatient appointments rose by 11%, and emergency admissions were down by 2%.

"This is despite the fact that hospital activity in England has been reduced by frequent and widespread industrial action, which has not occurred in Scotland," said the report. The number of people waiting for treatment has grown in Scotland, from 362 000 in December 2019 to 725 000 in September 2024, and waiting times are longer.

The Scottish government has failed to meet a target set in its NHS recovery plan in 2021, of increasing inpatient and day case activity to 15% above pre-pandemic levels by 2024-25. Far from progress being made, said the report, "almost all measures of NHS performance have worsened over the last year." That was not the case in England, where "a smaller share of patients are waiting more than four hours at A&E, a larger share of patients are being treated within 62 days for cancer, and a larger share of patients are receiving diagnostic tests within six weeks."

Data on primary care activity in Scotland suggest that this has recovered better than hospitals, although appointments remain below pre-pandemic levels.

Max Warner, the research economist who compiled the report, said that NHS performance was still below pre-pandemic levels in both Scotland and England but that it was still getting worse in Scotland, while it had started to improve in England. He said, "In England, there has been a large focus from both the previous and the current government on improving NHS performance and productivity. Similar focus is needed in Scotland."

THE NHS URGENTLY NEEDS PROPER INVESTMENT, BETTER PLANNING, AND A CLEAR VISION FOR REFORM
Iain Kennedy (above)

Iain Kennedy, chair of BMA Scotland, described the findings as extremely concerning. He said that Scotland's NHS was now in a state of "permacrisis" and that additional pressures that used to be experienced largely in winter were now present all year round. "The stark findings underline that the health service urgently needs proper investment, better planning, and a clear vision for reform to deliver improvements—not just for this winter but for the long term," he said.

Bryan Christie, Edinburgh
**Cite this as: *BMJ* 2024;387:q2679**

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**The BMJ annual appeal: the face of conflict**

A mother in Hazima, Syria, takes her youngest daughter for a check-up at a clinic supported by the International Rescue Committee. The IRC clinic provides treatment for malnourished children and also gives infant feeding advice to pregnant and lactating mothers. *The BMJ*'s 2024-25 appeal supports the IRC's work in Syria and more than 40 other crisis affected countries worldwide.

Rebecca Coombes, *The BMJ* Citeline: *BMJ* 2024;387:q2705

IUNA VIEIRA/IRC

EDITORIAL

# Patient involvement in developing guidelines

Experiential evidence must be open to scrutiny and criticism

The literature on development of clinical guidelines generally accepts that patients and carers should be involved in the process.[1-3] Patients contribute subjective and practical knowledge of a condition, including what it feels like, what challenges it poses to living a productive and fulfilling life, and how to manage symptoms and flare-ups.

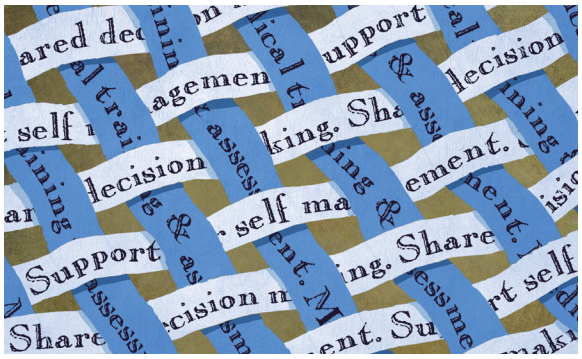
Patient knowledge ("experiential evidence" or "lived experience") often complements but sometimes conflicts with the professional knowledge of clinicians and academics on guidance development panels. Patient input has contributed to better care experiences and better health outcomes[2] but is not without controversy.

Most guideline development panels worldwide follow the grading of recommendations assessment, development, and evaluation (GRADE) approach. These methods set out how to assess and combine research evidence by weighting it according to study design, risk of bias, and magnitude of effect.[4] GRADE guidance has evolved to incorporate research into patients' values and preferences (usually in the form of patient reported outcome measures).[8 9] However, this approach to capturing the patient experience has been justifiably criticised for "subordinating patient preferences and values to the process of generating accurate quantitative data."[10]

Quantified metrics of patient experience have value (for example, in health economics) but are not a valid substitute for experiential evidence, contributed as first person narratives, in panel deliberations.

### Three principles for patient input

We suggest three principles to optimise patient input to guidelines. These concern scrutiny of a range of evidence, diversity of patient input, and measures to promote equity.




**Quantified metrics of patient experience have value but are not a valid substitute for experiential evidence**

Trisha Greenhalgh, professor of primary care health sciences
trish.greenhalgh@phc.ox.ac.uk

Rebecca Payne, DPhil student

Nadia Swann, DPhil student, University of Oxford

Cheryl Misak, professor of philosophy, University of Toronto

No kind of evidence is sacrosanct.[11] Guideline development rests heavily on economic models that estimate cost effectiveness,[12] but the variables entered into such models must be subject to scrutiny and interdisciplinary deliberation. For example, a first person account of the care needs of a child with type 1 diabetes can inform the value assigned to carer disutility in the technology appraisal process, leading to more accurate cost comparisons and recommendations. In a similar way, the assumptions and preferences—and sometimes the vested interests[13]—behind a patient's or an advocacy group's position also need to be fairly examined and challenged.

First person narratives are not simply chronological accounts of experiences and events. They are freighted with interpretation, motivation, and other dents to what we think of as objectivity. But they are also structured by reason and are aimed at conveying an authentic picture. They must be open to scrutiny and criticism, but there is little agreement on how and by whom.

For understandable reasons, interrogation of patient evidence may happen during the closed part of technology appraisal meetings, when the patient is no longer there to defend their stance. To avoid such imbalances of epistemic power, we propose that evidence tabled in guidance development panels should be open to scrutiny in a forum where all participants can contribute.

Our second proposed principle is that sound experiential input requires patients from a range of backgrounds, severity of illness, and at various stages in that journey. People with a newly diagnosed long term condition, for example, might be focused on their own experiences at diagnosis; those who have extensive experience of managing their condition may have other priorities and perspectives.

### Promoting equity

Our third principle—measures to promote equity—reflects that not all patient groups have equal access to resources and expertise. Some advocacy organisations for common long term conditions in high income countries are well organised and funded. They have epistemic power, which can influence both the research undertaken and how that research is incorporated into guidance. Representation and advocacy are more challenging for panels considering severe acute conditions such as sepsis (when, if they recover, people often want to forget the experience); child mental health (about which the evidence is sparse and contested[15]); or disorders that mainly affect poor communities (where trust may be an issue and spending time on a panel may be difficult).

Patients and carers who sit on guideline development panels need training, support, reimbursement of costs, and possibly payment to optimise their contribution.[1-18] We also need to avoid a future scenario where such knowledge is sought but inadequately scrutinised.

By keeping front and centre the shared aim of arriving at guidelines that are best for patients and society, panels may be able to deliberate collectively on conflicting perspectives and the epistemic differences which underpin them and reach a practical way forward.

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EDITORIAL

# The BMJ 2025: fortnightly in print, daily online

A landmark change in a rapidly changing world

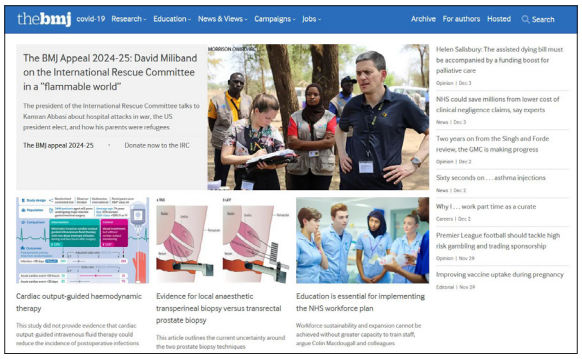
*The BMJ* will be 185 years old in 2025. It is not a notable anniversary, but it will be a momentous one. We will cease to be a weekly publication in print. *The BMJ* was the first weekly medical journal to move online in 1995.[1] *The BMJ* in print has remained remarkably robust. However, we now believe that the time is right to move to fortnightly print publication.

The decision makes sense for several reasons. The print edition is a selected digest of our much greater output online.[3] Our website, bmj.com, is visited by over two million users a month, where the biggest audience is in North America, followed closely by the UK, and then the rest of Europe. In 2008 the online articles became the canonical version for purposes of indexing—so what is published on bmj.com is included in the scientific record. We publish online when content is ready, and new articles are published every weekday.

The print edition is sent almost exclusively to BMA members, who receive it as a member benefit, and is therefore tailored for a UK readership. BMA members also have free access to bmj.com.

It is no great revelation to say that the way our readers consume information is changing. Print is clearly less important to younger readers. It seems unlikely that those reading habits will change later in people's careers. While print readership remains high, digital transformation is a global publishing phenomenon, and digital media are now too entrenched and intoxicating. In the UK, we will be joining *Private Eye* and the *London Review of Books* as a fortnightly print magazine.

Surveys and feedback tell us that the print journal is well liked, even loved, by those who read it, and our readership still includes a substantial number of senior and older doctors who rely more on print than do early career doctors. However, *The BMJ*'s print readers of all ages tell us that the frequency of a weekly print publication can be overwhelming. As an editorial team that is only too aware of the problems of information overload and the information paradox,[5] we entirely empathise.




**Print readers of all ages tell us that the frequency of a weekly print publication can be overwhelming**

We also empathise with readers' concerns about the climate and sustainability, and many of you have told us that distributing a weekly print edition sits at odds with *The BMJ*'s activism on the climate and the activism of many of our readers. Moving to fortnightly print will contribute substantially to achieving our target of achieving net zero for carbon emissions by 2040. The fortnightly print edition will include more pages than the current weekly print edition, but overall we will publish fewer pages a year.

## Remaining a trusted source

In addition to reasons of environmental sustainability and readers' preferences, commercial arguments are also compelling. Two decades ago, our weekly print edition was packed with advertising for products and jobs. Both these revenue streams have since declined. The economics of a weekly print edition no longer seem robust, particularly since postage and distribution costs have risen faster than inflation in recent years.

In *Mirror of Medicine: A History of the BMJ*, published to commemorate *The BMJ*'s 150th anniversary, Stephen Lock, then editor, described the importance of a journal's firm financial footing in protecting its editorial independence and therefore its influence and impact.[8] In a world of lost trust in information providers, we seek to be a trustworthy source of journalism, comment, education, and research.[9-14] We will hold firm to being the mirror of medicine and championing a healthier world.

Our mix of content streams is unique among scientific journals, and we believe that by shifting more editorial and publishing time and resources to bmj.com we can maximise the opportunities that multimedia, social media, and artificial intelligence now offer for the benefit of our UK and international readers. Expect bmj.com to evolve both in features and in look and feel for an enhanced experience. We will continue to aggregate content every week for our "This Week in The BMJ" email and our BMJ app. Our fortnightly print edition will, meanwhile, see a shift in the balance of content towards some longer pieces, more short summaries, and a greater focus on clinical, educational, and research content.

Moving to fortnightly print allows us to do all of this while producing the familiar, appreciated, high quality journal that readers receive in print. From the first issue of 2025, we will be fortnightly in print and remain daily online. We hope you will understand, stay with us, and continue to enjoy and value *The BMJ*, be it in print, online, or, as the 21st century will have it, on socials. The future is hard to predict. This might be the first step in eventually moving to a monthly print edition or to online only. Alternatively, the fortnightly print edition might still be thriving when *The BMJ* reaches its double century.

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BMJ INVESTIGATION

# Food industry has infiltrated UK children's education: stealth marketing exposed

*BMJ* investigation reveals widespread influence of food and drink brands in schools and nurseries—through breakfast clubs, nutrition guidance, and healthy eating campaigns. Experts say the tactics require much greater scrutiny and pushback, writes **Emma Wilkinson**

Academics, public health experts, and campaigners are calling for a pushback against food industry influence in UK schools and nurseries in response to *The BMJ*'s findings that the food industry has infiltrated children's education and childcare over many years—through breakfast clubs, nutrition guidance, and healthy eating campaigns.

With grants and funding, free educational resources, and campaigns, the food industry has been able to provide advice to children on "healthy" eating for decades, while rates of obesity in the UK have worsened. Experts say that the tactics are highly problematic and require much greater scrutiny in line with the pushback against alcohol and gambling companies funding education programmes in schools.

In an open letter addressed to the secretaries of state for health and social care and for education, 38 doctors, researchers, peers, and others call on the government to end this stealth marketing to children (see supplementary file on bmj.com).

The organisations influencing food provision and education in schools include Kellogg's, Greggs, and a "policy development" charity that is funded by companies including Coca Cola, PepsiCo, Mars, Nestlé, and McDonald's.

In some cases identified by *The BMJ*, young children have been exposed to branded food marketing in school. Other widely used schemes enable the food industry to frame the solution to the obesity crisis as one of personal responsibility and deflect attention from how commercial influences affect choice and behaviour.

**Such organisations shouldn't be within 100 miles of children's food education**
Rob Percival

"Just in principle, an organisation sponsored by McDonald's, Mars, and Nestlé shouldn't be within 100 miles of children's food education," Rob Percival, head of food policy at the Soil Association, tells *The BMJ*.

## Sponsored breakfast clubs reach thousands of children

Kellogg's and Greggs have sponsored school breakfast clubs in the UK for more than two decades, reaching many thousands of primary school children (aged 4 to 11). The breakfast cereal manufacturer first opened school breakfast clubs in 1998; reports from the company say that 3000 schools have since been provided with cash grants of £1000, free bowls, and Corn Flakes and Rice

CHRISTOPHER FURLONG/GETTY IMAGES

Krispies (which meet school food standards) through partnership with the Magic Breakfast charity.

Critics point out that brand awareness and loyalty raised by exposure to healthier products can contribute to preference for and consumption of less healthy products in that brand's portfolio. Research last year by Action on Sugar found that several Kellogg's cereals marketed to children, including Frosties, contain excessive levels of sugar.

Schools have had access to branded activity sheets to entertain children attending the clubs. After being contacted by *The BMJ*, the company said: "Kellogg's does not provide any branded materials and has removed this from its website." In total, Kellogg's has donated £5.7m to UK schools.

Lindsey MacDonald, chief executive officer of Magic Breakfast, says that it has partnerships with several food brands, as well as other corporations, which means it is able to reach more children every school morning with a nutritious breakfast. "Food supplied as part of our breakfast provision meets government school food standards, and our team of engagement partners who support and monitor schools' provision ensures that any additional food also complies."

## Branded aprons and lanyards

A 2023 impact report for the Greggs Foundation—a charitable arm part funded by the high street bakery chain with other partners—says that it now has 898 breakfast clubs supporting more than 62 000 children a day, with a target to reach 1000 clubs.

With a termly grant, schools buy their own food except for bread, which the bakery donates. Last year it donated 12 million breakfasts and almost half a million loaves of bread to schools. Critics have pointed out that many Greggs' products, such as sausage rolls, pastries, and sweet treats, are high in calories, saturated fats, and added sugars.

The Greggs Foundation works with partners including food manufacturer General Mills, the American firm behind Cheerios and Häagen Dazs, and Findel, a company that provides educational resources. A spokesperson said that it did not ask schools to display any branding or materials, but some schools have Greggs Foundation branded aprons supplied for volunteers.

The Greggs Foundation also supports a food education programme called Rethink Food—Agents of Change to teach children the importance of physical activity, healthy diets, and sustainability. The goal is to reach 600 schools after three years. By last year 27 000 children had accessed it.

The report discussing its success has images of children in school uniforms wearing Greggs branded lanyards. This food education programme is delivered by a charity. The lanyards were used for the children to create "agent" ID passes as a creative activity at the beginning of the programme, a spokesperson says.

Nathan Atkinson, director of Rethink Food, says that its programme is not just about healthy eating but promotes positive action on sustainability and health. "The Greggs Foundation funds the programme and does not influence any of the content. This is managed by qualified and award winning teachers and qualified and registered nutritionists," he adds.

The Greggs Foundation logo was added to the lanyards provided to children in a small number of schools to recognise its support, he says.


## Healthy eating guidance positions companies as part of the solution

Another example of food industry funded education is the British Nutrition Foundation's (BNF's) Food—a Fact of Life programme, which provides resources and training for teachers from reception to GCSE level.

The BNF is funded by its members, which include British Sugar, Nestlé, Greggs, and McDonald's. They also include Coca Cola, PepsiCo, Kellogg's, and Mars—90% of whose brand sales are from unhealthy products.

Food—a Fact of Life is free for schools and involves healthy eating weeks, activity packs, projects, and recipes. Its website describes it as "a comprehensive, progressive education programme which communicates up-to-date, evidence based, consistent, and accurate messages." It started life in 1991 as a partnership with the government, and later

partnered with the Agriculture and Horticulture Development Board, which is funded by statutory levies from farmers, growers, and others in the supply chain.

The BNF is a registered charity and describes itself as a "sounding board for policy development." It has an "independent" board supported by an advisory committee and a scientific committee. One of its trustees is the director of communications at Kellanova, the rebranded name for Kellogg's since 2023, which has just merged with Mars. A senior director at PepsiCo is also on the advisory board.

A BNF spokesperson says the content is based on school curriculums, developed by former teachers and overseen by its science director and independent education working groups. They added: "We recognise the influence of the food environment and commercial determinants on food choice is a pressing issue for public health and that this is currently a gap in UK curriculums. We shall be recommending that this be addressed in our response to the government's current curriculum and assessment review."

Chris van Tulleken, associate professor at University College London and the author of a bestselling book on ultraprocessed food, says that there is consensus about the commercial products that have driven the obesity crisis, yet the industry "always positions themselves as part of the solution."

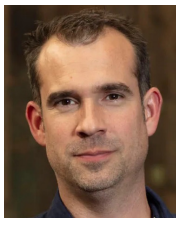
## Brands "laundering their reputation"

"This is them laundering their reputation," van Tulleken tells *The BMJ*. "They may be providing children with an apple and some sensible nutrition advice, but those children and their families are living in an environment that makes it impossible for many of them to follow that advice. There is also a problem with what is not included in the advice given: are kids being told clearly about harmful food?"

Nestlé has a global programme to promote "balanced diets and healthy lifestyle habits for children aged 3-12 years" including through schools. In the UK, since 2014 this has involved funding for the PhunkyFoods Programme, which provides training for teaching staff and lesson plans and says that it helps to create a "culture of healthy living" in schools. It reaches more than 54 000 pupils a year and says that it improves staff confidence in delivering "healthy lifestyle messages."

In 2019, Nestlé used the example of PhunkyFoods in its evidence to a House of Lords select committee consultation on food, poverty, health, and the environment, stating that it shared the concerns of government and others about obesity and diet related diseases.

In response to *The BMJ*, Nestlé said that it was a proud partner of PhunkyFoods because "we support their mission to improve the dietary and physical activity habits of young children across the UK." But there was an agreement that it would never associate the programme with its products or influence content. The support is "entirely financial."



**Are kids being told clearly about harmful food?**
Chris van Tulleken

**The food companies' main raison d'etre is to sell their product**
Gerry Taylor

## Schools "particularly vulnerable" to industry influence

The full extent to which schools make use of these resources in the UK is unclear. The chief medical officer for Wales, Frank Atherton, raised concerns about the food industry funding school education programmes in his 2023 annual report. He pointed to "large companies with huge distribution and marketing budgets and an overriding pursuit of profit over public health concerns." Funding education programmes in schools has been a "common strategy" used by food, alcohol, and gambling industries, he added.

A survey in 2022 showed that more than one in six schools in Wales used commercially sponsored materials from supermarkets and trade organisations in teaching on food and nutrition. Around 7% used resources provided by fast food companies, and 6% used resources from soft drink and energy drink companies.

Although Wales has adopted a new curriculum that gives health and wellbeing the same emphasis as traditional academic subjects, schools do not have the expertise—making them "particularly vulnerable to the influence of industry sponsored materials," the report noted.

## Common industry tactics

Gerry Taylor, spokesperson for the commercial determinants of health at the Association of Directors of Public Health, tells *The BMJ* that there has been rising awareness of the wider influence of the food environment—which is why some local authorities are taking action on food advertising and takeaways near schools. But when it comes to issues such as branding on breakfast clubs, it can be harder to raise concerns, because children are getting fed, she adds.

In Taylor's annual report published in 2023, she noted that common tactics used by industry, including the food industry, were lobbying, shifting blame, aggressive marketing, sponsorship, industry funded research, self-regulation, and corporate social responsibility. Through breakfast clubs sponsored by the food industry, children are potentially being exposed to branding for high fat and high sugar foods—but it is also a way for the company to say that they are being socially responsible and helping communities, she explains.

In response to this criticism, Greggs points out that the Greggs Foundation is "an independent grant making charity" and that "the breakfast club programme is a long term initiative of 25 years that represents a strong commitment by the Greggs Foundation to support schools, pupils, and families where the need is greatest—this also includes crisis support for families through the hardship programme." A spokesperson adds: "Greggs is one of its funders and donates 1% of its annual profits to the foundation each year."

A Kellogg's spokesperson says: "We know that during trying times, breakfast clubs can help to improve children's school attendance and attainment, as well as alleviate hunger in some cases. Yet, it's not just the children that benefit. The commitment from Kellogg's to help schools, through its breakfast club grants, can also often be a lifeline to parents too."

Taylor says, "If you've got a food company sponsoring your breakfast club, you have to consider what they are providing and what are they getting out of it. The dilemma becomes: is it better to have a breakfast club sponsored by them than no breakfast club?"

## Emphasis on personal responsibility over commercial influence

The same can be said of healthy eating campaigns backed by industry, Taylor adds. "When you have organisations providing advice to schoolchildren, around things like nutrition, alcohol, gambling . . . again, [the question is]: what is their motivation? Sometimes, you'll find that the advice is around personal responsibility—it's your fault if you end up eating the wrong foods or drinking too much—rather than the responsibilities of organisations not to be promoting things to children." She says: "However much they may be thinking about public good, obviously they've got conflicting outcomes that they're wanting to achieve: their main raison d'être is to sell their product."

Writing in *The BMJ* in October, two infant health experts called for education programmes in schools to help parents and children "recognise private sector influence, such as sponsorship of sporting events by the sweetened drinks industry that aims to deflect attention away from the health harms of their products."

Research has shown that, in tackling obesity, changing food environments is more effective than measures that try to educate or change the behaviour of individuals. A report published by the House of Lords committee on food, diet, and obesity in October 2024 castigated successive governments for their failure to tackle the obesity crisis

### Industry influence in the early years: Ella's Kitchen's sensory food play bus

The First Steps Nutrition Trust has raised concerns about a campaign in the early years setting by Ella's Kitchen to encourage sensory food play.

Although framed as educational, it is also "a massive opportunity to push their inappropriate, high sugar commercial baby foods," says Vicky Sibson, director of the trust.

**The concern is that the product range is not in line with recommendations**
Vicky Sibson

The campaign includes a bus that will come to a nursery to offer sensory food play activities. The problem is not the campaign's education element, which is evidence based, but that it is all being done under Ella's Kitchen branding, Sibson says.

"There is a massive conflict of interest, and the concern is that their product range is not in line with public health recommendations for feeding babies and young children."

Ella's Kitchen markets its first stage pouches of baby food purées as being suitable from 4 months of age; both NHS public health advice and World Health Organization guidance is to wait until around 6 months, "so no products should be allowed to be marketed as '4 months plus,'" says the British Dental Association.

The British Dental Association has warned about high levels of sugar in some baby pouches, naming Ella's Kitchen as a "boutique brand" with products that have higher levels of sugar than "traditional" brands or own brand alternatives.

Sibson also highlights the brand's savoury snacks, including its "puffs" and "sticks," that are marketed as "finger foods"—which, she points out, "is the phrase the NHS uses to refer to real fruits and vegetables." Public Health England has raised concerns about the growth of the commercial baby finger food market.

A spokesperson for Ella's Kitchen says: "Our finger foods are intended to be enjoyed as part of a meal to help with the development of fine motor skills and have never been intended to replace fruit and vegetables, nor have we ever marketed them in that way.

"All of our products are fully compliant with both UK and EU regulations on nutrition and age of weaning. Our baby food products only contain sugar that is naturally present in the fruit and vegetables we use to make them . . . Any differences in sugar content within our own products in comparison to competitors or own brands is purely down to varying types and quantities of fruit and vegetables in each of the products. We reduced sugar across our range by 20% between 2016 and 2019, and . . . we have a policy of only introducing new products that have 10% less sugar than the range average."

Regarding the sensory food play campaign, the spokesperson says: "At no point would any child have been exposed to any Ella's Kitchen products or marketing through the delivery of these lessons." Other than a small logo there is "deliberately no branding, marketing, or advertising attached to any of these resources" for children, she adds. "The truck that accompanied this campaign followed the same theme, with only the logo, and no other branding or advertising attached." The programme is about encouraging children to eat whole fruit and vegetables, she says, and the resources were developed by a developmental psychologist and expert in sensory food education.

over more than 30 years. "This failure is largely because of policies that focused on personal choice and responsibility," said chair Joan Walmsley, and not enough on commercial determinants and the food environment.

The report called for a crackdown on the industry, emphasising the need for mandatory regulation, including on advertising. It also called for "strong mandatory compositional and marketing standards for commercial infant foods."

## Subtle issue

Percival from the Soil Association says that much of the influence in food education can be quite subtle. "My primary concern is not necessarily the materials being produced, it's more a matter of what those brands gain from that relationship, and that it is some sort of social licence. They're positioning themselves as part of the solution by getting behind and sponsoring this food education programme."

This is also one of the strong concerns held by May van Schalkwyk, specialist doctor in public health medicine and honorary research fellow at the London School of Hygiene and Tropical Medicine, who describes the issue as "subtle but very problematic." "There's no smoking gun here," she says. "It's not like the tobacco industry funding inhalers. But we have childhood food poverty [and] childhood obesity, and these are problems that are not shifting. We need to step back and ask: how can we do the best for our children in this context?

"We're talking about the most unevidenced, downstream, unsustainable approach. We're almost doing the least we could do by children by welcoming these interventions."

## Far greater scrutiny of industry influence required

Van Schalkwyk is calling for far greater scrutiny. "It's classic industry activities: completely reframing the problem. We haven't even stopped to ask: is any of this acceptable for children?" She also points out that, at the same time as doing this corporate social responsibility work, the food industry also uses tactics including pushing back against plans to restrict unhealthy food advertising across Transport for London.

Jennie Cockroft, director of Purely Nutrition, the organisation that runs PhunkyFoods, says she "wholeheartedly" agrees with the concerns of clinicians and academics about children being exposed to branding and marketing in schools—and they have strict rules to ensure that does not happen. PhunkyFoods has taken a pragmatic approach by partnering with companies such as Nestlé, she says, but these companies have no influence on the content of the programme.

"Public health funding for school health across the UK is woefully inadequate and has been for years. If the food industry is part of the problem, surely, they should be contributing to the solution—providing this is done in the right way."

Greg Fell, president of the Association of Directors of Public Health, says: "Supporting youth education programmes is just one of a wide range of tactics that industries who produce harmful products use to influence our purchasing and consumption habits. There is a wealth of evidence to suggest that by being involved in school programmes, harmful products are normalised. The evidence about the risks of harm is also often distorted and, instead, blame is shifted to individual choice and personal responsibility."

**We're almost doing the least we could do by children**
May van Schalkwyk

**We need an environment where food high in fat, salt, and sugar is not seen as the norm**
Greg Fell

He adds: "We know food and drink habits are formed at an early age, so we need to do more to protect children from targeted marketing, like industry influence on school breakfast clubs, and at the same time do more to create healthier environments, where food high in fat, salt, and sugar is not seen as the norm."

The government has announced plans to introduce free breakfast clubs in every primary school. The open letter, coordinated by *The BMJ*, calls on the government to ensure that children are not exposed to brands that promote high fat, salt, or sugar products through government supported breakfast clubs.

The letter asks that the government includes schools and nurseries (and clubs, activities, educational materials, and resources therein) in all future regulation of food and drink advertising and marketing. It also says that schools and nurseries, and clubs and activities in schools and nurseries, should reject all future branded sponsorship of, and educational materials and resources branded by, high fat, salt, or sugar food and drinks businesses and their representative organisations.

A government spokesperson says: "We encourage all schools to promote healthy eating and provide nutritious food and drink, and all maintained schools and academies must comply with the School Food Standards. Separately, we will fix the NHS and create the healthiest generation of children in our history by shifting our focus from treatment to prevention, starting by banning junk food ads aimed at children."

Kellogg's said that it thought there was still a role for it in supporting breakfast clubs, including through secondary schools and in providing complementary grants for primary schools. Greggs also said it would continue to support schools and their pupils where need is greatest.

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