

# NEWS

**UK news** High potency cannabis is associated with tripled risk of psychosis, p 3

**Research news** Nurture more important than nature in childhood obesity, p 5

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[thebmj.com](http://thebmj.com)

▶ China's ratio of male to female babies remains high despite sixth annual fall

## NICE is too generous in approving drugs so depriving other parts of NHS, analysis says



MARK THOMAS

**Karl Claxton: money spent on expensive drugs would do more good elsewhere**

**Nigel Hawkes** LONDON

The method used by the National Institute for Health and Care Excellence to assess the value of new drugs in England has done more harm than good, concludes an analysis by the Centre for Health Economics at the University of York.<sup>1</sup> And the Cancer Drugs Fund has done even greater harm, it found, saying that the money spent by the fund on expensive cancer drugs would have done five times as much good if spent elsewhere in the NHS.

Karl Claxton, lead author of the analysis, told a briefing at the Science Media Centre in London that NHS outcomes would be better if it refused to fund any drug that cost more than £13 000 per quality adjusted life year (QALY). NICE says that its threshold is between £20 000 and £30 000 per QALY, but on average, Claxton said, the institute approves drugs that cost £40 000 per QALY and sometimes as high as £50 000.

The York team set out to discover how much a QALY was worth on average across the NHS,

by comparing the money spent in 23 different disease areas with the outcomes achieved. This was possible because data existed showing how much was spent on each “programme budget category” (disease area), while outcome data showed how many deaths occurred and over what period. Claxton said that this calculation had never, to his knowledge, been attempted before.

The results, published in the *HTA Journal*, showed that in the NHS in England as a whole the average cost per QALY was £12 936, a result that showed that the NHS was “really good value,” Claxton said. This was far below the NICE threshold, meaning that every drug with a cost per QALY greater than that was taking money from other services that could use it more effectively. Outcomes would improve, he said, if all NHS spending on drugs above this level ceased.

For every £10m spent on a new drug that cost £40 000 per QALY, 250 QALYs would be gained,

but 773 would be lost because the money spent would not be available for other services. The net harm would be 523 QALYs. The Cancer Drugs Fund, which lacks any formal threshold, fares even worse. This year (2014-15) it will spend £280m, which will buy, the York team estimates, 4098 QALYs. But the health lost elsewhere will be 21 645 QALYs—five times as much.

But if the NHS bought only inexpensive drugs that were out of patent, Claxton was asked, where would the next generation of generic drugs come from? Today's cheap drugs were yesterday's expensive ones. He argued in response that the NHS never actually gained the advantage of drugs going out of patent because it was constantly faced with buying new and expensive ones.

He did not blame the companies, which were responding to a demand for innovative and expensive therapies. The right policy, he said, was to temper that demand by refusing to pay excessive prices. If necessary, the NHS should go it alone by cutting prices or by implementing a rebate scheme under which companies would reimburse the NHS for drugs that cost more than £13 000 per QALY. “We need to find a way of setting prices that reflects the real value in the market,” he said. “The key is to find a mechanism that can allow that to happen.”

He wanted, he said, to make political decisions over drug spending accountable. “If for political reasons we have to have the Cancer Drugs Fund, at least we should be confronted with the results of that decision,” he said.

**Cite this as:** *BMJ* 2015;350:h955

## IN BRIEF

### Industry codes need strengthening:

Researchers have called for tougher measures, including bigger fines, for drug companies that break the drug industry's ethical code in their country. Their study, in *PLoS Medicine*, found that between 2004 and 2012 the Swedish and UK bodies ruled that 536 and 597 cases, respectively, were in breach of the country's rules (*BMJ* 2015;350:h917).

### Plain packs deter smokers:

Evidence is growing that standardised tobacco packaging reduces smoking among existing smokers as well deterring young people from starting, say papers in the journal *Addiction*. England is likely to become the second country in the world, after Australia, to introduce standardised packaging, with parliament set to vote next week (*BMJ* 2015;350:h935).

**Doctors are rated highly:** A survey based on over 50 000 interviews found that 98% of patients are satisfied with the overall experience provided by their doctor. The survey, by Equiniti 360 Clinical found that 99% of patients thought their doctor was polite and considerate (*Careers*, p 2).

### Warn about obesity in pregnancy:

Strategies are needed to reduce the prevalence of obesity in women of childbearing age because of the longlasting effects on the mothers and their children, a consortium funded by the European Commission has said. The chances of cardiovascular and cerebrovascular disease and type 2 diabetes were all greater in people born to overweight pregnant women (*BMJ* 2015;350:h856).



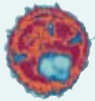
## IN BRIEF

**Retired doctor gets 18 years for indecent assault and rapes:**

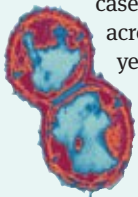
A former paediatrician has been sentenced to 18 years in jail after being found guilty last week of nine counts of indecent assault and two of rape.<sup>3</sup> The assaults took place in the 1970s and 1980s at Stoke Mandeville Hospital, Buckinghamshire, where Michael Salmon, 80, worked as a specialist in growth and neurological disorders. His victims were aged between 12 and 18.

**Privately run trust applies for £9.6m bailout:**

Hinchingbrooke Health Care NHS Trust in Cambridgeshire, which is run by the private company Circle, has applied to the NHS Trust Development Authority for £9.6m in funding. Circle announced in January that it planned to withdraw from its contract to run the hospital, after declaring that “unprecedented increases” in emergency attendances, funding cuts, and poor community support had made the contract unviable.<sup>1</sup> Just hours later it was rated as “inadequate” on several measures by the Care Quality Commission.<sup>2</sup>

**Increase in scarlet fever notifications continues:**

GPs have been asked to promptly notify local health protection teams of cases of scarlet fever after 1265 new cases were reported in the first six weeks of 2015 across England, more than is normal for the time of year. Public Health England has reported over 300 cases seen in the week starting 2 February. Last year in England over 14 000 cases of scarlet fever were notified, the highest total since the late 1960s.



**Google offers health information:** The internet search engine Google has launched its own medical information service, which is verified by its own doctors in partnership with experts from the Mayo Clinic in the United States. Instead of listing reputable sites and patients’ forums and, further down the pages, some more questionable sources of information, Knowledge Graph plans to “show typical symptoms and treatments, as well as details on how common the condition is—whether it’s critical, if it’s contagious, what ages it affects, and more.” The service will initially be available in the US.

**Patients with suspected Ebola are discharged:** Two military healthcare workers who were flown to the UK after sustaining needlestick injuries while working in Ebola virus disease areas in west Africa have been discharged from the Royal Free Hospital in London. They arrived in London on 31 January and 2 February and have not developed any symptoms of the disease. They will be closely monitored until 21 days after their injuries, the incubation period of the virus.

**High expectations blamed for culture of litigation:** A survey of 600 GPs by the Medical Protection Society found that 88% of respondents thought they were more likely to be sued now than five years ago. Nine in 10 GPs said they believed high expectations among patients to be the main reason for more negligence claims, followed by the rise in media coverage of clinical negligence (88%) and workload making it difficult to provide the best care (72%). A full-time UK GP is expected to be twice as likely to receive a claim from their work this year as they were seven years ago.

Cite this as: *BMJ* 2015;350:h878

**Self dialysis and “neighbourhood care” nurses feature in report on innovative care**

Zosia Kmietowicz **THE BMJ**

When staff in the renal dialysis unit at Ryhov regional hospital in Jönköping, Sweden, were faced with increasing demand but no extra funding, Britt-Mari Banck, a nurse on the unit, said that staff “were not really excited.” But to see her now you would have to describe her as animated.

The solution to the unit’s problem was to expand the number of dialysis stations from four to 12, but with an emphasis on self dialysis, where patients take full responsibility for setting up their machine, monitoring their treatment, and cleaning the equipment afterwards.

In a digital report by the healthcare think tank the King’s Fund,<sup>1</sup> one patient, Patrik, described how he arrives at the unit at 7 am, lets himself in, sets up his station, and is well into his dialysis by the time staff members arrive at 8 am.



The Bromley by Bow Centre in east London: a community hub

Banck describes how staff and patients on the unit have developed the service together, from learning how to use the new equipment to managing their care. It’s a flexible approach that puts patients at the centre and makes them experts in their condition. When a patient asks “What if I do this?” Banck treats it as a measure of the unit’s success.

The Jönköping hospital case study is just one example featured in the report that showcases innovative practice. It follows a programme set up by the King’s Fund in 2012 called “Time to think differently,” which sought to stimulate debate about the changes that the NHS and social care needed to make to meet the challenges of the future.<sup>2</sup>

The latest report also features the Bromley by Bow Centre in Tower Hamlets in east London, which offers housing, education, and employment support alongside healthcare, creating a community hub.

From the Netherlands the report highlights the work of Buurtzorg (“neighbourhood care”), the name given to specialist nurses who work in small teams to help meet the medical and social needs of patients but spend longer with each patient than traditional district nurses do. The model has been so successful it has been adopted in Norway, Japan, and the United States.

Cite this as: *BMJ* 2015;350:h837

**Countdown begins to seventh BMJ Awards**

Nigel Hawkes **LONDON**

Sixty entries have been shortlisted in 12 categories for this year’s BMJ Awards, an annual celebration of all that is best in British medicine. Together with an award for lifetime achievement, they will be presented at a gala dinner on 6 May at the Park Plaza Hotel in London, the culmination of a process that began last autumn with the call for entries.

Now in their seventh year, the BMJ Awards attract top sponsors,

keen competition, and plentiful publicity for the winners. In 2014 nearly 700 people booked places at the presentation dinner. The members of the judging panel, who will meet at BMA House for four days at the end of March and beginning of April, face a tough task of making a choice between the high quality entries that have reached the shortlist.

Each shortlisted team will have 15 minutes to present its entry and another 15 minutes to respond

## Shaken baby expert must reveal GMC charges when asked to give evidence in new cases

Clare Dyer **THE BMJ**

A leading UK neuropathologist and expert witness in shaken baby cases must tell anyone who commissions her to prepare an expert report that she is facing fitness to practise charges, under conditions imposed on her medical registration.

The decision to impose interim conditions on Waney Squier's registration was made by the Medical Practitioners Tribunal Service after the disclosure that she failed to mention her upcoming hearing when agreeing in April 2014 to prepare an expert report for a court case.

In a judgment in October 2014 Lady Justice Macur said that she learnt from a public news broadcast only days before a court hearing that Squier was facing fitness to practise proceedings. The appeal court judge said that she regarded the

doctor's failure to disclose this "as a dereliction of her duty of disclosure of matters potentially affecting her professional standing."

Squier herself reported the judge's comments to the General Medical Council and requested a public hearing before the interim orders panel, which usually sits in private.

Squier, who has challenged the prevailing scientific opinion on the causes of shaken baby syndrome in a number of cases, is facing charges by the GMC that she acted outside her professional competence and failed to be objective and unbiased.<sup>1</sup>

She was reported to the GMC by the National Policing Improvement Agency after she was criticised by judges in several High Court cases related to alleged non-accidental head injuries in babies.<sup>2</sup>

Cite this as: *BMJ* 2015;350:h833



PAUL BRADBURY/OJO/ALAMY

Patients should be asked what type of cannabis they use, researchers say

## High potency cannabis is associated with tripled risk of psychosis, study indicates

Ingrid Torjesen **LONDON**

Users of high potency ("skunk-like") cannabis are three times as likely to have a psychotic episode as people who never use cannabis, and the risk is fivefold in people who smoke this form of the drug every day, a study published in *Lancet Psychiatry* this week concludes.<sup>1</sup>

Between 1 May 2005 and 31 May 2011 researchers from the Institute of Psychiatry, Psychology and Neuroscience at King's College London studied 410 patients who had experienced a first episode of psychosis and collected data on their cannabis use. These data were compared with data collected from 370 people from the same area of south London who had never experienced a psychotic episode.

Patients who had experienced psychosis were no more likely than controls to report having ever used cannabis (67% versus 63% of participants) but were more likely to use cannabis every day (123 of 410 (30%) versus 41 of 370 (11%)) and to mostly use skunk-like cannabis (218 of 410 (53%) versus 70 of 370 (19%)).

The likelihood of having experienced an episode of psychotic disorder among users of skunk-like cannabis was three times that among people who never used cannabis (adjusted odds ratio 2.92 (95% confidence interval 1.52 to 3.45; P=0.001)). In daily users that risk increased

dramatically: the risk of psychosis was five times as high in people who smoked skunk-like cannabis as in those who never used cannabis (adjusted odds ratio 5.4 (2.81 to 11.31); P=0.002).

When the researchers extrapolated the results across the population of south London from which the participants were drawn, they calculated use of high potency cannabis to be associated with 24% (95% confidence interval 17% to 31%) of new cases of psychosis.

Marta Di Forti, the study's lead author, said, "The results show that psychosis risk in cannabis users depends on both the frequency of use and cannabis potency. The use of hash was not associated with increased risk of psychosis."

She said that just as with smoking tobacco and drinking alcohol there needed to be a clear public health message on cannabis that highlighted the dangers of high potency and more frequent use.

"When a GP or psychiatrist asks if a patient uses cannabis it's not helpful—it's like asking whether someone drinks. As with alcohol, the relevant questions are how often and what type of cannabis. This gives more information about whether the user is at risk of mental health problems; awareness needs to increase for this to happen."

Cite this as: *BMJ* 2015;350:h939

## BMA tells MPs not to use NHS to score points

Gareth Iacobucci **THE BMJ**

The BMA has launched a major new public campaign ahead of May's UK general election that is calling on politicians to stop using the NHS to score points.

The "No More Games" campaign (<https://nomoregames.org.uk>) is appealing to patients and doctors to support calls for an open and honest public debate about the public's health, the funding of the NHS, and who provides care services. The BMA launched the campaign after a

survey by the polling company Ipsos MORI showed that 77% of the public believed political parties were designing health policies to win votes rather than on what was best for the NHS.

To support the campaign the BMA has launched a new poster to be displayed at thousands of sites across the United Kingdom, including billboards and bus stops. The poster features a giant toy tower representing the NHS, designed by Russell Beck.

Cite this as: *BMJ* 2015;350:h903

to questions from the judges. The winners will be announced at the awards dinner.

The awards fall into 12 categories: clinical leadership, dementia, diabetes, gastroenterology, imaging, innovation, mental health, palliative care, patient safety, primary care, women's health, and research paper of the year. The judges will place particular weights on the outcomes of a project, along with its costs, originality, and impact.

The shortlisted entries are in the version of this article on [thebmj.com](http://thebmj.com).

Cite this as: *BMJ* 2015;350:h933



MARK THOMAS

Iain Chalmers, a founder of the Cochrane Collaboration, with his BMJ award for lifetime achievement last year



## The mother of CSI in a nutshell

Zosia Kmietowicz **THE BMJ**

Frances Glessner Lee, who was born in Chicago in 1878, had to wait till she was 52 and the death of her brother to pursue her passion for forensic science. Having inherited a fortune, she set about establishing the department of legal medicine at Harvard University and the first programme of forensic pathology in the US.

Lee is seen here constructing one of her dollhouse-style dioramas—representations of death scenes that were based on real court cases. In all, she made 18 such scenes and called them the Nutshell Studies because the purpose of a forensic investigation is said to be to “convict the guilty, clear the innocent, and find the truth in a nutshell.”

The picture is part of an exhibition at the Wellcome Collection in London called “Forensics: the anatomy of crime,” which traces the history, science, and art of forensic medicine across centuries and continents. The free exhibition runs from 26 February to 21 June.

For more details about the exhibition go to <http://wellcomecollection.org/whats-on>.

Cite this as: *BMJ* 2015;350:h868

## UK spending on health doubles in 20 years

Nigel Hawkes **LONDON**

Spending on health has been the biggest gainer in the United Kingdom in the past 20 years, more than doubling in real terms and outstripping all other major public spending, the Office for National Statistics has reported.<sup>1</sup>

Defence spending was among the biggest losers, falling in real terms and as a proportion of all public spending, from 8.7% in 1993-94 to 5.4% in 2013-14. The “peace dividend” from the end of the Cold War has thus been spent in large part on increasing health spending. Welfare and education have also benefited but to a lesser degree.

The data show that total UK government spending on health was £57.6bn in 1993-94 and that by 2013-14 it had reached £129.4bn. Both these figures use the 2013-14 value of the pound and so reflect real increases, not just inflation. As a proportion of total spending, health rose from 13.5% to 19.2% over the

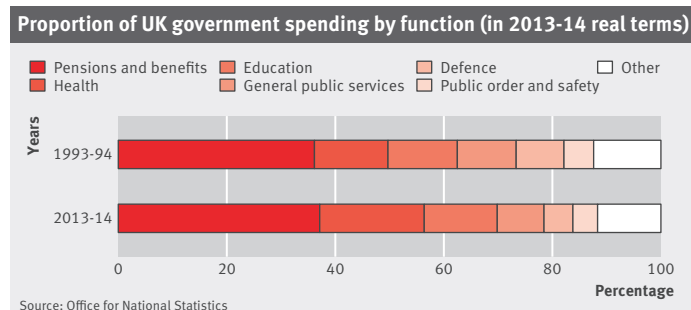
period, while education rose from 12.8% to 13.4% (figure). To put the comparison in cash terms, in 1993-94 the UK spent £3bn a year more on health than on education, whereas today the gap is almost £40bn.

Pensions and benefits were and remain the largest chunk of spending (£154bn in 1993-94 and £250.6bn in 2013-14), but growth as a proportion of all public spending has been modest, just a single percentage point.

The money spent on health in 2013-14 was overwhelmingly consumed by the delivery of healthcare, with only 3.7% going to central services (management) and 0.7% to research, a sharp decline over the past few years.<sup>2</sup>

The health spending data are backed by an earlier Office for National Statistics report, released last April, which showed that public spending on health had recovered more quickly since the recession than private spending.

Cite this as: *BMJ* 2015;350:h804



## Protect NHS whistleblowers, says Francis



Robert Francis: “We heard all too frequently of jobs being lost”

Clare Dyer **THE BMJ**

UK legislation will be introduced to protect NHS whistleblowers from discrimination when they seek fresh employment, the health secretary has announced. Jeremy Hunt said that the necessary regulation making powers could be on the statute book in this parliament, with opposition support.

The move came after a recommendation in a wide ranging review of whistleblowing in the NHS that called for urgent, system-wide action.<sup>1</sup> Widespread fear among NHS staff to speak up about concerns is threatening patient safety, the review by a senior barrister, Robert Francis QC, concluded. It recommended the adoption of 20 principles to create “an open and honest reporting culture in the NHS” and an action plan to make sure that concerns are heard and investigated properly.

Hunt said that the government accepted in principle all of the recommendations and would

consult on Francis’s proposals for a “freedom to speak up guardian” in every NHS organisation, reporting directly to the chief executive, as well as a full time national whistleblowing guardian to protect people who do speak up. The health secretary said that a compact had been agreed on practical help for NHS whistleblowers to find alternative employment, details of which would be published later this year. And all NHS staff, managers, and leaders would receive training on how to raise concerns and how to support others who do so, he added.

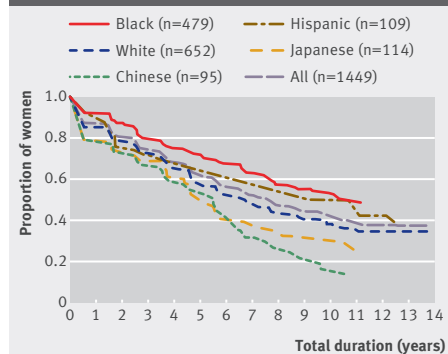
Hunt asked Francis to carry out the review into NHS whistleblowing after the barrister’s report two years ago into serious failures of patient care at Mid Staffordshire NHS Foundation Trust, where staff said that they were frightened to speak up about dangers to patient safety.

Francis said that he had heard “shocking” accounts that showed “remarkable consistency.” Some whistleblowers not only found that their serious concerns were rejected, but they had disciplinary action taken against them and lost their jobs. In a letter to Hunt, he wrote, “The effect of the experience has in some cases been truly shocking. We heard all too frequently of jobs being lost.”

Cite this as: *BMJ* 2015;350:h828

## RESEARCH NEWS

## Kaplan-Meier estimates of duration of frequent menopausal vasomotor symptoms by ethnicity



## MENOPAUSE

## Hot flushes and sweats persist longer than thought

Frequent menopausal vasomotor symptoms, including hot flushes and night sweats, persisted longer than seven years during the transition to menopause in more than half of women in a large US study, results published in *JAMA Internal Medicine* have shown.<sup>1</sup>

The Study of Women's Health Across the Nation is a multiethnic observational study of the menopausal transition in 3302 women, funded by the National Institutes of Health. Participants were followed up from February 1996 to April 2013 for a median of 13 visits.

Results from 1149 women who reported frequent vasomotor symptoms (occurring on at least six days in the previous two weeks on one or more visits) showed that the median duration was 7.4 years. These symptoms persisted for about 4.5 years after the final menstrual period.

Until now data on duration of menopausal symptoms had been lacking, said researchers.

Vasomotor symptoms lasted the longest in women who were premenopausal or early perimenopausal when they first reported them, with a median duration of more than 11.8 years. Women who were postmenopausal when symptoms started had the shortest duration (median 3.4 years after the last menstrual period).

Compared with women from other racial and ethnic groups, black women reported the longest duration of vasomotor symptoms (median 10.1 years).

"The findings can help health professionals counsel patients about expectations regarding vasomotor symptoms and assist women in making treatment decisions based on the probability of their symptoms persisting," the researchers wrote.

Cite this as: *BMJ* 2015;350:h893

## CHILDHOOD OBESITY

## Nurture is more important than nature, study finds

A study comparing the weight of biological and adopted children to that of their parents has found that lifestyles, rather than genes, are primarily responsible for the children being overweight.<sup>1</sup>

The researchers, from the Centre for Economic Performance at the London School of Economics and Political Science, concluded that policies to influence parents' lifestyles could help to tackle overweight in children.

For the study the researchers compiled data from 13 years of the Health Survey for England from 1997 to 2009, which measures health related behaviours in adults and children including weight and height.

The overall sample included 13 536 observations of children in which both parents were biological and 300 observations in which both parents were adoptive.

The researchers found that, when both adoptive parents were overweight, the likelihood of an adopted child being overweight was as much as 21% higher than when the parents were not overweight. Because these children were adopted, their weight problems could be largely attributed to their parents' lifestyles rather than to their genes, the researchers wrote.

They added that, in comparison, children with two biological overweight parents were 27% more likely to be overweight, showing the relatively small influence of genetics.

Cite this as: *BMJ* 2015;350:h817

## PRECANCEROUS CERVICAL CANCER

## Treatments do not reduce fertility, study shows

Procedures used to diagnose and treat precancerous cervical cancer do not reduce women's chances of getting pregnant, shows a large US study that unexpectedly found higher rates of pregnancy in women who had these procedures than in control groups.<sup>1</sup>

Women with an unclear or abnormal cervical screening test generally have a diagnostic colposcopy and biopsy to see whether any lesions are precancerous. Those women found to have precancerous lesions then undergo cryotherapy, a loop electrosurgical excision procedure, or another surgical treatment to remove abnormal cells and prevent progression to cervical cancer.

In the study, reported in *PLoS One*, researchers examined medical records of 4137

women aged 14 to 53 who had undergone a cervical treatment procedure and followed them up for 12 years after their procedure to find out whether they became pregnant. They were compared with 81 435 women who did not have a cervical procedure and 13 676 who had a colposcopy or biopsy diagnostic procedure but no treatment.

Results showed that 14% of women who had cervical treatment procedures became pregnant during the follow-up period, compared with 9% of women who did not undergo a procedure and 11% of those who had a biopsy or colposcopy.

After adjusting for age, contraceptive use, and history of infertility, women who had undergone a cervical treatment procedure were almost 1.5 times more likely to conceive than untreated women.

Cite this as: *BMJ* 2015;350:h821

## EXERCISE

## Pedometers increase physical activity in older people

A sustained increase in physical activity of older people can be achieved by consultations with a practice nurse and the use of a pedometer, research published in *PLOS Medicine* has shown.<sup>1</sup>

The randomised controlled trial included 298 people aged 60-75 from three UK general practices who received standard care or an intervention to increase their physical activity levels. Patients in the intervention group had four consultations with a practice nurse over three months, were given a walking plan and pedometer, and were asked to keep a diary of their daily step count. At three months and at 12 months both groups were asked to wear accelerometers, which gave an objective measurement of their physical activity.

At three months the intervention group's average daily step count was 1037 steps higher than that of the control group (95% confidence interval 513 to 1560). The intervention group also spent 63 more minutes a week in moderate to vigorous bouts of physical activity of at least 10 minutes (40 to 87). After a year these differences were 609 steps a day (104 to 1115) and 40 minutes a week (17 to 63).

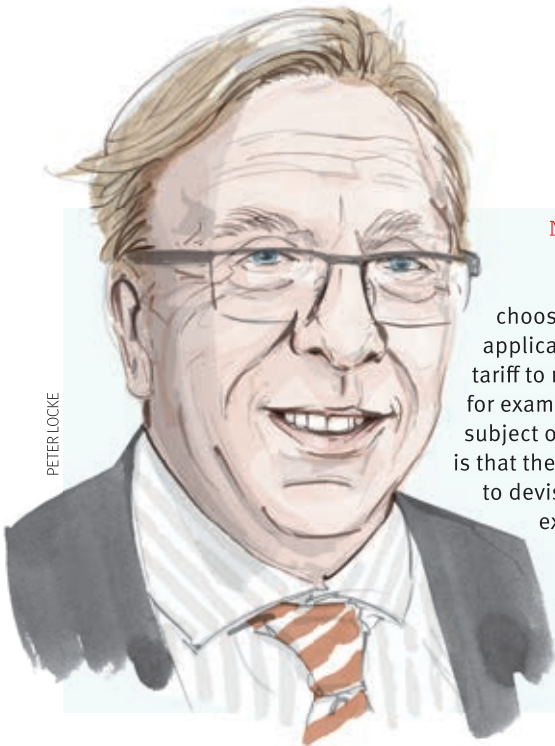
The researchers calculated that a 40 minute weekly difference between the two groups in activity, if sustained, would be expected to reduce the risk of coronary heart disease by about 5.5% and of type 2 diabetes by 9.1%.

Cite this as: *BMJ* 2015;350:h872



# Nigel Edwards

## Creative and pessimistic



**NIGEL EDWARDS** knows more about health policy than is strictly healthy. He could choose a truly arcane byway—the application of the payment by results tariff to mental health commissioning, for example—and make it his specialist subject on *Mastermind*. The only problem is that the BBC would have to employ him to devise the questions. He is chief executive of the Nuffield Trust, having held positions at the NHS Confederation and the King's Fund. His judgments are invariably clear and free of ideology—a rare and precious combination.

**If you weren't in your present position what would you be doing instead?**

"I did have a place to study medicine, and I consider my choice not to do so to be the biggest contribution I've made to medicine in Britain. I'd have been terrible"

**What was your earliest ambition?**

I wanted to do medicine; my mother was a doctor.

**Who has been your biggest inspiration?**

My parents.

**What was the worst mistake in your career?**

Staying too long in one place. But another mistake was leaving the NHS pension scheme. So, looking at it another way, perhaps it was a mistake not to stay in the same place long enough!

**What was your best career move?**

Leaving the NHS to set up a research and consulting company, the London Health Economics Consortium, which was a joint unit owned by the University of York and the London School of Hygiene. That set me on the path to doing what I do today.

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

John Moore was notable for being rather ineffective. And I think Andrew Lansley could be a case study in the dangers of big visions that are disconnected from reality. The best one is more difficult. The best at pouring oil on troubled waters was Alan Johnson. The best at getting out before trouble happened was Ken Clarke, closely followed by John Reid. And the most visionary, controversially, was Enoch Powell, who proposed closing the asylums and oversaw the Hospital Plan.

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

My history teacher, who taught me how to write logical arguments.

**To whom would you most like to apologise?**

My children, for not being at home enough.

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

A sabbatical to go and work with health systems in low and middle income countries. I've been following what has been happening in Rwanda, for example, and it would be good to go and find out more and perhaps to be of some help.

**Where are or were you happiest?**

Working on a really interesting research project where I am in pursuit of an interesting question that others haven't considered.

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

Big data. The sheer power of our ability to process big datasets is one of the biggest developments in my field. Social media would be a close second.

**Do you support doctor assisted suicide?**

I support it for me, but I worry about it for others. Every great policy idea has some unhappy, unintended consequences, and the real issue with this is what happens to vulnerable people.

**What book should every doctor read?**

*Thinking, Fast and Slow* by Daniel Kahneman, or *How Doctors Think* by Jerome Groopman.

**What is your guiltiest pleasure?**

Chocolate—specifically, Maltesers.

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

I'm not sure that I'd like being invisible. It would be quite lonely, and I'd probably spend the whole day trying to avoid people bumping into me.

**Clarkson or Clark? Would you rather watch *Top Gear* or *Civilisation*? What television programmes do you like?**

I like both, but I'd choose *Civilisation*. I don't watch much TV, but I do love *University Challenge*.

**What is your most treasured possession?**

I'm not big on possessions. But, if my house was burning down, I'd leave with my MacBook Air in one arm and my cat in the other.

**What, if anything, are you doing to reduce your carbon footprint?**

I'm an avid user of "Boris bikes" [Barclays cycle hire in London].

**What personal ambition do you still have?**

I've got a long list, starting with finding a way to reduce hospital admissions. There's plenty still to do in my field of work.

**Summarise your personality in three words**

Energetic, creative, and pessimistic. But, to quote [Antonio] Gramsci, that's pessimism of the intellect and optimism of the will.

**Where does alcohol fit into your life?**

Too much.

**If you weren't in your present position what would you be doing instead?**

I did have a place to study medicine, and I consider my choice not to do so to be the biggest contribution I've made to medicine in Britain. I'd have been terrible.

Cite this as: *BMJ* 2015;350:h855