EDITOR'S CHOICE

Going for gold

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The UK government has been taking the opportunity of the Olympics to boost a few grand ideas. On the last day of the Olympics, for example, the prime minister will host a high level summit on global nutrition and food security (doi:10.1136/bmj.e5335), a subject that the *BMJ* plans to return to over the next few months. In the meantime, at the Global Health Policy Summit last week, which aimed to boost innovation in health policy, the prime minister repeated his promise to harness “the incredible data collected by the NHS” (about all of us), which he hopes will make the UK the best place in the world to conduct research (doi:10.1136/bmj.e5285).

Innovation is also a theme running through the two Analysis articles featured on our cover. In the first article Donald Light and Joel Lexchin puncture some of the myths about drug development (doi:10.1136/bmj.e4348). They show, for example, that the innovation pipeline has not dried up: drug development has been relatively constant since the 1960s—and it’s not so much an innovation pipeline as a derivative pipeline. Also, the public sector, and not industry, funds most of the basic research behind drug development. The real business model for drugs, the authors argue, “centres on turning out scores of minor variations, some of which become market blockbusters.”

Their solutions are to insist that new drugs are licensed only if they offer a therapeutic advantage over existing drugs, that drug regulators should be funded by public funds rather than fees from the pharmaceutical industry, and that innovation should be rewarded not by patents but by huge cash prizes.

Huseyin Naci and colleagues examine what it would mean if drugs were licensed only if they proved better than existing ones (doi:10.1136/bmj.e4261). Prescribers would, for example, have better information on relative harms and benefits from the outset

and manufacturers would be encouraged to focus on conditions with few therapeutic options and make real advances.

The argument for private companies taking over roles in healthcare formerly filled by the private sector is that they bring innovation and efficiencies. But the evidence in this week’s *BMJ* undermines that belief. Nigel Hawkes examines how Circle, a private company that took over a debt ridden public hospital in Huntingdon, is doing six months later (doi:10.1136/bmj.e5351). Financially it is not doing so well, but it has done a grand job on the public relations front, boasting lower waiting times and high approval ratings from patients. Hawkes wonders whether Circle has truly transformed the hospital or “merely restored its clinical performance to what it was before its financial problems became insupportable.”

Worse evidence emerges over the disability assessments done for the Department of Work and Pensions by the company Atos. Margaret McCartney has written about this topic before (*BMJ* 2011;342:d599) and returns to it in her review of two television programmes that looked at how Atos evaluated whether people with disabilities were fit to work (and hence did not need disability benefits) (doi:10.1136/bmj.e5347). The criteria on which the judgments are made are not public, and McCartney concludes that the assessments—done without access to medical notes, test results, or expert opinions—cannot distinguish people who are fit for work from those who are not. Her ire is also aimed at the health professionals who lend legitimacy to this dreadful process.

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