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## PICTURE OF THE WEEK

Workmen in 1937 make plaster casts of statues on the fascia of Zimbabwe House in London before heads and limbs were removed for "safety reasons." The building used to be home to the BMA.

The sculptures, by Jacob Epstein and installed in 1908, depict medical themes and were controversial because they showed the naked human form.

Epstein's sculptures form a key part of the Royal Academy of Art's exhibition *Modern British Sculpture*, which runs until 7 April 2007. See [www.royalacademy.org.uk](http://www.royalacademy.org.uk).

## bmj.com

▶ Review: Artist reignites debate over BMA sculptures (*BMJ* 2005;330:259)

## THE WEEK IN NUMBERS

**1.35** Odds of developing Parkinson's disease in men who regularly used non-aspirin non-steroidal anti-inflammatory drugs over 1-2 years compared with men who did not (*Research*, p 270)

**50-79%** Percentage of predicted forced expiratory volume in one second to diagnose mild chronic obstructive pulmonary disease (*Clinical Review*, p 271)

**52%** Proportion of patients surveyed who waited more than 10 years from onset of symptoms before a correct diagnosis of joint hypermobility syndrome was made (*Practice*, p 275)

**4.4%** Proportion of the adult population in England who are affected by generalised anxiety disorder (*Practice*, p 279)

## QUOTE OF THE WEEK

“The world needs more nationalised healthcare to remove the shadow of profit from medical decisions”

Des Spence, general practitioner, Glasgow, on how government reforms will increase the role of the private sector in the NHS (*Views and Reviews*, p 286)

## QUESTION OF THE WEEK

Last week we asked, “Have we gone too far in translating ideas from aviation to patient safety?”

**51%** voted yes (total 194 votes cast)

This week's poll asks, “Compared with now, do you think healthcare in England in five years' time will be better or worse?”

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

## EDITOR'S CHOICE

## NHS reforms—why now?

**While acknowledging some good ideas in the bill, we share the widely held fear that the reforms could destabilise the NHS and damage patient care**

Views on the government's plans for the NHS in England have come thick and fast since the Health and Social Care Bill was published last week (p 256). They add to an already solid base of criticism that met last year's white paper. The recent crop—from organisations representing GPs, hospital specialists, doctors in general, patients, managers, policy makers, and NHS employees—makes interesting reading (*BMJ* 2011;341:d418). Each is careful to acknowledge the logic of handing more power to clinicians and providing greater choice for patients, before itemising a raft of general and specific concerns.

Picking through the special interests is important. But whatever the various angles, and while acknowledging some good ideas in the bill, we share the widely held fear that the reforms could destabilise the NHS and damage patient care. As our *BMJ* editorial says this week (p 237), the scale of the changes and the headlong rush to implement them would be risky at the best of times. In these exceptionally tight economic times they seem crazy.

So why now? One answer from the government is that the reforms will save money—£5bn over three years, according to the Department of Health, including £3.9bn in savings from commissioning alone (p 247). But most seasoned commentators are doubtful. Nigel Hawkes, who is otherwise more sanguine about the bill, suggests that the changes are likely to cost money in the short term and unlikely to save any in the long term (p 260). And no one is claiming that they will deliver the unprecedented 4% efficiency savings required each year for the next four years if current provision is to be maintained.

Interestingly, the money saving justification for the reforms looks like it was bolted late onto

Andrew Lansley's plans, which—as Chris Ham explains in Peter Davies's profile of the health secretary—were developed when the NHS budget was still growing substantially. "They would have been much easier to apply in 2007-8," he says (p 257).

The other main justification for the changes seems equally ill founded. In recent months we've got used to hearing government claims that the UK has worse health outcomes than other industrialised countries. France is currently the most popular comparator. But luckily we have the cool analytical head of John Appleby to unpick the numbers. Appleby is chief economist at the King's Fund and from this week will write regular data briefings for the *BMJ*. His first one is published on *bmj.com* this week and will appear in next week's print journal. He says that the government's recent claims are misleading. In 2006, Britons were indeed twice as likely to die from a myocardial infarction as people in France. But on this much quoted metric the UK has improved more than any other country in the past 26 years and on current trends will overtake France next year. What's more, this has been achieved at much lower levels of spending.

Given the uncertainty, the risk, and the consensus of concern, the government would be foolish to press ahead. Let's see whether GPs already involved in practice based commissioning deliver, before rolling out such untested changes across the NHS.

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

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Career Focus, jobs, and courses appear after p 286

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