



MALCOLM WILLET

● ESSAY, p 18

NEWS

- 1 UK government wants to expand duty of candour
US trade agreement threatens to increase drug prices and withhold safety data
- 2 Surgeons say they lack institutional support when things go wrong
Patients' treatment ratings tell you more about patients than hospitals
Green phlegm doesn't always warrant antibiotics, public is told
- 3 More consultant generalists are needed to deliver seven day NHS
Lessons from treatment of pets will improve people's medical treatment
- 4 Essex hospital is put into special measures over breach of licence
Cleared GP asks police to investigate patient
- 5 GP who married her patient's widower is suspended
GPs to swap QOF points for better elderly care



Labrador studies throw light on age related disease, p 3

RESEARCH

RESEARCH PAPERS

- 11 The effect of fall prevention exercise programmes on fall induced injuries in community dwelling older adults: systematic review and meta-analysis of randomised controlled trials
Fabienne El-Khoury et al
- 12 Clinical effectiveness of a manual based coping strategy programme (START, STRategies for RelaTives) in promoting the mental health of carers of family members with dementia: pragmatic randomised controlled trial
Gill Livingston et al
● RESEARCH, p 13
- 13 Cost effectiveness of a manual based coping strategy programme in promoting the mental health of family carers of people with dementia (the START (STRategies for RelaTives) study): a pragmatic randomised controlled trial
Martin Knapp et al
● RESEARCH, p 12
- 14 The relation between total joint arthroplasty and risk for serious cardiovascular events in patients with moderate-severe osteoarthritis: propensity score matched landmark analysis
Bheeshma Ravi et al
● EDITORIAL, p 10

COMMENT

BMJ CONFIDENTIAL

- 6 Hilary Cass
The president of the Royal College of Paediatrics and Child Health replies to the *BMJ's* questions about work, life, and less serious matters



EDITORIALS

- 7 What will bring about the patient centred revolution?
Paul Hodgkin and Jeremy Taylor
- 8 Looking beyond "the house of care" for long term conditions
Graham Watt
- 9 Breadlines, brains, and behaviour
Theresa M Marteau and Peter A Hall
- 10 Can joint replacement reduce cardiovascular risk?
Mohammad Ehsanul Karim
● RESEARCH, p 14



Power to the patients, p 7

FEATURES

- 15 Sarah Wollaston: from GP to MP
The doctor turned politician tells Krishna Chinthapalli about working in parliament and why she believes her party made a huge mistake dropping its commitment to a minimum unit price for alcohol
- 16 How many new cancers are diagnosed in A&E?
And what conclusions about general practitioners' performance can be drawn from these statistics? It's more complicated than the newspaper headlines might have us believe, finds Margaret McCartney



No regrets in being MP, p 15

ESSAY

- 18 How NHS reform goes round in circles
John Oldham examines why repeated reforms of the NHS have failed to deliver changes in the daily experience of patients, particularly those with multimorbidity

Articles appearing in this print journal have already been published on bmj.com, and the version in print may have been shortened. bmj.com also contains material that is supplementary to articles: this will be indicated in the text (references are given as w1, w2, etc) and be labelled as extra on bmj.com.

Please cite all articles by year, volume, and elocator (rather than page number), eg *BMJ* 2013; 346:f286.

A note on how to cite each article appears at the end of each article, and this is the form the reference will take in PubMed and other indexes.



When you have finished with this magazine please recycle it.

The *BMJ* is printed on 100% recycled paper (except the cover)



Bring back proper ward rounds, p 24

COMMENT

LETTERS

- 20 Saturated fat is not the major issue
- 22 Aircraft noise and health
- 23 Policy on tobacco funded research

OBSERVATIONS

PATIENT PARTNERSHIP

- 17 Tell us how it was for you
Tessa Richards

PERSONAL VIEW

- 24 Restore the prominence of the medical ward round
Anthony Cohn

OBITUARIES

- 25 Noel Olsen
Public health consultant
and a formidable
campaigner against the
tobacco industry



Antitobacco fighter, p 25

- 26 Margaret Grace Anderson; Pamela Eileen Aylett;
Enda Casement; Christine Elizabeth Jones; John
Warburton Thompson; Cynthia Ruth Woodhall

LAST WORDS

- 37 Big pharma and big medicine in big trouble
Des Spence
Sir David who?
Kinesh Patel

EDUCATION

CLINICAL REVIEW

- 27 The diagnosis and management of erythrocytosis
Clodagh Keohane et al

PRACTICE

UNCERTAINTIES PAGE

- 32 Should women with HIV, or at high risk of contracting
HIV, use progestogen-containing contraception?
Sarah Louise Giles and Felicia Lester

10-MINUTE CONSULTATION

- 34 Abnormal vaginal discharge
Radia Fahami

ENDGAMES

- 36 Quiz page for doctors in training

MINERVA

- 38 Vitamin D deficiency, and other stories

CHRISTMAS COMPETITION

LAST CHANCE
TO ENTER

We invite readers to write a haiku describing the findings of *BMJ* research papers. See bmj.com for a list of the articles and details of how to enter. The competition closes on 30 November.



Time for a break? Refresh yourself.

BMJ Masterclasses

masterclasses.bmj.com



BMJ

23 November 2013 Vol 347

The Editor, *BMJ*
 BMA House, Tavistock Square,
 London WC1H 9JR
 Email: editor@bmj.com
 Tel: +44 (0)20 7387 4410
 Fax: +44 (0)20 7383 6418

BMA MEMBERS' ENQUIRIES
 Email: membership@bma.org.uk
 Tel: +44 (0)20 7383 6955

BMJ CAREERS ADVERTISING
 Email: sales@bmjcareers.com
 Tel: +44 (0)20 7383 6531

DISPLAY ADVERTISING
 Email: sales@bmjgroup.com
 Tel: +44 (0)20 7383 6386

REPRINTS
 UK/Rest of world
 Email: ngurneyrandall@bmjgroup.com
 Tel: +44 (0)20 8445 5825
 USA
 Email: mfogler@medicalreprints.com
 Tel: +1 (856) 489 4446

SUBSCRIPTIONS
 BMA Members
 Email: membership@bma.org.uk
 Tel: +44 (0)20 7383 6955
 Non-BMA Members
 Email: support@bmjgroup.com
 Tel: +44 (0)20 7111 1105

OTHER RESOURCES
 For all other contacts:
resources.bmj.com/bmj/contact-us
 For advice to authors:
resources.bmj.com/bmj/authors
 To submit an article:
submit.bmj.com

The BMJ is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.



PICTURE OF THE WEEK

A woman attempts to perform 30 squats in two minutes to get a free ride on the Moscow underground railway. The vending machine at the Vystavochaya metro station is part of the government's push to promote a healthy lifestyle ahead of the 2014 Olympic Winter Games in Sochi in February.

The BMA grants editorial freedom to the Editor of the *BMJ*. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy. The *BMJ* follows guidelines on editorial independence produced by the World Association of Medical Editors (www.wame.org/wamestmt.htm#independence) and the code on good publication practice produced by the Committee on Publication Ethics (www.publicationethics.org.uk/guidelines/). The *BMJ* is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility

of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance of advertising does not imply endorsement.

To the fullest extent permitted by law, the BMJ Publishing Group shall not be liable for any loss, injury, or damage resulting from the use of the *BMJ* or any information in it whether based on contract, tort, or otherwise. Readers are advised to verify any information they choose to rely on. ©BMJ Publishing Group Ltd 2013 All Rights

Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the *BMJ*.

Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to *BMJ*, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly. Printed by Polestar Limited

Help them leave their cow's milk allergy symptoms behind

Nutramigen LIPIL is the only specialised infant feed with published clinical evidence of reaching oral tolerance to cow's milk

- Short term symptom relief¹ and tolerance to cow's milk²
- Tolerance supports improved quality of life for both mother and child³
- Tolerance can avoid unnecessary healthcare costs by reducing treatment time⁴

Nutramigen – new research, setting new standards for the management of CMA

References: 1. Dupont C et al. *Br J Nutr* 2011;1-14. 2. Canani R et al. *J Allergy Clin Immunol* 2012; 129:580-582. 3. Lothe L, Lindberg T. *Pediatrics* 1989; 83:262-266. 4. Koletzko S et al. *J Pediatr Gastroenterol Nutr* 2012; 55(2):221-229. **IMPORTANT NOTICE:** Breastfeeding is best for babies. Parents should always be advised by an independent healthcare professional regarding infant feeding. Products of Mead Johnson must be used under medical supervision. EU 11.564. *Trademark of Mead Johnson & Company, LLC. © 2013 Mead Johnson and Company, LLC.

Nutramigen LIPIL
 First for cow's milk allergy

MeadJohnson Nutrition

EDITOR'S CHOICE

Campaign for real healthcare for real people

Putting patients first has become “a pick and mix menu from which decision makers can select according to taste”

► To receive Editor's Choice by email each week, visit www.bmj.com/newaccount

Twitter

► Follow the editor, Fiona Godlee, at twitter.com/fgodlee, and the *BMJ* at twitter.com/bmj_latest



Sign up today using your smartphone

—follow these steps:

- Download a free QR reader from your handset's app store
- Hold your smartphone over the QR code
- You will then be forwarded to the email sign up page

Providing parity of care for hospital patients across the whole week is a goal that's hard to oppose, and the Academy of Medical Royal Colleges has been working out the implications (p 3). Its survey suggests that most medical specialties would need to provide about six hours of consultant input per day to review 30 inpatients at the weekend.

But wait a minute, cries Anthony Cohn. Patients aren't receiving anything like that on weekday ward rounds (p 24). “Experience and anecdote indicate that it is typical that 20 or more patients need to be seen in two hours—five minutes per patient on average, assuming all notes, radiographs, and results are immediately to hand. This compares poorly with the often quoted figure of the seven minute consultation in general practice, which itself is generally considered too brief.”

He wants the ward round to “return to being the focus of hospital life rather than an inconvenience that disturbs the routine running of the ward and interferes with doctors' other commitments.” “Our most precious and powerful tool,” he argues, “is spending quality time with our patients.”

O, patients! What crimes are committed in your name! There are, of course, the obvious ones—such as wilful neglect and mistreatment, which are soon to become criminal offences (p 1). But there are not so obvious, ideological ones. In their editorial Paul Hodgkin and Jeremy Taylor (who head up Patient Opinion and National Voices, respectively) cast a jaundiced eye over “the rhetorical lip service to the centrality of the patient.” Patient friendly platitudes now “abound in every official document,” meaning more or less whatever you want them to. Putting patients first has become “a pick and mix menu from which decision makers can select according to taste.” Nevertheless, they applaud NHS England's

guidance for commissioners on transforming participation in health and care as “probably the best official articulation to date of putting patients at the heart.”

They identify three trends from outside mainstream medicine that may affect patient empowerment in coming years. One is that the growing population of people with multiple long term conditions, disabilities, and frailty will demand a different model of care and support—“a primarily social not medical model.”

Multimorbidity looms large in Graham Watt's editorial on caring for people with long term conditions. He discusses the implications of the “house of care,” a model promoted by the King's Fund (p 8). Whereas doctors used to “listen to the patient, he is telling you the diagnosis,” in future they will need to “listen to the patient, she is telling you her treatment goals.” In her article, Tessa Richards describes the many ways of listening to patients—and acting on what is heard (p 17).

Multimorbidity also features in John Oldham's essay, “How NHS reform goes round in circles” (p 18). While most people over 65 have more than one long term condition, “the system is one of specialisms that look after a person's body parts not the person as a whole.” The medical directorate of NHS England has 18 national clinical directors of “body parts,” leading to “a Monty Pythonesque queue of specialist nurses for single diseases outside the house of a patient with multimorbidity.”

The next iteration of reform needs to focus on whole people, not body parts, he argues. In the meantime, the queue of specialist nurses for single diseases will see you now.

Tony Delamothe, deputy editor, *BMJ*
tdelamothe@bmj.com

Cite this as: *BMJ* 2013;347:f6962

 **SANDOZ**
a Novartis company



BE REASSURED, BEDRANOL® (PROPRANOLOL HYDROCHLORIDE) SR 80 MG & 160 MG CAPSULES, STILL AVAILABLE FROM SANDOZ

Indications: control of hypertension, management of angina, prophylaxis of migraine, management of essential tremor, management of anxiety, adjunctive management of thyrotoxicosis, prophylaxis of upper gastro-intestinal bleeding in portal hypertension and oesophageal varices.

Consult the summary of product characteristics before prescribing, particularly in relation to side-effects, precautions and contra-indications.

Legal classification: POM

MA holder: Sandoz Ltd, Frimley Business Park, Frimley, Camberley, Surrey, GU16 7SR, United Kingdom

Information about this product, including adverse reactions, precautions, contraindications and method of use can be found at <http://www.medicines.org.uk/emc>.

Sandoz Customer Service:
01276 698 607 or
sales.sandoz-gb@sandoz.com

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Sandoz Ltd, 01276 698020 or uk.drugsafety@sandoz.com

UK/MKT/REI/13-0042b
Date of Preparation October 2013

 **SANDOZ**