NEWS

References and full versions of news stories are on **thebmj.com**

thebmj.com
One in four US children exposed to weapon violence, study finds

Transfer of services from NHS to private provider was "unmitigated disaster"

Gareth Iacobucci THE BMJ

The botched transfer of specialist dermatology services from a leading NHS hospital to a private company has been described as "an unmitigated disaster" by an independent review.

The investigation found that an "adversarial" relationship developed between local commissioners and providers after NHS Rushcliffe Clinical Commissioning Group decided to transfer services from Nottingham University Hospitals NHS Trust to the private provider Circle Health in 2012.[1] The decision was based on an assumption that many staff would also transfer.

The review, commissioned by the clinical commissioning group and led by Chris Clough, former chairman of the National Clinical Advisory Team, said that the handling of the transfer had led to the near collapse of local services because of ongoing problems with staff retention and recruitment.

"Dermatology services in Nottingham are in crisis due to the inability to recruit to substantive posts and the on-going reliance on locum posts at Circle," it said.

The problems surfaced after the clinical commissioning group awarded a contract to Circle to provide a range of services at the Nottingham Treatment Centre (an independent sector treatment centre), including adults' and children's dermatology. Circle's successful bid was based on an expectation that staff members who provided outpatient dermatology services at Nottingham University Hospitals NHS Trust—which lost out to Circle in the bidding—would transfer from the NHS to Circle through rules established by the Transfer of Undertakings (Protection of Employment) Regulations (TUPE). But only three of the 11 consultants employed by the trust agreed to transfer to Circle, two of whom have now left the company.

The NHS consultants told the review panel that they believed that they had been "sold down the river" by the clinical commissioning group and were concerned that Circle's commercial approach would "inevitably lead to a poorer service."

Despite the recruitment problems, the panel said that Circle had managed to provide "a good elective dermatology service." But the report said that there had been "a lack of acceptance" of the consultants' concerns and a failure to acknowledge the risks.

It said, "The lack of response . . . to the consultants' concerns has led to the ongoing problems and difficulties that Circle has had in recruitment, and their reliance now on locums, and the situation whereby Nottingham is now faced with a service on a knife edge . . . It has been an unmitigated disaster."

The contract awarded to Circle involved the separation of emergency dermatology services from elective and outpatient services, a split that Nottingham University Hospitals said had gradually led to the dismantling of its once leading integrated service.

Emergency dermatology services at the trust have now transferred to Leicester Royal Infirmary, and the panel warned that paediatric dermatology services in Nottingham were "under immediate threat."

The report said that most of the trust's consultant staff who did not transfer to Circle have now left the trust for posts elsewhere in the NHS, after commissioners blocked the trust from maintaining a separate outpatient service.

BMJ CAREERS, p 4

Cite this as: *BMJ* 2015;350:h3161

APS (UK)/ALAMY

Nottingham University Hospital NHS Trust's dermatology department has lost its emergency service and much of its postgraduate training after the CCG's decision, which Chris Clough (right) said was an "unmitigated disaster"

IN BRIEF

Wales plans to ban e-cigarettes in indoor public places: Use of electronic cigarettes will be banned in enclosed public spaces such as restaurants, pubs, offices, lorries, and taxis in Wales when a new public health law comes into force, probably in 2017. The move will reduce the risk that smoking is "normalised," ministers said.

Doctor fined for fraud: A doctor who worked as a locum at hospitals across England while getting paid sick leave from Cardiff and Vale University Health Board is to be ordered to pay back £98 000 to the NHS or face jail. Anthony Madu, 45, a specialist registrar in gynaecology, was convicted of six charges of fraud (*BMJ* 2015;350:h3172).

Woman gives birth after ovarian tissue transplantation: A woman who had an ovary frozen before puberty because she needed a bone marrow transplant gave birth to a healthy baby in 2014 after doctors in Belgium transplanted some of the ovarian tissue to her remaining but non-functioning ovary, says a report in *Human Reproduction* (doi:10.1093/humrep/dev128). The transplanted tissue responded to her hormones, and she became pregnant naturally.

Testing for genetic disorder to be expanded: Five more NHS organisations in England and Scotland are to start cascade testing for familial hypercholesterolaemia after a £900 000 grant from the British Heart Foundation. In its first year the programme identified more than 500 people with the disorder, but as many as 320 000 in the UK could have it.

IN BRIEF

NICE suspends work on safe staffing levels: NHS England has asked the National Institute for Health and Care Excellence not to do any more work on safe ratios of staff to patients, saying that it will do the work itself. NICE has produced guidance on safe staffing levels in adult acute wards and maternity services. But NHS England will devise ratios for emergency departments, mental health units, and community health service providers.

Campaign aims to reverse falling vasectomy rates: The contraception and abortion charity Marie Stopes UK has launched a campaign to try to reverse a falling trend in vasectomy by answering the questions men may feel too embarrassed to ask. The number of vasectomies carried out in the UK fell from nearly 38000 in 2001 to just over 14000 in 2013. Jason Warriner, chief nurse at the charity, said that vasectomy was more than 99% effective and could "also actually improve your sex life, because of the peace of mind it brings."

Large rise in oesophageal cancer diagnoses in men: Oesophageal cancer is 50% more likely to be diagnosed in men today than it was in the 1980s, figures from Cancer Research UK show. In 2012 a total of 5740 cases of oesophageal cancer in men were diagnosed, up from 2700 in 1982. This equates to a 50% rise in incidence, from 15 to 23 cases per 100000 men. In women, cases rose by 10% from 2802 in 2012 to 2100 in 1982.

Inspectors scrutinise hospitals in northwest England: Monitor has said that it was widening its investigation into the finances of Warrington and Halton Hospitals NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust and would now also look at how well the trusts were run. Investigators said that some patients were waiting too long in the trusts' emergency departments and that they needed to know how the services would improve. Both trusts have repeatedly failed to meet the national targets for seeing 95% of emergency department patients within four hours.

Prince Charles lobbied ministers on complementary medicine: A second batch of letters from Prince Charles to ministers from 2006-09 released under the Freedom of Information Act show that the prince called for the NHS to reverse cuts to spending on homeopathy and to conduct a trial of complementary medicine in England. Prince Charles wrote, "I cannot bear people suffering unnecessarily when a complementary approach could make a real difference."

Most Iraqi health services are on brink of closure: As many as 84% of all current health projects and health centres in Iraq could close before the end of June because of a shortage of funds, WHO's director general, Margaret Chan, has warned. Since the self proclaimed Islamic State began its campaign to seize vast swathes of Iraqi territory last year three million people have been displaced and 14 hospitals and more than 160 health facilities damaged or destroyed. In some areas more than 45% of all health professionals have fled, Chan said.

Cite this as: *BMJ* 2015;350:h3132

ERIK DREYER/GETTY IMAGES

The PLAB could be replaced by the new test for overseas doctors in 2019

GMC proposes single test for all doctors

Anne Gulland LONDON

All doctors who wish to work in the UK will have to sit a standard test to determine whether they are fit to practise, the General Medical Council has announced.

The test, called the UK medical licensing assessment (UKMLA), would replace the current Professional and Linguistic Assessments Board (PLAB) test taken by overseas medical graduates. However, UK trained graduates would also be expected to sit the test to gain a place on the medical register.

Terence Stephenson, chair of the GMC, said that the assessment was still in the early days of development but added that it would ensure a "straightforward and transparent route" to medical practice in the UK.

"We believe it would be fairer and more reassuring for the public for there to be a standard for entry to the register that everyone can rely on. Over time we are confident that the UKMLA will help to drive up standards and that it could become an international benchmark test for entry to medicine," he said.

Single assessment, first proposed by the GMC in 2005, would require a change in the law for it to include UK graduates and would also have to comply with European law. The GMC is keen that the assessment will apply to all doctors who come to work in the UK, including those from the European Union, but current European rules on freedom of movement across the European economic area make this difficult.

The assessment would be taken by overseas graduates in 2019 and by UK graduates in 2021.

Cite this as: *BMJ* 2015;350:h3094

Doctor is charged with manslaughter

Clare Dyer THE BMJ

A doctor and two nurses have been charged with manslaughter over the death of a woman living in the Irish Republic who travelled to London for an abortion more than three years ago.

Adedayo Adedeji, 62, who is on the General Medical Council's GP register, is due to appear at Ealing Magistrates Court in west London on 19 June, along with the nurses Gemma Pullen, 31, and Margaret Miller, 54.

The charges relate to the death of a 32 year old woman from an African country who was living in Ireland with her husband on a student visa. She was about 20 weeks pregnant and travelled to London in January 2012 after being denied an abortion at a maternity hospital in Dublin, it was reported.

Her husband told the *Irish Times* in 2013 that his wife had had a child in 2010 but that the pregnancy was painful and complicated by extensive fibroids.

Hours after the termination at a Marie Stopes clinic in Ealing, she collapsed in a taxi in Slough, Berkshire, and was pronounced dead at Wexham Park Hospital after having a heart attack caused by extensive internal bleeding.

An inquest was opened but postponed when the Metropolitan Police launched an investigation into

Experts question IARC report that said benefits of mammography outweigh risks

Susan Mayor LONDON

Experts are questioning a summary report on breast screening developed by a panel for the World Health Organization's International Agency for Research on Cancer that concluded that the benefits of mammography outweighed the risks in women aged 50-74.[1] Critics consider that the summary failed to take account of bias and confounding factors in some screening studies and that the panel's membership did not reflect varying views on the value of breast screening.

The agency's report, summarised in the *New England Journal of Medicine* last week,[2] said that its conclusions represented the consensus of a panel of 29 invited experts after they discussed preliminary evaluations of available evidence developed by subgroups. It reported that the group found "sufficient" evidence that mammography reduced mortality from breast cancer in women aged 50-69 years of age and in women aged 70-74 years.

But one member of the panel, Anthony Miller, emeritus professor at the University of Toronto's Dalla Lana School of Public Health, was concerned that the report did not adequately reflect the debate about bias or confounding factors found in some of the studies reviewed when the panel met in December 2014.

He said, "On several occasions during the meeting I expressed my disagreement with some of the majority decisions of the working group on evaluation, as I felt that bias and/or confounding in some of the randomised trials of breast screening and in the population studies—especially with regard to the impact of treatment—had not been adequately considered.

"Unfortunately my views are not reflected in the report."

Véronique Terrasse, press officer for the International Agency for Research on Cancer, commented, "IARC working groups strive to achieve a consensus evaluation. Consensus reflects broad agreement among working group members, but not necessarily unanimity."

A coauthor of the Cochrane review on mammography screening for breast cancer,[6] Karsten Juhl Jørgensen, was concerned about how the panel members were selected. "The fundamental problem seems the same as with the recent report from the EUROSCREEN Working Group,[7] and many of the key members are the same," he said.

Cite this as: *BMJ* 2015;350:h3156

Anatomy classes, but not as we know them

Zosia Kmietowicz THE BMJ

The University of Edinburgh's Anatomical Museum hosted a hands-on workshop on 2 June that gave participants a chance to paint muscles, tendons, and blood vessels of the neck on each other.

This example of anatomical art is by the world renowned US body artist Danny Quirk, who demonstrated his technique of using liquid latex and marker pens at the event.

The evening was organised by Art and Anatomy Edinburgh, founded in November 2014 by Nichola Robertson, anatomy and surgical teaching fellow at the University of Edinburgh, and Meg Anderson, junior surgical trainee. The duo joined forces with the artist Kimmie Simpson to find innovative ways to teach anatomy to medical students by using different art media.

Robertson said, "Visualising anatomy through art is a valuable and engaging teaching aid that appeals to a variety of people."

Cite this as: *BMJ* 2015;350:h3130

Tobacco industry "should pay" to help quitters

Adrian O'Dowd LONDON

The tobacco industry should be forced to pay towards smoking cessation efforts in England as part of a new national tobacco control strategy, a multi-agency report has claimed.

Experts have called for a national annual levy on tobacco companies, fresh targets such as a drop in smoking rates to 5% by 2035, a new five year government tobacco strategy for England, and an increase to the tax escalator on tobacco products to 5% above the level of inflation.

The report, *Smoking Still Kills*,[1] was published on 10 June by the public health charity Action on Smoking and Health (ASH) and was jointly funded by ASH, Cancer Research UK, and the British Heart Foundation.

Over the past 35 years smoking prevalence in England has halved, but millions of smokers still face the risks of smoking related illness.

Cite this as: *BMJ* 2015;350:h3157

Adedayo Adedeji is due to appear at Ealing Magistrates Court on 19 June

her sudden death. Police said that all three professionals had been charged with manslaughter by gross negligence and also with failing to take reasonable care of other persons who may be affected by acts or omissions at work, contrary to sections 7 and 33 of the Health and Safety Act 1974.

Cite this as: *BMJ* 2015;350:h3136

Blood test for Down's syndrome is safe and effective, say researchers

Mathew Limb LONDON

UK researchers are calling for non-invasive prenatal testing for Down's syndrome to be introduced widely in the NHS on the basis of new study findings.

The results of an analysis carried out at Great Ormond Street Hospital for Children in London, showed that it was safe, effective, and welcomed by parents, the researchers said.

Non-invasive testing checks maternal blood for fetal DNA indicative of Down's syndrome.

Lyn Chitty, the lead researcher and professor of genetics and fetal medicine at Great Ormond Street, said that making the "more accurate" new test available on the NHS would reduce the amount of invasive testing, reduce numbers of miscarriages, and detect more cases of Down's syndrome.

"There's huge inequality of access in the fact that the non-invasive prenatal test is available in the private sector and not in the NHS," she told a media briefing in London on 5 June.

She said that big savings were possible, depending on the cost of the test itself and how it was implemented. Currently one in 200 women loses a baby after an amniocentesis, and this was "still a barrier to testing" for many women, said Chitty.

Preliminary findings from the unpublished study were due to be presented at the conference of the European Society of Human Genetics, in Glasgow on 6-9 June.

Chitty said, "At the moment only about 60% of women overall accept an invasive test if they're told that they're high risk, because they dont want to put their baby at risk, whereas with NITP [non-invasive prenatal testing] 95% of them accept that and then NIPT will detect 99% of all cases of Down's."

Cite this as: *BMJ* 2015;350:h3126

FDA committee backs approval for "female Viagra"

Bob Roehr WASHINGTON, DC

An advisory committee of the US Food and Drug Administration voted 18 to six, on 4 June, to recommend approval of flibanserin for the treatment of premenopausal women with hypoactive sexual desire. It is the third time that the FDA has considered the pink pill that is described as the women's version of sildenafil (Viagra).

Previous advisory committees had unanimously rejected flibanserin as offering little benefit and potential risks to those who took it. Sprout Pharmaceuticals, which acquired the compound from Boehringer-Ingelheim, conducted additional work demanded by the FDA and submitted it again for consideration.

The company also instigated a marketing campaign for the drug that, among other things, practically accused the FDA of sexism for approving drugs for male but not for female sexual dysfunction.[1] That effort was on display at the public comment portion of the meeting, where the drug's supporters dominated the testimony. Many of them, with financial assistance from Sprout, had lobbied Congress the previous day.

Members of the advisory committee were moved by the personal stories and need for treatment for this condition.

But even those members who voted for approval acknowledged that the drug's effect was modest, about 10% better than placebo, and recommended several restrictions aimed at ensuring use only by the type of patients who participated in the studies. The trials had five pages of restrictions that excluded comorbidities and women who were taking even very commonly used drugs. No data were available on interactions with street drugs.

Cite this as: *BMJ* 2015;350:h3097

Stroke care after discharge varies widely across UK

Jacqui Wise LONDON

The care provided to stroke patients once they have left hospital shows widespread variation across England, Northern Ireland, and Wales, an audit has found.[1]

The inaugural audit by the Sentinel Stroke National Audit Programme concluded that too many areas fail to commission comprehensive post-acute stroke care. It also raised concern that care home residents may be denied access to stroke rehabilitation services in some areas.

The organisational audit, led by the Royal College of Physicians, used information provided by commissioners about what services are provided and the extent of co-commissioning with other areas or with social services. Participation was high: 222 of 223 commissioners and health boards provided data. A second report, at the end of the year, will give more detail on waiting times for treatment and its duration.

Around half (120) of the participating organisations are commissioning a six month post-stroke assessment for all patients, as recommended in the National Stroke Strategy.[2] The audit found that 81% of organisations are commissioning early supported discharge, 92% being stroke specific.

Joint health and social care commissioning for post-acute stroke services occurs in only 37% of areas, the audit found. Also, one in four commissioning bodies does not have an allocated lead for stroke services, and only 56% have a commissioning group for stroke or similar.

The audit said it was reassuring that the majority (78%) of services commissioned for post-acute stroke care are stroke specific. But it added that care home residents are disadvantaged because only one third of commissioned services provide treatment to people living in care homes.

Geoffrey Cloud, associate director for stroke at the Royal College of Physicians, said, "Stroke mortality has almost halved in the last decade within the NHS and people are spending less time in hospital recovering from their stroke. There has never been a more important time than now to look systematically at what stroke care people receive when they leave hospital."

Cite this as: *BMJ* 2015;350:h3058

Variation in price paid for supplies means NHS wastes millions

Caroline White LIVERPOOL

The price the NHS in England pays for basic supplies such as syringes and toilet rolls varies widely among hospital trusts and adds up to significant sums that could instead be used for frontline care.

The health secretary, Jeremy Hunt, told the NHS Confederation's annual conference in Liverpool last week how the government would try to help the NHS steer a course through the challenges of the next five years and plug the cash shortfall. This included providing trusts with information on purchasing habits, drawn from a review Hunt had commissioned from the life peer Patrick Carter on efficiency and waste in the NHS.

Carter was appointed chair of the NHS Procurement and Efficiency Board last year. His report, which is expected shortly, will publish a blueprint for the model hospital and the best practices on procurement, with a view to saving the NHS between £1.5bn and £2bn.

The report's findings were "staggering," said Hunt. The report indicated that 650 sales representatives targeted major NHS hospitals and that 65 were on site at any one time. It also found that the prices paid by NHS trusts for basic supplies varied widely. A box of syringes, for example, ranged from £4 to £12, while the cost of a box of surgical gloves varied from 50 p to £1.27. Even a box of toilet rolls cost between £30 and £66, said Hunt.

Syringes vary from £4 to £12 a box and surgical gloves from 50 p to £1.27 a box

"This is all money that could be spent on patient care," he emphasised, adding that as the biggest purchaser of healthcare products in the world the NHS ought to be able to get the best prices.

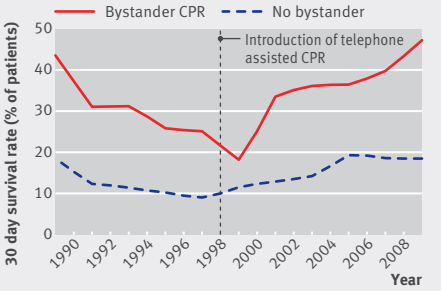
"Best practice in procurement says that you should have between 7000 and 9000 product lines, and we have 500 000 in the NHS. Best practice says price variation [should be] 1-2%; we have [one] that exceeds 35% for many products, and that is wrong," he said.

Similar discrepancies had been found in the time spent by nurses on administration rather than on the care of patients, he said, citing a difference of up to 78 hours per nurse a year among trusts. This would pay for more than two whole weeks of full time shifts, he said.

Cite this as: *BMJ* 2015;350:h3104

RESEARCH NEWS

Effect of bystander CPR before arrival of emergency medical services on patients who have cardiac arrest out of hospital



CARDIAC ARREST

CPR before medical care more than doubles survival

Giving cardiopulmonary resuscitation before emergency medical services arrive more than doubles the 30 day survival rate in people who have a cardiac arrest out of hospital, shows a study reported in the *New England Journal of Medicine*.[1]

To try to find out whether CPR given by bystanders to people who have had a suspected cardiac arrest saves lives, researchers analysed all 30 381 cardiac arrests occurring out of hospital recorded in a Swedish registry between 1 January 1990 and 31 December 2011.

The results showed that 30 day survival was 10.5% in patients who underwent CPR before emergency services arrived and 4.0% in patients who hadn't undergone CPR (P<0.001). This benefit was seen in all subgroups analysed, including men and women, patients aged under and over 72 years, cardiac or non-cardiac cause of the arrest, and location of arrest. The researchers found that CPR given before the arrival of emergency medical services was associated with a more than doubling of the 30 day survival rate (odds ratio 2.15 (95% confidence interval 1.88 to 2.45)) after they adjusted the data for variables such as the patient's age and sex, location of cardiac arrest, cause of arrest, and medical services response time. The survival rate fell from 15.6% when CPR was started within 0-3 minutes of collapse to 0.9% when the delay in starting CPR was more than 14 minutes (P<0.001).

A second Swedish study looked at a system that alerted lay volunteers trained in CPR to patients experiencing a cardiac arrest within 500 metres of their location.[2] It found that bystander initiated CPR occurred in 62% (188 of 305) of cases where volunteers were dispatched and 48% (172 of 360) of cases in the control group (absolute difference 14% (6% to 21%); P<0.001).

Cite this as: *BMJ* 2015;350:h3131

DUCTAL CARCINOMA IN SITU

Surgery for low grade disease doesn't improve survival

Breast surgery performed at or shortly after diagnosis of low grade ductal carcinoma in situ did not significantly change patients' survival rate, research published in *JAMA Surgery* has shown.[1]

The retrospective longitudinal study included 57 222 cases of ductal carcinoma from the US National Cancer Institute's database.[1] Of these cases 98% (56 053) were managed with surgery. During a median follow-up period of 72 months the study found 576 breast cancer specific deaths (1%) and 3652 deaths from other causes (6.4%).

The weighted 10 year breast cancer specific survival among all patients was 93.4% in the non-surgery group and 98.5% in the surgery group (absolute difference 5.1%; log rank test P<0.001). With low grade ductal carcinoma in situ the weighted 10 year survival was 98.6% in the surgery group and 98.8% in the non-surgery group (no significant difference). With high grade ductal carcinoma in situ the 10 year survival was 98.4% in the surgery group and 90.5% in the non-surgery group (absolute difference 7.9%).

Cite this as: *BMJ* 2015;350:h3106

AIR POLLUTION

Even low levels are linked to more deaths in over 65s

Death rates in people aged over 65 are higher in areas where the air contains more fine particulate matter ($PM_{2.5}$), even when levels are in line with recommended standards, a study published online in *Environmental Health Perspectives* has shown.[1]

Although exposure to high levels of fine particulate matter has been shown to increase mortality, the effect of levels within the recommended range has been unclear. In the United States the Environmental Protection Agency (EPA) recommends that $PM_{2.5}$ exposure should not exceed a 12 $\mu g/m^3$ yearly average or a 35 $\mu g/m^3$ daily average. The European Union recommends a 25 $\mu g/m^3$ yearly average.

US researchers used satellite data to determine particle levels and temperatures in every postal code in New England and analysed health data from 2.4 million people covered by the Medicare programme in New England from 2003 to 2008.

They found that short and long term $PM_{2.5}$ exposures were both considerably associated with higher death rates, even when restricted to zip codes and times with yearly exposures within EPA standards. With short term (two day) exposure every 10 $\mu g/m^3$ increase in $PM_{2.5}$ concentration led to a 2.14% (95% confidence interval 1.38% to 2.89%) increase in mortality, and each 10 $\mu g/m^3$ increase in long term (one year) exposure led to a 7.52% (1.95% to 13.40%) increase in mortality. This association still held when analyses were restricted to low $PM_{2.5}$ concentrations.

Cite this as: *BMJ* 2015;350:h3043

CHRONIC INSOMNIA

Review finds cognitive behavioural therapy can help

Cognitive behavioural therapy (CBT) can improve sleep in patients with chronic insomnia without the need for drugs, a systematic review and meta-analysis published in the *Annals of Internal Medicine* has found.[1]

The review looked at 20 published randomised controlled trials assessing face to face CBT in a total of 1162 adults with chronic insomnia who had no underlying medical condition. On average CBT helped patients get to sleep 20 minutes more quickly (95% confidence interval 14.12 to 23.93) and reduced the amount of time spent awake after first falling asleep by 26 minutes (15.48 to 36.52). These improvements were sustained over time; however, total sleep time improved only marginally, by seven minutes, and the improvement was not statistically significant.

CBT for insomnia includes identifying and challenging dysfunctional beliefs and attitudes about sleep, strengthening the association between bed and sleep, and encouraging good sleep hygiene habits.

In an accompanying editorial Charles Morin, of Université Laval in Quebec, Canada, noted that treatment with CBT inevitably requires more time and effort for the clinician and the patient than prescribing a drug does. But he concluded, "Over the long run, improving sleep and reducing the use of hypnotic medications is likely to improve patient wellbeing and decrease healthcare costs."

Cite this as: *BMJ* 2015;350:h3076

Jocelyn Cornwell
Innovative and sociable

PETER LOCKE

JOCELYN CORNWELL, 61, is founder and chief executive of the Point of Care Foundation. Trained as a sociologist, she found her views shaped not by the leaders of medicine but by empathy with patients. Her book *Hard Earned Lives* captures lay beliefs about health, illness, and medicine. She worked for the NHS in community health, for the Audit Commission and the Commission for Health Improvement, and then for the King's Fund after putting forward a proposal in 2006 to improve patients' experience of care, which led to the Point of Care Foundation being established.

Do you support doctor assisted suicide?
Yes. I'm completely with Atul Gawande when he says, "retaining the autonomy to be the authors of our own fate . . . is the very marrow of being human"

What was your earliest ambition?
For my two older sisters to include me in their games—and in the plays they put on for my parents about girls who live at the bottom of wells, and such like.

Who has been your biggest inspiration?
Deirdre Hine. She was my chair at the Commission for Health Improvement, and later I worked with her on a public inquiry into an outbreak of *C difficile* in Northern Ireland. I was in my 40s when I met Deirdre and had not had a role model at work before, let alone one who was a woman. It's no accident that Deirdre is seen as a brilliant chair: she is meticulous about preparing in advance and always treats people with respect, even when they are objectionable.

What was the worst mistake in your career?
I was responsible for designing the methods for the Commission for Health Improvement's clinical governance reviews. In 2002 we sent out the wrong papers when we consulted on the methodology for the first clinical governance reviews in primary care trusts, and it provoked a storm of protest that could have been avoided.

What was your best career move?
Joining the health studies directorate at the Audit Commission as a researcher in 1990.

Who is the person you would most like to thank and why?
Anton Obholzer—consultant psychiatrist, psychoanalyst, and my mentor since 2000. He keeps me sane and helps me carry on.

To whom would you most like to apologise?
The friends I've hardly seen since starting the Point of Care Foundation.

If you were given £1m what would you spend it on?
A long trip to Japan and China with my husband, Pat, and a gift to the Point of Care Foundation.

Where are or were you happiest?
At home with Pat.

What single unheralded change has made the most difference in your field in your lifetime?
The internet and social media. The internet has opened up medicine and healthcare to patients and the public, and social media have allowed people who never had a voice to make their views heard. I am a reluctant tweeter, but I've discovered new thinkers and writers through Twitter, and it often makes me laugh.

Do you support doctor assisted suicide?
Yes. I'm completely with Atul Gawande [US surgeon and public health researcher] when he says, "retaining the autonomy to be the authors of our own fate . . . is the very marrow of being human."

What book should every doctor read?
Mountains Beyond Mountains by Tracy Kidder. It's about the work of Paul Farmer—a doctor, Harvard professor, infectious disease specialist, and anthropologist, who challenges the received wisdom about what kind of healthcare the developing world can afford.

What poem, song, or passage of prose would you like mourners at your funeral to hear?
Can You Hear Me? by David Bowie.

What is your guiltiest pleasure?
Banana bread and a long black in Kaffeine, my favourite coffee bar near the office in London.

If you could be invisible for a day what would you do?
I'd hang out at editorial meetings and the newsroom at Channel 4, which I much prefer to the BBC for news.

Clarkson or Clark? Would you rather watch *Top Gear* or *Civilisation*? What television programmes do you like?
Not Clarkson or Clark; more the *Daily Show* with Jon Stewart, *Breaking Bad*, and the *Great British Bake-Off*.

What is your most treasured possession?
An Indian charm my mother gave me that I keep on my key ring.

What, if anything, are you doing to reduce your carbon footprint?
I walk a lot.

What personal ambition do you still have?
To join the BBC as a wildlife photographer (chance would be a fine thing).

Summarise your personality in three words
Innovative (every job I've had has been one that didn't exist before); very sociable, but I keep myself to myself.

Where does alcohol fit into your life?
It's one of my pleasures. I developed a taste for red wine when I was at school in Brittany.

What is your pet hate?
Bowls of sweets in meetings and on exhibition stands.

If you weren't in your present position what would you be doing instead?
Working with food, as part of the Local Food/Slow Food movement.

Cite this as: *BMJ* 2015;350:h3079