

NEWS

Research news Higher antibiotic use in people developing type 2 diabetes, p 5

World news Fall in US heart disease slows in young adults, p 5

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



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▶ NHS personal health budgets buy massages and holidays

Cameron had no formal correspondence with Keogh before promising a seven day NHS



BEN BIRCHALL/PA

At the Conservative Party's spring conference David Cameron said his next government would create seven day NHS

Abi Rimmer **BMJ CAREERS**

No formal correspondence took place between Prime Minister David Cameron and the medical director of NHS England on the definition of seven day services before Cameron announced his plan to create “a truly seven day NHS,” an investigation by BMJ Careers has found.

The BMA said that the lack of any formal correspondence on a definition of seven day services was “astounding.”

The Department of Health had previously refused a freedom of information (FOI) request from BMJ Careers to see correspondence between itself and the prime minister discussing the definition of seven day services.¹ This time, BMJ Careers approached NHS England using FOI legislation to request copies of any correspondence between the Prime Minister's Office and Bruce Keogh, NHS England's medical director, from April 2013 (when NHS England was created) to 30 July 2015 regarding what

constitutes seven day services in the NHS. BMJ Careers also asked NHS England for any correspondence between the Conservative Party and Keogh.

Since February 2013 Keogh has led NHS England's “NHS Services, Seven Days a Week” forum, a working group established to examine how the NHS could become a seven day service. The group's initial findings included 10 clinical standards describing what level of urgent and emergency care patients should expect to receive seven days a week. NHS England's board agreed to all of the forum's recommendations, including full implementation of the clinical standards, by 2017.

At the Conservative Party's spring conference in March this year Cameron announced that a future Conservative government would create “a truly seven day NHS.”² It is now clear that no formal communication with Keogh took place about what a seven day service would look

like before that announcement was made. In its response to the FOI request NHS England said, “I can confirm that there is no correspondence which falls within the scope of your request.”

Asked to comment on NHS England's statement, a spokeswoman from the Department of Health said, “This is a completely spurious story.” Another spokeswoman added, “There are constant conversations between numerous people at the Department of Health and at NHS England in various formats—both formally and informally. Seven day services is a big policy area that crosses numerous issues and might be discussed as part of any number of meetings, phone calls.”

Mark Porter, BMA council chair, said, “It is frankly astounding that there has been no correspondence on a definition of seven day services. It is presented to the public as a fully formed plan, but now we know that there is no plan, just headlines.”

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IN BRIEF

Tiny proportion of doctors opt out of weekend working:

An investigation by BMJ Careers has found that just 1% of consultants have opted out of weekend working. Trusts' responses to a freedom of information request also showed that just two consultants had used a clause in their contract to avoid working out of hours. (See longer story doi:10.1136/bmj.h4676.)

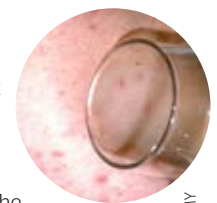
DOCTORS VIEWS ON CONTRACT NEGOTIATIONS, *BMJ* Careers, p 3

BMA denounces pay cap: Mark Porter, BMA council chair, has condemned an announcement by the Treasury that said the 1% capped rise for public sector pay may not be awarded to all staff. “For many doctors this may mean another cut in pay, which is lower in real terms than it was a decade ago,” he said, branding the plan a “disgraceful act of bad faith.”

Sierra Leone is not free from Ebola: A week after Sierra Leone discharged its last Ebola case from hospital, a new case has been confirmed: a 67 year old woman who was buried on 29 August tested positive for the virus. The woman had been treated at her home in the northwestern Kambia district.

MenB added to childhood vaccinations in England:

From 1 September the MenB vaccination has been added to the NHS Childhood Immunisation Programme in England to help protect children against meningococcal group B disease. Babies will be offered the vaccine with the other routine vaccinations at 2, 4, and 12-13 months of age.



ALAMY

Cite this as: *BMJ* 2015;351:h4685

IN BRIEF

Highest ever number of drug related deaths seen in

Scotland last year: Some 613 drug related deaths occurred in Scotland last year, the highest figure ever recorded. There were 16% more deaths in 2014 than in 2013, and last year was the first time in three years that the number has risen. Heroin or morphine were implicated in more than half of cases (309), and methadone, the prescribed heroin substitute, was involved in 214 cases. Almost three quarters of the deaths were in men.

**Regulator to review care of newborns requiring additional support:**

The Care Quality Commission is reviewing how infants born prematurely or who need treatment in hospital after birth are cared for by hospitals and community services. The review will

start in September and cover around 20 services in England. It will look at how well staff in fetal medicine, obstetrics, and neonatal and community services work together to care for newborns with declining health problems, particularly those with hypertension and tracheostomies.

Call for action to reverse downward trend in use of stop smoking services:

Action on Smoking and Health (ASH) and the National Centre for Smoking Cessation and Training have said that Public Health England must better promote local NHS stop smoking services using mass media campaigns.¹ Smokers who use these services are four times more likely to quit than those who go "cold turkey." However, the number of people using them has fallen for the past three years and by 23% last year, figures from the Health and Social Care Information Centre show.

Lansley in line for peerage: Andrew Lansley, former health secretary in the coalition government (2010-12) and the architect of the Health and Social Care Act 2012, has been nominated for a peerage in the House of Lords. Lansley was the MP for South Cambridgeshire from 1997 to 2015 and Leader of the House of Commons from 2012 to 2014.

Global life expectancy climbs but with illness and

disability: Global life expectancy has risen by more than six years, but people are living longer with illness and disability, primarily caused by ischaemic heart disease, lower respiratory infections, stroke, low back and neck pain, and accidents. The analysis of all major diseases and injuries in 188 countries from 1990 to 2013, published in the *Lancet*, showed that the overall rise in life expectancy masks stark differences among countries. In 2013 Lesotho had the lowest healthy life expectancy, at 42 years, while Japan had the highest, at 73.4 years.²

National genomes project gets under way: More than 12 000 patients with rare diseases and cancers under the care of Oxford University Hospitals NHS Trust are being invited to provide health data and blood and tissue samples for whole genome sequencing, for the national 100 000 Genomes Project, which aims to improve diagnosis and treatment. Samples will also be taken for further research, and extensive clinical outcome data will be collected.

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Type 2 diabetes prevention programme to tackle projected five million rise in cases

Adrian O'Dowd LONDON

A nationwide diabetes prevention programme, due to start next year, is needed to help prevent an estimated five million people in England who are at risk of type 2 diabetes from developing the disease, Public Health England (PHE) has said.

This conclusion came from a report published on 26 August by PHE,¹ which provided what it called the "most accurate and robust estimate" yet of how many people aged over 16 years in England had blood sugar levels in a range showing hyperglycaemia, or a high risk of developing type 2 diabetes.

The report was commissioned by the NHS Diabetes Prevention Programme, which will support people in reducing their risk of developing type 2 diabetes. The authors carried out an analysis using Health Survey for England data covering five years (2009-13, giving a combined dataset size of 54 644) and used several risk assessment tools.

PHE said that the new estimates reinforced the need to act on type 2 diabetes, which already resulted in 22 000 early deaths and cost

the NHS £8.8bn every year. It also published an evidence review² showing that programmes similar to the NHS Diabetes Prevention Programme could help to prevent 26% of people at high risk of type 2 diabetes from going on to develop the condition.

Both of these reports had helped to shape what the NHS Diabetes Prevention Programme would offer from next year, said PHE. The programme is a joint commitment from NHS England, PHE, and the charity Diabetes UK to deliver evidence based behaviour change interventions to people at high risk of developing type 2 diabetes, to support them in reducing their risk.

People who are identified with a high risk of developing type 2 diabetes, either through an NHS health check or through an existing blood test result, will be offered a place on the prevention programme when it launches in 2016. The plan is to offer these people at least nine months of information and support, as well as one to one and group sessions on weight loss, physical activity, and diet.

Cite this as: *BMJ* 2015;351:h4648



PHE's report says e-cigarettes are 95% less harmful than cigarettes

Evidence e-cigarettes are 95% safer is "flimsy," says Lancet

Adrian O'Dowd LONDON

An editorial in the *Lancet* has questioned the stance taken by Public Health England (PHE) on electronic cigarettes, claiming that

it had "fallen short of its mission" to always rely on the highest quality evidence.

The editorial,¹ published on 28 August, said that the conclusions of a recent evidence review published by PHE on 19 August,² which said that e-cigarettes were 95% less harmful than normal cigarettes, were based on an "extraordinarily flimsy foundation" of evidence.

The *Lancet* editorial said that the "95% less harmful" figure mentioned by PHE had originated from work carried out in 2013, in which researchers had convened an international expert panel to consider the "relative importance of different types of harm related to the use of nicotine-containing products." The authors of the PHE review did not mention the

Cardiothoracic surgeon is dismissed from Cardiff hospital for gross misconduct

Clare Dyer **THE BMJ**

A consultant cardiothoracic surgeon at the University Hospital of Wales in Cardiff has been dismissed without notice for gross misconduct after a formal investigation and hearing into allegations of bullying staff.

Peter O'Keefe, 50, had been suspended from his job since April 2012 on a full salary of £120 000, while locums were employed to do his work.

The health board gave no details of the findings against the surgeon but confirmed that the disciplinary action "concerned his behaviour in work and was not related to his surgical ability." A consultant heart surgeon who knows him told *The BMJ* that he was "a good surgeon held in high regard by his peers."



Surgeon Peter O'Keefe has been dismissed for gross misconduct

A spokesman for the health board said, "After considering the findings made by an independent inquiry panel and hearing evidence and submissions in mitigation the board found that Mr O'Keefe's standards of behaviour in the workplace constitute gross misconduct within the health board's disciplinary rules."

A few months before he was suspended, O'Keefe raised concerns about a patient who experienced brain damage after disconnection from a ventilator. But the board spokesman said that the disciplinary action was "not related to any concerns which he expressed about any case concerning patient care."

The BMJ understands that O'Keefe is considering his options. He has a right to appeal against the decision by 9 September.

Richard Lewis, Welsh secretary of the BMA, said, "Mr O'Keefe is on holiday with his family and is unable to comment personally."

O'Keefe, who specialises in complex aortic surgery, has served on the specialist advisory committee for cardiothoracic surgery for Wales.

Cite this as: *BMJ* 2015;351:h4657



Young goths may be more vulnerable to depression and self harm, study finds

Nigel Hawkes **LONDON**

UK teenagers who identify themselves as goths—characterised by dark clothes, black eyeliner, and alienation from mass culture—are three times more likely to be clinically depressed at age 18 and five times more likely to self harm than those who do not identify with goth culture, research published in *Lancet Psychiatry* has found.¹

Children born in the Avon area of England, in the early 1990s, were asked by researchers from Bristol and Oxford universities at age 15 what social subculture they thought that they most belonged to: goths, sporty, enjoyed schoolwork (keeners), skipping school and getting into trouble (skaters), preferred fashion to

school and hung around getting into trouble (chavs), most interested in appearance (bimbos), actively involved and very social (populars), and kept to themselves (loners).

At 18 the children filled in a questionnaire to assess depression and were asked about self harm.

Compared with young people who did not identify as a goth, those who somewhat identified as being a goth were 1.6 times more likely (unadjusted odds ratio 1.63 (1.14 to 2.34); $P < 0.001$) to have scores in the clinical range for depression at 18 years, and those who very much identified as being a goth were over three times more likely (3.67 (2.33 to 4.79); $P < 0.001$), with similar findings for self harm.

Cite this as: *BMJ* 2015;351:h4643

caveats of the research—namely, a "lack of hard evidence for the harms of most products on most of the criteria" and that "there was no formal criterion for the recruitment of the experts."

"It is on this extraordinarily flimsy foundation that PHE based the major conclusion and message of its report," said the editorial.

"The reliance by PHE on work that the authors themselves accept is methodologically weak, and which is made all the more perilous by the declared conflicts of interest surrounding its funding, raises serious questions not only about the conclusions of the Public Health England report, but also about the quality of the agency's peer review process."

Cite this as: *BMJ* 2015;351:h4684

● OBSERVATIONS, p 22

New system will require doctors to declare industry gifts

Adrian O'Dowd **LONDON**

Doctors will be forced to declare any gifts or trips they have received from drug companies from next year, under new government plans.

The health secretary, Jeremy Hunt, has said that he plans to extend the existing rules and regulations over gifts and hospitality in connection with the promotion of medicines to anyone able to supply or prescribe them.

The government intends to introduce a new "sunshine rule"—which refers to shining a light on, or transparency over, doctors' dealings with the drug and medical device industries next year. The new rule means

that NHS staff found to be abusing their position by taking extravagant gifts or hospitality and lobbying for unnecessary or overly expensive medicines or procedures would face serious action.

NHS organisations will have to maintain a hospitality register where staff must declare gifts and hospitality that they receive from drug companies and medical device manufacturers. It will be the responsibility of NHS organisations, such as hospitals and clinical commissioning groups, to make sure that their staff accurately record all gifts and hospitality. Staff who fail to do so could be subject to disciplinary action, and NHS

organisations will ultimately be able to sack them.

If more serious allegations are made involving fraud, bribery, or corruption, then NHS Protect—the body that leads work to safeguard NHS staff and resources from crime—should be advised and may undertake criminal investigations where appropriate.

A Department of Health spokesperson told *The BMJ*, "We don't anticipate that a change in the law will be needed. To implement this new rule, NHS England will update its statutory guidance [for clinical commissioning groups] to include new requirements to declare gifts and hospitality."

Cite this as: *BMJ* 2015;351:h4617



ALAMY/MODEL RELEASE

Three quarters of paediatricians are concerned about services' ability to cope

Gaps in paediatric rotas mean that GPs must do more in community, says royal college

Abi Rimmer **BMJ CAREERS**

Gaps in paediatric rotas mean that general practitioners need to deliver more child health services in the community, the Royal College of Paediatrics and Child Health (RCPCH) has said.

The RCPCH's Rota Vacancies and Compliance Survey¹ was sent to the 214 clinical directors and clinical leads responsible for all UK units that provide general paediatric inpatient and neonatal services. It received 157 responses, a response rate of 73%.

The survey found that 77% of leading paediatricians were either very or moderately concerned about how paediatric services would cope in the next six months. It also found 71 vacancies and gaps in the rotas of paediatric trainees in the first three years of specialty training (ST1-ST3), equating to a 7% vacancy rate. Some 151 vacancies and gaps were also found in rotas for paediatric trainees in the final years of specialty training (ST4-ST8), equating to a 20% vacancy rate.

The college said the data showed that not enough appropriate staff were available to plug current gaps and that one potential cause was the increasing number of paediatric trainees who opted to work part time.

Commenting on the survey's findings, Simon Clark, workforce planning officer at the college, said that around 75% of doctors in paediatric training programmes were female and that many were on maternity leave. "There are also a high proportion of doctors choosing to work less than full time once they have their own children," he said.

Clark warned that, if paediatric units did not have safe staffing numbers, they could be forced to close. "This survey clearly shows that we cannot continue to operate paediatric services as we are," he said. "In the long term, we need to look at prevention, so we need more GPs with appropriate paediatric training to further support them in recognising and managing the sick child."

He added, "We also need to look at how paediatricians work with nurses and physician associates to deliver acute and community care." Clark said that trusts would also need to collaborate and share their paediatric workforce with other institutions.

Cite this as: *BMJ* 2015;351:h4646

NHS received almost 4000 written complaints every week last year

Adrian O'Dowd **LONDON**

Complaints to the NHS in England seem to be rising and reached almost 4000 every week of last year (2014-15), new data from the Health and Social Care Information Centre have shown.¹

The annual report is a count of written complaints made by or on behalf of patients and received from 1 April 2014 to 31 March 2015. It said that 205 289 written complaints were made to the NHS in 2014-15, the equivalent of 562 a day.

A total of 84 511 complaints were made about family health services, including GP practices and dental services. Over a third (35 276) of family health services complaints involved medical staff. Over a third (32 716) of complaints concerned clinical matters, and other issues included communication or attitude (20 052 complaints) and practice administration (18 007).

There were 120 778 complaints involving hospital and community health services last year. Most were about the medical profession (45.4%; 54 885).

Cite this as: *BMJ* 2015;351:h4639

GMC allows neurosurgeon to come off medical register without being investigated

Clare Dyer **THE BMJ**

The General Medical Council has allowed the former head of the Department of Neurosurgery at Dundee University medical school to remove himself voluntarily from the medical register rather than face a fitness to practise hearing.

Sam Eljamel, who was a consultant neurosurgeon at Ninewells Hospital in Dundee and a professor at the university, stepped down from both jobs and later retired from the NHS after the Medical Practitioners Tribunal Service made an interim order barring him from doing spinal surgery.

The interim order, which also banned him from private practice, was imposed in February 2014 after

a patient underwent surgery on the wrong spinal disc. Other patients, including a former radio disc jockey, alleged that their operations had been botched, and a petition was launched demanding a public inquiry.

In July a panel decided that the interim order should remain in place. An interim order is usually followed by a full tribunal hearing to determine whether the doctor's fitness to practise is impaired and what sanction should be imposed, including possible erasure from the medical register.

But the GMC has now decided that Eljamel, 58, should be allowed to remove his name from the register voluntarily. It gave no reason for allowing voluntary erasure to go

ahead, saying it did not comment on cases that have not gone to a public tribunal hearing.

A GMC spokesperson referred to its guidance on voluntary erasure, which says, "In the case of those who are subject to an investigation, we will consider their application to remove themselves from the register very carefully. Only when we are satisfied that this is the best course of action in the interests of patient safety will that application be granted."

In 2010 the Health Insurance Counter Fraud Group, representing UK private health insurers, accused the GMC of failing in its duty to regulate doctors after it allowed Jerry Gilmore, a Harley Street breast surgeon, to



D.C. THOMSON

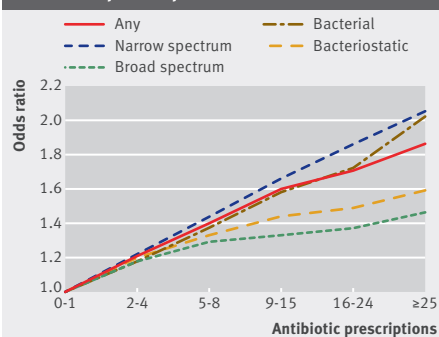
remove himself from the register without a hearing.¹ The group had complained to the GMC about his treatment of eight patients.

In a number of high profile cases, doctors' requests for voluntary erasure have been turned down and the cases have initially been sent for a public hearing. These include David Jackson, a surgeon accused of botching operations over 18 years,² and Sabah Al-Zayyat, a paediatrician who missed signs of abuse in the "Baby P" case.³

Cite this as: *BMJ* 2015;351:h4663

RESEARCH NEWS

Odds ratio for type 2 diabetes according to antibiotic prescriptions before treatment



ANTIBIOTICS

Type 2 diabetes linked to higher antibiotic use

People who develop type 2 diabetes use more antibiotics in the years before diagnosis than people who do not develop the condition, a study in the *Journal of Clinical Endocrinology and Metabolism* has shown.¹

The findings are based on 170 504 people in Denmark with newly diagnosed type 2 diabetes and using glucose lowering agents for the first time from January 2000 to December 2012.

Researchers compared prescriptions for systemic antibiotics dispensed to these patients from January 1995 to July 2012 with those issued to 1 364 008 controls without diabetes, matched for sex and year of birth, using data from three Danish national registries.

People who developed type 2 diabetes used significantly more antibiotics, redeeming an average of 0.8 prescriptions each year, compared with 0.5 prescriptions filled by controls. This difference occurred as early as 15 years before diagnosis.

Risk of type 2 diabetes increased with higher exposure to antibiotics before diagnosis: the odds ratio was 1.21 (95% confidence interval 1.19 to 1.23) in people filling two to four prescriptions for antibiotics and 1.53 (1.50 to 1.55) in those filling five or more.

There was a dose-response relation between antibiotic exposure and type 2 diabetes for all classes, but a stronger link was seen with narrow spectrum antibiotics such as penicillin V (odds ratio 1.55) and bactericidal antibiotics (1.48) than with broad spectrum or bacteriostatic antibiotics (1.31 and 1.39, respectively).

The researchers commented, "The findings raise the possibility that antibiotics could raise the risk of type 2 diabetes. Another explanation may be that people develop type 2 diabetes over the course of years and face a greater risk of infection during that time."

Cite this as: *BMJ* 2015;351:h4656

BOWEL CANCER

Long term NSAIDs linked to reduced bowel cancer risk

Taking low dose aspirin or other non-steroidal anti-inflammatory drugs (NSAIDs) continuously for five years or more is linked to a lower risk of bowel cancer, finds research published in the *Annals of Internal Medicine*.¹

The researchers analysed data on drug use and history of colonoscopy from Danish registries. Researchers looked at the use of NSAIDs, including aspirin, in 10 280 people with colorectal cancer diagnosed in northern Denmark from 1994 to 2011 and compared this with 102 800 matched controls.

Taking low dose aspirin (75-150 mg) continuously for five years or longer was associated with a 27% lower risk of colorectal cancer (odds ratio 0.73 (95% confidence interval 0.54 to 0.99)).

Taking an NSAID other than aspirin was associated with an even greater reduction in risk. This was greatest in people who took NSAIDs with high cyclo-oxygenase-2 (COX 2) selectivity at a dose of at least one third (≥ 0.3) of the defined daily dose for at least five years. Their risk of colorectal cancer was 43% lower than in people who were not taking regular NSAIDs (0.57 (0.44 to 0.74)).

The researchers, led by Søren Friis, of the Danish Cancer Society Research Center in Copenhagen, said that NSAIDs may reduce colorectal neoplasia by reducing prostaglandin production as a result of inhibiting COX enzymes.

Cite this as: *BMJ* 2015;351:h4599

HEART DISEASE

Fall in US heart disease slows in young adults

Most of the sharp fall in coronary heart disease (CHD) mortality over the past three decades in the United States has been due to a reduction in death rates among older men and women, but not among younger adults, particularly women, research published in *Circulation* shows.

The researchers used mortality data on people aged 25 or older in the US from 1979 to 2011 to calculate the age specific CHD mortality rates and estimated annual percentage change (EAPC) in 1979-89, 1990-99, and 2000-11.

From 1979 to 2011, the overall age adjusted CHD mortality rate in adults aged 25 and older declined by 68%: from 703 to 225 deaths per 100 000 in men and from 395 to 125 deaths per 100 000 in women.¹

However, this decline concealed major differences between age groups. In over 65s, mortality rates declined modestly in the first two time periods but dropped sharply in the 2000s.

Among the under 55s, however, a substantial decline occurred until 1990, after which the death rates either stagnated or improved modestly. The EAPC in men was -5.6 (-5.9 to -5.4) in 1979-89, slowing to -1.2 (-2.3 to -0.2) in 1990-99 and -1.8 (-2.5 to -0.7) in 2000-11. In women the EAPC reversed: up from -4.6 (-5.5 to -3.7) in 1979-89 to 0.1 (-1.7 to 1.9) in 1990-99 before falling to -1.0 (-3.1 to 1.0) in 2000-11.

The trend seen in younger adults in recent years may reflect the rising prevalence of obesity and diabetes, the researchers said.

Cite this as: *BMJ* 2015;351:h4616

STILLBIRTH

Obesity nearly doubles risk of stillbirth



Hypertension and placental diseases account for the near doubling of stillbirth in obese women, research published in the *American Journal of Clinical Nutrition* has found.

The researchers randomly sampled 1829 singleton deliveries from a cohort of 68 437 eligible births from 2003 to 2010 at Magee-Womens Hospital in Pittsburgh, Pennsylvania, USA.¹ They added all remaining cases of stillbirth that occurred during the study period not already in the random sample, giving a total of 658 cases.

After adjusting for confounding factors, the hazard ratio for stillbirth was 1.4 (95% confidence interval 1.1 to 1.8) in women who were overweight (BMI 25 to <30); 1.8 (1.3 to 2.4) in women who were obese (BMI 30 to <35); and 2.0 (1.5 to 2.8) in severely obese women, compared with lean women.

Obesity and severe obesity were associated with stillbirths resulting from placental diseases, hypertension, fetal abnormalities, and umbilical cord abnormalities. By contrast, BMI was not related to stillbirths caused by placental abruption, obstetric conditions, or infection.

Cite this as: *BMJ* 2015;351:h4658