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Former India medical council president is cleared of six of seven corruption charges

Junior doctors pledge to continue action unless health secretary improves offer



THABO JAVESIM/DEMOTIX/PA

Hundreds of junior doctors took their message to Downing Street after a meeting with NHS Employers was cancelled

Tom Moberly *THE BMJ*

England's junior doctors remained defiant this week over proposed changes to their contract despite the offer of a meeting from the health secretary on Monday.

Jeremy Hunt offered to talk to the BMA junior doctors' leader, Johann Malawana, after 13 royal medical colleges weighed into the controversy on behalf of junior doctors.¹ But his offer failed to prevent a protest by junior doctors in London on Monday 28 September. Hundreds of doctors marched to Downing Street to protest against the plan to impose the new contract on junior doctors in England next summer.

Doctors holding placards marched up Whitehall to Downing Street, blocking the pavement and road outside the Department of Health in the process.

Junior doctors are angry about the potential effect on patient safety, pay, and working hours of

the plan to introduce a new NHS contract from August 2016 for junior doctors in England.^{2,3} The BMA is to ballot junior doctors across England about potential industrial action over the plans.⁴ Earlier this month medical royal colleges and faculties raised concerns about the potential effects of the proposed changes to the contract on the care of patients.

A protest had been planned for Monday outside a meeting between junior doctors and NHS Employers, the organisation that negotiates for the government over NHS staff contracts. But the meeting, and a series of 18 later similar events, was postponed after Hunt announced that he was prepared to meet the chair of the BMA's Junior Doctors Committee.

Malawana has agreed to meet Hunt but said that the committee would be "continuing with our action unless the government themselves can give us the absolute

assurances we seek on behalf of the doctors we represent."

Janis Burns, a junior doctor in London, attended the protest, having used some of her annual leave to travel to the planned meeting. "The demonstration was a fantastic illustration of how deep the desire goes to protect our NHS," she said. "The chants of 'No ifs, no buts, no junior doctor cuts' and 'Where are you Jeremy? Where are you Jeremy?' gave me goose bumps. I can't help but feel that this is one almighty battle that healthcare professionals will win, and it will be a good starting point to win the war against privatisation of our NHS."

Ben Dean, a junior doctor in Oxford, said that the NHS Employers "have quite clearly tried to drive a wedge between doctors and their union, but ironically their actions have done the reverse."

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Cite this as: *BMJ* 2015;351:h5212

IN BRIEF

Hospitals not prepared for weekend working:

Four in five hospital trusts have not calculated the staffing or other costs of extending their services to seven days a week, a freedom of information request by Sky News to 155 hospital trusts (of which 119 responded) has found. The 22 trusts with plans said that they would need millions of pounds of extra funding.

US doctors charged in fraud case:

Two doctors are among 15 people indicted in California in a \$150m (£135m) medical insurance fraud in which patients were given false diagnoses of conditions requiring surgery then operated on by an unqualified assistant. (See longer story at doi:10.1136/bmj.h5192.)

Changing behaviour yields modest benefits in diabetes:

Patients with type 1 diabetes enrolled in behavioural change programmes achieve only modest, short term improvements in glycaemic control, although patients with type 2 diabetes can achieve clinically important reductions in glycated haemoglobin with more intensive programmes, research in *Annals of Internal Medicine* has found. (Longer story at doi:10.1136/bmj.h5193.)

Payoff condemned:

The union Unite has described the £410 000 "termination payment" to David Flory, who stepped down as chief executive of the NHS Trust Development Authority in March 2015, as "a disgraceful reward for mediocre performance." The payoff was on top of his £235 000 salary.



Cite this as: *BMJ* 2015;351:h5180

IN BRIEF

Free school meals should stay, say doctors: More than 40 leading doctors and campaigners have signed a letter to the *Sunday Times* calling on the government to rethink its plan to scrap free school lunches for infants in England, which they described as “a bedrock of a transformative childhood obesity strategy.”¹ They claimed that only 1% of packed lunches met nutritional standards for school food. The free lunch policy, in place since last September at a cost of £600m a year, could pay for itself “many times over” by reducing the cost of treating obesity and related diseases, said the letter.

Cases of female genital mutilation in England rose by more than 1000 in three months: A total of 1036 new cases of female genital mutilation and 1159 related hospital attendances were recorded in England between April and June 2015, show figures from the Health and Social Care Information Centre.² Since September last year 4989 cases have been recorded in England. Cases are likely to rise further in the next two quarters, as it became mandatory from 1 June for acute care trusts to record attendances for female genital mutilation and will become mandatory for general practices and mental health trusts from 1 October. In the three months to June this year 43 reinfibulation procedures were performed.

Former peanut company executives sentenced for salmonella outbreak: Stewart Parnell, 61, the former owner of the Peanut Corporation of America, has been sentenced to 28 years in prison for his role in a salmonella outbreak that killed nine people and made many hundreds ill. Parnell and his brother Michael, 56, who was a food broker for the company, were convicted of knowingly shipping salmonella tainted peanuts to customers in September 2014. Michael Parnell was sentenced to 20 years in prison.



NHS leaders not hopeful of meeting savings target: Of 75 NHS and social care leaders surveyed by the think tank the Nuffield Trust, 45 (60%) said that they were not confident that their local plans would be able to achieve their portion of the £22bn efficiency savings that the NHS in England is required to make by 2020.³ Asked whether they thought that their local areas had a credible plan in place to achieve the savings required this year, 67% said that they were not confident.

Chile's antiabortion law must end: Amnesty International has called for repeal of Chile's anti-abortion law, which was passed in 1989 and bans abortion in all circumstances. Amnesty said that the current law “creates a climate of fear among health professionals whose first thought is often to report a woman or a girl to the police for a suspected abortion rather than give them life-saving treatment.” The president, Michelle Bachelet, has sent a bill to Congress to introduce exceptions to the law when a woman's life is at risk, when the pregnancy is a result of rape, and when the fetus is not viable.

Nigeria is removed from list of countries with endemic polio: Nigeria has had no new case of endemic polio for more than 12 months, WHO said, with the last case of wild poliovirus having been reported in July 2014. As recently as 2012 Nigeria accounted for more than half of the world's polio cases. Since then more than 45 million children under 5 years old have been immunised. Polio remains endemic in Pakistan and Afghanistan, which have reported 32 and nine cases, respectively, so far in 2015. Three years without a case are needed for a country to be officially declared free of polio.

Cite this as: *BMJ* 2015;351:h5180

Computer aided mammography is no better than standard screening, research finds



No evidence that CAD improves patient outcomes, said the researchers

Jacqui Wise LONDON

Computer aided mammography, widely used in the United States, is not associated with better diagnostic accuracy than normal mammography screening, an observational study in *JAMA Internal Medicine* has found.¹

Computer aided detection (CAD signing) acts as an automated second reader by marking potentially suspicious spots for radiologists to review. It was approved by the US Food and Drug Administration in 1988, and the Centers for Medicare and Medicaid Services

increased reimbursement for the procedure in 2002. Accordingly, it is now used in over 90% of mammograms in the US. In the UK standard practice is interpretation of screening mammograms by two readers (double reading).

US researchers compared the accuracy of digital screening mammography interpreted with and without CAD in 323 973 women from 2003 to 2009. The researchers identified 3159 breast cancers found within one year of screening.

The study found that screening performance was not improved with CAD on any of the metrics they assessed. Mammography sensitivity was 85.3% (95% confidence interval 83.6% to 86.9%) with CAD and 87.3% (84.5% to 89.7%) without CAD. Specificity was 91.6% (91.0% to 92.2%) with CAD and 91.4% (90.6% to 92.0%) without CAD.

No difference was seen in the overall cancer detection rate (4.1 cancers per 1000 women screened with CAD and without CAD).

Cite this as: *BMJ* 2015;351:h5164

GP is struck off for dishonest sick notes

Clare Dyer THE BMJ

A now retired GP has been struck off the medical register for dishonestly providing sick notes for two schoolchildren over a three year period and giving diagnoses that were not clinically indicated, without examining the children.

Therese Shortall, who qualified in 1970, had no previous history with the General Medical Council. The Medical Practitioners Tribunal Service panel said that “in the absence of any explanation for her dishonesty,” it would be failing in its duty to act in the public interest if it did not remove her from the register.

Shortall, who worked at Newton Medical Centre in west London, tried to remove herself from the register voluntarily after the children's school reported

her to the GMC, but her case was referred for a hearing.

On seven occasions from December 2010 to December 2013, the panel found, Shortall signed sick notes for the two siblings, excusing them for the last few days of the school term.

Before Shortall began issuing the sick notes the school had threatened the parents with fines over the children's unauthorised absences. The school home liaison officer told the GMC, “It was my suspicion that the children were being removed from the school in order to travel to Egypt with their family.”

The panel concluded, “Had Dr Shortall appeared before the panel, it is possible that it would have been persuaded to impose a more lenient sanction.”

Cite this as: *BMJ* 2015;351:h5211

Parents of boy with brain cancer put him at risk when they took him from hospital, report finds

Clare Dyer **THE BMJ**

The parents of Ashya King, a boy with brain cancer, put him at risk when they removed him from Southampton General Hospital without notice, after losing trust in his doctors, and took him abroad for proton beam therapy, a report from Portsmouth Safeguarding Children Board has concluded.¹

The boy, then 5 years old, had had surgery for a medulloblastoma in August 2014 and was being fed through a nasogastric tube and was at risk of serious harm if “anything untoward” had happened to the tube.

One relevant factor in the breakdown of trust was a delay in obtaining a second opinion for the parents, Brett and Naghmeh King. The report said, “Whilst the doctors’ view that this was not needed immediately was accurate

in terms of the child’s clinical needs, this failed to take account of the indirect message that was given to the parents, which was that their wishes and rights were overruled by the professionals.”

The Kings wanted Ashya to have proton beam therapy, which is not available in the UK but can be funded by the NHS abroad. Staff told the Kings that it was not deemed to be the appropriate treatment for medulloblastoma and that it would therefore not be paid for by the NHS.²

The Kings drove Ashya to Portsmouth ferry terminal and were in France by the time staff realised that he was missing. The Kings travelled to their holiday flat in Malaga, where they were arrested by Spanish police under a European arrest warrant.

Cite this as: *BMJ* 2015;351:h5141



Brett and Naghmeh King with their son Ashya in Prague, where they eventually took him for proton beam therapy paid for by the NHS

MARK LARGE/REX

BMA sets out general practice reforms to meet rising demand

Zosia Kmiotowicz **THE BMJ**

The BMA has called for a “meaningful programme of reform” to create a general practice that meets the needs of patients and attracts new graduates to the profession. Not implementing such changes “would be nothing short of a dereliction of [the government’s] duty to care for the nation’s health,” said Chaand Nagpaul, chair of the BMA’s General Practitioners Committee.

After a two year consultation with patients, doctors, and other stakeholders, the BMA said that patients want to continue to see primary healthcare delivered by GPs based in the community and not by commercial companies or by GPs based in hospitals.

Modern general practice relies on developing new models of care, the BMA recommended, such as a collaborative model with bigger teams that can work in networks. A comprehensive strategy is also needed to boost GP numbers.

Cite this as: *BMJ* 2015;351:h5131

Cutting science budget would be “Neanderthal”

Nigel Hawkes **LONDON**

The UK government would be behaving “like Neanderthals” if it cut the science budget sharply in the spending review due in November, the president of the Royal Society, Paul Nurse, told a briefing at the Science Media Centre in London on Tuesday 29 September.

Rumours of a 25-40% cut in spending by the Department of Business, Innovation and Skills, which holds the purse strings, have alarmed the science lobby. Nurse said that he did not believe that such deep cuts were contemplated for spending on research and development but that if they happened “they would destroy the scientific endeavour” in the UK.

During the last government, spending on science

flatlined at £4.6bn a year, but it was spared from actual cash reductions, unlike other departments. In 2013 the total investment in research and development was 0.49% of gross domestic product, roughly where it has been since 2003 (barring a rise in 2008 and 2009 that was caused not by rising spending but falling GDP). Other leading nations spend more: the United States at 0.76%, Germany 0.85%, for example.

Nurse said: “There are great opportunities for science, and we need to embrace them . . . We need a vibrant knowledge economy.

“We’re calling on the government to increase the science spend from 0.49% of GDP to 0.67% by 2020. That’s the OECD average.”

The damage from flat spending was, he said, a loss of agility and ability to move into new areas of research.

Cite this as: *BMJ* 2015;351:h5217



NHS England chooses 13 hospital groups to drive improvement

Gareth Iacobucci **THE BMJ**

Several leading NHS hospitals are to provide clinical and organisational support to chains of smaller acute care trusts as part of the next phase of NHS England’s national drive to implement new integrated models of healthcare.

The plans were announced on 25 September by NHS England’s chief executive, Simon Stevens.

NHS England has selected 13 new “vanguards” from a total of 65 bids from hospitals across England, each of which will test one of three new approaches to integrated care. These will add to the 37 areas that are already piloting new ways to integrate care between general practice, social and community care, mental health, and hospitals.²

The first new approach will see individual high performing NHS hospitals forming new groups with smaller organisations to try to raise standards.

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RESEARCH NEWS

DEPRESSION

CBT benefits heart failure patients with depression

Cognitive behavioural therapy for heart failure patients with depression can considerably improve their emotional health and overall quality of life, a US study published in *JAMA Internal Medicine* has shown.

The randomised clinical trial included 158 outpatients at the Washington University Medical Center in St Louis, Missouri, with a diagnosis of heart failure and comorbid major depression (doi:10.1001/jamainternmed.2015.5220). All patients were given a structured heart failure education programme and half received weekly one hour cognitive behavioural therapy for up to six months. Sessions were then tapered to fortnightly or monthly, depending on need.

Within each arm of the trial, 26 participants (33%) were taking an antidepressant at baseline. In total, 132 participants (84%) completed the six month post-treatment assessment.

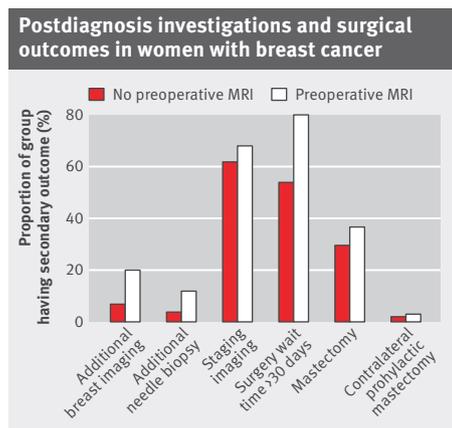
The six month depression scores were lower in the cognitive behavioural therapy group, as measured with the Beck Depression Inventory (12.8 v 17.3; $P=0.008$). No significant differences were seen in self care maintenance or the physical functioning scores. But, at six months in the cognitive behavioural therapy group, the anxiety and fatigue scores were lower, and quality of life and social functioning scores were higher.

Cite this as: *BMJ* 2015;351:h5163

BREAST CANCER MRI

MRI rises eightfold in Canadians with breast cancer

The use of magnetic resonance imaging among women with newly diagnosed breast cancer rose eightfold over 10 years, a Canadian study



published in *JAMA Oncology* has shown.

The population based retrospective cohort study included 53 015 patients with primary operable breast cancer treated from 2003 to 2012 in Ontario (doi:10.1001/jamaoncol.2015.3018). Overall, 14.8% of patients underwent preoperative MRI. During the 10 year study period, MRI use increased from 3% to 24% across all stages.

MRI use was greater among younger women and those with a higher socioeconomic status. The study also found that surgeons' attributes—such as less experience, working in a teaching hospital, and performing more breast related surgical procedures—were associated with greater use of preoperative MRI.

Preoperative breast MRI was associated with a higher likelihood of post-diagnosis breast imaging (adjusted odds ratio 2.09 (95% confidence interval 1.92 to 2.28)), post-diagnosis breast biopsies (1.74 (1.57 to 1.93)), mastectomy (1.73 (1.62 to 1.85)), contralateral prophylactic mastectomy (1.48 (1.23 to 1.77)), and a wait to surgery of more than 30 days (2.52 (2.36 to 2.70)).

The researchers gave several potential explanations. One was “indication creep,” in which indications for a test are expanded into areas beyond what has been proved with evidence.

Cite this as: *BMJ* 2015;351:h5088

DIABETES

High blood pressure is linked to raised diabetes risk

People with high blood pressure have an almost 60% increased risk of developing type 2 diabetes, shows a study of more than four million people published in the *Journal of the American College of Cardiology* (doi:10.1016/j.jacc.2015.07.059).

The researchers looked at the health records of 4.1 million patients free from vascular disease and diabetes in the UK Clinical Practice Research Datalink, an electronic health record system covering about 9% of the UK population. The patients all had at least one blood pressure measurement performed from 1990 to 2013. In all 186 698 new onset diabetes events were observed during a median follow-up of 6.8 years.

The researchers found that, for every 20 mm Hg increase in systolic blood pressure, the risk of new onset diabetes was 58% higher (hazard ratio 1.58 (95% confidence interval 1.56 to 1.59)). For every 10 mm Hg increase in diastolic blood pressure the risk of developing diabetes was 52% higher (1.52 (1.51 to 1.54)).



The study found that higher blood pressure was also associated with a higher risk of new onset diabetes in a wide variety of groups, including men and women of different ages, overweight and obese people, and those of normal weight. The strength of the association declined with increasing BMI and age.

Cite this as: *BMJ* 2015;351:h5167

UNEXPLAINED INFERTILITY

Letrozole results in fewer live births than standard therapy

Ovarian stimulation with letrozole results in fewer multiple pregnancies but a lower rate of live births than standard therapy with gonadotrophin or clomiphene, a study reported in the *New England Journal of Medicine* has shown.

Researchers enrolled 900 couples with unexplained infertility from 12 US centres to the study (doi:10.1056/NEJMoa1414827). The women were randomised to ovarian stimulation with as many as four cycles of standard therapy with gonadotrophin or clomiphene or to letrozole, which had been found to possibly reduce multiple gestations while maintaining live birth rates.

Clinical pregnancies occurred in just over a third (35.5%) of women treated with gonadotrophin, resulting in live births in 32.2%. Slightly fewer pregnancies (28.3%) occurred in women randomised to clomiphene, with a live birth rate of 23.3%. The rate of pregnancies was even lower in women given letrozole (22.4%), resulting in live births in 18.7%.

Pregnancy rates were significantly lower with letrozole than with standard therapy involving either gonadotrophin or clomiphene ($P=0.003$) or gonadotrophin analysed alone ($P<0.001$) but not with clomiphene alone ($P=0.10$).

Women treated with clomiphene had the lowest rate of multiple pregnancies, at only 9%, followed by 13% in the letrozole group and 32% in women given gonadotrophins ($P=0.006$ compared with letrozole).

Cite this as: *BMJ* 2015;351:h5070

Liam Smeeth

Still hoping for Olympic gold



PETER LOCKE

LIAM SMEETH is professor of clinical epidemiology at the London School of Hygiene and Tropical Medicine. His interest in the causes of disease and the evidence base for its treatment was triggered by wondering about the evidence behind his advice to patients as a GP. One of his first studies helped to refute the link between the MMR vaccination and autism by using general practice records, and he is an enthusiast for the value of linking big data for the better understanding of disease.

When were you happiest?

“Last time I had sex (weirdly, no one seems to mention sex in this column, so if that’s unsuitable the answer ‘Here and now’ will do)”

What was your earliest ambition?

To kiss Rebecca (unfulfilled).

Who has been your biggest inspiration?

My dad. When I was growing up, caring for others, acting with integrity, and treating people equally weren’t optional: they were just things you did, like breathing or walking.

What was the worst mistake in your career?

My medical house job was pretty grim. I was the last of the generation to do 100 hour weeks, although I fear I’m in danger of romanticising what a great training this provided.

What was your best career move?

Doing the MSc in epidemiology at the London School of Hygiene and Tropical Medicine. On the first morning I sat down between a woman from Chad who had just completed medical training in Moscow, who cheerfully told me that learning Russian wasn’t as big a challenge as being a lesbian in Russia, and a Belgian woman who had just come back from caring for people with cholera in the refugee camps in Rwanda. I felt at home in the world.

Bevan or Lansley? Who has been the best and the worst health secretary in your lifetime?

Bevan founded the NHS! Has anyone in the history of this column ever chosen Lansley over Bevan? Ever?

Who is the person you would most like to thank and why?

My mother, who I don’t remember at all. She died when I was 3.

Where are or were you happiest?

Last time I had sex (weirdly, no one seems to mention sex in this column, so if that’s unsuitable the answer “Here and now” will do).

If you were given £1m what would you spend it on?

I’d share it out to family and to charities that campaign for a better world, such as Amnesty International and Shelter.

To whom would you most like to apologise?

My dad. I was an unappreciative 18 year old when he died.

What single unheralded change has made the most difference in your field in your lifetime?

Apologies for such a dull answer, but computers have revolutionised healthcare and research in high income settings.

Do you support doctor assisted suicide?

In theory yes, but in practice no. It’s easy to see mistakes being made, and there’s no going back. For example, 20 years ago in the West—and today in low income settings—many people would have opted for suicide when what they needed was good pain relief or adequate treatment for depression.

What book should every doctor read?

No relation to being a doctor, but my favourites include *Jasmine* by Bharati Mukherjee, *Requiem for the East* by Andrei Makine, and *Ahab’s Wife* by Sena Jeter Naslund. They are loosely all about the central goodness of humans in a difficult and changing world.

What poem, song, or passage of prose would you like mourners at your funeral to hear?

I hope they’ll be celebrating, not mourning.

What is your guiltiest pleasure?

Sitting on a ski lift in the sunshine with my daughters.

If you could be invisible for a day what would you do?

That is too weird an idea: it would be just like stalking people.

What television programmes do you like?

Made in Chelsea, although I often catch the last 10 minutes of Nordic noir thriller episodes. *The West Wing* was the best thing I’ve ever seen.

What is your most treasured possession?

My bike.

What, if anything, are you doing to reduce your carbon footprint?

Going most places by bike, although Brazil defeated me.

What personal ambition do you still have?

Olympic gold medal in the decathlon.

Summarise your personality in three words

One word from each of my children: weird; whatever; fantastic (possibly said with irony).

Where does alcohol fit into your life?

Comfortably, in the evenings.

What is your pet hate?

Ketchup.

What would be on the menu for your last supper?

Anything good quality and well cooked. The company and being outdoors would matter far more than the food.

Do you have any regrets about becoming a doctor?

None.

If you weren’t in your present position what would you be doing instead?

A career in intensive care briefly appealed, but I’d probably just be winning an Olympic gold medal in the decathlon.

Cite this as: *BMJ* 2015;351:h5097



The garden in our gut

Zosia Kmietowicz **THE BMJ**

This agar dish has been created by allowing tiny amounts of the bacteria *Citrobacter* (turquoise), *Escherichia coli* (purple), and multidrug resistant *Klebsiella* (dark blue) to grow overnight, replicating what happens naturally in the gut, where the “good” bacteria keep the more harmful “bad” ones under control.

The bottom small disc contains co-amoxiclav, often used in hospitals to control *E coli* infections, while the top disc contains meropenem, the last really effective antibiotic, which can kill a range of bacteria without toxic side effects.

Nicola Fawcett, of the Modernising Medical Microbiology research group at Oxford University, said that she created the artwork to highlight her laboratory’s work into how gut bacteria were affected by lifestyle, healthcare, and antibiotics.

“The presence of the dark blue *Klebsiella* bacteria surviving close to the ‘last line’ antibiotic shows that we are already seeing bacteria which cannot be treated with last line antibiotics,” said Fawcett.

Cite this as: [BMJ 2015;351:h5161](#)

UN adopts new health targets to supersede the millennium goals

Anne Gulland **LONDON**

The world’s nations formally adopted the sustainable development goals—the successors to the millennium development goals—at a meeting at the United Nations in New York this weekend.

The sustainable development goals consist of 17 goals and 169 targets, with only one goal focusing on health. Goal 3 is to “ensure healthy lives and promote wellbeing for all ages.”

New health related targets to be reached by 2030 include reducing the global maternal mortality ratio to <70 per 100 000 live births

(from 210 per 100 000 live births in 2013); all countries aiming to reduce neonatal mortality to 12 per 1000 live births, compared with 20 in 2013, and under 5 mortality to 25 per 1000 live births (46 in 2013); and reducing by one third premature mortality from non-communicable diseases.

Another target is the achievement of universal health coverage, including financial risk protection, access to good quality healthcare, and drugs and vaccines that are safe, effective, and affordable.

At a meeting to announce

progress on tackling malaria in September,¹ Margaret Chan, director general of the World Health Organization, said that countries must look at their own culture and context to determine which of the new targets to focus on.

“The MDGs [millennium development goals] were very focused and unleashed a lot of energy, commitment, and resource . . . Every country on this planet must now find their own solutions and address their own health needs,” she said.

Cite this as: [BMJ 2015;351:h5177](#)

North Americans are eating more fat and less carbohydrate

Michael McCarthy **SEATTLE**

While nutrition experts continue to debate the risks and benefits of dietary fats, consumers seem to have made up their minds, judging by their changing eating habits—consuming more foods rich in saturated and monounsaturated fats and cutting the amount of carbohydrates in their diets, a report by Credit Suisse has concluded.¹ The international financial services company prepared the 76 page report to provide guidance for its clients’ investing strategies.

The report said that, although a survey covering six countries had found that most consumers agreed with most current



JIM WEST/JALAMY

Sales of whole milk rose 11% in the US in the first half of this year

recommendations to lower their intake of saturated fats and increase their intake of polyunsaturated fats and carbohydrates, consumption trends showed that their views were changing. Butter sales in 2014, for example, were up 14% in the United States and 9% in the United Kingdom; egg sales rose by 2% in both countries that same year; and durum pasta sales

have fallen in the past five years by 6% in the US, 13% in western Europe, and 25% in Italy.

The report predicted that these trends will continue.

“We believe the winners will be eggs, dairy, red meat,” the report said. “The losers will be carbohydrates and particularly sugar,” it said.

Cite this as: [BMJ 2015;351:h5191](#)

CCGs in eight English cities describe their innovations in tackling health challenges

Matthew Limb **LONDON**

NHS clinical commissioners in eight English cities are calling for more support from national NHS bodies to speed up efforts to transform people’s healthcare and wellbeing. They want greater flexibility when it comes to contracting services and sharing data so they can be better informed.

The call came in a report by the NHS Clinical Commissioners’ Core Cities Network at a conference in London.¹

Tim Moorhead, who chairs the network, said that clinical leaders in these cities had the knowledge and credibility to make “bold decisions” for their populations.

NHS Clinical Commissioners represents England’s clinical commissioning groups (CCGs). The Core Cities Network represents CCGs in eight “core” cities outside London: Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham, and Sheffield. Its report said that CCGs were tackling “profound health

challenges” as outlined by NHS England’s *Five Year Forward View*.

It details 15 case studies and interviews with CCG leaders to show the “progress” being made in the transformation of care. The report features programmes of work with the NHS, local councils, the voluntary sector, and other partners to reduce inequalities and improve people’s physical and mental health and wellbeing.

Examples include Sheffield’s pooling of £270m worth of budgets by the local council

and the city’s CCG, Liverpool’s efforts to increase people’s physical activity, work by schools in Leeds to improve emotional wellbeing, and large scale “social prescribing” in Newcastle, in which patients with long term conditions are referred to social activities in the community.

The report said that traditional regulatory rules and “clunky” NHS standard contracts could slow down CCGs as they looked to develop new care models.

Cite this as: [BMJ 2015;351:h5139](#)