

EDITOR'S CHOICE

Getting hooked

Jane Smith *deputy editor, BMJ*

Earlier this month at the International Forum on Quality and Safety in Healthcare in Amsterdam (<http://internationalforum.bmj.com>) I was struck by a PowerPoint slide on carbon consumption by the UK National Health Service shown by David Pencheon, director of the NHS's sustainable development unit. The slide showed that, of the 60% of total CO₂ emissions accounted for by procurement, the largest contribution (a third) was from drugs.

So it's not surprising that English primary care trusts worry about drugs and try to persuade general practitioners to use them sparingly. Two news stories report on moves to limit GPs' freedom of prescribing and the ensuing fuss. One describes a recent survey of primary care organisations showing that many have created lists of higher cost drugs that they expect their GPs not to prescribe, even though these have been approved by the National Institute for Health and Clinical Excellence (doi:10.1136/bmj.d2449). The other story is that some primary care trusts are recommending that GPs prescribe only 28 days' worth of drugs at a time, to reduce wasted medicines (doi:10.1136/bmj.d2410). But patients don't like it: they have to go to the pharmacy more often and pay more prescription charges.

Des Spence's column illustrates another form of waste (doi:10.1136/bmj.2465): "Drugs such as dihydrocodeine, tramadol, sildenafil ... can be diverted into the black market.... Vast quantities of these drugs are dispensed monthly." He describes the process by which these "dependence-forming drugs of diversion" end up in the repeat prescribing system. In the end, he says, "you call a showdown appointment, and the outcome is weekly dispensing"—which should at least please the primary care trust.

There's more about addiction from Theodore Dalrymple and our anonymous personal view writer. Dalrymple writes about Hans Fallada's *Short Treatise on the Joys of Morphism*, in which the hero strangles his landlady under the influence of cocaine, which reminds Dalrymple that Fallada himself once shot at his wife—though he missed (doi:10.1136/bmj.d2415). The personal view writer describes how his son, addicted to alcohol, gets consistently ripped off by private alcohol clinics, which fill a void left by the NHS and are largely unregulated (doi:10.1136/bmj.d2399).

Another place where the NHS does less well than it should, argue Ingrid Wolfe and colleagues, is in its child health services (doi:10.1136/bmj.d1277). Their analysis article points to poorer outcomes in the UK for both acute illnesses and chronic conditions than in comparable European countries, and they blame poor access to paediatric expertise. Other European countries have both more doctors trained in paediatrics and better integration of primary and specialist care. The authors think that the proposed NHS reforms are unlikely to improve services for children.

Such casual (and not so casual) criticism of the NHS reforms has been a familiar refrain in the *BMJ*'s pages recently, so it's refreshing to hear a contrary view. Nigel Hawkes rather approves of England's health reforms: "In picking GPs Mr Lansley identified a corner of the NHS that retains a spark of entrepreneurship ... There is a risk in letting them loose with ... £60bn ... but it is arguably a risk worth taking." He's therefore dismayed at the retreat from reform—which we learn is being overseen by a forum of 50 people (doi:10.1136/bmj.d2461).

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