NEWS

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US Food and Drug Administration moves to ban trans fats

NHS 111 led to more ambulance dispatches, finds study of pilot areas

Zosia Kmietowicz BMJ

The NHS 111 urgent care telephone service increased the use of ambulances in England during its first year of operation—contrary to what it was designed to do—shows an evaluation of pilot sites published in *BMJ Open*.[1]

The Department of Health commissioned the study to evaluate NHS 111, the new 24 hour telephone service to manage all requests for urgent help, including those for GP out of hours services and urgent problems that may need an ambulance. The service is staffed by non-clinicians who use an algorithm based assessment system, NHS Pathways, to triage calls to other services or care at home.

The researchers, from the University of Sheffield, analysed data from two years before (2008-10) and one year after (2010-11) NHS 111 was introduced in four pilot sites and compared these with data from three control sites.

In their first year of operation the pilot sites took over 400 000 calls, just over 277 000 of which were triaged by NHS Pathways. Just over a quarter (28%) of the triaged calls were referred to a nurse for clinical advice, and over half were judged to need primary care or urgent care services.

The number of calls to NHS Direct, the existing 24 hour telephone and internet service, fell by almost 20% during the study period, as was expected. Although there was no change in the overall number of emergency ambulance calls directly from the public, emergency ambulances being dispatched by NHS 111 rose by 2.9% (95% confidence interval 1% to 4.8%) each month—equivalent to an extra 24 incidents per 1000 triaged calls. The authors estimated that this could lead to an extra 14 500 call-outs for an ambulance service attending 500 000 incidents a year.

The researchers said that after NHS Direct closes calls to NHS 111 may increase further. They concluded, "It is probably unrealistic to expect any one service, such as NHS 111, to do everything, and real improvements may only be gained when a series of coordinated measures designed to increase efficiency across all services are implemented."

Cite this as: *BMJ* 2013;347:f6811

Bruce Keogh (left) presented the report with working party chairman Keith Willett

NHS medical director proposes two tier emergency service

Gareth Iacobucci BMJ

Hospital emergency departments in England should be remodelled within the next five years to differentiate between smaller emergency centres and larger major trauma centres treating patients with the most serious needs, a major review has recommended.

The plan is the first plank of a major review of urgent and emergency care services led by NHS England's medical director, Bruce Keogh,[1] which was commissioned to help tackle the ongoing pressure on emergency departments and the wider NHS.

The first phase of the review, *Transforming Urgent and Emergency Care Services in England*,[2] proposes introducing the two levels of hospital based emergency care as part of a "system-wide transformation" over the next three to five years.

Under the plan, smaller units, provisionally called "emergency centres," would assess and initiate treatment for all patients arriving there but would then be able to transfer the small number of patients needing specialist treatment to larger "major emergency centres," which would possess "consistent levels of senior staffing and access to specialist equipment and expertise."

Keogh emphasised that the proposal was not about cutting existing urgent and emergency care services and said that NHS England expected the overall number of emergency centres to be broadly the same as the current number of accident and emergency departments. Major centres are expected to number between 40 and 70.

But he said that a formal distinction between the different types of emergency unit was needed to make clearer the vastly different services being offered at departments across the country. He said that the move could emulate the success that occurred from reconfiguring stroke services in London into larger, more specialised units.[3]

The report, produced by a working party chaired by Keith Willett, director for acute episodes of care at NHS England, said that the two levels of emergency department would be introduced only once access to urgent care services outside hospitals had been "sufficiently improved and enhanced." It made a series of recommendations for improving urgent care services outside hospitals, to help reduce pressure on hospital emergency departments.

These include enhancing the NHS 111 non-emergency telephone line so that patients would be able to talk directly to a doctor, nurse, or health professional or book an appointment with their GP if needed; and improving access to GPs by freeing up time and resources in primary care.

Other recommendations are to provide better support for patients to care for themselves and developing the 999 ambulance service into a "mobile urgent treatment service" that could treat more patients where they were injured or became ill.

The review emphasised the importance of simplifying the current plethora of urgent and emergency care services to ensure that the system was better integrated and easier for patients to navigate. To help achieve this, existing major trauma networks would be used as a basis to develop broader emergency care networks.

Cite this as: *BMJ* 2013;347:f6828

IN BRIEF

NHS in England has 20 000 nursing vacancies: The Royal College of Nursing has said that nearly 20 000 nursing posts in England are unfilled, after it conducted a survey of all acute, mental health, and community NHS trusts using freedom of information requests.[1] A total of 61 organisations replied (24% response rate), whose average vacancy rate was 6%, although in some trusts it was 16%.

Scotland scraps elections to health boards: The Scottish government has abandoned its plan to have elections to appoint people to run Scotland's health boards. The decision came after pilot elections that resulted in a very low turnout of voters.[2]

Mexico approves tax on sugary drinks: The Mexican Congress has approved a special product and services tax of 1 peso (£0.05) per litre of sugary drinks, including concentrates, powdered drinks, syrups, essences, and flavour extracts. An additional 8% tax on foods with an energy content exceeding 275 kcal per 100 g was also approved. The new taxes will take effect in January 2014.

Regulator warns of problems associated with sports supplement: The UK Medicines and Healthcare Products Regulatory Agency has warned about serious liver and heart problems associated with the sport dietary supplement OxyElite Pro. In 2012 the agency warned against using an earlier formulation of the product. Now it says the new formulation contains aegeline, a substance linked to 56 cases of acute hepatitis in the US.

Grant for test that checks immunity: Public Health England has been awarded a £1.1m grant by the Bill & Melinda Gates Foundation to develop a point of care test that would allow health workers to check people's immunity and vaccine coverage through saliva samples, with the results delivered to national immunisation centres.

***BMJ* reporter is nominated for award:** The *BMJ*'s Gareth Iacobucci has been nominated for the science and technology journalist of the year in the *Press Gazette*'s British journalism award, for investigations he conducted this year on conflicts of interest among members of clinical commissioning groups, rationing of hospital care, and the expansion of options for private patients.[3-5]

Cite this as: *BMJ* 2013;347:f6775

UK government is still considering standard packaging of tobacco

Left to right: Health minister Jane Ellison said plain packaging was still under consideration, while MPs Alex Cunningham and Bob Blackman spoke in favour and MPs Nigel Evans and Jake Berry spoke against

Adrian O'Dowd LONDON

Proposals for England to introduce standardised packaging of tobacco products are still under "active consideration" by the government but are not the only possible solution to reduce smoking, MPs have been told.

During a passionate two and a half hour debate on standardised packaging of tobacco products, held in the House of Commons on 7 November, MPs argued about the imperative for and the possible overestimated benefits from such packaging being adopted.

The Department of Health held a consultation on standardised packaging between April and August of 2012,[1] and in July this year it announced that it wanted to wait for more evidence on the effects of such packaging on tobacco consumption before deciding whether to adopt the policy.[2]

Bob Blackman, the Conservative MP for Harrow East and secretary of the all party group on smoking and health, opening the debate, said, "At the moment there is still an attractive promotional aspect of tobacco, which is the packaging. We want all tobacco packs to be uniform, including the colour of the pack, and to allow the promotion of strong antismoking and pro-health messages.

"The vast majority of smokers begin smoking in childhood. Two thirds of current smokers began under the age of 18. Once someone is hooked, it is very difficult to give up.

"Over many years the industry has designed its advertising and marketing to promote an image of smoking that is most likely to appeal to young people. We must adopt policies that make it more difficult for the tobacco industry to target and recruit new smokers."

Blackman told MPs how both his parents had died of cancer and how his mother had died aged 47 of lung and throat cancer as a direct result of a longstanding tobacco habit.

The public health minister, Jane Ellison, said that the policy of standardised packaging "remains under active consideration" and that she was giving it her "urgent consideration."

She said in the debate, "Evidence and information are emerging all the time, and we want to spend more time assimilating that information and considering the likely effect that standardised packaging would have in this country.

"There is a slight danger of believing that the approach is a silver bullet. It is an important policy that has been given serious consideration, and the case has been made for it, but we would still be debating how to stop children smoking even if it were introduced."

Cite this as: *BMJ* 2013;347:f6751

NHS "pays twice" for patients at walk-in centres who are registered elsewhere, study finds

Gareth Iacobucci BMJ

NHS commissioners in England believe that they are paying twice for patients who attend walk-in centres, as most are already registered with a general practice elsewhere that is getting paid for their care, the health sector regulator Monitor has concluded.

Monitor was looking into the recent closures of more than 50 of the walk-in centres set up under the previous Labour government, including many of the so called Darzi centres set up by the former health minister Ara Darzi to improve access and choice.[1]

The preliminary findings of Monitor's study found that only 185 of the 238 walk-in centres opened in the past decade were still operating: 135 that were GP led and 50 that were nurse led.[2]

The regulator concluded that the closures may have worsened patients' access to primary care. But it acknowledged that the current mechanisms for funding walk-in clinics may need to be changed to meet patients' needs, as some walk-in

Slim cigarettes are "cool," "classy," and much less harmful, say teenagers

Zosia Kmietowicz BMJ

More evidence that children and teenagers are influenced by the appearance of cigarettes has emerged from a small study in which 15 year olds described slim cigarettes as "cute, classy, and feminine" and perceived them to be weaker and less harmful than standard brands.

The findings, from a study published in the *European Journal of Public Health*,[1] back up evidence from research published last month and involving 1000 children that showed that glitzy and glamorous cigarette packaging made children susceptible to taking up smoking.[2]

Cancer Research UK, which funded the latest study, says that the industry goes to the limits allowed by local laws in promoting its products. In the United Kingdom branded cigarette packets are the most "impactful way tobacco companies have to influence children," it says.

In July the Department of Health for England said that it wanted to wait for more evidence on the effects of plain packaging on tobacco consumption before deciding whether to introduce standardised packaging in England.[3]

Discussion of the Children and Families Bill in the House of Lords in the next few weeks provides another chance for parliament to vote to protect children's health, said Cancer Research UK.

In the latest study University of Stirling researchers asked 48 boys and girls about their views of eight cigarette brands that differed in length, diameter, and colour. The participants rated the slimmer brands as weakest in strength and least harmful because their thin diameter meant they contained less tobacco, but some slim brands have more harmful nitrosamines and aromatic amines than regular cigarettes.

Cite this as: *BMJ* 2013;347:f6759

Academics who backed flu drugs found to have closer ties to industry

Jacqui Wise LONDON

Academics who promoted the use of antiviral drugs in the UK media during the 2009-10 H1N1 flu pandemic were eight times as likely to have links with the drug industry as quoted academics who didn't comment on their use, an analysis of media reporting has found.[1]

The UK spent an estimated £1bn on drugs, including neuraminidase inhibitors and H1N1 specific vaccine, during the 2009-10 pandemic.

The study, published in the *Journal of Epidemiology and Community Health*, analysed 425 articles covering the pandemic published in a range of newspapers from April to July 2009. The researchers then searched for evidence of competing interests of each academic, including grants, honorariums, speakers' fees, consultancies, advisory roles, employment, and company directorship or stock ownership.

The researchers found that during the study period health ministers were the most frequently quoted source in media articles (34% of sources), followed by academics (30%). Eighteen (30%) of the 61 academics who were quoted had competing interests.

Academics with competing interests were nearly six times as likely as those without industry links (P=0.009) to predict a higher risk to the public from the pandemic than was given by official agencies.

Twenty academics commented specifically on drugs or vaccines in 36 articles, half of whom had competing interests. The odds of a competing interest among academics promoting the use of neuraminidase inhibitors was 8.4 times that among academics who didn't comment on their use (Fisher's exact P=0.005). Only three of the 425 articles mentioned that the quoted academic had a potential competing interest.

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ADRIAN BROOKS/REX

A third of academics (18 of 61) quoted in the UK press had competing interests, the study found

clinics had served only to increase "unwarranted demand" and to duplicate existing services.

The report, commissioned after claims that the centres were being closed purely on cost grounds, includes results from a survey of almost 2000 patients who used walk-in centres, together with interviews with walk-in centre providers and commissioners. The nurse led centres were mostly commissioned by GP commissioning groups, but the GP led centres were commissioned by NHS England.

Hillside Bridge Healthcare in Bradford, which opened in 2008, was the UK's first "Darzi centre"

The report concluded that the closures may make it difficult for patients to access primary care in areas where it is difficult to get an appointment at their local general practice and may limit the ability of primary care to reach specific groups who find it difficult to engage with the traditional model of GP services, such as young adults and vulnerable social groups.

But evidence from commissioners indicated that many walk-in centres were closed because they had generated "unwarranted demand for services . . . [and] led to duplication because some patients used them in addition to other services for the same problems."

Monitor acknowledged that current payment mechanisms for general practices and walk-in centres "discourage commissioners from offering walk-in centres, even where these may represent a high quality, cost-effective model for delivering services." It said that new payment approaches should be considered, such as paying general practices according to their ability to offer extended opening hours, walk-in appointments, or online or telephone consultations.

Cite this as: *BMJ* 2013;347:f6773

NHS won't know number of managers made redundant and rehired

Adrian O'Dowd LONDON

The NHS has no way of knowing how many managers have been made redundant and rehired, because the figures are not collected, NHS England's chief executive told MPs this week when he appeared before the parliamentary health committee.

The MPs asked David Nicholson what the cost had been of making people redundant and then rehiring them as a result of the government's reorganisation of the NHS.

Nicholson said, "In terms of NHS England, as far as we know—and we employ over 5000 people—no one has been rehired after taking a redundancy package by NHS England."

However, he admitted that no one would know exactly how many people had been made redundant and then rehired somewhere in the NHS as a result of the reorganisation instigated by the previous health secretary, Andrew Lansley. He added, "CCGs [clinical commissioning groups] do not collect that information in the same kind of way. I don't have that information."

MPs asked about recent news reports that the Department of Health had urged a pay review body not to recommend pay rises for high earning managers in the NHS, given that there were 398 managers earning as much as £225 000 a year.[1] They also asked Nicholson his view of comments made by NHS England's medical director, Bruce Keogh, that some of those managers "deserved" big salaries.

Nicholson said, "We are talking about some of the biggest and most significant transformational change that the NHS has ever seen and we do need really good, top drawer people to lead that.

"If we constantly denigrate and criticise them, it's hardly surprising that they respond to that. We all have a responsibility to support those people in incredibly difficult jobs. If people would stop constantly reorganising the NHS, we'd have less of the turbulence that we have."

Nicholson said that he would not have used the word "deserved" but added, "If you were talking about the chief executives of large organisations, large NHS trusts, and foundation trusts, they are amongst the most complicated and difficult jobs in the world.

"There was a system set up by the government (not by me), signed off by ministers, which appraised every job through an external evaluation and put a salary against it—and that's what people have got."

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Women who have had bariatric surgery have raised risk of preterm babies

Jacqui Wise LONDON

Women who have had bariatric surgery are at an increased risk of giving birth to a preterm or small baby, a Swedish study published on bmj.com has found.[1]

Researchers from the Karolinska Institute in Stockholm carried out a population based cohort study to examine the association between bariatric surgery and perinatal outcomes. They compared 2562 births after bariatric surgery with 12 468 control births between 1992 and 2009, matching the mothers for factors such as age, smoking status, and education level.

Preterm birth occurred in nearly 10% of the women who had previously had bariatric surgery and in 6.1% of the control group (odds ratio 1.7 (95% confidence interval 1.4 to 2.0); P<0.001). A history of bariatric surgery was associated with increased risks of both spontaneous and medically indicated preterm birth.

The risk of having a small baby for its gestational age was also higher in women with a history of bariatric surgery (5.2% versus 3%; odds ratio 2.0 (1.5 to 2.5); P<0.001). The risk of having a large baby for its gestational age was lower in this group of women (4.2% versus 7.3%; odds ratio 0.6 (0.4 to 0.7); P<0.001).

No differences were detected in the risk of stillbirth or neonatal death.

The increased risk of preterm birth and small size for gestational age was seen only

Breastfeeding rates at six to eight weeks in the parts of the UK to be studied are 20% or less

Trial will test whether shopping vouchers encourage breast feeding

Sophie Hives-Wood LONDON

Mothers are being offered up to £200 in shopping vouchers for breast feeding their babies as part of a new study by the University of Sheffield.

The NOSH (Nourishing Start for Health) scheme is offering high street shop and supermarket vouchers in an effort to boost breast feeding in areas with a low prevalence.

"Offering financial incentives for mothers to breast feed might increase the number of babies being breast fed and complement ongoing support for breast feeding provided by the NHS, local authorities, and charities," said the trial's principal investigator, Clare Relton, a senior research fellow at Sheffield University. She was speaking at a press conference in London to launch the feasibility study.

The World Health Organization recommends that babies are breast fed for at least six months, but despite years of promotion the UK has one of the world's lowest breastfeeding rates.

The researchers will test whether it is feasible to offer financial incentives to mothers in deprived neighbourhoods with low rates of breast feeding in Derbyshire and South Yorkshire. Nationally 55% of mothers are breast feeding at six to eight weeks, but in these areas the rate is 20% or less.

If successful the NOSH scheme could improve the short and long term health of mothers and babies, reduce costs to the NHS, and lower numbers of hospital admissions and GP consultations, the researchers said.

Mothers will be given vouchers worth up to £120 for breast feeding until six weeks and a further £80 if they continue to six months.

The NOSH scheme is being funded by the National Prevention Research Initiative, which supports research into disease prevention. Laurence Moore, a member of the initiative's science committee, also speaking at the study launch, said, "This is a feasibility study: we don't know if it will be effective or not. In the case of breast feeding, where the benefit to mother, child, and society is so great, it's worth finding out whether such a novel intervention might work."

UK and international studies have already shown that financial incentives can effectively promote some healthy behaviours, such as adherence to drug regimens, stopping smoking during pregnancy, and losing weight.

The NOSH scheme aims to recruit 130 women who give birth between now and the beginning of March.

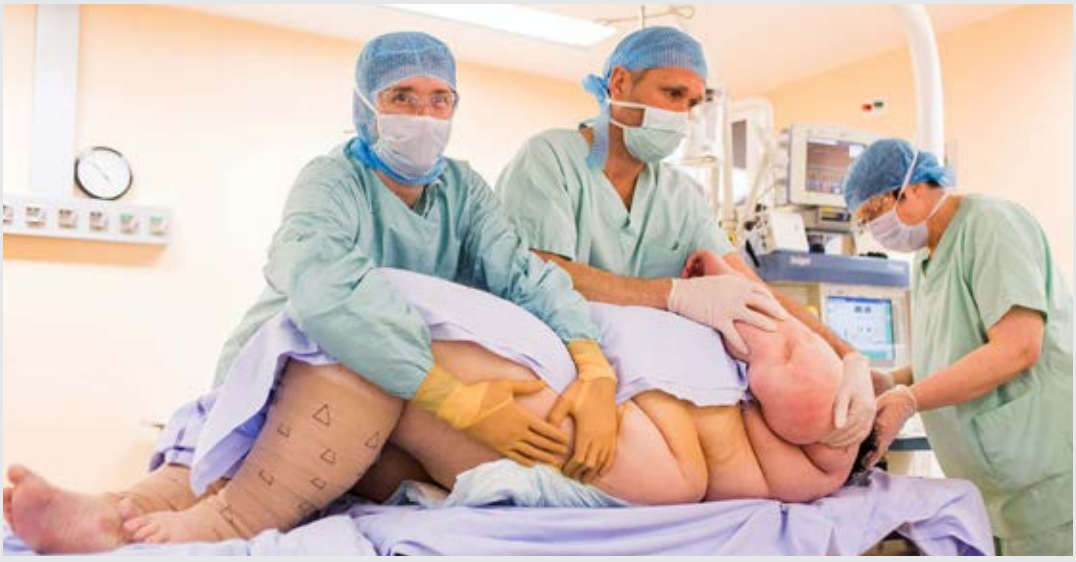
The researchers also hope to tackle social and cultural barriers to breast feeding and believe that by offering financial incentives along with education and shared experience the study can challenge some negative public attitudes.

Cite this as: *BMJ* 2013;347:f6807

in women with a body mass index below 35 during early pregnancy. No excess risk was seen in women with a body mass index of 35 or over, a finding the researchers said needed further investigation.

The researchers said that women who have had bariatric surgery should be regarded as an at-risk group during pregnancy and counselled on the risk of preterm birth. They said that further research should investigate whether the increased risk of small size for gestational age was caused by micronutrient deficiencies and whether it could be reduced by more intensive micronutrient or fetal growth monitoring.

Cite this as: *BMJ* 2013;347:f6774



BURGER/PHANIE/REX

Preterm birth occurred in nearly 10% of women who had had bariatric surgery and 6.1% of the control group

US lawyers investigate trial that secured drug licence

Deborah Cohen BMJ

The US Department of Justice is investigating the UK drug company AstraZeneca over a clinical trial that was used to gain marketing approval for its antiplatelet drug ticagrelor (marketed in the United States as Brilinta and in the European Union as Brilique).

The US authorities have asked for documents and information about the Platelet Inhibition and Patient Outcomes (PLATO) trial, published in the *New England Journal of Medicine* in September 2009.[1]

This 18 000 participant trial, conducted in 43 countries, reported that ticagrelor with aspirin, when compared with clopidogrel with aspirin, significantly reduced the rate of a composite of deaths from vascular causes, myocardial infarction, or stroke (death rate 9.8% versus 11.7%) (hazard ratio 0.84 (95% confidence interval 0.77 to 0.92)).

AstraZeneca said it planned to cooperate with the Department of Justice. Its chief executive, Pascal Soriot, said he was "very confident" in the findings of the drug trial. "It was guided by a strong academic group," he told reporters.

Neither the department nor AstraZeneca has specified exactly what aspect of the PLATO trial was being investigated.

The trial had drawn criticism from several sources and led to a rift within the US Food and Drug Administration when it came up for licensing. During the approval process the drug reviewer Thomas Marciniak documented 26 different problematic cases in the trial.

Marciniak noted, among other things, misrecording of adverse event dates, leading to events not being counted, and failure to submit potential adverse events for adjudication.

Cite this as: *BMJ* 2013;347:f6727

Surgeon jailed for manslaughter after delaying operation on man with perforated bowel

Clare Dyer BMJ

A senior surgeon at a private hospital has been jailed for two and a half years for causing the death of a patient through gross negligence.

David Sellu, 66, was convicted of manslaughter over the death of retired builder James Hughes at the Clementine Churchill Hospital in Harrow, north London.

PA

David Sellu was guilty of "a whole series of omissions," said the judge

The case is unusual because doctors are rarely convicted of manslaughter in the United Kingdom and for a doctor to be jailed for killing a patient is even rarer. Sellu will serve half his sentence in prison and the other half on licence in the community.

Hughes, 66, a father of six, had a knee replacement at the hospital in February 2010. The operation went well but while recovering from surgery he developed abdominal pain and was transferred to Sellu's care.

The surgeon suspected a perforated bowel, but failed to act with the urgency the case required. The court at the Old Bailey heard that he inexplicably delayed operating.

Mr Justice Nicol told Sellu that he was guilty of "a whole series of omissions" in his care of Hughes. He identified the possibility of free gas in Hughes's abdomen from an x ray but did not seek a definitive answer from a radiologist.

The judge said that he was sure Sellu did not prescribe antibiotics for Hughes when he saw him just after 9 pm on the night of 11 February. The surgeon asked for a CT scan to be done the following morning, rather than that night, which was "far too laid back for someone with a suspected perforated bowel."

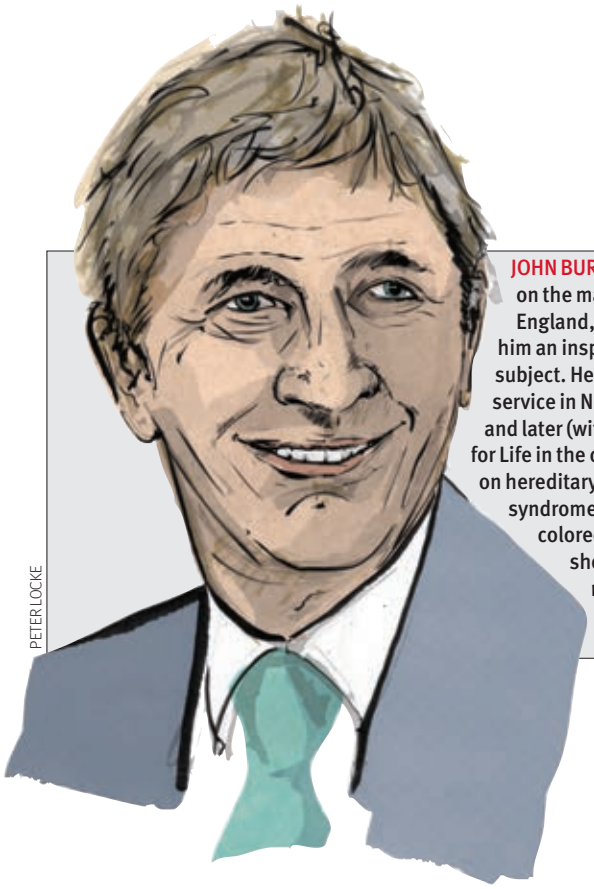
Hughes was taken to the operating theatre just after 10 pm on 12 February, but his condition had deteriorated and he had to be stabilised before Sellu could operate. He died the following day from sepsis.

The judge said that he had read references from many of the surgeon's colleagues in the NHS and private practice who spoke highly of his skill and care for patients. He had been asked to suspend the sentence because Sellu would never practise again, but he said that the surgeon's culpability was high and that suspending his sentence would not be right.

Cite this as: *BMJ* 2013;347:f6722

John Burn

Pet hate: risk averse bureaucracy



PETER LOCKE

JOHN BURN 61, put clinical genetics on the map in his native northeast England, and his eloquence makes him an inspiring cheerleader for the subject. He set up the first consultant led service in Newcastle upon Tyne in 1984 and later (with others) created the Centre for Life in the city. His research now focuses on hereditary cancer, particularly Lynch syndrome (hereditary non-polyposis colorectal cancer), and his team has shown that aspirin can halve the risk of cancer in carriers of the gene. He also plays drums in a rock band.

Who is the person you would most like to thank and why?
"My late mother. I never said out loud how important her unquestioning love was in making me the confident character I became."

What was your earliest ambition?
As a child, to be like my dad . . . and be able to drive the car. I used to sit on his knee to steer in our back street. Professionally, at age 16 I wanted to be a chemical engineer, at 18 a brain surgeon, at 22 a clinical geneticist.

Who has been your biggest inspiration?
My dad and the Oxford don who explained the genetic code to our school group at Lumley Castle in 1969.

What was the worst mistake in your career?
Not getting back into the lab in 1981 when the first DNA testing started along the corridor at the Medical Research Council's Clinical Genetics Unit at Great Ormond Street, London, where I was working as senior registrar.

What was your best career move?
Announcing on my return from my student elective at Johns Hopkins, Baltimore, in 1974 that I intended to be the first consultant clinical geneticist in England's north east (I was appointed 10 years later).

Who has been the best and the worst health secretary in your lifetime?
Alan Milburn was the best. He really understood the potential of genetic medicine and invested in our specialty. The worst will have to await my autobiography.

Who is the person you would most like to thank and why?
My late mother. I never said out loud how important her unquestioning love was in making me the confident character I became.

To whom would you most like to apologise?
Linda, my wife, and our son and daughter, for being too preoccupied with my career as a young doctor. Also the woman who had a postpartum haemorrhage when I was doing obstetrics training because I woke to discover I'd dropped off while sitting beside the stirrup. I was holding the oxytocin syringe awaiting my moment to inject it into her thigh. I'd previously been awake for a very long time. Fortunately she suffered no ill effects. This is the first time I have confessed my sin.

If you were given a £1m, what would you spend it on?
Clear the family mortgages and put our son through his philosophy PhD at the London School of Economics. A chunk of the rest I'd invest in our QuantuMDx company making cheap gadgets to do DNA testing while you wait.

Where are or were you happiest?
Playing with our grandchildren.

What single unheralded change has made the most difference in your field in your lifetime?
The discovery of the double helix.

Do you believe in doctor assisted suicide?
No. For once the term "slippery slope" is appropriate. But suffering at the end of life is unacceptable.

What book should every doctor read?
William Osler's *A Way of Life*.

What poem, song, or passage of prose would you like mourners at your funeral to hear?
The soaring sadness of Samuel Barber's *Adagio for Strings*. No need to speak, just listen.

What is your guiltiest pleasure?
Watching television when I should be working.

Clarkson or Clark? Would you rather watch *Top Gear* or *Civilisation*?
Clarkson. He speaks to that little boy who wanted to drive like his dad.

What is your most treasured possession?
Family photos, my Gretsch drum kit, and my new Nissan Qashqai +2 (built in the north east), especially when it's full of grandchildren.

What personal ambition do you still have?
To persuade an ultraconservative medical profession to recommend aspirin to all people with hereditary colorectal cancer—and if they are over 50 to consider one for themselves too. And to help put a DNA diagnostic device capable of immediately diagnosing chloroquine resistant malaria in the hands of a doctor in sub-Saharan Africa.

Summarise your personality in three words
Outgoing, generous, competitive.

Where does alcohol fit into your life?
On Wednesdays, Fridays, Saturdays, and sometimes in between.

What is your pet hate?
Risk averse bureaucracy.

Cite this as: *BMJ* 2013;347:f6736