Letters

All letters are subject to editing and may be shortened. General letters can be sent to **bjgpdisc@rcgp.org.uk** (please include your postal address for publication), and letters responding directly to *BJGP* articles can be submitted online via **eLetters**. We regret we cannot notify authors regarding publication.
For submission instructions visit: **bjgp.org/letters**

Editor's choice

View from the trenches

Dear Mother

I hope this letter finds you well. There is so much to tell you and so little time, because tomorrow morning is Monday and we're being sent back into No Man's Land. So few of the Old Pals remain for this 'final' mission. Most of them have left or are at least planning to leave. As for the big push, it's a worry because Field Marshall Stevens's FYFV doesn't seem to have been the walkover we were promised in Blighty a couple of summers ago. There have been soundbite explosions but they don't seem to have made much impact on the trenches.

I was reminded of all the hullabaloo around the great plan yesterday when I visited an end-of-life patient. As she lay tearful, distressed, and frightened I held her hand and realised that I was the only team member left to do it — so many colleagues better placed have been deployed to do other things.[1] It seems humanity no longer has a value here. Sustained Trimming and Privatisation plans promise much good and who is this squaddie to suggest otherwise? Let's hope virtual care is as good as they say it will be. It's probably shellshock but it seems like there's precious little *scientia* and even less *caritas* in these schemes. Has our fight really been worth it?

Signing off now Mother, if we don't make it, do remember us not as we have become but rather as we were, and promised to be.

Howard D Skinner,

GP Principal, the Tutbury Practice.
E-mail: hdskinner@doctors.org.uk

REFERENCE

1. Jones R. Deconstructing the doctor. *Br J Gen Pract* 2017; DOI: https://doi.org/10.3399/bjgp17X692177.

DOI: https://doi.org/10.3399/bjgp17X693233

Prescribed drug dependence services for long-term BZD use: treating the problem while ignoring its causes

Davies and colleagues highlight the issue of inappropriate long-term benzodiazepine and Z-drug (BZD) prescribing[1] but their conclusions and recommendations are flawed.

First, they suggest that prescribing should be reduced by ensuring adherence to existing guidelines for prescribing and withdrawal, or developing new guidelines where needed.

Guidelines have failed to reduce benzodiazepine and Z-drug prescribing: clinicians do not adhere to recommendations to use hypnotics and anxiolytics short term and only after trying psychological therapies.[2] The reasons for this are multifaceted and complex. Second, they advocate more research into the harms associated with long-term BZD use. Many studies have investigated harms from long-term benzodiazepine use, including risks of cognitive impairment, falls, hip fractures, and road traffic collisions. Finally, the authors recommend mandatory national drug withdrawal services and a helpline and website for prescribed drug dependence. These recommendations are arguably the most concerning because they lack evidence to support them. There is already evidence for benzodiazepine withdrawal, ideally combining discontinuation with psychological therapy for the underlying disorder.[3] Setting up new services without considering the likely workforce and resource needs, effectiveness, costs, or unintended consequences ignores the evidence that points to multifaceted rather than simplistic solutions to address the complex problem of BZD prescribing.

A Niroshan Siriwardena,

Professor of Primary and Prehospital Health Care, University of Lincoln.
E-mail: nsiriwardena@lincoln.ac.uk

REFERENCES

1. Davies J, Rae TC, Montagu L. Long-term benzodiazepine and Z-drugs use in the UK: a survey of general practice. *Br J Gen Pract* 2017; DOI: https://doi.org/10.3399/bjgp17X691865.
2. National Institute for Health and Care Excellence. *Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia. TA77.* London: NICE, 2004.
3. Reeve E, Ong M, Wu A, *et al.* A systematic review of interventions to deprescribe benzodiazepines and other hypnotics among older people. *Eur J Clin Pharmacol* 2017; **73(8):** 927–935.

DOI: https://doi.org/10.3399/bjgp17X693245

Authors' response

Prof. Siriwardena is mistaken to state unequivocally that guidelines have failed to reduce BZD prescribing. Since their introduction in 2004,[1] benzodiazepine prescribing fell from 3.5% to 2.5% of patients between 2000 and 2015.[2] We agree that too many clinicians fail to follow guidelines but we do not accept we are wrong to insist on guidance adherence because the reasons for non-adherence are *'multifaceted and complex'*. We do not agree there is enough research on the harms of long-term BZD use. Patient reports indicate harms that have not been captured in the existing evidence base.

We are criticised for recommending national withdrawal services because '[we ignore] *the evidence that points to multifaceted rather than simplistic solutions'* for long-term BZD prescribing. We fail to see how recommending national services can be considered simplistic given there is nothing to stop such services from taking a multifaceted approach. Indeed, there is now medical consensus for national withdrawal provision.

James Davies,

Academic, University of Roehampton.
E-mail: jp.davies@roehampton.ac.uk

Todd Rae,

Academic, University of Roehampton.

Luke Montagu,

Parliamentary Researcher, All-Party Parliamentary Group for Prescribed Drug Dependence.

REFERENCES

1. McIntosh A, Cohen A, Turnbull N, *et al. Clinical guidelines and evidence review for panic disorder and generalised anxiety disorder. CG22.* London:

NICE, 2004.

2. Cartagena Farias J, Porter L, McManus S, *et al*. *Prescribing patterns in dependence forming medicines*. London: NatCen, 2017.

DOI: https://doi.org/10.3399/bjgp17X693257

NHS is not all that bad

The NHS comes in for a lot of complaints. But my parents are in their late 80s and in the last 6 months my father has had a series of procedures to remove small spots of cancer on his skin, had cataracts removed from both eyes, and had his blood pressure 'fixed'. My mother suffers from severe joint pain, colitis, and a challenging memory issue. Her GP is the nearest thing to a saint one could hope to have care for your mother.

I now live in the US and am fortunate to be able to afford any care I need. But I see people every day who suffer from things that go untreated in the US that would be treated in a moment if the patient was in the UK.

Is the NHS perfect? No. But let's not forget to recognise the enormous amount of good it does every day.

Martyn Hills,

E-mail: martyn.hills@gmail.com

REFERENCE

1. Jones R. Deconstructing the doctor. *Br J Gen Pract* 2017; DOI: https://doi.org/10.3399/bjgp17X692177.

DOI: https://doi.org/10.3399/bjgp17X693269

Pharmacists' role in primary care

I enjoyed reading Butterworth *et al*'s article in the *BJGP*.[1] I am a retired GP who has worked closely with local pharmacists, valuing their opinions and knowledge. We included an independent pharmacy in a new-build multidisciplinary primary care centre in Norwich back in the 1990s. The forward-looking local NHS administration (then the FPC) paid the pharmacist to have an extended role with our practice. He not only worked closely with us, checking the accuracy of prescriptions and raising any queries, but he also systematically reviewed all our repeat prescribing and, for instance, he converted all drugs, group by group, to generic where possible. And he took the time to work with patients explaining the changes, sometimes having to assure people of the safety and equivalence of a new pack.

The advantages were immeasurable. We doctors were helped to be much more aware of our prescribing in general, and of course the pharmacist saved the NHS drug bill much more than the scheme cost the FPC. Our patients were happy with the improved service. I'm sad that this kind of relationship has not become more universal.

Robert MacGibbon,

GP (retired).
E-mail: rmacgibbon@btinternet.com

REFERENCE

1. Butterworth J, Sansom A, Sims L, *et al*. Pharmacists' perceptions of their emerging general practice roles in UK primary care: a qualitative interview study. *Br J Gen Pract* 2017; DOI: https://doi.org/10.3399/bjgp17X691733.

DOI: https://doi.org/10.3399/bjgp17X693281