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What next?

'What next?' said David Haslam, giving a keynote at the end of our annual Society for Academic Primary Care conference. He talked passionately about the need to provide quality primary care, about the underpinning evidence base, and the importance of education and training. I squirmed a little as he criticised 'tick box' medicine, shorthand these days for the Quality and Outcomes Framework, ready to counter the 'old chestnut' arguments of failing to look at the person in front of you in the rush to measure blood pressure and check smoking status, but it was a good point well made.

What next was a 30-minute guilt shop for being away from home for most of the week. A mug with 'I need a doctor' in semaphore for the other half; a book on fast cars for a 10-year old who can tell the model and make of an unseen car by the tone of the engine; fiendish, posh sudoku for my 16-year old daughter; and one of those cheap student nosh books for number one son who's about to leave home. There were only a handful of recipes with nuts in, so it seemed a safe bet for a boy who had his initial spectacular reaction to nuts at 22 months. That first trip to casualty in 1992 was followed by an out-patient appointment with someone who wanted to take bloods and stick him on a trial of cimetidine. We ran out of the hospital, bypassing the phlebotomist, and have managed it ever since with a nut-free house and, in the early years, a party waistcoat with a very large 'I'm allergic to nuts' sticker sewn on the front.

What next was getting home in time to give him a hug before the school leavers' party ball, 6-foot tall with a bow tie and an awkward grin; speech and drama concert for the little one, and a well-deserved glass of wine in front of the news. Then a key in the lock far too early and he appears in the hallway, red faced, voice altered, beginning to struggle to breathe. The never used epipen is 2 years out of date. The little one is rudely awakened, yesterday's t-shirt over her head in an instant, all of us into the car and off to casualty. 'Why does he

look funny? Does he have swine flu Mummy?'. A receptionist in casualty fails to look up at us. 'How did you get here?' 'By magic carpet/family car', depending on which parent she listens to. Still no eye contact. 'He's having a bad reaction to nuts', met with 'Take a seat.'

What next was 11 minutes of watching him struggle as Friday night casualty played out around us. Then a nurse who has just walked past us literally walks backwards past us again. She stops and she looks at him. A side room is found. An injection is given. We all start to breathe again. Four days earlier I had convened a QOF group to discuss potential new indicators. But how to capture what mattered that night? The nurse who looked, and looked again, and then followed up her actions quickly and with the right treatment.

What next? A new QOF indicator: 'the percentage of patients who state eye contact was made by practice staff in the first 10 seconds of the encounter'. Perhaps we could suggest it as an addition to the next patient survey? Or may be we need to remind ourselves that tick boxes can lead to better patient outcomes, but the thing that also counts, that matters, is being a human being talking to another human being. You can't, you shouldn't codify that, but you should absolutely expect it. Science and compassion are not mutually exclusive but reinforcing, and you divide them at your peril. QOF incentivises one and professionalism requires the other.

It was the almond slivers in the pudding. 'Who puts nuts in mass catering?' he grumbled the next day. But he had the last word, cutting out all the nut containing recipes in his new book and throwing them in the bin with a determined, quiet satisfaction.

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