

ATTENTION DEFICIT

Things haven't been going too well at St Aneurin's. The chief midwife, Mrs May, has been struggling with a difficult delivery for a very long time. This has had repercussions throughout the institution. She has tried a range of conservative measures, which have proved ineffective, and is considering more drastic interventions, not least because the labour has been so weak and uncoordinated. Unfortunately, most of the new treatments have been shown to be either seriously toxic, or unaffordable, or both. The previous clinical director, Dr Hunt, who spent most of his time on negotiating skills courses, is now on sabbatical in Japan, or perhaps China, and Dr Hancock, who is in charge of medical physics, has been temporarily promoted. So far, his new toys haven't made much of an impact, and he is beginning to realise that people quite like to see a doctor when they get sick.

Meanwhile, the Chief Finance Officer, Mr Hammond, is busy working out how he will pay off the enormous deficit that his Trust is running up, presumably out of a primary care budget somewhere. Three recruitment officers have been sacked. None of this is going down particularly well with the Patient Participation Group, who have pretty much given up coming to meetings.

Apologies to *Private Eye* for some of that — *that's enough metaphors, Ed* — but the serious point is that Brexit has taken up so much political and parliamentary time that other very important matters, such as the future of the NHS, have received only cursory attention. The newly formed NHS Assembly is co-chaired by Dr Clare Gerada, previous Chair of RCGP Council. She describes it as a force for good, a guiding coalition, and a space for constructive criticism, and we wish her and co-chair Sir Chris Ham every success.

Whether it will stimulate radical debate or provoke real reform, which may not be what it was set up to do, remains to be seen, but that is probably what is needed. Without the kind of long-term planning and stability urged by the House of Lords report¹ even the new £20 billion will begin to look like a quick fix.

More worrying figures on GP numbers have just been released, and there are tens of thousands of unfilled posts in nursing and other key disciplines right across the service.

It is difficult to imagine this level of understaffing being tolerated in a large

commercial organisation.

This month's *BJGP* is focused on cardiovascular disorders, with a number of articles about exercise, including the recognition that being sedentary is a significant risk factor for many illnesses, including cancer, how to embed exercise and activity into practice, and how to write an exercise prescription. The need for accurate, out-of-office ascertainment of blood pressure, for diagnosis, treatment, and the calculation of cardiovascular risk, is reflected in two helpful clinical studies, and the continuing controversy about the relative merits of antiplatelet agents and anticoagulants in atrial fibrillation is the subject of an impressive cohort study in primary and secondary care.

The study on the ever-widening eligibility criteria for statins, and the likely diminishing returns at individual patient level, has been widely reported, and certainly deserves attention. There is more on heart failure — useful clinical guidelines for general practice — and a good news story: weather conditions have no perceptible effect on rates of acute home visiting by GPs. The doctor is coming, whatever the weather!

In *Life & Times*, Luke Allen has written a beautiful review of the current exhibition at the National Gallery of masterpieces by the most famous Spanish artist that you almost certainly won't have heard of — Joaquín Sorolla. Worth a visit — John Singer Sargent meets Jack Vettriano in Valencia. In a lively section, we also cover the topical subject of untested technologies in medicine, review a book which sets out some of the problems with CBT, (and another on modern medicine as a whole), linger over Barbara Stanwyck's movies and fret, just a little, about what might be happening to our patients while they're waiting to see us in the waiting room.

Roger Jones,
Editor

REFERENCE

1. House of Lords. Select Committee on the Long-term Sustainability of the NHS. Report of Session 2016–17. *The long-term sustainability of the NHS and adult social care*. 2017. <https://publications.parliament.uk/pa/ld201617/ldselect/ldnhssus/151/151.pdf> [accessed 9 May 2019].

DOI: <https://doi.org/10.3399/bjgp19X703757>

© British Journal of General Practice 2019; 69: 273–320

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2017 impact factor: 3.261

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ISSN 0960-1643 (Print)
ISSN 1478-5242 (Online)

