

## MORE THAN WORDS

When Don Berwick celebrated the 60th birthday of the NHS in 2008<sup>1</sup> he made 10 suggestions for doing things better, most of which we have ignored and we are now reaping the consequences of our lack of attention. These included: stopping restructuring; developing an integrated approach to quality assessment and assurance; healing the divide between the professions, managers, and government; and training the healthcare workforce for the future, not the past. Crucially, he also encouraged us to reinvest in general practice and in primary care. 'These', Berwick said, 'not hospital care, are the soul of a proper, community oriented, health preserving care system'.<sup>1</sup> Since 2008, it seems to me, the Department of Health, from top to bottom, has rarely failed to disappoint. The Francis report<sup>2</sup> makes shocking reading, and the recent report, on over 100 000 NHS employees, 37% of whom would not recommend the hospital in which they work, to their family or friends, is terribly dispiriting.<sup>3</sup> It is almost unthinkable to know that gagging and bullying are so prevalent in the health service. Mathers and Sillitoe's *Debate & Analysis* piece on whistleblowing in this issue is a valuable contribution to this difficult debate.

Not only has the magic gone out of the NHS, but the service now seems to be losing its soul and is becoming, in parts at least, unimaginably callous and careless of human dignity. It is against this bleak landscape (although it sometimes doesn't seem all that bleak in general practice) that Simon Cocksedge and colleagues' article on the use of expressive touch in the general practice consultation is particularly welcome. Many patients actually want to be touched, they appreciate contact, and in these human gestures find something of the humanity and compassion that lies behind the medical persona. As one patient commented: 'Even if it's just putting a hand out ... I think touch, often it can say much more than words, it can be very reassuring,' although it is worth noting that a number of the GPs interviewed in this study were a little wary about using touch, and the possibilities of misinterpretation. There is much work to do here; communication-skills researchers take note.

Much of this issue of the *BJGP* concentrates on disorders of the urinary tract and contains a number of important messages for clinical practice. The National Clinical Director for kidney care,

writing with two GPs, reminds us of the importance of being alert to the possibility of acute kidney injury in community settings, particularly related to certain medications and comorbidity, and also provides the salutary reminder that renal dysfunction is associated with up to 50% of deaths following acute hospital admissions. Alistair Hay's editorial on childhood urinary infection provides further guidance, some of it based on Duffy and colleagues' clear delineation of the risks of trimethoprim resistance in children previously treated with the drug for urinary infection. Booth and her co-workers make a convincing case for the greater involvement of community pharmacists in the management of urinary infections, with significant potential benefits for patients and GPs. Comorbidity, that ever more important theme in chronic disease management, is examined by Buntinx's group, from Leuven, in terms of the effect of comorbidity on diabetic control, and by Brilleman and colleagues, from Bristol, who look at different categories of comorbidity and analyse the potential for cost savings and improvement in the quality of care.

We have to say two goodbyes this month. The first is to Dr Alec Logan, our Deputy Editor, who has masterminded the *Back Pages*, now *The Review* section of the Journal, for almost 15 years. Alec, a GP working outside Glasgow, has always brought flair, imagination, and brio to the Journal and we owe him a great debt of gratitude.

Very sadly we must also say a final farewell to Professor Helen Lester, whose moving James McKenzie lecture we published only last month, and who died, far, far too young on 2 March. She will be deeply mourned and terribly missed.

Roger Jones  
Editor

## REFERENCES

1. Berwick D. A transatlantic review of the NHS at 60. *BMJ* 2008; **337**: a838.
2. *Independent inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009*. Volume I. London: The Stationery Office, 2012. [http://www.midstaffsinquiry.com/assets/docs/Inquiry\\_Report-Vol1.pdf](http://www.midstaffsinquiry.com/assets/docs/Inquiry_Report-Vol1.pdf) [accessed 7 Mar 2013].
3. Department of Health. *NHS Staff Survey 2012*. London: DoH, 2012. <http://www.dh.gov.uk/health/2013/02/staff-survey-2012/> [accessed 7 Mar 2013].

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