

proposed the simple solution of a co-located emergency centre staffed with GPs, nurse practitioners, and emergency medicine doctors.

Handover between OOH and in-hours GPs has been defined as 'one of the most perilous procedures in medicine, and when carried out improperly can be a major contributory factor to subsequent error and harm to patients'.¹ In-hours care accounts for 50 hours/week while OOH care accounts for 118 hours/week. Handovers matter and should be quality-assured. How and when do in-hours providers check OOH providers' reports? How often do in-hours providers act upon suggestions made by their OOH colleagues, provided suggestions are made. How confident are OOH providers that their in-hour colleagues will give timely attention and act upon the suggestions made? A common strategy adopted by OOH providers is to encourage patients to contact their practices and draw attention to the suggestions made by OOH providers. Is this safe enough? Is there scope for a quality assurance process applied to OOH handovers, and will this contribute towards forming a more effective OOH team?

Anna De Simoni,

The Primary Care Unit, University of Cambridge.

E-mail: ad550@medschl.cam.ac.uk

REFERENCE

1. BMA. *Safe handover: safe patients. Guidance on clinical handover for clinicians and managers.* London: BMA, 2004.

DOI: 10.3399/bjgp14X676348

Tackling the alcohol issue in France

Excessive alcohol consumption remains a significant problem around the world and in France, with a 30% prevalence of hazardous and harmful drinkers.¹ GPs are a mainstay of the health organisation and can have a significant impact on alcohol misuse.

A project conducted in 2007 revealed that French GPs questioned only 11% of their patients about their alcohol consumption.² We performed a representative observational survey of 69 fee-for-service GPs in the department of Puy-de-Dôme between May and October 2011. The WHO alcohol thresholds were known by less than one-

quarter of the GPs, 42% of them were familiar with Screening Brief Intervention (SBI) and 10% felt SBI use was effective in their practice. The GPs felt that their prescribing role was more important (87%) than tackling the alcohol issue (48%). Questions about alcohol were asked mainly in the event of abnormalities being revealed by blood tests (63%). They thought their role in dealing with alcohol misuse was legitimate but also expressed a low level of confidence and work satisfaction. The three incentives most often identified by GPs as likely to improve SBI involved government (100%), patients (95%) or health organisation (95%).

Alcohol was not perceived as a disease risk factor by the GPs in their routine practice, and preventive procedures will be held in check as long as GPs find it easier to fulfil their prescribing role. The GPs had an ambivalent attitude, recognising that they could legitimately question and advise their patients, but at the same time complaining about the lack of education and suitable tools to help them.³

Consequently, a change in mentality and ways of thinking about primary health care and prevention is needed. French GPs do not consider that screening for hazardous and harmful drinkers falls within their remit. It is time to implement an effective preventive policy in France, highlighting patient-centred medical homes organisation⁴ and payment system.

Marie Blanquet,

Service de Santé Publique, CHU de Clermont-Ferrand, France.

E-mail: mblanquet@chu-clermontferrand.fr

MME Fleur Peyrol, Laurent Gerbaud,

Service de Santé Publique, CHU de Clermont-Ferrand, France.

Florence Morel, Bernard Maradeix, Pierre-Michel Llorca

Centre Médico-Psychologique, CHU de Clermont-Ferrand, France.

André Morge,

126, rue Jules Ferry, Cebazat, France.

REFERENCES

1. Rehm J, Mathers C, Popova S, *et al.* Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *Lancet* 2009; **373(9682)**: 2223-2233.
2. Blanquet M, Noirfalise C, Gerbaud L, *et al.* Measuring preventive procedures by French GPs: an observational survey. *Br J Gen Pract* 2011; DOI:

10.3399/bjgp11X548947.

3. Anderson P, Clement S. The AAPPQ revisited: the measurement of general practitioners' attitudes to alcohol problems. *Br J Addict* 1987; **82(7)**: 753-759.
4. Taplin SH, Foster MK, Shortell SM. Organizational leadership for building effective health care teams. *Ann Fam Med* 2013; **11(3)**: 279-81.

DOI: 10.3399/bjgp14X676357

Anal fissures; first do no harm

Referrals of younger patients with 'painful piles' who have already applied steroid cream are common.

Ninety per cent of acute anal fissures heal, but in nearly all those that do not, topical steroid cream has been applied to treat presumed piles. There is no evidence that any cream has improved the natural history of piles, but it is recognised that steroids reduce healing of acute fissures, and can create a chronic condition.

Anal fissure can be easily seen without any equipment other than a torch. When a fissure is seen the patient can be told piles are not the cause of their symptoms (a tearing sensation with pain for 30-60 minutes following bowel opening). Avoiding constipation with or without any cream (not containing hydrocortisone) allows healing, but if the problem has not settled in 6 weeks colorectal referral may be required excluding other pathology.

Guy Nash,

Colorectal Surgeon, [www.guynash.org] Poole Hospital, Poole.

E-mail: Guy.Nash@poole.nhs.uk

DOI: 10.3399/bjgp14X676366

Corrections

In the June issue of the *BJGP*, the letter Piggott L. GP nomenclature. *Br J Gen Pract* 2013. DOI: 10.3399/bjgp13X668122 included address details that should have instead been presented as: GP, Brighton. E-mail: liam.piggott@doctors.org.uk. The online version has been corrected.

DOI: 10.3399/bjgp14X676375

In the December issue of the *BJGP*, the article Rodrigues JN, Mabvuure NT, Nikkhah D. Tips for GP trainees working in plastic surgery. *Br J Gen Pract* 2013; **63**: 667-669 DOI: 10.3399/bjgp13X675629 the name of the author Dariush Nikkhah was incorrectly spelt. We apologise for this error. The online version has been corrected.

DOI: 10.3399/bjgp14X676384