

# Editor's Briefing

## A HEALTHY FUTURE?

At a special session of the United Nations in New York in 2002 Nelson Mandela said that 'History will judge us by the difference we make in the everyday lives of children'. The contribution of primary health care to the everyday lives of children is enormously important. Although effective prevention, through vaccination and public health measures, and health promotion, through the provision of adequate nutrition and education, have achieved much, there is continuing controversy about the adequacy of the general practice care of children and young people in the UK. Previous articles in this Journal have highlighted some of the problems. In August Sir Al Aynsley Green threw down the gauntlet to general practice in his inaugural Ann McPherson lecture to make their services more accessible and child-friendly, and for primary healthcare teams to identify children among their registered populations who are at particular risk or have particular needs. Last month Camila Batmanghelidjh highlighted the plight of children at the most disadvantaged end of the social and health spectrum, movingly describing the adverse effects of poverty, family breakdown, abuse, and mental health problems and, once again, challenging commissioners, planners, and clinicians to improve services.

We return to child health, along with women's health, as the focus of this month's *BJGP*. The problems of the adequate care of febrile children are, once again, the subject of research, looking at the referral decision from the point of view both of the parents of sick children (de Bont and colleagues) and of the GP seeing the child (Oostenbrink and colleagues). Parents involved in the first, internet-based, study were, perhaps predictably, most interested in ensuring that their child was properly assessed and evaluated and that adequate explanation and reassurance, where appropriate, were provided, rather than having high expectations of the prescription of antibiotics and antipyretics. The second study examined the extent to which referrals of children for secondary care evaluation were consistent with national guidelines: some were, but many were not, and the study was not designed to answer questions about children who should have been referred, but were not. Many other authors have explored this difficult territory, and guidance

is gradually emerging from research into topics such as the early diagnosis of meningitis and accurate diagnosis of urinary tract infection, and NICE guidance (CG160) is now available to support GPs in this potentially perilous area.

However, major concerns are still expressed, for example in the report *Opening the Door to Better Health Care* published in May this year by the National Children's Bureau.<sup>1</sup> As well as reminding us that up to 40% of GP workload is related to children and young people, the report expresses major concerns about the adequacy of GP care and the accessibility and appropriateness of arrangements to see children and young people in GP surgeries. It contains a strong recommendation, supported by the Royal College of Paediatrics and Child Health, that there should be much more exposure to paediatrics and sick children in general practice training. At a time when government resolve to pursue a 4-year vocational training programme for GPs appears to be stalling, this is one important reason to re-energise the initiative. It is also a powerful argument for looking again at the adequacy of out-of-hours exposure to sick children during the training programme.

Many of our other articles have connections with this theme. Saxena and Laverty's editorial encourages GPs to be brave enough to open up a non-judgemental dialogue when confronted by an overweight child, and Seth calls for better understanding and wider use of the 'exercise prescription'. Sayers has written a provocative piece on the taboos which still surround breastfeeding and Walsh and colleagues provide a working guide to cow's milk allergy. Finally, at the end of a busy day, turn to *Out of Hours* to enjoy the company of a national treasure, a misunderstood Scottish artist, and William Boyd's re-imagining of the further exploits of 007.

Roger Jones  
Editor

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## REFERENCE

1. Clements K. *Opening the door to better healthcare: ensuring general practice is working for children and young people*. [http://www.ncb.org.uk/media/972611/130603\\_ncb\\_opening\\_the\\_door\\_to\\_better\\_healthcare\\_final.pdf](http://www.ncb.org.uk/media/972611/130603_ncb_opening_the_door_to_better_healthcare_final.pdf) [accessed 9 Dec 2013].

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