

Editor's Briefing

WOMEN AND CHILDREN FIRST

From time to time our national love affair with the NHS needs a reality check. Health outcomes in the UK often fall short of those in many comparable Western European countries, and of what we would, ideally, wish. The focus recently has been on cancer survival figures which, despite protestations about different registration systems, do not tell an entirely happy story. Let's hope that the new NICE guidance on early cancer diagnosis, which needs to be accompanied by better resources and better-integrated referral systems for GPs, makes a difference: Jon Emery and Peter Vedsted provide a valuable commentary on this important publication. This month, however, we focus attention on another contentious area of health care in the UK, that of mother and child health.

Our leading editorial by Judy Shakespeare and Marian Knight, on the UK Confidential Enquiry into Maternal Deaths, draws attention to the continuing toll of preventable maternal deaths in the UK, the majority of which are related to factors that should be identifiable, and either preventable or treatable. Although maternal mortality due to 'direct' factors, mostly thromboembolism, has fallen, two-thirds of deaths are due to 'indirect' causes such as cardiac problems, infections, other medical problems, and suicide, and this rate has not changed in recent years. Major recommendations emerging from the enquiry include that GPs recognise that flu immunisation of pregnant women is hugely important and that flu infections require appropriate, early treatment, are aware of the dangers posed by sepsis in pregnancy, and that asthma is as well controlled as possible. Specialist epilepsy nurses also should be more involved to avoid deaths due to sudden unexpected death in epilepsy (SUDEP).

In a separate editorial Rohit Shankar and colleagues describe how the use of a safety checklist linked to a telehealth patient self-monitoring system has the capacity to reduce the risk of harm in patients with epilepsy.

Anna Willis and colleagues' study opens with the sobering statement that the UK has the second-highest child mortality rate in Western Europe, and that five deaths per day could be avoided if the UK equalled the best country. In 2012, the Chief Medical Officer's Annual Report recommended, among other things, that all children with long-term conditions have a named GP responsible

for their care to improve continuity and coordination. Willis and colleagues interviewed primary care professionals responsible for the care of children with cystic fibrosis, diabetes, epilepsy, and asthma. They uncovered a number of problems, and make five important recommendations for improving matters. The named GP policy should be fully implemented, specialist services should contact the new GP directly, children with long-term conditions should be given longer appointments in general practice, technology should be used to develop better links between primary and secondary care, and future research should concentrate on exploring the views of children and families. The authors do not go beyond their data to suggest that training in child health care in general practice is inadequate, but it seems difficult to argue with the proposition that all GPs in training should receive a substantial period of experience in child health, rather than the present hit-and-miss arrangements.

We're also publishing a number of articles with important clinical messages for practice: the particular needs of women who have experienced near-miss obstetric events, and of those who have conceived following fertility treatment. There are useful updates on the diagnosis and management of Addison's disease, on psoriasis and cardiovascular risk, and on the management of the perimenopause.

In *Out of Hours* this month we are launching the *BJGP* Library. Each month we will feature a review of a favourite book, not necessarily medical, written by invitation or freely submitted. We begin with *The Citadel*, AJ Cronin's celebrated tale of mid-20th century medicine, to coincide with the unveiling of a blue plaque at his old London surgery address to commemorate his life and work. We have a few reviews in the pipeline, but please feel free to offer suggestions for a review of your own favourite reading. We also have useful guidance on the care of Muslim patients with diabetes, and our usual eclectic round-up of research published in other journals in *Yonder*. And don't miss Simon Morgan's brilliant piece on the fascination of fonts.

Roger Jones,
Editor

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