

wasted GP time. In reality, there are jobs that we can do without leaving our desks that are quick and interruptible: post, pathology results, prescriptions.

Changing appointment length is simple to trial, and reversible. As GPs seeking 'the courage to change the things we can', should we now seek to improve patient care and reduce our own stress levels by consigning 10-minute appointments to the history books and declaring that they are no longer fit for purpose?

Penny Flaxman,
GP, Leicestershire.
E-mail: penelope.flaxman@nhs.net

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Why do 'high risk' women book late or not at all for antenatal care?

The editorial on maternal health in pregnancy identifies issues relevant to primary care arising from the 2014 *Confidential Enquiry into Maternal Deaths and Morbidity*.² The authors recommend targeted pre-conception and antenatal interventions for women with long-term medical, mental health, and substance misuse conditions, especially for those with additional risk factors; for example, smoking and obesity, compounded by adverse socioeconomic characteristics. However, of the women who died, 61% failed to receive the recommended level of antenatal care and 10% received no antenatal care at all. The recommendations will be difficult to achieve in women who do not attend primary care appointments and/or present late or not at all for antenatal care, an issue acknowledged but not addressed within the editorial.

There is a dearth of research into why some women fail to access timely, freely

and locally available antenatal care in the UK and what impact this phenomenon may have within populations of pregnant women already known to be at higher risk of adverse materno-fetal outcomes. Stereotypical, professionally derived perspectives prevail: the 'concealed' pregnancy; ambivalence/lack of self-care; denial; therapeutic nihilism relating to socioeconomic and cultural factors. In our qualitative study, undertaken with a socioculturally and age-diverse group of women, we identified a novel taxonomy of reasons for late or non-booking for antenatal care. These included NHS system and professional failures that 'delayed' access to timely care and maternal factors: 'not knowing'; 'knowing' with postponement and perceived optimisation of self-care.³ A lack of reproductive health knowledge was a cross-cutting theme, which compounded other barriers to timely access to care; our sample included women who had presented late or not at all for antenatal care in previous pregnancies. Policy-makers should 'join up' and optimise all facets of maternal health care within public, primary, and secondary healthcare settings and improve reproductive health knowledge for all women, including opportunistic interventions. The 'take-home messages' within this editorial may only partially address yet another NHS health inequality conundrum. Taking maternity care to hard-to-reach women is an idea whose time has come.

Caroline Anne Mitchell,
GP Senior Clinical Lecturer, Academic
Unit of Primary Medical Care, University of
Sheffield.
E-mail: c.mitchell@sheffield.ac.uk

Georgina Jones,
Reader in Social Science, School of Health &
Related Research, University of Sheffield.

Dilly OC Anumba,
Chair of Obstetrics and Gynaecology,
Consultant in Obstetrics & Gynaecology,
Academic Unit of Reproductive and
Developmental Medicine — Obstetrics and
Gynaecology, University of Sheffield.

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Patient consent and opting-out

Consent issues reported as unsatisfactory in this journal in 2008¹ have again stalled the national programme for storage of patient information. Many patients were unaware that they had agreed consent for personal medical data transfer to the Scottish Emergency Care Summary following a mailshot.² Failure to question the effectiveness of a mailshot opt-out system has now cost NHS England dearly. Mailshot opt-out compromised the advice of the MDU, the RCGP, and the GMC. According to the Health and Social Care Information Centre up to 700 000 patients have requested an opt-out from care.data, consistent with our practice 16.5% opt-out.

The opt-in option should be considered. Opt-out, particularly by mailshot, diminishes the likelihood of informed consent. Opt-in balances risks and benefits personal need to share data but reduces value to commerce or science. GPs' data serve individuals, not commerce. The GMC states, 'Make the care of your patient your first concern' and emphasises 'express' consent before disclosure. The opt-in arrangements lie more comfortably with this guidance. Ironically, the data managers failed to understand and assimilate published data. With the certainty of hindsight further incontrovertible evidence reveals opt-out is flawed.

A Gordon Baird,
Retired GP, Wigtownshire.
E-mail: gordon.baird@me.com

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