Editor’s choice

Multimorbidity: what next?

Your editorial by Mair and Gallacher draws attention to the importance of comorbidity.1 We have extracted data from NHS Digital, relating to the changes in some mental health indicators of the Quality and Outcomes Framework (QOF). In 2014–2015, indicators for the measurement of BMI, blood glucose or HbA1c, and cholesterol:HDL ratio were all retired. The indicator for blood pressure was retained. The measurement of HbA1c and cholesterol has fallen from around 90% in 2014, when it was included in QOF, to around 50% when it was no longer included. This is important, as the mortality of this group is much greater than clinical need.2 It is a gentle reminder to revisit some key bioethics concepts — act in the patient’s best interest and do no harm. Patients are the sufferers of this political battle between primary and secondary care. They are being passed back and forth; their illness may not be proactively managed until it snowballs into bigger problems. Is that the service we want to receive if we were patients ourselves?

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REFERENCES

When the words ‘handover’ and ‘prioritise’ are overused

We often hear about jobs being inappropriately dumped over from secondary to primary care.1,2 There are suggestions on how GPs can fight back, such as refusing to make referrals on behalf of hospital consultants.3 However, as a counterargument, hospital doctors can claim they must ‘prioritise’ the serious cases in secondary care, and, thus, have to ‘handover’ these administrative duties to GPs. Also, it costs the NHS more money to manage patients in secondary than primary care. It is evident that the stress and workload in the NHS are turning primary and secondary care doctors against each other. For instance, junior doctors in hospital often face time pressures to finish patients’ discharge summaries. When they try to be good doctors who facilitate detailed communications with GPs, they can receive criticisms such as ‘you’re not typing an essay’, ‘just ask the GPs’, and ‘poor time management’. This could explain why we frequently see errors in discharge summaries.4

Although it does not justify dumping jobs, the reality is that everyone is stretched in the NHS. If we have to constantly say ‘I’ve handed over’ and ‘I must prioritise’ to defend ourselves for not getting jobs done, it suggests our workplace has serious work coverage issues. Perhaps, it is time to raise this issue with Members of Parliament, rather than directing the anger at our colleagues.5,6 Our real enemies are not our colleagues, but those who control the staff funding. Handover hostility is an ongoing problem in the NHS and detrimental to both patient care and doctors’ wellbeing.5,4

This letter is not meant to demand doctors constantly work overtime to finish their jobs. It is a gentle reminder to revisit some key bioethics concepts — act in the patient’s best interest and do no harm. Patients are the sufferers of this political battle between primary and secondary care. They are being passed back and forth; their illness may not be proactively managed until it snowballs into bigger problems. Is that the service we want to receive if we were patients ourselves?

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