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## Editor's choice

### General complaint

My usual approach to journals is to peruse them over breakfast during the week so I can consign them to the bin on Saturday, having noted a learning point for my ePortfolio.

I am increasingly unable to do that with the *BJGP*.

The January edition took a disproportional amount of time to read:<sup>1</sup> too many useful articles, conclusions to studies that were thought provoking and resonated with my experience or suggestions to improve exercise alongside efficiency of clinical time ('Consultations start in the waiting room'). All the Life & Times pieces were pertinent and challenging. Clinical Intelligence illuminated my non-consideration of myelopathy in cervical pain and I will now have to examine lower limbs as well ... Finally 'Corneal ulcers' resulted in a late departure for the surgery and was immediately helpful before the morning was out.

Even this letter has taken a good 50 minutes of my first morning of annual leave in order to finally direct the journal (minus relevant torn-out pages) to recycling as I have had to re-read several of the articles and reinforced the take-home points.

And now I have the February one to process.

Nicky Miller,  
Crossfell Health Centre, Middlesbrough.  
E-mail: [nmiller4@nhs.net](mailto:nmiller4@nhs.net)

#### REFERENCE

1. Jones R. How far to Babylon? *Br J Gen Pract* 2018; DOI: <https://doi.org/10.3399/bjgp17X693941>.

DOI: <https://doi.org/10.3399/bjgp18X694937>

### The GP consultant

In describing the workforce challenge, Pauline Nelson *et al* conclude that 'skill-mix change is recommended ... in general

practice, [but] it may not always achieve the intended aims'.<sup>1</sup> As a 5000-patient GP surgery in the East Midlands, an area significantly under-populated by GPs, we changed our practice skill-mix in 2016 with incredible outcomes. We now work as 'GP consultants' — not just as GPs — a term we believe is essential for the future of general practice, to improve our morale and to inspire our future workforce to choose general practice. We supervise our excellent team of nurse practitioners, paramedics, pharmacists, nurses, medical students, and HCAs while they see the patients, update medication, and deal with routine enquires. Because of the skill-mix change, as GPs we can now oversee every patient contact that needs our high-level skills, spend more time with complicated patients, and at the end of most days have spare appointments that are not used and we leave the practice on time.

We are true specialists as GPs and it is time that this was recognised. As our secondary care colleagues have a team who work with them, so should we. The time for isolation in primary care is over. Think of yourself as a 'GP consultant' and create an effective and highly skilled team around you where each person works to their own unique skill-mix, leaving the 'consultant' to supervise, inspire, educate and nurture those around them. I would encourage other GPs to look at our model of care.

Gail M Allsopp,  
GP, West Hallam Medical Centre,  
Derbyshire, University of Nottingham.  
E-mail: [gma@doctors.org.uk](mailto:gma@doctors.org.uk)

James Burns,  
GP, West Hallam Medical Centre,  
Derbyshire.

Richard Page,  
Managing Partner, West Hallam Medical  
Centre, Derbyshire.

#### REFERENCE

1. Nelson P, Martindale A-M, McBride A, *et al*. Skill-mix change and the general practice workforce challenge. *Br J Gen Pract* 2018; DOI: <https://doi.org/10.3399/bjgp18X694469>.

DOI: <https://doi.org/10.3399/bjgp18X694949>

### Organ donation in Wales

The editorials on organ donation in the February issue do not mention the Welsh experience.<sup>1,2</sup> As of 1 December 2015, the Human Transplantation (Wales) Act came into full effect, introducing a presumed consent system, in which every person ordinarily living in Wales voluntarily for longer than 12 months, aged 18 or over, and who has the required mental capacity is deemed to have given their consent to organ donation, unless they have specifically registered a decision either on the Organ Donation Register or verbally told family or friends. A formal evaluation, commissioned by the Welsh Government in 2014,<sup>3</sup> has now reported, with the following main findings:

- awareness of and support for the soft opt-out system of organ donation in Wales is high among the general public and NHS staff, although there has been a recent drop in awareness levels among the general public, suggesting that publicity of the law needs to be maintained;
- more clarity around the role of the family in the organ donation process is required;
- NHS staff working within organ donation may also benefit from further training, particularly around the organ donation conversation with the family;
- analysis of routine data does not show any consistent change in deceased organ donations in Wales, or more widely from Welsh residents; and
- analysis of consent data shows an increase in the percentage of families giving approval for donation. However, this is not reflected in a rise in donors overall, perhaps because the rules about which families could be approached were tightened at the same time as the law was introduced.

Roy A Carr-Hill,  
Researcher, Institute of Education,  
Professor of Research in Education in  
Developing Countries, UCL Institute of  
Education, University College London,  
London; Honorary Professor, Centre for  
Health Economics, University of York, York.  
E-mail: [roy.carr\\_hill@yahoo.com](mailto:roy.carr_hill@yahoo.com)