cannot be assumed to be transferable to other settings. In a recent special issue of *Social Science and Medicine* focused on RCTs and evidence-based policy, Deaton and Cartwright discuss the limitations of RCTs as a method of establishing 'why things work'.[2] Without a credible account of causation we cannot begin to work out whether a complex intervention that has certain effects in one setting will have those same effects somewhere else.

As well as leading to rapid abandonment of ineffective or harmful new policies, it would be nice if 'real-life testing' was used in a more complicated and constructive way, helping us understand the way elements of the intervention and elements of the context interact to produce both good and bad effects. The alternative is to continue to handle new ideas about healthcare delivery the way we do now, jumping onto each bandwagon that rolls past, only to jump rapidly off again when it turns out not to be useful in our particular setting.

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Financial cuts limit numbers going under the knife in plastic surgery

We were interested to read the editorial by McCartney and Finnikin about choosing NHS interventions wisely.[1] As plastic surgery trainees, we often encounter dissatisfied patients turned away from clinic for procedures that are no longer NHS funded, and see consultant colleagues disappointed at being unable to practise many aspects of their speciality. The British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS) has issued commissioning guidelines for patients undergoing body-contouring procedures following massive weight loss. These procedures lead to sustained weight loss, as well as reducing the rate of other complications such as intertrigo,[2] but are still deemed cosmetic by CCGs, and will be funded only if an Individual Funding Request (IFR) application proves exceptional clinical need.[3] We think that we should be supporting patients wishing to undergo these operations. Beside psychological and medical benefits to patients, unnecessary appointments in general practice are thought to cost the NHS over £300 million a year.[4]

We wish to highlight the BAPRAS *Massive Weight Loss Body Contouring* UK commissioning guidelines.[5] Encouraging patients to meet the criteria prior to referral can reduce unnecessary clinic appointments, re-referral, and patient dissatisfaction. Successful adherence to these guidelines will give the IFR the greatest chance of being accepted and allowing surgery to proceed.

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Correction

Research by de Lusignan *et al.* RCGP Research and Surveillance Centre Annual Report 2014–2015: disparities in presentations to primary care. *Br J Gen Pract* 2017; DOI: https://doi.org/10.3399/bjgp16X688573 had two errors: 1) the authors described a 5-year baseline as a 10-year one, and 2) the years data were not correctly aligned so far as the weeks were concerned. The online version has been corrected.

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