Letters

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Non-speculum sampling for cervical screening in older women

I just want to say thank you so much to the researchers, who have conducted a number of studies specifically looking into the barriers to screening faced by older women.[1,2] The studies go back to 2012, and the same issues have come up time and again. It's so obvious that this is a solution for women with vaginal atrophy, who often suffer extreme pain and trauma during speculum screening.

I was a victim of harm during sample taking, caused by a poorly trained and incompetent nurse, and was then let down by three GPs and a consultant gynaecologist. The aftermath of this has left me with long-term physical and psychological harm. It took months for the provider to acknowledge this was a notifiable safety incident. I have withdrawn my consent to screening as a result. I am not prepared to let anyone from the NHS put their hands on me again. But I would be prepared to do home sampling.

While we wait for non-speculum sampling to be rolled out, please can all practices make sure their sample takers know what to do to make older women more comfortable. You should ask women over 45 about symptoms of atrophy. Then you should suggest they get prescribed topical oestrogen for a few weeks. Then you should use the smallest speculum and copious lubricant. You should never use brute force. You also need to empower women, so they know what to expect. Both Jo's Trust (https://www.jostrust.org.uk) and Menopause Support (https://menopausesupport.co.uk) have written good leaflets that should be given to all older women.

Lindsey M Wishart,
Accountant.
Email: Lindsey.wishart@hotmail.co.uk

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Addressing language as a barrier

The background and imperative to improve communication are well summarised[1] but I think that the chief reason why interpreting services are underused is clear. As a GP in a practice where about 50% of our patients do not have English as a first language, I see it overwhelmingly as a matter of time. Good translation will improve both the quality of transactions and medical care, but inevitably takes longer. Suggestions that such improvements will ultimately save time belong with the belief that demand would fall once needs were met, which was thought likely when the NHS was founded.

We already find it impossible to recruit enough clinical staff and only last week we turned down an appointment request from a patient with undiagnosed new-onset type 1 diabetes with DKA. I cannot offer best-practice services to more than a small fraction of those who need them. Of course, we could do with additional resources but there also need to be some imaginative responses. Perhaps we could look at helping people prepare better for their consultations so that priorities and expectations are considered beforehand. There is already guidance about this on the NHS website, but it is probably most used by middle-class patients who speak fluent English where communication barriers are fewest. Making serious efforts to help those with the greatest difficulties could be a useful step.

Paul M van den Bosch,
GP, College Road Surgery, Woking, Surrey.
Email: paul.vandenbosch@nhs.net

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Rewilding general practice

Iona Heath's editorial gets to the heart of what is important in general practice, the relationship between patient and GP, and how that can be used to explore, through a shared understanding of biotechnical and biographical frameworks, how best to address the patient's concerns and problems.[1]

The rewilding metaphor offers a helpful way of exploring different and better ways of linking *'medical research, primary health care, and the health of the planet'* as the article states.

However, we also need to be aware of how the term can be used to reinvigorate outdated and dangerous ideas in the guise of new language. Fraser MacDonald's article illustrates how 'rewilding' can be used to marginalise people living in the Highlands and Islands of Scotland.[2] *'When 432 people own half of Scotland's private rural land, rewilding can happen easily enough without local support.'* There are parallels here with current ownership and control in primary health care.

As Heath states, rewilding needs to be driven from the heart of the community, whether that is the GP community, or those living in remote and rural communities.

John CM Gillies,
Honorary Professor of General Practice, Usher Institute, University of Edinburgh, Edinburgh.
Email: john.gillies@ed.ac.uk

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