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Personal lists are not impractical. Look at Norway!

Dr Neaves rightly raises the issue of the named GP scheme.¹ The architect of the scheme Jeremy Hunt recognises that it

failed as a scheme,² as for the majority of patients nothing much changed. Most patients in England got a rather apologetic prescription message (for example, we have to allocate you a named GP but you do not need to see them and it will not impact on your care).

Practices where patients see a preferred GP most of the time³ are either small (less than 5000 patients) with a few GPs or have an active plan to encourage continuity, for example, personal lists. This suggests that continuity has to be encouraged throughout the patient journey — from the call to reception to seeing their preferred GP.

Personal lists work with part-time GPs. UK experience backs this up and there are many examples submitted to the Health Select Committee that is currently running. In our practice all GPs work 3–4 days a week and we have achieved a St Leonard's Index of Continuity of Care (SLICC) score of 88.15% for all GP appointments in 2022. GPs in Norway work 3–4 days a week in primary care and run personal lists for 4.5 million patients with fantastic benefits — *'lower use of OOH services, fewer acute hospital admissions, and lower mortality. The presence of a dose-response relationship between continuity and these outcomes indicates that the associations are causal.'*⁴

In conclusion, personal lists are not impractical and do have an impact, especially for 4.5 million Norwegians and those patients in England registered at a personal list practice (approximately 10%).

Still not convinced? Then I would suggest you watch the excellent presentation to the Health Select Committee on 18 May 2022 regarding continuity of care.⁵

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Corrections

Michelle Greiver, Alys Havard, Juliana KF Bowles, *et al*. Trends in diabetes medication use in Australia, Canada, England, and Scotland: a repeated cross-sectional analysis in primary care. *Br J Gen Pract* 2021; **71(704)**: e209–e218. DOI: <https://doi.org/10.3399/bjgp20X714089>. Additional funding information has been added to the online version.

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Paul Sebo and Carole Clair. Are female authors under-represented in primary healthcare and general internal medicine journals? *Br J Gen Pract* 2021; **71(708)**: 302. DOI: <https://doi.org/10.3399/bjgp21X716249>. The wrong Gender API tool URL was cited. The correct URL is <https://gender-api.com/en/>. The online version has been corrected.

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