

All letters are subject to editing and may be shortened. General letters can be sent to [bjgpdisc@rcgp.org.uk](mailto:bjgpdisc@rcgp.org.uk) (please include your postal address for publication), and letters responding directly to *BJGP* articles can be submitted online via **eLetters**. We regret we cannot notify authors regarding publication. For submission instructions visit: [bjgp.org/letters](http://bjgp.org/letters)

## Adverse effects for patients in big group practices

Peter Edwards' letter in your September issue is important.<sup>1</sup> It is an irony that NHS policy continues to encourage GPs to form ever larger practices when the evidence is clear that these provide less good access for patients who have significantly lower satisfaction with them.

In addition, there is a third important feature of general practice that also generally reduces in quality as list sizes increase — continuity of GP care. Indeed, this may be the mechanism through which patient satisfaction falls as there is a significant association between increasing list size and reduced continuity received by patients.<sup>2,3</sup> The association between continuity and patient satisfaction has also been established, particularly when patient-reported measures of continuity are used.<sup>4</sup>

Edwards describes Baker *et al* (1995)<sup>5</sup> as a 'seminal' publication. We agree. In addition to reporting that patient satisfaction was lower in bigger practices, they also first found that patients had greater satisfaction when their practice used personal lists.<sup>5</sup> Personal lists are the only evidence-based way that GP continuity can now be preserved in bigger practices.

Denis Pereira Gray,  
Consultant, St Leonard's Research  
Practice, Exeter  
Email: [denis.pereiragray@btinternet.com](mailto:denis.pereiragray@btinternet.com)

Kate Sidaway-Lee,  
Research Fellow, St Leonard's Research  
Practice, Exeter:

Pippa Whitaker,  
Research Fellow, St Leonard's Research  
Practice, Exeter:

Philip Evans,  
Consultant, St Leonard's Research  
Practice, Exeter; Associate Professor  
of General Practice and Primary Care,  
Department of Health and Community  
Sciences, University of Exeter, Exeter:

## REFERENCES

1. Edwards PJ. Bigger practices are associated with decreased satisfaction and perceptions of access. *Br J Gen Pract* 2022; DOI: <https://doi.org/10.3399/bjgp22X720521>.
2. Hull SA, Williams C, Schofield P, *et al*. Measuring continuity of care in general practice: a comparison of two methods using routinely collected data. *Br J Gen Pract* 2022; DOI: <https://doi.org/10.3399/BJGP.2022.0043>.
3. Barker I, Steventon A, Deeny SR. Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data. *BMJ* 2017; **356**: j84.
4. Adler R, Vasiliadis A, Bickell N. The relationship between continuity and patient satisfaction: a systematic review. *Fam Pract* 2010; **27**(2): 171–178.
5. Baker R, Streatfield J. What type of general practice do patients prefer? Exploration of practice characteristics influencing patient satisfaction *Br J Gen Pract* 1995; **45**(401): 654–659.

DOI: <https://doi.org/10.3399/bjgp22X720989>

## Short-acting beta-agonists and asthma

Having initially worked in an era when we were told we were missing asthma (then the so-called cough-variant asthma), we move to a time of overdiagnosis and National Institute for Health and Care Excellence (NICE) guidelines to prove or disprove, such as unavailable FeNO concentrations, and risk of other labels such as silent reflux ...

There is no doubt that overuse of short-acting beta-agonists (SABAs)<sup>1</sup> is dangerous, costly (especially if salbutamol is used or substituted by the pharmacy), and environmentally harmful, but what does the author suggest for a person who only wheezes on exposure to cats, such as when visiting a relative? A standby SABA or a long-acting muscarinic antagonist (LAMA)/inhaled corticosteroid (ICS), noting that they may not be used for months or years on end and then just once or twice?

John Sharvill,  
GP, NHS.  
Email: [john.sharvill@nhs.net](mailto:john.sharvill@nhs.net)

## REFERENCE

1. Ryan D. Reducing short-acting beta-agonist overprescribing in asthma. [Editorial]. *Br J Gen Pract* 2022; DOI: <https://doi.org/10.3399/bjgp22X720485>.

DOI: <https://doi.org/10.3399/bjgp22X721001>

## Author response

To respond to the letter from Dr Sharvill, the National Institute for Health and Care Excellence (NICE) asthma guideline published in 2017 is contentious.<sup>1</sup> It is driven by cost-minimisation and not by clinical need, and does not recognise the limited availability of FeNO testing in the UK, let alone in primary care. It has caused much confusion as it differs markedly from other approaches.<sup>2</sup> Recommendations written by clinicians, such as the Scottish Intercollegiate Guidelines Network (SIGN)/British Thoracic Society (BTS)<sup>3</sup> or Global Initiative for Asthma (GINA),<sup>4</sup> are more relevant and clinically useful. GINA is updated annually.

With regards to the clinical conundrum presented, the allergy to cat dander, which is described here, is a classical Type 1 allergic response. Currently there appears to be no licensed allergen immunotherapy licensed for Fel d 1, the dominant allergen, in the UK. In the absence of immunotherapy, the best strategies are avoidance or pharmacotherapy. The patient described clearly has asthma in response to cat dander. Pre-emptive use of a rapid-acting/inhaled corticosteroid combination medication (not a medication containing salmeterol) prior to the visit and for any symptoms during and after the visit would probably be the most appropriate approach. The patient should probably be assessed when asymptomatic, by 2 weeks of twice-daily peak flow readings to determine whether there is a low-level background asthma, which if present should be addressed (personal view).

Dermot Ryan,  
GP, University of Edinburgh, Edinburgh.  
Email: [dermotryani@doctors.org.uk](mailto:dermotryani@doctors.org.uk)

## REFERENCES

1. National Institute for Health and Care Excellence.