Continuity of care

We welcome the entry to the continuity literature of new ideas from Oxford. They rightly start with the element of a therapeutic relationship characterised by ‘attentiveness, trust, and positive regard’, which we support. They propose ‘disease episode’ as a new element in continuity and certainly episodic continuity is much better than a patient seeing a succession of different GPs. However, patients experience multiple episodes over their lifetime and continuity across episodes is even better. Focusing on episodes is a limited approach to continuity.

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Sustaining existing general practices while building for the future

Hutchinson et al give a very welcome detailed quantitative analysis of the consequences of the closure of 694 general practices in England. Every GP reading this article, their staff, and all our patients have an understanding of the qualitative aspects, unfortunately. It is particularly concerning that practices with increased exposure to closure had a significantly greater proportion of their patients with increased income deprivation.

In Ireland, the Irish College of General Practitioners discussion paper Shaping the Future has outlined 10 proposed medium- to long-term solutions to the GP workforce and workload crisis. The Department of Health is undertaking a Strategic Review of General Practice, which is to be completed this year. Measures have been taken to increase GP training numbers, which hopefully will yield benefit in due course.

Pending awaited outcomes of all the above, the question remains how to support existing practices at this time of crisis. It is essential, to minimise an escalation of earlier GP retirements or otherwise premature resignations, that the provision of appropriately resourced GP locum service is no longer left unaddressed. This may often be the only way for existing GPs to obtain cover. Inadequately addressing the needs of existing practices for GP locum services increases the risks of burnout for the individual GP and medical error for our patients.

It is critical at this point that the vital role of locum GPs is explored, supported, and resourced to promote and maintain the health and wellbeing of both GPs and patients including in Northern Ireland.

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Competing interests

Rima Chakrabarti is a member of the British Menopause Society.

REFERENCES


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Correction

Prescribing hormone replacement therapy: key considerations for primary care physicians. Rima Chakrabarti, Rina Chakrabarti. Br J Gen Pract 2023; DOI: https://doi.org/10.3399/bjgp23X733473. The article has been revised for a number of corrections, including: Table 1 dosage for ‘Medroxyprogesterone’ under ‘Continuous combined regimen’ has been corrected to ‘Minimum of 2.5 mg daily up to 5 mg daily’. Key consideration 4, under ‘Testosterone’ corrected text now reads ‘... transdermal preparations available in the UK can either be administered daily or on alternate days’. Address for correspondence corrected for Rima Chakrabarti.

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