Reference

1. Zigmond D. Physician associates: dissociated doctors. *Br J Gen Pract* 2024; DOI: https://doi.org/10.3399/bjgp24X736557.

DOI: https://doi.org/10.3399/bjgp24X737133

Enhancing empathy in GP consultations

We thank Howick *et al* for their important, practical suggestions about improving the provision of empathy in GP consultations.[1] These proposals are communication skills, focused on single consultations. In addition, empathy can be progressively increased when GPs are able to see the same patients repeatedly. Ridd *et al* found that repeated consultations progressively deepened the patient–GP relationship.[2] Mercer *et al*, in their classic study of GP empathy, found a significant effect of 'the patient knowing the GP well'.[3] This is probably the most common way in which GPs learn about their patients as people and their individual characteristics. This paves the way for more empathic care.[4] Continuity counts.

Denis Pereira Gray
Consultant, St Leonard's Research Practice, Exeter.

Email: denis.pereiragray@btinternet.com

Kate Sidaway-Lee
Researcher, St Leonard's Research Practice, Exeter.

Nada Khan
Academic Clinical Fellow, University of Exeter Medical School, Exeter.

Philip Evans
Consultant, St Leonard's Research Practice, Exeter.

References

1. Howick J, Ward A, Papaniktas A. Just do it! Ten easy ways to enhance empathy in the consultation. *Br J Gen Pract* 2024; DOI: https://doi.org/10.3399/bjgp24X736593.
2. Ridd MJ, Lewis G, Peters TJ, Salisbury C. Patient–doctor depth-of-relationship scale: development and validation. *Ann Fam Med* 2011; **9(6):** 538–545.
3. Mercer SW, Higgins M, Bikker AM, *et al*. General practitioners' empathy and health outcomes: a prospective observational study of consultations in areas of high and low deprivation. *Ann Fam Med* 2016; **14(2):** 117–124.
4. Sidaway-Lee K, Pereira Gray D, Harding A, Evans P. What mechanisms could link GP relational continuity to patient outcomes? *Br J Gen Pract* 2021; DOI: https://doi.org/10.3399/bjgp21X716093.

DOI: https://doi.org/10.3399/bjgp24X737145

Can radical listening radicalise general practice?

This January's issue highlighted the current crisis the UK's general practice system is facing and the urgent need for reform. In particular, the Loke and Lee[1] analysis on the Additional Roles Reimbursement Scheme (ARRS) allowed me to reflect on a recent medical elective experience in rural Borneo; and connect this with the issues we are battling today and the potential solutions.

I believe that link workers, a role included in ARRS, may be key to the future of general practice reform because they could relieve pressure on clinical staff, and have the potential ability to practice 'prophylactic medicine'. Link workers engage with and support patients to tackle wider determinants of health as part of the social prescribing scheme. Admittedly, the scheme has received mixed reviews, but most programmes have revealed positive outcomes for health and wellbeing, and overall reduction in usage of healthcare facilities.[2]

To my delight, I was able to observe a mirroring of this concept across the world in Indonesian Borneo where healthcare workers use 'radical listening' to collect community knowledge and implement community-designed solutions within health care.[3] Here, they have witnessed a staggeringly positive impact, both in health care and conservation outcome measures.[4]

Although ARRS may not be perfect, there are aspects, such as link workers, which I believe can be nurtured and refined by learning from examples around the globe. Perhaps we can find a way to implement 'radical listening' schemes in the UK and reflect the success it has shown in the communities of Borneo.

Ellen L Voute
Foundation Year 1 Doctor, Croydon University Hospital.

Email: **ellen.voute@nhs.net**

References

1. Loke JCF, Lee KW. Additional roles reimbursement to primary care networks: an uplift or downfall of general practice partnership? *Br J Gen Pract* 2024; DOI: https://doi.org/10.3399/bjgp24X736089.
2. Bickerdike L, Booth A, Wilson PM, *et al*. Social prescribing: less rhetoric and more reality. A systematic review of the evidence. *BMJ Open* 2017; **7(4):** e013384. DOI: 10.1136/bmjopen-2016-013384.
3. Health In Harmony. Radical listening. https://radicallistening.org (accessed 12 Apr 2024).
4. Webb K, Jennings J, Minovi D. A community-based approach integrating conservation, livelihoods, and health care in Indonesian Borneo. *Lancet Planet Heal* 2018; **2:** S26.

DOI: https://doi.org/10.3399/bjgp24X737157

Correction

The *Debate & Analysis* article, The Roundhouse: an alternative model for primary care. David M Lewis, Charan Naidoo, Jane Perry and Jeannie Watkins. *Br J Gen Pract* 2016; DOI: https://doi.org/10.3399/bjgp16X685129. The Competing Interests statement was incorrect and should have read 'Jeannie Watkins is a director and owner of the recruitment organisation PA Recruitment Solutions.' The article has been corrected online. We apologise for this error.

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