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'Sludge audits' are needed to reduce barriers to care

Hodson *et al's* piece¹ in the April edition of your esteemed journal brought back vivid memories of being packed off to Torquay, at significant NHS expense, to be told in an enormous conference hall of the merits of Advanced Access in general practice. This bright idea, seeing 'today's patients today', was basically an exquisite way of stressing GPs.² It made no difference to patient care,³ but that did not stop it being translated into patient access targets.

All healthcare delivery involves delays. Notwithstanding any 'sludge' issues, there is always the 'twinge to treatment' gap: the time from first symptoms, to decision to consult, to actually consulting. Since they have always been with us, the evidence and the textbooks have all been compiled in the context of these delays: it is not possible to gather data about a situation that has never existed. The presence of delays predicates all that we know about clinical practice, and clinical decision making.

If this alters, and patients are seen more quickly, would GP decision making still work? Would a new literature be required? Would there need to be parallel sets of evidence to accommodate patients who chose to wait for their favoured GP?² What is the optimum twinge to treatment gap?

By all means we should listen to our patients and get rid of unnecessary delays to care; apart from anything else, inefficient systems are no good for the NHS either. And our patients may feel there is more sludge than is the reality. But a bit of sludge should be celebrated, to pause and reflect, lest the baby be thrown out with the bathwater.

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The 'burden' of eye conditions

One of the benefits of being a GP is the variety, so in my view eye conditions are not a burden, but a diversion as they usually present as a single problem consultation. Keeping up to date with the evidence and clinical skills would be lost if these patients were diverted at triage stage (as it has in maternity care and much neurology, heart failure, etc.) to the detriment of job satisfaction and frustration for patients. Having easy-to-find and speedy access for the minority of people needing more skills and equipment is a prerequisite though.

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Assessment and treatment of reflux-like symptoms in the community

Many thanks for this article, which brings the importance of lifestyle medicine into focus.¹ This is such an important topic for primary care given that GPs see high numbers of patients with reflux symptoms. It is amazing to read that lifestyle changes are at the forefront of management. With the rising concerns about side effects with proton pump inhibitors (PPIs), not forgetting the increasing prevalence of reflux symptoms among both the ageing population and children, it could not be a more apt time to focus on this issue holistically.²

Patient education remains at the forefront of this and the idea of involving pharmacists seems vital. Pharmacists can

educate the patient not just on relevant lifestyle changes but also to pick up on repeat prescriptions of PPIs. Despite time constraints, GPs still play a pivotal role in highlighting the impact of lifestyle changes for reflux symptoms as well as side effects of PPIs. The evidence that the doctor-patient relationship has an impact on prescribing is not new.³ With a multidisciplinary perspective, involving healthcare assistants, physician associates, and nurses in primary care to share the importance of lifestyle changes is a much needed tool when managing reflux symptoms.

With the increasing success of group consultations in primary care, this could be a topic that could be discussed with a focus on lifestyle changes. While we do not want to create negativity towards medication, educating patients on the side effects of PPIs can improve shared and informed decision making.

It would also be something that the National Institute for Health and Care Excellence could take into consideration when reviewing the current management guidelines of gastro-oesophageal reflux disease.⁴ Lifestyle management could be the first vital step for management of the condition rather than an element of care.

I include the factsheet that I share with my patients, which has evidence-based lifestyle and dietary changes for acid reflux: <https://plantbasedhealthprofessionals.com/wp-content/uploads/2024/01/GORD-factsheet15.01.24.pdf>.

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