VIEWS AND REVIEWS

NO HOLDS BARRED

Margaret McCartney: Summer holidays create a special “low value” activity visa

Margaret McCartney *general practitioner*

Glasgow

A summer campaign is in full tropical swing. “Contact your GP or travel health professional at least four to six weeks before your trip to check whether you need any vaccinations and if any of your prescribed medication contains what are known as ‘controlled drugs.’” That’s advice from the Foreign and Commonwealth Office, issued through its advertising agency.¹

I’m not sure what work the Foreign Office would like GPs to stop doing to fit this in. I’m not even sure what it means by a “travel health professional.” But, even though I’ve done no cost effectiveness analysis, I’m confident that it isn’t doable.

The wording in the Foreign Office press release was later updated to read, “if necessary contact your GP” (received by email, 7 June). But the TravelHealthPro website, set up by the Department of Health, says, “Travellers who take regular medication should allow time to prepare for their trip well in advance of travel. A medical check-up is recommended to discuss fitness to travel, and ensure medication is optimised.”²

The site also recommends that patients take “medication in its original pharmacy packaging, along with a copy of their prescription and letter from the prescriber.”² This is also not doable—an airplane sized sledgehammer to crack open a bottle of suntan lotion—and I note that there’s no organisation representing GPs in the site’s technical advisory group.³

Every day in the NHS the screws continue to turn. Some days a quarter of my time seems to be spent explaining decisions taken by organisations elsewhere not to see or treat my patient. This mental health service is not suitable, and the referral is therefore rejected; or these criteria are not met, and therefore I have to explain the restrictions to my patient.

When it comes to stopping low value interventions, are we looking in the right place?

For GPs working in England, NHS England has produced a list of “Conditions for which over the counter items should not be routinely prescribed in primary care.”⁴ These include dry eyes,

coughs and colds, indigestion, and “mild cystitis.” The message is that we can’t afford to prescribe low value treatments—and that these are low value treatments.

And yes, when it comes to non-evidence based interventions such as vitamin supplements, many over-the-counter treatments shouldn’t be sold at all, such is their lack of efficacy. But, when it comes to stopping low value interventions, are we looking in the right place?

Wouldn’t it be nice if GP appointments were treated as a limited, valuable resource? For all the “self management” mantra distributed from on high and the keenness to avoid “low value” activity, elective travel seems to have been granted a special visa.

General practice is still in crisis. People who have medicines prescribed should already be under review, and some other professionals including pharmacists, who have long noted that their skills are underused, have much to offer here. The government should do something useful with its “innovation strategies” and set up an online system for travellers that involves the NHS as little as possible.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors/margaret-mccartney.

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1 Holidaymakers warned to check travel advice on medicines. *BBC News* 7 June 2018. <https://www.bbc.co.uk/news/health-44330909>.

2 TravelHealthPro. Travelling with medicines. 15 March 2017. <https://travelhealthpro.org.uk/factsheet/43/medicines-abroad>.

3 TravelHealthPro. About us. <https://travelhealthpro.org.uk/about>.

4 NHS England. Conditions for which over the counter items should not be routinely prescribed in primary care: frequently asked questions. 29 March 2018. <https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-be-routinely-prescribed-in-primary-care-frequently-asked-questions/>.

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