Oxford

helen.salisbury@phc.ox.ac.uk Follow

Helen on Twitter: @HelenRSalisbury

Cite this as: *BMJ* 2022;376:o376<http://dx.doi.org/10.1136/bmj.o376>

Published: 14 February 2022

PRIMARY COLOUR

Helen Salisbury: Why numbers matter

Helen Salisbury *GP*

Medicine involves lots of measuring and counting. We weigh babies to check that they're thriving (and especially when we're worried that they're not). We monitor blood pressure, blood sugar, cholesterol, and kidney function. At a practice level, we measure the proportion of our patients who have had their cervical smears done or been given advice about smoking, and we're incentivised to do this through the Quality and Outcomes Framework (QOF).

Measuring is rarely neutral. It focuses attention and, even with no other specific intervention, can bring change. This monitoring effect is the reason some people will improve their fitness when they use an exercise tracker or will lose weight after logging what they eat. For both the individual patient and medical organisations, we're often chasing targets, getting a blood parameter to below X or waiting times down to Y. Over the years there have been many debates about QOF, and advocates for patients with illnesses that don't feature in the framework have highlighted that doctors' attention and efforts may be skewed instead towards areas that are rewarded.

At a fundamental level, it's impossible to count or measure every ingredient of high quality general practice. What my patients may need most is my quiet attention while they struggle to express their grief, their pain, or the fear sparked by an innocuous symptom and an online search. The ability to reassure is dependent on trust and may rely on a relationship built over many consultations—something not caught by any metric. There's no tick box to say, "Patient reassured; no investigations necessary," although this is arguably one of the biggest contributions GPs make to the efficiency of the NHS.

Just as measuring something can highlight its importance, failure to do so can suggest the opposite. And ceasing to measure something that used to be regularly monitored and reported sends a strong message. Since we're no longer required to do a confirmatory PCR test after a positive lateral flow, the only reliable count of covid-19 infections in the UK now comes from a weekly survey by the Office for National Statistics. Last week we learnt that not only does the government intend to stop publishing daily coronavirus statistics but the survey itself may be stopped in April—meaning that we'll be flying blind as to the prevalence of infection, the emergence of mutations, and the ongoing risk to our vulnerable patients.^{1 2}

I can only hope that no one in a position of power actually believes that this level of ignorance about the ongoing pandemic would be helpful; that wiser counsel will prevail, and that these decisions will be rapidly reversed.

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

Provenance and peer review: Commissioned; not externally peer reviewed.

1 Parsley D. Daily Covid death toll will no longer be published by Easter under plan to "live with Covid," source says. / 2022 Feb 1. <https://inews.co.uk/news/politics/government-daily-uk-covid-figures-stats-axed-easter-whitehall-1436139>

2 Office for National Statistics. About the study. 2022. <https://www.ons.gov.uk/surveys/informationforhouseholdsandindividuals/householdandindividualsurveys/covid19infectionsurveycis>