

doctors who have hoop jumping to face. Currently I have to hoop jump to access the top marks of various GCSE coursework assignments. For example, in physics I have to state my findings 'in the simplest way possible,' before I can go back and describe it all again in greater detail. (Why not just explain in detail in the first place?)

I'd be willing to accept the devolution of the GP role if it meant practising would entail less responsibility; however it seems practitioners must now bear the brunt of nurses', pharmacists' and a host of other people's medical mistakes. So is it worth the 2 years of A levels, many years of medical school and then the good old MRCP for a job with less medicine and more responsibility? (Or perhaps the late-home, tired-parent views aren't representative!)

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Telephone reviews of chronic illnesses

We write in response to the news that national arbiters for the GP contract are to rule on whether telephone reviews for patients with asthma count towards Quality and Outcome Framework targets.¹ Not to allow this would be a major setback to those who are developing and implementing innovative service provision models, which aim to increase access and offer choice of routine care to patients with long-term illnesses. The decision by West Wiltshire, and Kennet and North Wiltshire Primary Care Trusts, not to allow telephone-based asthma reviews, may be charitably described as unnecessarily restrictive in their interpretation of the contract; although cynics may speculate that this is a cost-saving exercise in the aftermath of practices' unexpected 'over performance' in achieving quality targets.

Patients with long-term diseases do not have equal opportunities of access to care. As clinicians, we fix times and locations of interactions with patients that are strongly biased in our favour.

Ministers have expressed concern about this and are calling for longer opening hours. Providing the choice of remote reviews for chronic disease is a more practical solution which, if used appropriately,² can provide care that is effective, cost-effective and valued by patients.³ It is a perverse ruling that encourages practices to 'exception report' those patients unable or unwilling to attend face-to-face reviews, rather than encouraging clinicians to offer convenient remote consultations.

Studies have demonstrated improved access, in the context of asthma reviews in primary care,⁴⁻⁶ and we have strong theoretical grounds for believing that this benefit is also likely to be true for a range of other chronic disorders. Furthermore, the telephone is only one of a growing array of communication channels (email, SMS text messaging, etc) now available that can facilitate delivery of convenient and accessible care. A 'ban' on telephone consulting would be a retrograde step that could impact negatively on the use of these other communication modalities.

It is ultimately patients who will be the losers if the decision to disallow telephone consultations is upheld.

Telephone reviews are now acknowledged by the British Thoracic Society/Scottish Intercollegiate Guideline Network asthma guidelines;⁷ they should similarly be embraced by the Quality and Outcomes Framework.

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Imaging in sinusitis

We write to inform you of the results of our recent audit relating to imaging in cases of suspected chronic sinusitis.

All facial X-ray requests over a 6-month period at Hope Hospital, Salford, were audited. We found that 54 plain X-rays were performed in cases of suspected sinusitis. Of these, 34 were reported as normal, 16 were abnormal and four were unavailable for review. Forty patients were subsequently referred for further ENT review. We found no correlation between X-ray findings, incidence of referral and eventual treatment. Of 54 plain X-ray requests, 50 originated from primary care (either family GP or emergency hospital GP), three requests were from Accident and Emergency and one was from a non-ENT outpatient clinic.

Examination of the current guidelines and evidence regarding appropriate imaging in suspected sinusitis suggests that this current practice is now outdated. Guidelines from the Royal College of Radiologists discourage the use of plain facial X-rays in suspected cases of sinusitis. Plain X-rays have been shown to have low sensitivity and specificity for sinusitis and expose