

A wake-up call for preconception health

Stephenson and colleagues cover an important subject.¹ There is no mention of education facilities (schools, colleges, universities) in sharing the message re. folic acid [as the UK Government seems incapable of making useful public health policies], nor the media. As a UK GP asking about folic acid in contraception consultations, my impression is a lot of women are not aware of this and a generation ago this was not the case. Also, there is no mention at all about aspirin. Why not?

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Author response — a wake-up call for preconception health

We completely agree with John Sharvill regarding the importance of education facilities in sharing messages about the importance of preconception health, and have developed LifeLab — a programme for school students centred on 'Me, my health and my children's health'. Engaging students with the science behind the health messages has been shown to increase health literacy in this important area.¹

Regarding aspirin, guidance from the Royal College of Obstetricians and Gynaecologists and the National Institute for Health and Care Excellence is based on evidence that low-dose aspirin should be started by 16 weeks of pregnancy to have benefit in preventing pre-eclampsia. As women are commonly seen for antenatal scans etc. around 11–14 weeks, that is often the time when aspirin is started.

Starting low-dose aspirin in the first trimester is unnecessary and generally avoided, although some haematologists will start it early in specific cases of clotting abnormalities.

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Measuring GP continuity at scale

The benefits associated with continuity of GP care for patients, for GPs, and for the health system have become progressively stronger.¹ However, the routine measurement of this continuity in clinical practice has not kept pace with the increasing evidence base.

Now reports from two different parts of the continent of Europe detail levels of GP continuity of care at scale. Como *et al* (2020)² from Catalonia report on about 7 million patients and the Belgian Healthcare Knowledge Centre (KCE)³ report GP continuity across a nation for the first time.

These are important developments underlining that GP continuity is a core feature of frontline medical services and can be measured for large populations.

It is impressive how high some of these levels of continuity are. Around 68% of Belgian patients of all ages received 75% or more of their appointments with their own GP. In England, a research study⁴ found just under half of patients aged 62–82 (older patients tend to have higher levels of continuity) had 70% or more of their consultations with the same GP. Much more attention needs to be given to continuity of GP care in the UK as it appears it is falling

seriously behind other parts of Europe.

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Correction

In the editorial by Shaheed CA, Machado GC and Underwood M, Drugs for chronic pain. *Br J Gen Pract* 2020; DOI: <https://doi.org/10.3399/bjgp20X713549>, on page 2, second paragraph, reference 12 replaces 14, so text should read: 'Oral NSAIDs also remain popular with ~11.5 million prescriptions in England in 2018 [26% reduction since 2013].'¹²

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