

# Your letters, calls and emails...

Send your letters to the Editor  GP, 174 Hammersmith Road, London W6 7JP  GPlatters@haymarket.com  (020) 8267 4866  Emma Bower on (020) 8267 4857

## Long hours are part of the workload crisis

I wonder why are you not emphasising that 59 per cent of partners are working longer than the European Working Time Directive allows and 41 per cent are considering leaving the profession in your story about workload pressures (*GP*, 2 September)?

A lot of job dissatisfaction arises from six out of seven years of pay cuts, feelings of abandonment by the government and bullying from the DoH.

There are few benefits in medicine as a career as opposed to other professions. I have four children who are all being steered away from medicine, not least due to the pressures of student finance and the millstone that imposes. God only knows where the next generation of doctors will come from in the current environment.

*Dr Brian McGregor, York*



**Pension costs are one factor driving early retirement among GPs**

significant years of pensionable service will choose to retire early so that they can take their pension benefits early. Staying on another five to seven years in the pension scheme could cost them between £150,000 to £300,000 income in pension benefits.

Early retirement would make financial sense and provide a better work/life balance for many GPs in this age bracket. Most should be able to come back to work after 24-hour retirement and choose their hours without losing any real income.

Of course, GPs should take advice from their independent financial adviser.

*Dr Peter Patel, Birmingham*

## Article on streptococcus gives misleading view

Some of the information in your viewpoint article about early-onset group B streptococcus (GBS) in pregnancy (*GP*, 5 August) is misleading.

The article states that there are around 700 severe infections and 100 deaths from GBS in the UK. In fact, a study of confirmed

cases identified 377 cases of early-onset GBS of which 39 died – 125 cases and 25 deaths were in premature babies and would not have been prevented by screening at 35–37 weeks.

These figures are comparable to countries such as the USA and France, which do screen. The most recent HPA report suggests incidence of early-onset GBS in the UK declined in 2008–9.

The article suggests the enriched culture medium (ECM) test is the gold standard. However, in the USA the ECM test is not considered the most sensitive method for detection. The US Centers for Disease Control and Prevention (CDC) recently revised its guidance, reflecting increasing concern about reliability of the test. A recent review of the screening programme in France suggested that the test's reliability was questionable and should be re-examined.

The UK National Screening Committee plans to review the evidence on screening in 2012.

*Dr Anne Mackie, director of programmes, UK National Screening Committee*

*Author Dr Raj Thakkar writes:* This article has generated a lot of interest and I hope it raises awareness of early-onset GBS.

I stated that 'without preventive medicine' there would be 700 cases of GBS per year in the UK. The study Dr Mackie quotes, I understand, refers to the actual number of early-onset GBS cases reported in a study with strict exclusion criteria conducted at a time when some prevention was in place; hence the numbers here aren't really comparable.

Both the USA and France have seen a reduction in early-onset GBS since screening, it seems at least intuitive and at most imperative, that screening in a comparable population such as our own would achieve a reduction in early-onset GBS.

Despite the concerns highlighted by Dr Mackie regarding ECM, the CDC continues to consider ECM as the gold

## BALLOT BOX

**59%**

**of GPs think practices should use Skype in consultations**

Source: GPonline.com

standard test and believes that nucleic acid amplification tests for GBS have significant limitations. Clearly further guidance is required.

Comparing data from differing populations and studies is not always easy; however, given the reductions in early-onset GBS in countries that do screen, it would seem reasonable for GPs to, at least, raise awareness of this devastating illness and inform women of the opportunity for a private screen if they wish.



## Early retirement makes financial sense for many

I am writing in response to your article about GPs retiring early because of uncertainty over the Health Bill (*GP*, 2 September).

Many GPs close to 60 or with

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### BMA to discuss industrial action over pensions

“Industrial action is always a big step but there must be ways we can be disruptive towards the government if it continues to be unreasonable over pensions, without causing harm to patients.”

### GPs begin to retire early over NHS reforms

“I have just retired after 31 years because these reforms will destroy the traditional doctor/patient relationship as it will be doctors who will decide what treatments are to be rationed.”

“It isn't just the reforms that will drive the retirement rate, but the threat of increased pension contributions coupled with no rise in pay for four years.”

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