

prescribing patterns may vary.¹

In relation to the specific points raised, current BMS guidance does not state that transdermal HRT should be first line, unless there are specific contraindications, as highlighted in the article.² Oral HRT therefore remains a viable option and may even be the preferred route for some women, who may not have tolerated transdermal preparations. In addition, with a personalised and holistic approach being advocated for menopause management and HRT use, being aware of all the options, including the types of progestogen available, is vital. This is especially important considering that HRT supply remains an ongoing issue. In relation to vaginal oestrogen, while it is acknowledged that some women may require higher doses and even alternative medications for vulvo-vaginal atrophy (VVA), from the authors' experience, first-line options such as those highlighted in the article are usually effective. It was considered that exploring VVA further was beyond the scope of this article.

Finally, addressing the numerous complexities, including the overall health benefits and availability of HRT, as you have highlighted, was equally considered beyond this article's remit, which was ultimately to condense several of the current guidelines for PCPs to access more readily when prescribing HRT.

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Competing interests

Rima Chakrabarti is a member of the British Menopause Society.

REFERENCES

1. Chakrabarti R, Chakrabarti R. Prescribing hormone replacement therapy: key considerations for primary care physicians. *Br J Gen Pract* 2023; DOI: <https://doi.org/10.3399/bjgp23X733473>.
2. British Menopause Society. *HRT – guide*. 2022. <https://thebms.org.uk/wp-content/uploads/2022/12/04-BMS-TFC-HRT-Guide-NOV2022-A.pdf> (accessed 12 Jul 2023).

DOI: <https://doi.org/10.3399/bjgp23X734457>

Continuity of care

We welcome the entry to the continuity literature of new ideas from Oxford.¹ They rightly start with the element of a therapeutic relationship characterised 'by attentiveness, trust, and positive regard', which we support. They propose 'disease episode' as a new element in continuity and certainly episodic continuity is much better than a patient seeing a succession of different GPs. However, patients experience multiple episodes over their lifetime and continuity across episodes is even better. Focusing on episodes is a limited approach to continuity.

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REFERENCE

1. Ladds E, Greenhalgh T. Modernising continuity: a new conceptual framework. *Br J Gen Pract* 2023; DOI: <https://doi.org/10.3399/bjgp23X732897>.

DOI: <https://doi.org/10.3399/bjgp23X734469>

Sustaining existing general practices while building for the future

Hutchinson *et al* give a very welcome detailed quantitative analysis of the consequences of the closure of 694 general practices in England.¹ Every GP reading this article, their staff, and all our patients have an understanding of the qualitative aspects, unfortunately. It is particularly concerning that practices with increased exposure to closure had a significantly greater proportion of their patients with increased income deprivation.

In Ireland, the Irish College of General Practitioners discussion paper *Shaping the Future* has outlined 10 proposed medium-to long-term solutions to the GP workforce and workload crisis.² The Department of Health is undertaking a Strategic Review of General Practice, which is to be completed

this year.³ Measures have been taken to increase GP training numbers, which hopefully will yield benefit in due course.

Pending awaited outcomes of all the above, the question remains how to support existing practices at this time of crisis. It is essential, to minimise an escalation of earlier GP retirements or otherwise premature resignations, that the provision of appropriately resourced GP locum service is no longer left unaddressed. This may often be the only way for existing GPs to obtain cover. Inadequately addressing the needs of existing practices for GP locum services increases the risks of burnout for the individual GP and medical error for our patients.

It is critical at this point that the vital role of locum GPs is explored, supported, and resourced to promote and maintain the health and wellbeing of both GPs and patients including in Northern Ireland.

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REFERENCES

1. Hutchinson J, Checkland K, Gibson J, *et al*. Consequences of the closure of general practices: a retrospective cross-sectional study. *Br J Gen Pract* 2023; DOI: <https://doi.org/10.3399/bjgp2022.0501>.
2. ICGP Working Group on Workforce Planning. *Shaping the future: a discussion paper on the workforce & workload crisis in general practice in Ireland*. 2022 www.icgp.ie/go/library/catalogue/item/25610FDF-72D6-49AE-B57126453F6B2E6A (accessed 13 Jul 2023).
3. Department of Health. *Terms of reference for a Strategic Review of General Practice*. 2023. www.gov.ie/en/publication/701f8-terms-of-reference-for-a-strategic-review-of-general-practice/# (accessed 13 Jul 2023).

DOI: <https://doi.org/10.3399/bjgp23X734481>

Correction

Prescribing hormone replacement therapy: key considerations for primary care physicians. Rima Chakrabarti, Rini Chakrabarti. *Br J Gen Pract* 2023; DOI: <https://doi.org/10.3399/bjgp23X733473>. The article has been revised for a number of corrections, including: Table 1 dosage for 'Medroxyprogesterone' under 'Continuous combined regimen' has been corrected to: 'Minimum of 2.5 mg daily up to 5 mg daily'. Key consideration 4, under 'Testosterone' corrected text now reads '... transdermal preparations available in the UK can either be administered daily or on alternate days'. Address for correspondence corrected for Rima Chakrabarti.

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