

CASE REPORT/VIEW FROM PRIMARY CARE

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"30 Love"

Lar Diass

So, all I have to do is keep a list of the fatties in my practice and there's eight QOF (Quality and Outcomes Framework) points to be had. That's easy. I can do that off the top of my head. To start with, there's Mr Tubbs who broke the chair in the waiting room – we're still waiting to hear from our lawyers as to who's liable. Then there's young Thomas who just turned sixteen and came to see me with computer game thumb, and yesterday Ms Delight who thought that being overweight made you infertile but is now on her way to the antenatal booking clinic. Shouldn't be difficult to get the rest of the register completed; although when my larger patients waddle up to me in the supermarket and I've no recollection of what they came to see me about, I can certainly remember whether their flanks rub up against both sides of the checkout aisle or not. Plus, like all staff, ours are always gossiping about how much weight so and so has put on.

I guess we are going to have to do it properly if we're not going to be slammed by the QOF reviewers. Apparently, some practices are providing patients with a private room where they can record their weight and blood pressure and input it onto the computer themselves. Saves time for the GP and the nurse, makes a patient feel empowered, and so on, but can you trust them to do this honestly? Can you hell! Come on, be realistic. You ask how much someone drinks and they underestimate it; ask them if they smoke and through stained teeth they reply "only socially"; ask them about their weight and they claim to barely eat anything at all.

My solution is to put the weighing scales at the reception desk for patients to stand on when they arrive. This way they can be doing something useful whilst they're waiting for the reception staff to book them in. It will keep them occupied and may mean fewer complaints about being kept waiting, which in turn will score more points by making us all look good in the patient survey. It will also keep them standing upright so they won't be able to lean menacingly over the counter, spewing half-chewed crisps

onto the message book, as they moan about not being able to lose weight. If I can figure out a way of connecting the scales to the computer then I won't even have to enter the data. In fact, since waist measurement has been reborn as an indicator of future health problems, perhaps during our surgery remodelling we could make the doorframe width the maximum safe waist width. This way, when waist circumference joins the band of merry QOF targets, we'd be ahead of the game with an effortless way of identifying our 'wide-loads'.

Ms Delight's situation is a real conundrum and highlights how, surely, we should be spending time educating our patients, rather than compiling meaningless registers. She doesn't think she needs contraception because she's heard that being overweight makes you infertile. More to the point she tells me: "Needing contraception would be a fine thing but it's not likely when I look like this doctor, is it?". True, being overweight can reduce a woman's chance of falling pregnant because of a lack of ovulation, and a lack of physical appeal. She doesn't feel attractive, and doesn't think men find her attractive. To compensate for this she 'puts out', and men, well, men are men. Result, she's become a two-for-one deal, like the offer she's so fond of at the supermarket that she blames for putting her in this situation – it's never the individual's fault is it? – as she's now joined the obesity and antenatal registers, but is still no wiser about her health.

But how will patients react when they learn about the obesity register, and that they are on it? "There's a list. I'm on it? What do they do with it? You mean it's on that NHS network. Oh God, that means anyone will be able to see it." In our dreams this realisation should be the trigger for them to seriously try and lose weight, protect their heart, and their image, and reduce their risk of diabetes, and so on. In reality it will probably mean more consultations trying to explain the register and listening again to their feeble excuses about why it's not their fault that they're overweight, and inevitably more complaints. But there's a bursting at the seams, silver stretched lycra lining to every big fat cuddly cloud. They're on the register for a reason: they're obese, which means they're not likely to be able to catch me as I walk briskly away, are they?

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