

How can we avoid a grim future for General Practice?

*A message from **Doctors for the NHS***

For many decades our NHS has been the envy of the world. A major factor in this has been the work of the GP, responsible for 90% of patient contacts, previously much-loved by patients and valued by professional colleagues.

To most people GPs have represented the most accessible part of the NHS by providing expert yet personal services with care and compassion. To specialists and managers they have been essential to the success of the health service by identifying patients who need specialist care, enabling the hospital service to function with fewer resources and thus less waste than comparable countries.

One of the key strengths is that GPs know, or knew, their patients and this background knowledge and experience is highly valuable in assessing patients who present with a new problem or are suffering from a refractory or recurrent condition. (Every specialist knows the value of the past or personal history – for the traditional GP has been an often-invaluable resource for such contextual and historical knowledge.)

But reforming managers have stymied this viable, efficient and popular *modus operandi* of the GP: they are moving more services out of hospital and into the local surgery whilst reducing the funding to supply those services. Many GPs are unhappy to see that their services – by being simultaneously starved and overloaded – are becoming unsafe or uncaring.

And it's likely to get worse. There are now at least two additional and substantial threats to the traditional and successful service – Accountable Care Services and smartphone-based GP alternatives.

Accountable Care Services (ACOs) operate in America where one organisation contracts health services for the local population. In the UK we shall have less money to spend and it is unclear how ACOs will be accountable, what the quality of care will be, and who will organise them. Most probably accountants will hegemonise all others to ensure the books will balance. Balancing the books means rationing services. How much say doctors and patients will have looks very uncertain and vulnerable. What seems much more certain, is that ACOs will keep solicitors busy as they will operate under company law.

One feature is that patients will no longer have 'their' GP to provide personal continuity; they will be allocated to a healthcare professional on the basis of their symptoms – destroying the *personal* continuity of care vital to high quality GP work. This, it is hoped, will reduce expenses, waiting times and hospital referrals. Yet such depersonalising fragmentation will probably achieve the reverse.

'Alternative' GP services: what is that? Well, we are becoming used to IT to help us in our tasks, and also of the problems they present. So we now hear of apps to help you contact a GP – but at a price. If patients register with one of these new services they come off the list at their own familiar, personally known surgery. But by reducing the regular surgery income they threaten the viability of that older practice providing personal and comprehensive care. In return patients will have an app that gets them some limited services, but this will offer a poor personal service to the elderly and those with chronic, stress-related or mental health problems. Paradoxically and perversely these are the patients most in need of a traditional GP, so they will be the most vulnerable losers.

Who is standing up for GPs who wish to assert the value of their personal and traditional services? ***Doctors for the NHS*** believes in the founding principles of the NHS and campaigns to keep a high quality, publicly accountable yet personally responsive service.

We welcome GPs to join and to help in our work in meeting with politicians to change policies that threaten any founding principle of NHS. We work with other campaigners such as Keep Our NHS Public and Health Campaigns Together.