

A Prediction of the Future of General Practice

The government (every one of them since Thatcher) wants shut of the NHS due to its costs, hence introduction of the market, accelerated by Labour, refined by Tories with devolvement of SoS [Secretary of State for Health] responsibility, stealing of data using the HSCIC [Health and Social Care Information Centre] and the new bill, private providers galore (by private you know I do not mean GPs), exposing our pay to commercial scrutiny etc. Even the integrated care model favoured by Labour with its promise of top-down re-organisation is to control costs through protocol-following-to-the-letter, care-planned, tick-box medicine, outcome-based care.

The market must evolve. With evolution, species become extinct. That's GP practices currently. NHS England is allowing this to happen. Wilfully.

Because you aren't tackling demand, and because you're making more political promises, you still need to get the patients seen, but some GP practices have gone bust. But to your mind, it doesn't matter if you have to pump some extra money into the system in the background to rescue the service in patches, through offering nice contracts for APMS [Alternative Provider Medical Services], as long as you do not give it to any more of those fat-cat GPs (remember suicide by media for a politician).

That's where we are at now. Not enough GP practices have gone bust yet. GP partnerships are still struggling on, but it's getting worse because GPs are RLEing [Retire/Resign, Locum, Emigrate]. The 'other' GP services are noctored [Not a doctor, but acts like one]/salaried/managed services currently.

We will get to a critical point where enough GP practices have folded that 'patient choice' is at risk, that the public have finally seen the light that services are being privatised (again, don't read that to mean GPs here) in an underhand way, that people are unhappy with the service they are getting from private organisations (again not GPs), that acute trusts just don't know how to manage themselves let alone primary care, that private organisations realise that there isn't actually any massive profit to be made in primary care (it was already a service cut to the bone), that GPs eventually realise that they can say no to stuff and still do a proper and satisfying job, that GP leaders can finally let go of the founding principles of their 67 year old beloved NHS. Remember NONE of this has happened yet. We are all still blinkered.

Don't care what you say (and what the government and the media thinks), people will always need GPs. People will always prefer GPs. They just don't know it yet, because most of us are still here doing the job.

When the critical point is reached, when enough surgeries have collapsed, there will have to be either unilateral (GPs themselves, encouraged by insightful leadership) or tripartite discussion (public, politicians, GPs) on 1) limiting demand, 2) increasing resources, 3) increasing workforce (by tackling morale, admin – QOF [tick box medicine], DES [Direct Enhanced Service]/LES [Local Enhanced Service]s, workload, paperwork, funding). I could go on and on about what's required to fix general practice, but those are the main ones. Whatever the topics, a debate will need to be had somewhere about what service you want, how it should be paid for, and how it should be provided.

Since there will already be a two-tier service to some extent (GP partnerships and noctored/salaried/managed services), it wouldn't take much, if discussions were not forthcoming or fruitful, that, GPs partnerships could then, with a now willing leadership, make the move towards offering their services in other ways. Whether you call this a truly private GP service, whether co-payments would be involved, or some other method of funding develops, remains to be seen.

Even if leadership doesn't step up, or the government doesn't do a u-turn, or the public just continue to accept a shitty service and say nothing, or nobody has the courage to actually do something, what cannot continue to happen (with whichever model you have in place, existing, GP responsible for loads of noctors, loads of APMS whatever), is continued ramped up demand with an ever reducing workforce. Something has got to give somewhere.

So my model of the future will be a two-tier service. Because, I think, you can't very easily get to a point where either there are no GPs left at all, or that we're all freelance locums, or that we're all salaried as part of a national funded workforce. Those are all extremes that I think are unlikely, and that is not how evolution works, nature does not favour extremes, it takes a middle ground somewhere.

With evolution, even big species go extinct. Smaller species may still survive and prosper.

BTW, when I mean GP partnerships, that also includes larger organisations of practices (federated/collaborative/community partnerships/whatever you want to call it), but still run by GPs.

Further points:

- The only true way to limit demand in a free service is through charging.
- If you can't/don't want to charge, the only way to limit demand in a free service is through waiting.
- If you don't want to/are promised that you don't need to wait, then the free service becomes overburdened.
- If the free service becomes overburdened, it collapses.
- A new model must by definition evolve.