Helen Salisbury: Levelling down general practice

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General practices in northwest London have been told by their integrated care board that they must work together to reorganise their services.[1] This means that patients requesting same day appointments will be seen in an acute hub—staffed mostly by non-doctors—and that GPs will be "freed up" to concentrate on more complex cases. The plan has its roots in Claire Fuller's 2022 report on integrating primary care,[2] which is being elaborated on and put into action with help from the management consultancy KPMG.

But it's a spectacularly bad idea. It was roundly rejected by local medical committee leaders last November,[3] and it throws continuity of care and the importance of the doctor-patient long term relationship to the wolves. A good doctor-patient relationship is built up over multiple encounters, some of which may initially seem trivial but all of which add up to a solid base, which can be built on when the going gets tough. If a GP has looked after you and your family through problems with conception and young parenthood, it means that when cancer, alcohol addiction, or severe mental health problems arise, the knowledge and trust are already there.

The acute hub idea also reveals a fundamental misunderstanding about the nature of general practice. As a GP, I often don't know what a consultation will be about until I'm halfway through—never mind what the patient told the receptionist or wrote on the online form. A patient may present with a request for sleeping pills, trouble with piles, or problems with hormone replacement therapy, and we may then have a complex consultation about traumatic bereavement, bowel cancer, or depression.

The plan (at least, as it's been described in the press) seems to draw a false equivalence between same day appointment requests and minor or trivial problems, with an envisaged team of one doctor supervising five other staff. As many significant health problems can present with acute symptoms, I'm concerned that serious illness will be missed, and I don't believe that it will be possible for the supervising GP to do that job safely.

There are many other flaws. How can we safeguard families—or even know that they need safeguarding—if they don't come to the practice? How will we prevent frequent attenders from being over-investigated, wasting resources while fuelling their health anxiety?

One reason given for this reorganisation is inequity of access to same day services for patients in northwest London. As no extra funding is mentioned and practices are expected to staff these hubs with doctors, nurses, pharmacists, and physician associates who are already working, it's not clear that there will be any extra appointments. The change that patients will experience is that they'll be seen by staff they don't know, in an unfamiliar location, and are highly unlikely to see a doctor.

This doesn't sound like an improvement to me, and I wonder if anyone has asked patients if this is what they want? Given the choice, I suspect that they'd rather have timely access to a known and properly resourced family doctor.