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PRIMARY COLOUR

Helen Salisbury: The urgent and the important

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In a gentler age, when few patients had cars and many didn't have telephones, my predecessors in the practice did routine visits every month or so to check up on their most vulnerable housebound patients. There were few guidelines to follow or boxes to tick, and general practices were paid according to the number of patients they looked after, with an allowance for the number of partners involved.

Now I find myself wondering if we may have lost something important. Much of our current work consists of responding to urgent demand: the queue may be physical, on the phone, or in the online triage inbox, but there are always people waiting for our attention. And when we've finished with the queue we must turn our focus towards the business, making sure that we've ticked the boxes in the quality metrics to gain points—and points mean prizes (or, at least, enough money to pay the staff and the bills). We need to make sure that our practice protocols are up to date, just in case the Care Quality Commission comes calling and wants to see evidence that we've all done our Prevent training.

If we weren't so taken up with the urgent, and the externally imposed "necessary," what important things might we do instead? We recently looked at our list of housebound patients to see how many haven't been visited by a GP in the past year. They may have seen a paramedic for an acute illness, or a district nurse bringing a flu vaccination, but this doesn't replace a conversation in person with your own doctor.

These visits are my opportunity not only to check blood pressure and review medications—which arguably could be done by other members of the team—but to update my knowledge of my patients. How quickly do they move? How sharp or clouded is their vision, hearing, and intellect? I like to have a mental image of each of my elderly patients so that, when they do become unwell, I know what their normal is. This informs conversations and decisions made with their families and other health professionals. Our practice's brief audit has revealed that some of our patients have missed out in the past year, and we plan to make sure that they're all offered a visit by their named doctor in the near future.

Does it matter to patients? Perhaps not to all, but I think many of them do value having a doctor they know and who knows them. It's much easier to ask for help from someone you've already met, and to trust that they'll respond. And not everyone has this feeling of safety—the reassurance that someone is looking after them.

Maybe it's time to re-examine our priorities: should I really be poring over spreadsheets of targets and results, retrospectively adding exception codes? Or would that time be more usefully spent caring for my patients?

Competing interests: See www.bmj.com/about-bmj/freelance-contributors

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