

NEWS

Health secretary announces plan to overhaul “disjointed care” delivered by GPs

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London

England’s health secretary, Jeremy Hunt, has announced plans to overhaul primary care to improve its quality, provoking calls for clarity among doctors’ leaders.

Hunt said that the move was a “more urgent” priority than improving standards in hospitals. His measures include recruiting more GPs, making them more “accountable” for out of hours care, and creating a new chief inspector of general practice within the Care Quality Commission.

Hunt said that there might be changes to the GP contract introduced by Labour in 2004, which he said had “fatally undermined the personal link between GPs and their patients.”

He said, “Reclaiming the ideal of family doctoring in the 21st century means making sure clinicians are accountable for people who are unwell—whether inside or outside hospital. It means responsibility for more proactive care.”

The NHS Alliance, which represents primary care professionals and organisations, said that Hunt’s plans to make GPs accountable were unclear.

The Royal College of General Practitioners warned that funds allocated to GPs for care of patients were set to fall by nearly £200m (£230m; \$300m) over the next three years and that this would “seriously impact on GPs’ ability to continue to provide timely access to high quality care and services for their patients.”

Hunt announced his plans in a speech at the third annual NHS leadership and management summit held by the health think tank the King’s Fund in London on 23 May. He said that primary care was not meeting the challenges society faced, was of variable quality, and didn’t “work for the public.”

Large numbers of frail elderly people, many with complex health conditions, had no choice but to turn up to hospitals’ accident and emergency departments, which he said were at their busiest ever.¹

Hunt said, “Too often care is reactive and disjointed, with mistakes caused as a result and in a way that endangers patient safety. Too rarely are our vulnerable older citizens looked after with a joined-up care plan that pre-empts problems before they arise.”

He said that he blamed “systems, responsibilities, and incentives” for this, not GPs or other health professionals, whom he described as dedicated and hard working.

“We reward GPs not for putting patients first but for the number of biomedical boxes they tick when someone walks through their surgery door,” he said.

Out of hours services were the “prime example of where things have gone wrong,” he said, as had been highlighted by “unacceptable” teething problems with the NHS 111 urgent advice helpline service.²

Hunt said that under the contract Labour had negotiated in 2004, GPs were “no longer responsible for their patients all the time” but only during working hours Monday to Friday. He said that GPs, or in some cases other clinicians, had to be “accountable” and to ensure that “good care is in place and make sure there is access to good advice both in and out of hours.”

“No one is suggesting that GPs should go back to being personally on call during the evenings or weekends,” he said.

Hunt was challenged at the conference over what he was proposing and whether it amounted to radical change, given GPs’ responsibilities as members of clinical commissioning groups.

He said, “I do see it as a very big change. GPs need not be delivering the services personally. But I want GP practices to sign off that they are happy with out of hours care. It is really important people know where the buck stops.”

David Jenner, for the NHS Alliance’s general practice network, said, “If we are to recruit and retain skilled GPs in the profession, Mr Hunt urgently needs to clarify whether he means that GPs will be accountable for commissioning out of hours services, rather than directly providing them through their GP contracts.”

Hunt said that the new GP inspection regime would look at clinical outcomes, care of patients, access and safety, and whether practices were putting the needs of patients at the heart of their work.

Candace Imison, acting director of policy at the King’s Fund, said that the commitment to ensure that older patients were supported by accountable clinicians would help to deliver integrated care.

She said, “The GP contract does need to change to reflect the way general practice needs to improve. However, it is not the only source of the problems highlighted by the secretary of state and is not the main driver of pressures in emergency care—the reasons for this are much more complex.”

The NHS Alliance said that it was “disappointed” that Hunt’s speech did not include a focus on the importance of health education and self care, which could help relieve pressure on general practice and urgent care services.

- 1 O'Dowd A. GPs' out of hours arrangements are not to blame for pressure on emergency departments, MPs hear. *BMJ* 2013;346:f3363.
- 2 Limb M. NHS 111 has poor quality advice, slow response times, and inappropriate delays, complainants say. *BMJ* 2013;346:f3382.

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