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VIEWS AND REVIEWS

NO HOLDS BARRED

Margaret McCartney: A new era of consumerist private GP services

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Where does the NHS stop and private healthcare start? Becoming a patient of a "private GP" used to involve registering wholesale. They would require an annual subscription, along with additional fees for consultations, home visits, prescriptions, and referrals. The division was marked not just by better carpets, furniture, and postcodes: the private sector was a separate sector.

We are now on a fuzzy edge that is quickly dissolving into a catastrophic fuddle. Dozens of private GP services now offer consultations for a fee, from £10 and usually under £50. These are an add-on to your NHS care, which you can use to skip a queue and prioritise yourself. Consultations are rapid, online, and fully smartphone enabled. (I'll leave for now the interesting scenario where it's assumed that a camera phone can take a good picture of the tonsils or that you can self palpate the neck to determine the presence of tender lymph nodes.)

Fast access and the avoidance of waiting rooms "with germs" are recurrent selling points for these consultation services. Easy access to antibiotics is frequently alluded to in advertising, and many private services work closely with pharmacies to deliver medicines to your door. I do not blame patients for using these services: I blame the policy making that has placed the NHS on the brink, creating a market for them.

But these services are parasites on the NHS, and they can exist only because the NHS does the hard stuff. They are not willing to fend for patients in good times and bad, and they often insert "fair use" policies that effectively avoid dealing with the distress and needs of people with multiple chronic conditions, histories of abuse, or chronic mental health conditions. These companies are not committed to ensuring a distribution of resources dependent on need, playing instead to the false god of consumerism.

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I've seen examples of cases where people have been referred to hospital consultants for conditions for which they wouldn't have been similarly referred by their NHS GP (a situation not helped by a lack of examination or blood taking beforehand). These patients have effectively made other people wait longer. I also have examples of patients whose NHS GP has been asked to take over long term prescribing of drugs of potential misuse, with highly uncertain benefit, which was initiated in the private sector.

This is a new era. In 2009 Harry Burns, the then chief medical officer for Scotland, said of NHS boards that "any arrangements to combine NHS and private care must not compromise the legal, professional, or ethical standards required of NHS clinicians."[1] The BMA, in guidance also published in 2009, mentions "top-up" payments—but not those issues that cross the border between private and NHS care,[2] where the expectations initiated in the private sector are punted back to the NHS.

We urgently need a robust governmental review of the practical issues that are becoming commonplace. If general practice in the NHS is allowed to become a mere depository for enacting decisions made elsewhere, not only will we be tipped over by the weight of the risk but people who scarcely have their basic needs met will be crushed in the stampede.

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1 Burns H, Scottish Government. Arrangements for NHS patients receiving healthcare services through private healthcare arrangements. 25 March 2009. www.sehd.scot.nhs.uk/cmo/CMO(2009)private.pdf.
2 BMA Medical Ethics Department. The interface between NHS and private treatment: a guide for doctors in England, Wales and Northern Ireland. May 2009. https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/interfaceguidanceethicsmay2009.pdf.

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