



VIEWS AND REVIEWS

PRIMARY COLOUR

What should GPs stop doing?

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Many GPs routinely work 12 hour days, and we still end up having to come in on days off to catch up. There simply aren't enough GPs to do the work being asked of us, and there's still no evidence of a magic GP tree.

Way back in 2014 the then health secretary promised us an extra 5000 GPs by 2020, but we've learnt not to raise our hopes. In June this year, figures from NHS Digital revealed that we now have 1400 fewer full time equivalent GPs than when that target was set.

Some commentators suggest that much of what GPs do is quite simple and could be delegated to other, less expensive staff. But what exactly should we be handing over?

Being a good family doctor is like being a good parent: you don't form strong bonds by being there just for the special moments and the "quality time." Rather, these are built through the mundane and the everyday, the nappy changes and the school run, so that you have a chance of helping when teenage angst sets in. The same is true of old fashioned family practice. If you've come to know your patient with their odd rash, infective gastroenteritis, and self limiting back pain, it's a little easier for you, and for them, when red flag symptoms appear and the future is uncertain.

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So, although I'm delighted that expert specialist nurses run our long term condition clinics, I have no desire to hand over all of

my minor illness work. The minor is often entangled with the serious anyway, and many of my patients arrive with more than one problem. I'm likely to discuss tinnitus, an ankle sprain, and a change in bowel habit all in one 12 minute consultation, as well as doing a quick medication review.

Instead, I'd like a pharmacist to do those medication reviews more thoroughly, handle repeat prescriptions, and adjust medications after admissions. I'd like a small army of admin staff to do all of my referrals (last week it took me 49 mouse clicks and six free textboxes to request a podiatry appointment), to chase results, read the incoming mail, and answer endless requests for information.

Perhaps what each GP needs is an assistant—not an independently practising physician's assistant but someone to delegate to, so that we can focus on our patients. One size doesn't fit all, and in some settings minor illness nurses are just what the doctor ordered: in a neighbouring practice of mine with a very high student population, this system works well.

In general practice we're lucky to have the autonomy to employ a variety of staff who fit our patients' needs. We just need the resources to do it.

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