VIEWS & REVIEWS

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Margaret McCartney: Why GPs are stressed

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GPs in the United Kingdom are stressed.¹ A “state of emergency,” said the chair of the BMA’s General Practitioners Committee.² Here are some reasons why, from a typical day:

1. A patient was discharged 45 minutes ago from day case surgery without any drugs but urgently needs pain relief. A relative waits while you try to sort this out, between seeing other patients and with no discharge paperwork.
2. You’re trying to arrange urgent outpatient psychiatric care. The patient recently changed address and is no longer in a postcode served by the clinic. The “correct” clinic will not accept the patient until a different GP in the new catchment area has seen and referred the patient again. Seven phone calls are needed to find a senior person to over-rule this silliness.
3. A pharmacy needs a new prescription. The cheap generic brand (which you’re told to prescribe, to save costs) is out of stock. Another generic brand is available, so can you change the prescription? No: the first generic brand is in stock at another local pharmacy, and the patient should be sent there. This happens a lot. It doesn’t get any less annoying.
4. Reasonably enough, a patient would like to know the result of a scan that was never sent from the hospital that organised it months ago. You eventually retrieve the result, but the result is complex. No follow-up has been arranged because the scan was to be done before this was set up. You contact the hospital.
5. A parent has attended to get eye drops for a child. The nursery will not take the child unless drops are prescribed. You print out guidance to say that children can attend without eye drops, for the parent to show to the nursery. This takes

longer than printing off a script, but you have ideals of change. It hasn’t yet happened in many years of practice, but you still feel hopeful.

6. Someone would like to discuss 25 pages of results obtained from a private health screening company or a home genetic test. The company doesn’t pay the NHS for this advice.

7. Your patients have an average of three issues to discuss, and you’re keen to talk about the ongoing need for drugs, aims of care, and informed choices. You also have—in 10 minutes or so—to consider targets for smoking cessation, advance care planning, flu vaccinations, and polypharmacy reviews. You’re meant to discuss bowel screening, give opportunistic advice on exercise, and raise the problem of obesity. And, in recent news, GPs were “ideally placed” to take on marriage guidance and spotting potential terrorists.

These are some of the reasons why GPs are stressed.

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- 2 Bostock N. Special LMCs conference: general practice is in a state of emergency, GPC chairman warns. *GP Online* 2016 Jan 30. www.gponline.com/special-lmcs-conference-general-practice-state-emergency-gpc-chairman-warns/article/1381581.

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