VIEWS AND REVIEWS

NO HOLDS BARRED

Margaret McCartney: Theresa May and the blame game

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The Battle of Theresa May and the GPs: we don't open long enough hours, placing undue pressure on hospitals, claims May. The NHS is in crisis, and blame has been newly apportioned. Diversionary tactics are the political solution, but the problem remains the same: policy making without evidence.

The prime minister thinks that GP surgery hours aren't long enough. Newspapers "verify" this with untruths such as, when surgeries are closed, patients "have no choice but to go to already stretched A&E units."^{1 2} This is untrue: local GP out-of-hours services are working, hard.

May has responded with the kind of policy making that's serially disastrous for the NHS, without deep examination or attention to evidence. The government clearly hasn't considered cost effectiveness,³ as longer "extended" hours are more expensive, and routine access at weekends was scaled back in pilot schemes because of underuse.⁴

Paying for ineffective interventions is wasteful and places resources where they won't benefit people, creating avoidable harm and research waste. Evidence for the proposed intervention hasn't been examined systematically, and harms haven't been adequately exposed.

The NHS acting as a supermarket of offers in a consumer land will kill it entirely

Another intervention is revalidation. Last week Keith Pearson published a report that the General Medical Council asked him to write, saying that he's "reviewed evidence on the impact of revalidation."⁵

He says that doctors "need to approach the process constructively" and that doctors who dissent are "yet to be fully convinced about the merits of revalidation." He notes that patients are "increasingly acting like consumers" and that he has "heard consistently that patients expect doctors to be subject to some form of ongoing review and professional development."

Pearson continues, "Doctors, as professionals, should buy into revalidation as a demonstration of their professionalism." This seems to imply that it's unconstructive, unprofessional doctors who are concerned about the current revalidation process.

I wrote to the GMC with concerns about appraisal—the mechanism Pearson says revalidation is "utterly dependent" on. I noted that its opportunity costs, false positives, and false negatives for poor practice were uncharted. But my signed feedback on a systems issue, which reflected on the evidence, was dismissed rather than welcomed by the GMC.

Pearson goes on to say that we need more feedback from patients. While he accepts that research into this is needed, I'm unaware of any research examining the potential harms of the approach he suggests, which includes an idea that our name badges will contain a bar code that patients can scan to deliver feedback via an app.

The NHS acting as a supermarket of offers in a consumer land will kill it entirely, as it works through fair use and community respect. Staff will work beyond their contract from vocation and love of the job, but I doubt that they'll do this for a star rating. Morale is precious: is this how we spend it?

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