



Oxford

helen.salisbury@phc.ox.ac.uk Follow

Helen on Twitter: @HelenRSalisbury

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## PRIMARY COLOUR

## Helen Salisbury: Stewardship of resources

Helen Salisbury *GP*

All doctors will remember being quizzed about a proposed list of investigations, being fixed by the beady eye of their superior and asked, “And how will that change your management of this patient?” Our training taught us to be logical and, above all, to avoid waste. I’d like to think that the patient’s time and comfort were part of the equation, but mostly it was about the scarce funds of the NHS, which should never be squandered.

In primary care, we’re forever having to alter our prescribing patterns to fit the latest shifts in the pharmaceutical market—medicine X comes off patent, or there’s a new and cheaper version of drug Y that we must prescribe by brand. Huge care and attention go into trying to squeeze as much out of the drug budget as possible without compromising quality or safety, although it’s not always clear that the savings compensate for the extra hours put in by GPs and pharmacists. Patients are often reluctant to change, and GPs who’ve spent time discussing a substitution frequently end up listening to why it’s not as good as the original, before swapping back.

But, despite our grumbles, we knuckle down and do the work. We also hand on to our trainees this principle of spending wisely, and one of the criteria against which GP registrars are assessed is whether they “use resources cost effectively.” We do this not just because we’re obeying orders (from our clinical commissioning group) but because we understand the concept of opportunity cost: money spent on prescribing poor value medication for one patient, or scheduling unnecessary investigations, will mean that less is available to treat others.

Over the past decade, GPs have repeatedly tightened their belts as they’ve seen funding per patient fail to keep pace with inflation.<sup>1</sup> In this context it’s galling to hear of the eye watering sums of money spent by our government during this pandemic, with less than transparent tendering processes and results that offer questionable value for money.<sup>2–4</sup> As well as £56m paid to consultancies, the government has spent £150m on faulty, unusable face masks and £11.8m on a track and trace app that doesn’t work.<sup>3 5 6</sup> The question of how it’s even possible to spend such sums on developing an app has puzzled many people familiar with such work. Mounting reports point to poor management of the outsourced contact tracing system, with workers paid to twiddle their thumbs while cases of covid-19 multiply around them.<sup>7 8</sup>

It’s hard to see any logic in the way contracts on which people’s lives depend have ended up being awarded to unqualified companies and individuals.<sup>9 10</sup> We have to ask, “Cui bono?” It doesn’t seem to be patients or the public.

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