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PRIMARY COLOUR

Helen Salisbury: The wrong prescription for primary care

Helen Salisbury *GP*

When medical consultations go wrong it's sometimes because the doctor didn't listen, and instead of patients feeling ownership of a shared management plan they leave with a prescription for pills they won't take or an exercise regimen they have no intention of following. An insightful doctor may be aware of the unspoken dissent, and although they ostensibly have the power in this relationship, the patient holds most of the cards.

This week NHS England has announced changes to the primary care network (PCN) contract, which provides a growing part of funding for GP services. These changes weren't agreed with the BMA and have met with a chorus of disappointment and dismay.^{1,2} One key point of contention is that a PCN must provide a full range of primary care services over the "enhanced access period" of 6 30 pm to 8 pm each weekday evening and 9 am to 5 pm on Saturdays. The whole primary care team must be available, including face-to-face appointments with a doctor.

There are many problems with this plan, most obviously the question of who will do the work. We don't have enough GPs, and spreading them more thinly across the week won't increase the number. In fact, for many, this imposed contract change is likely to be the straw that breaks the camel's back: it will push GPs who were struggling with their duty to patients and colleagues on the one hand, and their need for self-preservation on the other, to finally take early retirement.

Part of the issue with the new contract is its content. Many GPs stop seeing patients at 6 pm and leave the surgery at 8 30 pm, when the paperwork is done. We have nothing left to give. An equal problem is the manner of its introduction: it's being imposed unilaterally after negotiations between NHS England and the BMA stalled last month. GPs made many suggestions about what shape a recovery plan for general practice should take and the resources needed to make it work. Instead, this contract feels very much like being kicked when we're already down. It won't help our patients if it results in fewer, more isolated GPs with a further loss of continuity.

Do we have any choices, short of resigning en masse? Some of us warned of this direction of travel from the networks' inception; that our funding would be increasingly routed through PCNs to remove the autonomy of individual practices.³ One option, particularly for those PCNs that are still only loose associations of practices, is just to walk away. Some of the staff we've taken on with money from the Additional Roles Reimbursement Scheme are invaluable, and we'll have to find the resources to keep them, but this is preferable to losing irreplaceable GPs.

NHS England may technically have the power to impose this new contract, but I for one have no wish to swallow this bitter pill.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

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