Helen Salisbury: Looking into the abyss

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Just at the moment, our GP surgery is in the happy position of having enough doctors. Our wait for routine appointments is comfortably under two weeks, which has a beneficial knock-on effect on our duty doctor days. Patients who are offered an appointment one week ahead usually feel able to wait, but if the waiting time expands to more than two weeks they often request a duty doctor call.

Our urgent calls have recently fallen from over 60 a day—which didn’t feel safe for one doctor to manage—to around 40, which is stressful but achievable. However, this good fortune is both rare and fragile. Many practices are just one retirement, maternity leave, or long term sickness away from collapse. And there are gaps on the horizon in our staffing, with not a single response to our recruitment advertisement, nor, it would seem, to those of all the other practices in our city looking for new doctors.

We’ve reached a situation on the ground where any qualified and registered GP could approach almost any practice and be offered a job on the spot.

In this context, it’s difficult to fathom the thinking around NHS Digital’s publication last week of practice level statistics on appointment types and waiting times. Predictably, there were newspaper headlines shouting, “GP’s to go on shame list over access,” but I don’t think that GPs have anything to be ashamed of. Plenty of them do feel bad, however, when they go home after a 13 hour day: they’re distressed that they had no time to touch base with the patient with a recent cancer diagnosis; they worry about the possibility of a clinical error in a too-busy day, or an important action overlooked in a letter they barely had time to read. Some are feeling guilt, not about work but about the family and friends they’ve neglected in order to make this job possible, and many are quietly reassessing their choices.

The stated aim of publishing these statistics on appointments and waiting times is to give patients the opportunity to switch to a practice with a better profile. Once upon a time, general practices were meant to be in competition, hoping to register more patients and thereby earn more and grow in size. If, like most surgeries, you don’t have enough doctors and you’re already bursting out of your premises, adding patients to your list will only make things worse. This is especially true when you consider that the patients with the greatest incentive to switch practices are not generally the young and fit ones, who rarely need to see a GP, but those with multiple needs that their current surgery may be struggling to meet.

Formally closing your list to new patients is rarely an option, but, if we want to remain in our current happy place, should we perhaps consider trying to fudge our statistics to make ourselves less attractive to potential switchers? A combination of pride and honesty will prevent this, but it does feel like the most logical thing to do.

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

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2 Donnelly L. GPs to go on shame list over access. Daily Telegraph 2022 Nov 24 (print edition). Available at: https://www.pressreader.com/uk/the-daily-telegraph/20221124/281509345191868