

RSGP response to the Darzi interim report “Our NHS Our Future”

December 2007

The group supports and recognises the genuine improvements made in the NHS as highlighted in the report and with particular regard to technological advances and reduction in waiting times. The group welcomes the principle objectives cited in the report to achieve a fairer, more personalised, more effective and safer NHS that is locally accountable.

Fair

Whilst the group supports the aspiration to produce a fairer NHS we believe there are potential dangers with some of the suggested solutions. The assertion (P.30) that developing the role of the independent sector “will help realise dramatic improvements for patients” is made without supporting evidence and is open to challenge. The founding principle of any private organisation is to make a profit thus reducing the amount of money available directly for patient care. Early examples of NHS primary care contracts being awarded to the independent sector suggest that the principle of fairness has had little part to play in the process, with little or no involvement of local communities, and with existing service providers not being offered a level playing field to compete. We firmly believe that where localities require additional provision of primary care services the views of patients should be at the heart of decision making processes and that existing service providers should have equal opportunity to apply to provide those additional services. There can be no justification in our view for edicts from the centre that require PCOs to ensure specified quotas of care to be provided by the independent sector.

Personal

The current GP patient list based system has provided the key to the success of primary care in the United Kingdom. Surveys consistently report the high level of trust that patients hold in their family doctor who acts as their advocate and ensures continuity in the management of their health care. Hitherto the majority family doctors have made long term service commitments to the practice serving a local community which has fostered and enhanced the trust and high regard held by the patients. Although over recent times there has been an increase in the number of doctors that prefer to work part time on a sessional basis the majority of NHS GPs are still committed to long term partnerships. One of the biggest concerns of patients expressed to GPs about secondary care is that they “never see the same doctor” and increasingly they rely on the GP to explain the results of tests and management decisions made in secondary care. We have grave concerns that government plans to significantly increase the provision of “Walk in Centres” and private sector primary care services will serve to fragment traditional general practice which has so long been the “Jewel in the Crown” of the NHS and at the heart of person centred health care. Whilst we are confident that patients will ultimately vote with their feet in order to retain traditional general practice we fore see a danger that if the race to create these new primary care services proceeds too fast then it could become uneconomic to reverse the process.

We are very concerned about the intention to increase the proportion of payments directed toward attracting new patients which we feel will encourage a return to large list sizes which can only reduce the accessibility of an individual patient to a specific doctor or health professional in the team. It thus flies in the face of the stated objective of improved personal care and increased access. The report does not even consider the effect of such a policy on rural healthcare provision where there is no where to attract patients from.

The group recognises that the separation of daytime and out of hours primary care services may well have contributed to the call by those who wish to further fragment general practice but it is important to recognise that many remote and rural GPs still provide out of hours services and/or run extended hours services via community hospitals. It is essential to ensure that private sector developments do not progress in a way that could divert funds from existing services so as to lead to a reduction in service provision to such communities. A trend toward regionalisation and super surgeries could be the death knell for rural health care in many areas. The group draws reference to the recent article in the European Journal of Cancer which showed that the greater the travel time to GP and hospital services the greater the risk of delayed diagnosis and of death. The study looked at breast cancer, colorectal cancer and prostate cancerⁱ. The group also draws reference to the paper by Dr Iain Mungall: *Ensuring equitable access to health and social care for rural and remote communities. Increasing Centralisation and Specialisation within the NHS: has some adverse effects on access to care for rural and remote communities.*ⁱⁱ

The group is also concerned at the government's apparent pre-occupation with supermarket style healthcare for those who work and travel. Whilst it may be reasonable to look at the re-introduction of Saturday morning surgeries, and one late evening surgery a week as an enhanced service, the "guiding principle", expressed on page 25 of the report, to have GP services available from 8am to 8pm 7 days a week would incur significant increases in NHS funding and resources. We ask what the evidence is for such an assertion and fear that it suggests a distorted sense of priority away from the needs of the frail elderly, chronically ill, and the poor who have no transport.

The group endorses the report's aspirations with regard to ensuring an effective and safer NHS. We also endorse the 3 principles expressed in the report summary with regard to local accountability but we feel that some of the aspirations expressed in the Darzi report are not compatible with these principles. In particular we believe robust mechanisms need to be in place at the centre, and at local level to ensure that all proposals, including any for pharmaceutical/dispensing, services are thoroughly rural proofed both at the point of design and implementation.

ⁱ Jones AP et al Travel times to health care and survival from cancers..., Eur J Cancer doi:10.1016/j.ejca.2007.07.028

ⁱⁱ www.rural-health.ac.uk/publications/newpub.php and at www.ruralhealth.co.uk