



"... from a high in the early 1990s, the percentage of those satisfied with their local GP service has fallen progressively to only 65%. For the first time since the survey started in 1983, this is not a chart-topping performance ..."

REFERENCES

1. NHS England. *General practice forward view*. 2016. <https://www.england.nhs.uk/publication/general-practice-forward-view-gpfv/> [accessed 5 Mar 2018].
2. Robertson R, Appleby J, Evans H. *Public satisfaction with the NHS and social care in 2017: results and trends from the British Social Attitudes survey*. London: Nuffield Trust, 2018. https://www.kingsfund.org.uk/sites/default/files/2018-02/NUT_KF_BSA_2018_WEB.pdf [accessed 5 Mar 2018].

Are you satisfied?

Here is the latest — a personal email from the Chief Inspector of the Care Quality Commission (CQC). Professor Steve Field himself is now specifically beseeching me (I'll ignore the 'other recipients undisclosed' bit) to spare 15 minutes of my time letting his organisation know how I rate it. I have already deleted at least three previous requests: is this the last throw of the dice?

Repeated requests from my clinical commissioning group have been landing lately too. Likewise they have been pruned from my inbox. And then, obviously, are the requests from the sellers of anything and everything I have bought online lately asking me to rate them. Even that bed and breakfast I stayed in recently is joining in the fun.

The commercial world has moved on beyond the 'personal email from someone important' approach. I keep being asked to give an overall star rating so simple it would be churlish to refuse. But when I oblige I suddenly find myself lured into an online survey after all. How kind of me to volunteer my time! Now do I mind also rating the breakfast? Or the gadget I bought? Or the delivery company that transported it?

As if it might make any difference, I can't say what I really think because we are currently awaiting a CQC visit to my practice. Notwithstanding the promise in the *General Practice Forward View*¹ to make such inspections 5-yearly, it is only 3 since our last. Which reinforces the sense that implementation of that grand plan may never quite reach Northumberland.

The pressure to be rated Good is high. We have spent much time reviewing audits and policies, tidying cupboards, straightening pictures, besides completing and submitting our homework. We're anxious because local practices who have already been inspected this year report the experience as traumatic and intense to a point of affecting clinical provision, and undermining of morale. Yet still we feel defiantly as though we deserve to be rated Bonzer, Super, Top-hole, or whatever actually is Better-than-Good.

But what an anticlimax: postponement with an alternative date unset. Sick leave

is the explanation. Notwithstanding due empathy for the person(s) affected, this is horribly ironic when it affects inspecting a service that would Require Improvement if it couldn't cope regardless.

I really mean that too. It is one of the things that Britons most value about the NHS: the attitudes and behaviour of its staff.² That sense of duty and responsibility are recognisably intrinsic to the quality of care that is another of the things our fellow citizens value highly. Indeed, it is that collective culture, more akin to the all-in-it-together nature of wartime Britain than today's individualism, that still binds the NHS together.

Like all binding agents, however, there is an elastic limit. The British Social Attitudes survey charts how, from a high in the early 1990s, the percentage of those satisfied with their local GP service has fallen progressively to only 65%.² For the first time since the survey started in 1983, this is not a chart-topping performance: hospital outpatient services are now rated on a par.

The dissatisfied point to staff shortages, long waiting times, lack of funding, and government reforms to justify their low ratings. It's hard to argue. When the breaking point comes, those things will all have contributed. And maybe too much time spent on ratings will have too.

Let me know what you think. I'll report back selectively in any case, but feel free to click on a link. Any link will do.

Saul Miller,
GP, Wooler, Northumberland.

DOI: <https://doi.org/10.3399/bjgp18X695645>

ADDRESS FOR CORRESPONDENCE

Saul Miller
Glendale Surgery, Cheviot Primary Care Centre,
Padgepool Place, Wooler, Northumberland
NE71 6BL, UK.

Email: saulmiller@me.com