
"... don't wait for the cavalry to save general practice: they are not coming. Don't wait for research evidence either, because it will come too late ... you don't need evidence to change, merely a willingness to change ..."

Evidence-based health care?

Evidence-based health care is all the rage. We should not change anything without 'evidence'. The great thinkers of general practice cascade this down to us, the proles; the working practitioners. But, unfortunately, most of the published research is irrelevant, meaningless, and useless to us. It is spewed out merely to complete an MD with topics like: researching by validated questionnaire, whether validated questionnaires are valid, into assessing the viability of a pilot on toenail cutting in men with low magnesium levels over a 10-year period in rural Bulgaria. So here is the shocking truth: we are going to have to change the process of general practice without evidence, using 'ideas and experience'. Here are 10 utterly non-evidence-based ideas and observations into change in general practice:

Get bigger. To be efficient you need a certain scale and most practices are too small. Remember, most doctors are hardworking, reasonable people and you can work alongside them! Also, allow yourselves to be managed.

Separate non-urgent work from urgent work. And do one or the other, but not both at the same time. This toxic mix is at the centre of the chaos that is primary care. Operate an on-call system, and base the doctor in the reception area.

Access is key, but in general practice it is poor. Make improving access your goal and all else will follow. Most practices focus on minor, irrelevant details while the practice is ablaze. Also, despite what you have been told, triage systems don't work.

Don't keep bringing patients back! Look at your appointment book, stuffed full of a small group of frequent returners filling advanced appointment slots. Instead, offer two-thirds of appointments 'on the day'. Also, question why doctors are booking return appointments.

Change your culture. General practice is a personality cult, focused on the needs and opinions of the doctor. This allows doctors to behave in ways that would be unacceptable

in other organisations. You need to address unreasonable behaviour head on! Use first names with all staff and patients, thus aiding communication. Titles are barriers and deference is a poison to change.

Try out some mantras and sound bites. 'Less medicine is more medicine'/'Intervene less, investigate less, refer less, and prescribe less'/'Can do, not can't do'/'Always listen but don't always act'/'Today's work today'/'Text not letter'/'General practice is the art of reassurance; doing nothing with style'/'It isn't what you know, it's what you don't know that's important.' Think up some of your own!

Most guidelines are twaddle. They are merely the opinion of a distant, deluded specialist, not based on evidence or experience of primary care. Be willing to challenge and ignore them. Beware of the certain, for it is most certainly wrong.

Chuck out all old journals and books. Paint your practice and spend money on its appearance. Open your eyes and see how tatty your working environment is. Welcome in the new millennium and the internet.

Unable to recruit GPs? Don't despair. Do something different like using GP nurses, GP paramedics, GP counsellors, and GP physiotherapists. It works and it's better than what has gone before.

Don't delude yourself. You are not special; you cannot offer startling insights into people's lives. Change is in the gift of the individual. Reflect on the limitations of what you can actually do.

So don't wait for the cavalry to save general practice: they are not coming. Don't wait for research evidence either, because it will come too late and won't answer your question. You don't need evidence to change, merely a willingness to change; and a few good ideas.

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DOI: <https://doi.org/10.3399/bjgp17X692381>