

#### THE HISTORY

This year marks the 20th anniversary of the National Association of Sessional GPs (NASGP) (<https://www.nasgp.org.uk>) that I founded with 14 other GP locums in the few months after I'd qualified as a GP.

Leaving the safety and comfort of my wonderful training practice, I was plunged into professional purgatory: *'No doctors here today — just the locum!*' and *'When are you going to find a proper job?'*

Worse still, these attitudes were cemented in place by an active disregard of GP locums by professional bodies. Did the patients I saw somehow matter less than those seeing GP partners?

And I worried about safety; I am exposed to risk and frustrating amounts of waste, often related to lack of access to basic information about how each practice worked and interacted with other services.

Each practice varied by hundreds of different factors: Where are the sample bottles? How do we inform patients of abnormal results? These 'information gaps' would pile up, causing delay and, at worst, the potential for serious lapses of care.

Work needed to be done on many fronts to improve this situation. The first line of the NASGP's code of good practice was inscribed 20 years ago — *'Patients have a right to receive the same high standards of care from all GPs.'*<sup>1</sup> It has informed everything we have worked for since. I developed a paper-based locum pack, an idea at once so simple but so welcome that I won a Doctor of the Year award for it.<sup>2</sup>

As the NASGP started to put sessional GPs on the map, the BMA followed the lead, creating its own sessional GP subcommittee, with our collaboration key to securing GP locum access to NHS pensions.

I also started to realise that GP locums have a lot more to offer than medical labour. Our unique, fresh perspective into how practices work make us ideal cross-pollinators of ideas and good practice. Locuming started

to feel not just like 'waiting-for-partnership' limbo, but a positive career choice too.

Building on this, NASGP started to explore ways that GP locums could collaborate to offer peer support, coordinate work, and improve engagement with practices. So we developed the concept of locum GP chambers, which to date have supported hundreds of locums and thousands of practices with groups of locally organised, well-engaged GPs.<sup>3</sup>

#### THE FUTURE

We are not making the most of practice-based GPs or the estimated 17 000 GPs working as locums. A revised model could see both being properly enabled to be the 'named GP' for patients with chronic or complex needs requiring relationship as well as management continuity. Thirty-minute appointments would allow for holistic care, with each named GP at the heart of a comprehensive team, all responsible for the same named patients and all with excellent links with any secondary care teams. And in symbiosis with these practice-based GPs, we'd see small, smart, agile, highly engaged GPs flexibly deployed to manage patients who still need excellent continuity of management, but don't have ongoing, complex problems requiring a 'named GP' approach. GPs with special interests or skills can put these into use across different settings.

This interaction of practice-based and flexible GPs plays to the strengths of both, and is already working on a small, informal scale as locum GP chambers. Where these groups of organised GPs already exist, they are lifelines to practices, benefiting GP retention, with members reporting that these structures have enabled them to continue as GPs.

Reading the *General Practice Forward View*,<sup>4</sup> it's clear that some in the NHS have different ideas about the role of locums, seeing them as part of the problem, rather

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than part of the solution. Reports are coming in that previous hard-won support structures for sessional GPs are being dismantled. So are we going backwards in our recognition of the role and potential of GP locums?

While I agree that there needs to be a balance between practice-based and locum GPs, and I welcome the recognition that conditions in general practice need to urgently improve to retain partners, I will continue to argue that, even in the most optimal conditions, properly engaged and flexible GPs will always be an asset. We are never going back to 24/7 cradle-to-grave general practice. We must accept as normal that patients will see different GPs at different times — sometimes this will be a locum so partners can go on holiday or be ill. So we must work hard to develop excellent 'continuity of management'.

Twenty years on — a few grey hairs, a digital revolution, and an NHS at breaking point — so many things have changed. The one thing that hasn't changed is that general practice — the sum of what happens in each and every contact with primary care — is important for costs and health outcomes, and key to the survival of the NHS.

**Richard Fieldhouse,**  
NASGP Chairman.

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