#GPToo

Here is something worth fighting for.

'Me Too' originated in 2006 as part of a grassroots campaign aimed at empowering women who had experienced sexual abuse (https://metoomvmt.org). After over a decade of slow burn, it went viral in 2017. Thereafter it stands as a prime example of a media sensation, more and more individuals and media outlets joining it and feeding it. By now it is in the mainstream consciousness and in the process has widened into something more general about empathy and empowerment.[1]

Note something here about the potential of a grassroots campaign encapsulating a simple idea.

What has started me thinking about the power of this is actually a newsflash by NHS England:[2] a programme that has been piloted in Blackpool is now being rolled out nationally. It is about personal mentoring of heavy users of ambulances and A&E units to help those users develop other, cheaper strategies for managing their fears and crises.

Yet I strongly doubt it will work in the long run. Why? Because once patients learn there is a threshold test for accessing the new service, an incentive has been created to pass it. Savings during its pilot do not guarantee it will work over the longer term.

Besides, I worry about the focus on cost here. It makes this service brittle — it will be withdrawn if savings dry up. And it precludes focus on high-need patients who do not incur high costs. Somewhere in there lurks the inverse care law again.

Worst of all, the key intervention sounds so familiar: personal knowledge and continuity of a patient by a community health professional. Isn't that what GPs did once?

But GPs are struggling these days. Numbers are falling.[3] Our share of NHS cash is falling too.[4] As the NHS turns 70 and a large promotion to mark this anniversary gets underway,[5] it is perhaps easy to overlook why the NHS has been such a truly popular invention: it offers universal access based on need rather than ability to pay.[6]

What underpins this universal access? It is not the hospital service, and nor has it ever been. For all their success at grabbing bigger slices of the overall funding pie — the hospital drugs bill alone rose by nearly £1 billion between the financial years[7] of 2014/2015 and 2015/2016 — they do not provide universal access. The GP family doctor service does that. Most of the judgements of clinical need happen there too.

The NHS still has its admirers. The US Commonwealth Fund last year again adjudged it the best in its international comparison.[8]

We could do better on clinical outcomes though, ranking least well on that score.[8] The UK King's Fund's own international comparison notes that the UK is pretty much bottom of the heap for numbers of clinicians on the frontline, but is that relevant?[9] That Sweden manages to achieve better health outcomes with fewer hospital beds but much better clinical staffing levels suggests something about the power of good community-based care.[8,9]

Strong primary care has been a key cause of the NHS's success. It is undeniably good value for that.[10] But without a bigger slice of that NHS pie it will continue to implode and the NHS itself will fail.

The point that matters here is this: the current crisis in primary care is not just an internal NHS concern. Weak primary care fails patients. And when patients are failed it is always the disadvantaged and vulnerable who bear the heaviest burden.

Fight for them if not for you. Time for #GPToo.

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