

Contributors

Peter Davies
npgdavies@blueyonder.co.uk

Samir Dawlatly
samir.dawlatly@gmail.com

Mike Fitzpatrick
fitz@easynet.co.uk

Georgina Fozard
georgina.fozard@kcl.ac.uk

Elizabeth Ingall
lizzieingall@hotmail.com

Roger Jones
rjones@rcgp.org.uk

Edin Lakasing
edin.lakasing@chorleywoodhealth
centre.nhs.uk

Helen Lester
Helen.Lester@manchester.ac.uk

Jill Murie
jillmurie@aol.com

To whom it may concern

Dear Mr ...

On the basis that the last time I took a politically motivated gamble, I was singing my heart out to a Billy Bragg song at a 1986 *Red Wedge* Concert, this time I am going to play it safe. The election campaign was still in full swing at the time of going to press, so this *BackPages* letter is necessarily generically addressed to the person now in charge of the NHS...

As a GP, I often think in anecdotes. My practise may be evidence based, underpinned by randomised controlled trials and systematic reviews, but my most formative experiences have almost always been based on chats with people sitting opposite me, telling me tales of coughs, cancer, care, and consequences. So let me offer you some thoughts and stories, as you ponder the future of the NHS, as doctor, academic, and mother of at least one of the next generation of medics.

GPs believe in the value of personal family care. We, on the whole, love our jobs, are proud of our heritage and work most days to improve the quality of the care we provide for people. So value us, work with us, listen to our experience and not media-hyped stories of isolated greed and corruption that bedevils all professions. The evidence base tells us, time and again, across the decades, sectors and disciplines, that when you create a culture of trust, things start to happen. Perhaps a greater emphasis on 'tea and buns' between leaders can be your first policy intervention?

Systems can sometimes get in the way of patient-centred care. The father of a young man with a number of complex health and social problems once eloquently described my role as the 'station master,' able to prevent him from being sidetracked, speed up appointments, connect with consultants and physiotherapists, social workers and teachers, and as the person in charge of his overall care. Systems today, however, dictate that I can no longer choose which consultant a patient is best referred to in the first place, matching personalities where it matters. I have had patients referred back to me for onwards referral across the hospital corridor when

consultant 1 thinks that the patient should see consultant 2 but is no longer able to make an intra-hospital referral. I can still make phone calls and try to smooth pathways, avoid duplication, fill in gaps, but these days I feel increasingly like the ticket collector.

Health is, of course, at best, tangentially related to the NHS. Let me tell you another story. Last year I saw a particular young mother, displaced from her home country by civil war, and with recent refugee status. Her son, her only family in the UK, took the 11+ grammar school exam, in his second language, and made the waiting list. Her migraines increased, her backache worsened and she saw me on a weekly basis. One Wednesday morning at 11.30 am she walked through my door, smiling so much that I didn't need to ask what had happened. Her son's confirmed grammar school place will do more for his and indeed her health than any pill or potion I can ever prescribe, and may lift them, eventually, out of poverty. I'm not advocating a particular school system, but simply pointing out that health care is just one element of health and wellbeing.

So what of the next generation of GPs? Five or 6 years of undergraduate training, foundation posts then 3 years training for the most complex role in the NHS. A hospital-based practitioner can expect to receive at least 5 years training, becoming a specialist with an increasingly smaller and smaller clinical focus. Meanwhile, GPs must know a little about everything in an ever-expanding world of medical knowledge. Proposals earlier this year from the College for a 5 year training programme for primary care were not taken forward. Is this your opportunity to really improve health care in the 21st century, training up the front line to see and treat people even more effectively in primary care? It might also save some money. Indeed, patients might prefer it. Perhaps it's an idea worth revisiting?

With best wishes for a successful term,

Helen Lester.

DOI: 10.3399/bjgp10X502047