



### Brave new world

I started at 7 am with a couple of skypes to clients on their way to work, followed by the overnight email queries. The first day shift client arrived at 7.30 am. 'I want a year's supply of my contraceptive spray' she said. I consulted the medicines algorithm just to be sure but I knew that amount of medication wasn't sanctioned by the Wealth and Healing Board. She was unhappy and I'm pretty sure her consult satisfaction rating on the way out was poor.

The morning was largely uneventful. One older client needed a referral for a hip replacement — but at least it's the first day of the new funding stream so she should be seen this year. One person failed to keep their appointment (a novelty since the compulsory non attendance charge was linked to bank account numbers). I gained 4 outcome opportunity points, though one of the overnight emails was about the death of a client with diabetes, so that's an automatic 10 point withhold for the Unit. The last client of the morning arrived upset with their full genome readout from the local pharmacy. I do think that if pharmacies want to charge for the test, they should pick up any counselling fall out, particularly since handling distress isn't part of our service tariff.

The Business Meeting at 1pm included Commissioning Profit Partners only — two of the 20 GPs in the Unit. The rest of us got our statutory 30-minute break. There was a home visit today but I managed to avoid it. No one likes doing these. Most older clients give you very poor feedback and want to engage you in conversation when you need to get back to clock in for the next shift.

The early afternoon was mainly commuters, so I had the usual battle with the Connecting for Business uplink. Considering the trillions of euros spent on the system, you'd have thought accessing their electronic medical record would be easier, particularly since time is money.

My last client was Mrs J, a lady I'd referred yesterday with a suspicious breast lump. She'd had her histology back and wanted to discuss her options. It was a grade 3 cancer so she has a 75% 5-year survival rate (80% in the Republic of Scotland). She really needs chemotherapy, radiotherapy, and

surgery but with a BMI of 28, 18 units of alcohol each week, a Global Physical Activity Questionnaire score of 1, and no mitigating genes, it wasn't promising. Her job didn't include health insurance and she hadn't taken a personal health bond out either. I had to tell her that DIES won't pay because of her lifestyle risk factors. I never like this part of the job, even though communication skills at medical school included a whole module on breaking bad financial news. She looked upset but the choice to pay or not have treatment was hers.

Ellen arrived 20 minutes early for the late afternoon shift so I could make the end of sports day. That's one of the really great things about this Unit; 90% of us are women, which means good mutual flexibility if the kids are sick or there are school activities. It's actually not a bad job. The money's good for the hours and you get to see 30 new people every day. Some of the older GPs (rather like the home visit patients) do go on about how marvellous the NHS was but the facts speak for themselves. Hardly anyone under 40 smokes now and physical exercise times are compulsory in most workplaces. I work in an efficient, 24-hour outcomes-focused service that rates and publicly reports every encounter. These changes are all direct consequences of the 2012 Health and Social Care Act and the resulting DIES. Indeed the thing I really struggle to understand about the last century is how, and more importantly why, no one questioned providing free health care to absolutely everybody.

The Deserving Ill English Health Service is 10 years old today. I must remember to sign the birthday celebration petition.

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