Will the age of austerity save the NHS?

I have always been a passionate supporter of the NHS and initially viewed the Nicholson challenge as a threat to the future of the NHS; now though I wonder if it may actually save the NHS.

Among the many good things the last government did for the NHS there were changes that have significantly increased costs without improving quality of service. Agenda for change, the working time directive, reduced numbers of consultant assessments and reduced out of hours all improved quality of life for staff, but have not improved health outcomes for patients. Patients are keen to see improvements but without improving outcomes has also reduced productivity. Innovations in patient services, such as walk in centres, NHS Direct and 111, have increased the pressure on GPs. Patient expectations are high and GPs are left with a system that is not sustainable. This is likely to result in a deterioration in patient service with reduced access to appointments and patient waiting times.

Reducing inappropriate A&E attendances

Ismail et al clearly show that interventions in primary care do not decrease the number of inappropriate attendances at A&E (1). Reducing the number of young children at out of hours attendance is a key strategy to improve access to appointments and reduce waiting times. These attendances are often due to a lack of knowledge about primary care services. Improving knowledge of primary care services is a key strategy to reduce attendances. This can be achieved through education and training of health care professionals. By improving knowledge and understanding of primary care services, GP numbers will increase and access to appointments will improve. This will result in a reduction in attendances at A&E.

REFERENCES

Studying and reducing DNAs to improve access

We originally had a 6-week advance booking system for appointments which we had for over 10 years but were not performing well on access because of a high number of patients who did not attend DNA. We often had over 100 DNAs per month and many appointments were being wasted. I noticed that another local practice which permitted appointment topping up was long booked and scored better in the ‘access’ survey than our practice. Another local practice was piloting a same day booking system with no appointments booked in advance, from June 2013.

We calculated that we had nearly the correct number of DNAs and nurse appointments per 1000 patients, per week. The Local Medical Committee had advised 100 appointments per 1000 patients per week. We are an average practice of 6400 patients.

An audit of the DNAs in April 2013 showed that 80% of DNAs had booked more than 7 days previously, so we changed to a 1-week advance booking system from 1 July 2013 with 56% of appointments bookable in advance and 50% available on the day, for GP appointments but nurse appointments. The same day appointments were unlocked on the day at 8am each morning to prevent them being booked online.

A repeat audit of DNAs in October 2013 showed that 75% of patients who DNA had booked more than 3 days ahead so we have just changed to a similar 3-day booking system from 1 January 2015 which has reduced our DNAs and reduced stress within the practice. Other practices in the UK may wish to consider these ideas. It has been concluded that a 2-3 day advance booking system is the right one for our practice and will probably be optimal for most practices.

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Predictive validity of selection for entry into postgraduate training in general practice

The recent paper by Patterson et al reports the encouraging and considerable predictive validity of MCQ (clinical problem solving) and situational judgement test (SJT) selection tests for performance on the two MRCP general examination components. The MCQ and the SJT correlate with the Applied Knowledge Test (AKT) at 0.85 and 0.86 respectively. Range-corrected scores produced by one of her self-funded, mature students prompted by one of her self-funded, mature students completing his PhD while studying part-time and working as a full-time clinician. She asked me why by suggesting academic study resulted in both a public good and a benefit to the individual despite it being for its own sake. If the student referred to in her article, perhaps I can provide a perspective on the personal benefits of academic study.

After approximately 25 years of non-academic full-time clinical practice, I felt at a crossroads. I wondered what I important to do with the rest of my life. Clinical practice can be immensely fulfilling but it can also become mind-numbing under the pressure to care for a seemingly unending stream of patients.

Academic study provided an opportunity for me to pause, reflect on, and understand my experience within a larger context than my own practice. I found it immensely satisfying to think about ‘big ideas’ and academic study provided an opportunity to do so.

Apart from the benefit of academic study produced many side benefits. It increased my self-confidence and self-esteem. My academic study formally assessed my ability to write clearly and concisely, skills I had developed informally during my clinical career. The structure and emphasis on evidence-based medicine and clinical research during my studies also improved my ability to write coherently without resorting to wild hyperbole continues to this day. Academic study changed both my way of thinking and approach to problems. I learned that I could consider evidence used to justify assertions, recognize rhetoric, and most importantly I learned not to be sceptical and not to accept conclusions at face-value.

Academic study requires considerable investment of time, energy and money. Having to observe our full-time academics for the past decade made me realise I do not want to be one for me. The main reason for prolonging academic study was personal fulfilment. So, for the time being I plan to continue my clinical practice and working as a full-time clinician.

I did not change to academic study from my clinical practice. I had always been a passionate supporter of the NHS and initially viewed the Nicholson challenge as a threat to the future of the NHS; now though I wonder if it may actually save the NHS. I have always been a passionate supporter of the NHS and initially viewed the Nicholson challenge as a threat to the future of the NHS; now though I wonder if it may actually save the NHS.