"If a GP decides not to refer a patient or prescribe them an expensive drug, is that because of a concern about their own personal income?"

Money, media, and general practice

Every day, across the country, GPs support their patients through major life events, engage with them in shared management plans and provide them with excellent and personalised end-of-life care. It comes as little surprise, therefore, that results from national patient satisfaction surveys tell us that an overwhelming majority of patients have trust and confidence in their GPs.[1] The uniqueness of the patient–doctor relationship in primary care lies in the fact that it crosses family generations and spans the entire spectrum of health and illness. However, in the past decade, government policy and the subsequent media coverage has meant that GPs are increasingly associated with money and this poses a real threat to this important bond.

The introduction of the Quality and Outcomes Framework (QOF) in 2004 had a significant impact on the delivery of primary care in the UK but uncertainty about whether it meant real improvements for patients or not continues to date.[2] Supporters argue that it has raised the standard of chronic disease management, encouraged aggressive preventive medicine and led to more structured care provision. Sceptics, meanwhile, argue that it has contributed to a moral decline among GPs, who have become incentivised by irrelevant targets and lost sight of the interests of individual patients. Additionally, although QOF produced some improvements for included conditions, there has been a decline in quality of care of non-included conditions.[3]

Irrespective of the clinical impact of this policy, it has certainly had a vast influence on the public perception of GPs. Newspaper headlines such as 'GPs are focusing on patients who bring in bonuses'[4] led to a widespread feeling of unease. It also led to much cynicism from secondary care colleagues, many of whom seemed to be ever frustrated by anecdotes of high GP incomes despite shorter training programmes and increasingly less anti-social hours. Indeed, the 'QOF factor' seemed to cause friction even within the primary care team. I've heard many practice and district nurses express their reluctance to perform blood tests or other interventions that were related to QOF points, which they felt were being performed only to line the pockets of the practice partners. The fact that these tasks are invariably for the benefit of the patients' chronic disease management quickly loses focus when practice managers and partners are vociferously focused on maximising points in the last weeks before the QOF deadline.

Patients often misunderstand the association between balancing health budgets and the personal incomes of GPs. I've probed patients obstinately on the topic, although social decorum means that few would volunteer these views ordinarily. If a GP decides not to refer a patient or prescribe them an expensive drug, is that because of a concern about their own personal income? Of course not and clearly not all patients misinterpret things in this way. However, headlines such as 'NHS reforms turn GPs into businessmen'[5] clearly leaves much room for patients to wonder whether their doctors are focused on providing the highest quality care or just minimising costs, perhaps even for their own financial gain.

General practice in the UK has always been associated with money to some extent and although debates about whether GPs should lose their independent contractor status and become NHS employees are ongoing, partnership arrangements continue to be the norm throughout most of the country. Regardless of whether the core organisation of primary care changes or not, it seems clear that the more GPs are associated with money in the eyes of the media and public, the more potential exists for the unique relationship they have with patients to be damaged.

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