"... health records available online ... implies a game change in primary care ..."

My vision for a new GP frontier

The promise to make health records available online in just a few years time implies a game change in primary care because patients will be enabled to consult with any GP and not just the one they are tied to by the registration process.

The electronic patient record will be accessible by all those involved in the patient's care and by the patient. The consultant at an outpatient appointment session will not have the 'missing notes' problem as the relevant details are all stored electronically. The dentist, the optician, and the pharmacist will also all be able to see information relevant to them. Such access will be controlled by the patient who will be given a smartcard, but access can also be attained in an emergency. Patients will be encouraged to tout their card (their custom) to the GP of their choice, at a time and location of their choosing, and which may include email or video-link consultations. Where a card is not presented, the expectation is that this is to be a private consultation.

Freeing the patients in this way could also liberate GPs from their ill-suited premises and save the government billions of pounds in premises-related reimbursements. It will be these savings from premises-related costs and capitation (including 'ghost' patient payments), coupled with the reduced administration required at general practices that will help reduce costs overall.

The end of capitation will not prevent patients remaining loyal to their GP of choice, nor should it interfere with the continuity of care which the registered list has enabled. The patient-held smartcard will be capable of advising those who access its details about what health interventions are appropriate, based on the details stored. Suggestions for interventions will be made whenever the card is accessed; thus if the patient is in need of a vaccination, or due a health check, or if their medication seems non-concordant and so forth, then reminders can appear on the screen. The patient, as much as the clinician, can respond in many cases; by providing an up-to-date weight figure or actively seeking out or declining an influenza vaccination. Item of service payments therefore return

to general practice, and the NHS can better prioritise its treatments targeting priority issues with enhanced payments.

Practices, especially in towns, may cease to exist. Most GPs will be liberated from their premises and be able to operate from supermarkets, pharmacies, hotels, hospitals and other places that provide a consulting room. The GP's qualifications and 'special interests' will be detailed both on websites and at those locations where they practice from. GPs will be encouraged to see patients at whatever hour patient demand indicates, being paid a premium for later appointments and weekend/public holiday consultations. In some locations (the hospital for example), this will be a 24/7 service. Patients will be able to shop around to find the GP they like most and GPs will therefore be encouraged to develop a good 'bedside' manner to maintain custom. Practice nurses will be re-deployed, becoming district or community nurses.

The future is nearly here. Current pressures on general practice indicate that change is inevitable. If those in the system fail to offer a vision it will be others who do so. GPs should thus care to articulate their concerns and suggest how these concerns could best be addressed.

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