

HELPING HANDS

The tsunami of non-communicable diseases, an ageing population, long-term conditions, constrained resources, and rising expectations has hit the NHS, and has hit general practice particularly hard. Part of the response must, of course, be to stabilise and, whenever possible, increase funding, and also to ensure an adequate medical workforce. However, getting more GPs into more posts is a medium to long-term goal, and has implications not only for training and recruitment, but also for the need to change the career aspirations of a generation of medical students.

Looking across the chessboard of general practice we see the kings and queens on the back rows, and on the back foot. All around are many other pieces, potentially very important players in the great game. In this issue of the *BJGP* two articles deal with the important question of physician associates (PAs). Parle and Ennis, writing from the University of Birmingham, which has a strong training programme for PAs, challenge the status quo, asserting that the old staffing model is no longer fit for purpose and that much more flexible thinking, involving PAs and other health workers, is essential if the NHS is to survive. These views are supported by the results of a randomised controlled trial conducted by Drennan's group, which shows that, for comparable consultations undertaken by GPs and PAs, patient outcomes are also comparable, but costs are lower.

Practice nurses are a massively important, under-valued, and under-engaged workforce in primary care. Many years ago we published research from Griffiths and colleagues, showing that practices with better staffing levels of practice nurses not only were more able to meet QOF targets, perhaps not surprisingly, but also showed improvement in some intermediate patient outcomes.¹ Ensuring proper contracts and terms and conditions, professional development opportunities, and financial status for practice nurses could be a quicker and cheaper approach to dealing with the pressures of chronic disease management than waiting for new GPs to come along. A further under-developed professional group, with much to offer primary care at a time when comorbidity and polypharmacy are the rule rather than the exception, are clinical pharmacists, and Stone and Williams

emphasise their potential role and benefits in general practice.

One highly dysfunctional response to the crisis, for crisis it is, is encapsulated in the deathless phrase 'demand management', which means making it more difficult for patients to see doctors. The idea that I am unable to book my next appointment at the reception desk when I leave my GP's office, and instead have to wait until the morning of the day on which I would like to be seen, and join a queue of other hopefuls on the telephone, seems to me to run counter to all concepts of personal and continuous care. Worse, reports that patients were being told to only bring one or two complaints to each consultation are now regarded with less disbelief and derision.

When I was doing haematology as a medical student at St Thomas', walking past Waterloo station, I noticed a slightly enlarged, firmish lymph node in my right anterior triangle. I was convinced that I had Hodgkin's disease, and certain that I would not live long enough to qualify. I read everything I could find about lymphoma, which didn't reassure me one bit. I can still remember coming across the marvellous phrase that 'if you want to beat Hodgkin's disease, you have to learn to think like a Reed Sternberg cell'. I don't think I managed to do that, but I did qualify. I had a particular interest, therefore, in the articles from Elizabeth Shephard, working in Willie Hamilton's group, looking at the diagnostic features of Hodgkin's and non-Hodgkin's lymphoma in general practice. These form part of a suite of research studies which have helped to raise the profile of the early diagnosis of cancer in general practice. They have provided invaluable support for GPs faced with the difficult problem of the assessment and triage of the common and less-common symptoms that could indicate underlying malignancy.

Roger Jones,
Editor

REFERENCE

1. Griffiths P, Murrells T, Maben J, *et al*. Nurse staffing and quality of care in UK general practice: cross-sectional study using routinely collected data. *Br J Gen Pract* 2010; DOI: 10.3399/bjgp10X482086.

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