

Out of Hours

The coffee-shop model

UPSELLING IN PRIMARY CARE

I'm watching an assorted collection of wannabe entrepreneurs selling their souls in front of the TV cameras for the privilege of working with the self-made billionaire Lord Sugar. As we sit in front of the goggle-box, unwinding from the day, we learn about profit margins, innovation, and 'upselling'. Back in the surgery, we reflect on what *The Apprentice* can teach us about running a GP surgery.

The economic reality that most surgeries are profit-making enterprises is lost to most patients, and, indeed, some of our secondary care colleagues. There is a certain irony that, although most GPs would resist the privatisation of the NHS (to profit-making organisations), those same GPs work tirelessly to maximise the profits of their own small businesses.

Upselling in general practice can mean two things. Even before Stott and Davis' described *'the exceptional potential of each primary care consultation'*, GPs were offering tidbits of health promotion to anyone who might listen, particularly among those with potential to improve their lifestyle. This practice of offering 'a little extra'¹ is now entrenched in modern UK general practice, so one can't attend a GP with a sore throat without having a blood pressure check, and few older and/or at-risk patients leave consulting rooms between October and Christmas without a flu jab, whatever they came in for. Upselling in this sense means offering a little bit more health care to patients for the price of one consultation, which, in most cases, can be mutually beneficial to both patient and practice (not least in terms of income).

Most will stop there, with the acceptance that if QOF points are maximised and as many people as possible vaccinated, we'll have done the best for our patients and paid this month's mortgage. However, what would Lord Sugar say? Perhaps he'd expect a little entrepreneurship in each surgery, particularly in a time where GPs are experiencing the double whammy of falling income and increased demand. He'd expect GPs to come up with a plan to fight back.

Over a mid-morning beverage and snack, we had a brainstorm. It hit us: why not turn our surgery waiting room into a coffee-shop? (Selling life insurance or funerals, although no doubt profitable, were rejected on account of insensitivity.) Imagine the scene at the front

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desk: *'I'll have a skinny, decaff latte with soya milk, a flapjack, and a cervical smear please?'*

Sadly, not all of us can always run to time, so there are often waiting rooms full of ill, tired, and sometimes understandably grumpy patients. Surely a cup of something warming would help? Also, we all know of a patient or two who consider a trip to the surgery as a social outing, so why not make the environment more conducive to this, with newspapers, comfortable furniture, and a selection of hot drinks and snacks. While waiting for their coffee to brew, they could either have a natter with other patients, comparing the severity of their ailments, or simply just relax in a quiet corner browsing on their iPhones using the complimentary Wi-Fi. Profits from sale of beverages could be reinvested into the practice, to improve the service provided and employ additional staff.

Clearly, there are a few potential pitfalls with this plan (not least that not all receptionists are keen to retrain as baristas) but the change of perception of what a GP surgery should look like is worth considering. The future will tell us what role private providers will play in primary care provision, but they will surely not share most current GPs' moral reservations about making money from patients.

WHY NOT A COMMUNITY HUB?

The strength of NHS general practice is delivering personalised health care in the heart of a patient's community. As such, why should the building not be a community hub? The walls could be decorated with art from the local school and local produce could be sold in the café. Charities offering support to patients such as Age UK, Citizens Advice Bureau, and Macmillan Cancer Support could be offered a platform. The building could be used in the evening



for exercise classes, book clubs, stress management classes, and so on.

The inspirational Bromley-by-Bow Healthy Living Centre has adopted this holistic approach to great effect, with healthcare provision alongside projects to improve skills, for lifestyle, and to support people back into work. Not all surgeries can hope to emulate its approach, but if we strengthen the links to our communities, we may just be able to resist the private healthcare companies that are circling overhead waiting to pounce on our patient lists.

Our vision of the future of general practice is caffeinated. Although patient-centred, individualised health care would be the base, we could also add a steamy layer of partnership and engagement with local charities, and sprinkle on top the utilisation of the practice premises for health-improving activities out of surgery hours. And we could sell coffee.

We think Lord Sugar would approve. We could call it StarDocs ...

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REFERENCE

1. Stott NC, Davis RH. The exceptional potential in each primary care consultation. *J R Coll Gen Pract* 1979; **29**(201): 201–205.