"Understand that it might seem easier bringing patients back, but this is one of the main reasons for stress. It is bad medicine too, for 'the few' end up with polypharmacy and have multiple unnecessary referrals."

For the few, not the many

I've picked shellfish, worked as a labourer, worked countless hours in bars, worked as a kitchen porter, mucked out cattle sheds, worked as an auxiliary nurse, worked in a hospital sterilisation unit, and worked in hospitals all over the UK and in Australia. Also, for 20 years I have worked in a lowly inner-city general practice. All these seemingly menial experiences and all this low-status work taught me many valuable things that I didn't know that I needed to know.

In medicine I did some campaigning against Big Pharma, and I did some peer review and writing for various publications. This taught me things that I didn't know that I needed to know. Bad experiences and good experiences average out over time, leaving just experience. Experience is priceless.

More recently I turned my energies to thinking about how we can reorganise care. Now I know that the BMA has various ideas. I have read their proposals but I will be blunt: they won't work.[1] Society has changed and the expectations of the workforce and of patients are now fundamentally different. Fact: it is not 1985. The days of the small partnership model is over, for this is not what new GPs want. We need something different. It isn't simply about more resources and certainly not more of the same. Ever increasing numbers of practices will fail.

There is another fact that doctors won't accept. The current model of general practice is for the few, not the many. 'The few' choke access, returning on a regular, sometimes weekly, basis. Look at the appointment book and it is always the same: names booked up weeks in advance. When 'the many' call up for an appointment, they find that they cannot be seen for 3 weeks. They throw their arms in the air and complain about paying taxes for a terrible service. Here's another fact: they are absolutely right to complain. 'The few' return because they suffer health anxiety, have unhealthy health beliefs, or are asked to return by their doctors. In my experience this is true in all practices and it is true that all GPs know that large numbers of patients return needlessly. It is the lack of access that is driving the stress and the complaint-driven, utterly chaotic version of general practice. General practice must reorganise its access.

So what to do? Accept this is a problem. Raise it at practice meetings and encourage doctors to change their habits. Understand that it might seem easier bringing patients back, but this is one of the main reasons for stress. It is bad medicine too, for 'the few' end up with polypharmacy and have multiple unnecessary referrals.

There is a simple systems solution too (and it isn't triage because that doesn't work either).[2] Have only one-third (or less) of appointments be pre-bookable. Offer two-thirds of appointments on the day. (As a rough number, you ideally need about 1% of the patient list available as appointments to book each day. For example, a practice of 5000 patients needs 50 appointments available daily.) Have multiple phone lines open in the early morning. In this way there is more competition between 'the few' and 'the many', and the latter now have a much greater chance of getting an appointment. This system will lead to complaints from 'the few' but if you continue long enough then it will be much, much fairer for the vast majority of patients in the long run. Continuity might suffer but you can have too much of a good thing, because, generally, less medicine is good medicine.

Change — better grasp it. It will be an experience.

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