Life & Times

Before I go ...

In March 2020 I was looking forward to my retirement, but it soon became clear that this should be postponed as wave one of the pandemic took hold. My offer of help was accepted by a primary care network (PCN) in West Cumbria where I was asked if I would work at their Red Centre. The team were outstanding. It had a wide skill mix, drawn from a combination of their Same Day Service, sessional GPs, nursing staff, and healthcare assistants seconded from local practices, all working from a surgery that had been requisitioned to set up this new service. The co-op spirit that was so evident in the team had played a key part in the development of the 'not for profit' enterprise that runs most of the surgeries in the area. GPs who for many years had run their own small businesses were now salaried employees, still leading their practice teams, but now part of a larger healthcare organisation seeking to improve the health and wellbeing of this significantly deprived part of Cumbria.

BONDS OF AFFILIATION

Retirement finally came in July 2020 but then wave two of the pandemic arrived and I offered my service to the same Red Centre. Having managed to overcome the enormous bureaucratic obstacles involved in returning onto the Performers List I was back at work in mid-January. This time the Red Centre was immediately adjacent to the vaccination hub where I was able to witness the tremendous goodwill and co-op spirit, not only of staff from various GP surgeries but also from the community health teams working alongside an army of volunteers who together processed hundreds of patients to receive the precious jab.

In many ways this was seemed to capture the very intention of PCNs described in the 2019 Network Contract, which states that: *'The success of a PCN will depend on the strengths of its relationships, and in particular the bonds of affiliations between its members and the wider health and social care community who care for the population. Non-GP providers will be essential in supporting delivery.'*

So where now for general practice? For me it will certainly be an exit from the profession that has provided me with an incredibly rewarding and challenging career. Like many GPs it was the relationship-based approach to medicine that drew me to this specialty but the close team working and community connection were also very appealing features. Over the 35 years of working as a GP I have seen the concept of team working change dramatically. Group practices were well established when I started as a GP partner but practice nurses were relatively new. The skill mix within GP teams has steadily increased over the years, which has enriched our offering to patients but has also challenged the concept of where the specialty of general practice starts and ends. What has become increasingly clear is that the work of improving the health and wellbeing of our patients is something we cannot do on our own. It is a collective effort. Surely one of the founding principles that led to the setting up of the NHS in the first place.

ADVOCATING FOR PATIENTS

General practice has recently been encouraged to embrace the concept of working in PCNs, which requires us to reach beyond acting as advocates for our registered patients to working collectively for benefit of our local communities. One of the most gratifying projects I was involved in as a GP lead for an Integrated Care Community (a predecessor to our PCN) was to try to address the significant problem of fuel poverty in our area. This involved GPs working with our district council, public health, as well as third sector, and an electricity provider to set up a single point of contact, as recommended in the National Institute for Health and Care Excellence guideline NG6 (www.nice.org.uk/guidance/ng6), to help address a problem significantly contributing to excess winter deaths. We had already set up a social prescribing scheme, which resulted in patients who regularly attended GP surgeries receiving personalised support for problems largely or wholly unrelated to medical matters. This seemed to give a glimpse into an exciting and far more effective approach to working in a hugely extended team, but still working as a GP.

As we emerge from the pandemic, I am hopeful that we will discover something of the 'Spirit of '45', which led to the formation of the welfare state and the birth of the NHS. The example of the GP-led vaccination programme graphically illustrates the synergy and passion of GPs working closely with colleagues and communities to improve the health and wellbeing of their patients. Some PCNs are recognising that the ES payments that they will soon receive have been earnt through the dedication and hard work of a workforce well beyond GPs or their practice teams. Could some even follow the lead of AstraZeneca, the pharma giant, that has chosen to provide their vaccine on an 'at cost' basis, recognising that it has been produced through a collective effort of business and academics alongside government and philanthropic funding support. For the salaried GPs in West Cumbria part of a 'Not for Profit' organisation this might be a *small* step, but for the majority of PCNs composed of 'traditional' GP partnerships it would be a giant leap.

I will miss general practice a lot, but my overwhelming desire is that this specialty that has inspired and exhausted me in equal measure will be able to evolve and adapt and continue to be the 'bedrock of the NHS' for many decades to come.

"... improving the health and wellbeing of our patients ... is a collective effort."

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