



“No wonder the new Red Book is so long given the range of different personnel delivering general practice. Who, even 5 years ago, could have foreseen the prescribing receptionist?”

Forward View Retrospective

I still have my COVID Campaign Medal, somewhere. Ten years on, it's probably still in its presentation box, nestled in velvet. Mint condition is not worth much though, on any level. Still, you can never be sure of the future: the Pandemic reminded us of that.

Already, there is emerging that curious mix of attitudes and memories to the time itself. The older ones in particular hold a very strong sense of 'I was there' while those who have joined since are bored with that attitude and doubtful about quite what a big deal the Pandemic actually was.

At times this itself has become a problem as teams divide over the question of how much more change is desirable. Many feel that abandoning methods that saw us through such a crisis is short-sighted, much as others feel that what we need are solutions for current problems instead of past ones.

But so much has changed during that period and since, it is hard to remember everything or the order in which it all happened.

Some readers will remember the initial surge of gratitude for delivering vaccinations and how rapidly it faded. They'll recall anger and frustration at perceived injustices related to which groups were or were not given priority. And how increasing supply led somehow to increasing controversy. The government's ill-fated message that the initial vaccination programme was 'the way out of the crisis' clearly did not help.

No one, of course, could have known that the Texas variant would emerge so soon afterwards, and plunge us back into another winter of high death rates and lockdowns. Few foresaw that even vaccine boosters would prove so limited in their impact.

During those years of crisis, the GP SOP (Standard Operating Procedure) grew out of all recognition. Those of us who were there for version 1 were too occupied to think too deeply about its implications. And in a way, it arrived at a good moment: the final ending of attempts to create a competitive internal market in the NHS, allowing us simply to cooperate again for the first time in years.

With all the wartime rhetoric at its birth, the GP SOP — indeed, central command and control generally — felt justified. Now, with version 49 only recently published, it has become so massive it is delivered much as the *British National Formulary* once did, in book form. The choice of a red cover is surely no accident, harking back as it does to the contract that GPs knew from the start of the NHS odyssey.

Sadly, the mental exhaustion of the Pandemic period took its toll. That, and the rapidity with which the government moved on to imposing new targets, pay freezes, and sundry other efficiencies. The resulting exodus meant the Red Book's page count and the GP head count moved equally but in opposite directions.

Of casualties and costs, national debt rose but the economy recovered well, thankfully. Despite this, all those commitments to address inequalities went unfulfilled. The gap between health need and provision widened. Primary care, tasked with spanning this growing chasm while itself haemorrhaging staff, finally buckled.

And so here we are, with a reformed service in whom GPs are now minority providers. No wonder the new Red Book is so long given the range of different personnel delivering general practice. Who, even 5 years ago, could have foreseen the prescribing receptionist?

Thus to the Royal College of General Practice. It may have been a subtle change of name, but do not wonder why. For all these newcomers, membership is now made possible.

Saul Miller,
GP, Wooler, Northumberland.

DOI: <https://doi.org/10.3399/bjgp21X715541>

ADDRESS FOR CORRESPONDENCE

Saul Miller
Glendale Surgery, Cheviot Primary Care Centre,
Padgepool Place, Northumberland NE71 6BL, UK.

Email: saulmiller@me.com
@saul_miller