Good morning. Are you wishing to apply for a job in our GP Hub or in our GP Plus Clinic?

I see. You have just returned to the country and didn’t know the difference. Well, we do have vacancies in both.

The GP Hub is usually considered entry level. It’s based in the hospital. There are twelve of you on a shift. The shift is for four hours. The patients are booked by 111. Half are telephone slots, one-quarter video, and one-quarter face-to-face. If you can’t complete the episode, you can bring them back to a senior for a face-to-face within a week. Patients needing nursing care, physiotherapy, mental health care, contraception, or sexual health services will have been booked into the relevant service. Children under ten will be seen by the paediatric team in the urgent care centre.

You can request investigations, and abnormal results are handled by a senior. You can refer to our hospital, subject to referrals meeting the criteria. If the consultant feels a tertiary referral will be needed, that will be organised later. Your investigation, referral, and bring-back rates are audited as part of your performance management process. Contracts are initially for three months, potentially renewable then for a year. At this Hub we pay the outer London regional rate for GPs within ten years of completing training. You are entitled to a week of study leave after fifteen months’ work in the Hub.

Ah, I see. You feel that is not attractive, and you have over ten years’ experience. Well, our GP Plus Clinic vacancy is likely to be more competitive. It is a paid-for service, but more like the old-style general practice you were familiar with in 2015. As the Clinic gains more subscribers, we can recruit more staff. Consultations are offered as either fifteen or thirty minutes face-to-face, or by video, or by telephone or e-consult. The subscription costs are set to allow client choice. For every four hours of consultation time you are paid for one hour of administration time as you will be doing all your results, repeat prescribing, and referrals to the hospital of the patient’s choice. You are free to arrange follow-up appointments as you see fit.

Oh, that doesn’t sound like the general practice you were familiar with in 2015?

Well I was still at school then, but how could GPs possibly have no cap to the number of patients they were consulting? Didn’t you overrun?

I did read somewhere that there weren’t enough GPs to do the work, as it had become impossible when there wasn’t enough funding for practices, so the government decided in 2022 that they couldn’t afford “gold-standard” primary care for everyone. They brought in the Hubs and the separate Clinic system is not part of the NHS. They say the NHS is still free at the point of delivery, but the delivery method has changed.

No, the Hubs are not like you get to know patients or patients get to know you. That isn’t the idea. Most doctors move into the Clinic system as soon as they have done the five years needed to get an Independent Licence, then they can have a regular clientele.

Sorry, I don’t know about prevention work and public health work and health inequalities. I just work for The Organisation.

Sorry, I don’t know anything about Scotland, except it’s very different up there.

Thank you. I hope you got the information you needed. All the best …

Pamela Martin, Pamela retired after 30 years a partner, 10 years a trainer, 3 years on BMA GPC, and is currently trying to support younger GPs.

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