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ANOTHER COLLINGS

TRUTH TO POWER: CALLING FOR

Another Collings

In his book The Five Health Frontiers: A

New Radical Blueprint, Christopher Thomas

describes one of the main threats to the NHS. Bevan himself recognised that the

NHS had to provide a comprehensive health

service otherwise those people who have the

finances will choose to ‘buy-out’. They

will pay to vault over the waiting lists or they

will find other ways to get the best possible

Treatment. It is not enough for the NHS to

provide a base level of services, a mere safety

net, or it will wither. It has to be as good as

one can get.

Phil Whitaker has written wonderfully on

the GP crisis in the New Statesman, and in

March 2022 he noted that a new GP contract

was needed. Many would agree but the 2004

new GMS contract is not a good example.

Many GPs, myself included, would regard it

as a misstep; it heralded the arrival of QOF

and GPs ceded control of out-of-hours care.

While it wasn’t the birth of bureaucratic

micromanagement of daily professional

practice, it was put on wheels with parous effects for GPs and patients.

Any new contract needs to serve a long-
term strategy to sustain and revitalise general practice. Where is that strategy? Joe Collings

was an Australian GP who ended up in the UK

seconded to the Nuffield Trust. The 'Collings

report' was just 30 pages long, published in

March 1950 in the Lancet, and had a huge

influence on policy. As Gerald Gill reported in

an excellent article in the BJGP in 2020,

An Australian reflects on the Collings report

70 years on, the Collings report angered

plenty of people, and he described Collings as the NHS’s first whistleblower.

We need a full independent review of

general practice in the UK led by a GP willing to speak hard truths to power. The problems

with workforce and working conditions are

piling up and are well documented. We know the

workforce problem will not be resolved

quickly; it will take a generation to truly

address the difficulties. There are, of course,

immediate measures but they need to dovetail

with a longer vision.

There are some uncomfortable discussions

to be had — an obvious one is the debate

around the nationalisation of general practice.

The knee-jerk response from many is to

dismiss it. Yet, as Christopher Thomas points

to, parts of the UK where the partnership

model is not functioning are already seeing

out, parts of the UK where the partnership

model is not functioning are already seeing

privateisation.

In February 2021, Operose Health, a

subsidiary of the US company, Centene,

acquired AT Medics who operated 49

surgeries. The former CEO of Operose Health,

Samantha Jones, is now working in No. 10 as

the Chief Operating Officer and Permanent

Secretary for Downing Street. Yet, the discussions are complex and we have to guard

against tribalism. AT Medics had previously

been owned by six GP directors. That already

feels a long way from the traditional model of GP partnership we associate with the best

relationship-based care and the precious

continuity of care eloquently detailed in Sir Denis Pereira Gray and colleague’s

editorial this month.

Euan Lawson,

Editor, BJGP

Further notes from the Editor on the May 2022 issue

(with references) can be found at biglife.com/may22

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