Personal lists are not impractical. Look at Norway!

Dr Neaves rightly raises the issue of the named GP scheme. The architect of the scheme Jeremy Hunt recognises that it failed as a scheme, as for the majority of patients nothing much changed. Most patients in England got a rather apologetic prescription message (for example, we have to allocate you a named GP but you do not need to see them and it will not impact on your care).

Practices where patients see a preferred GP most of the time are either small (less than 5000 patients) with a few GPs or have an active plan to encourage continuity, for example, personal lists. This suggests that continuity has to be encouraged throughout the patient journey — from the call to reception to seeing their preferred GP.

Personal lists work with part-time GPs. The UK experience backs this up and there are many examples submitted to the Health Select Committee that is currently running. In our practice all GPs work 3–4 days a week and we have achieved a St Leonard’s Index of Continuity of Care (SLICC) score of 88.15% for all GP appointments in 2022. GPs in Norway work 3–4 days a week in primary care and run personal lists for 4.5 million patients with fantastic benefits — ‘lower use of OOH services, fewer acute hospital admissions, and lower mortality. The presence of a dose–response relationship between continuity and these outcomes indicates that the associations are causal.’

In conclusion, personal lists are not impractical and do have an impact, especially for 4.5 million Norwegians and those patients in England registered at a personal list practice (approximately 10%). Still not convinced? Then I would suggest you watch the excellent presentation to the Health Select Committee on 18 May 2022 regarding continuity of care.

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REFERENCES