



Is it enough that they belong....

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I am older than the NHS and my use of it is changing as I inexorably slide from being the recipient of occasional acute interventions to being increasingly in need of support to cope with chronic non-communicable diseases. Even though my needs are changing I am still able to go to the same point of access for care – the GP surgery. I like being recognised and made to feel that I am being listened to. Even when I happen upon someone who does not know me there is the reassurance that relevant information about me is readily to hand. Once upon a time that information was in the working memory of a person and, sometimes, when that working memory failed or a new encounter was taking place, reference was made to the Lloyd George files. When I visit my surgery now all the necessary prior information about me is available at the click of a mouse and can be added to by a few strokes of the keyboard. I feel comfortable because I know that I am surrounded by a team who know about me and are there to look after me when I am in need. I confess to wishing, from time to time, that the team was a bit bigger and had more ready access to more expertise and diagnostic facilities.

I warm to what Lord Darzi describes as “*this holistic approach to care. It’s not just health care. It is health care, social care..... it is integrated patient care which I’ve described as personalised care, which is tailored around the needs of patients....*”. Most General Practices have already made great strides towards this ideal with additional services, a variety of clinics and staff with special interests and expertise. I believe even more can be achieved to afford many more patients an opportunity to access the many and varied skills which exist within individual practices by generating a multidisciplinary, expertise-sharing, energy-harnessing, dynamic, innovative and learning environment within which to work. I think this could come about by a very careful local implementation of what Lord Darzi calls the “*federated polyclinic*” model.

Certainly there are many barriers to achieving this ideal and one of the greatest seems to be the belief, held by a surprisingly large number of people, that change is never a good thing! Under the federated model mentioned by Lord Darzi very few surgeries and GPs would experience anxieties about surviving some change. Practices would find that they are doing more things with more people and, sometimes, in different settings. Just as important is that patients would not be torn suddenly from the trusted relationship that most of them have with their GPs and cast into some new and impersonal setting when they are feeling most vulnerable. Instead they would find that their care is being provided, albeit from time to time by different people and in different places, by those who turn out to be members of the same team and who can access information which has been provided by other team players.

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But how could any of this come to be? I suggest that with the stimulus of Practice Based Commissioning and a recognition that the people who work in surgeries do not just have to see patients there could be an explosion of creative thinking and innovation. The integration of health and social care, with resulting vertical and horizontal care pathways which meet the needs of patients, can only come about when GPs, Nurses and Practice staff afford themselves time to play a significant role in planning, commissioning and implementing new models of care. Lord Darzi speaks of “*millions of interactions on a daily basis*” that will be needed to find ways of providing better care for patients and their carers. There will need to be a whole new raft of “interactions” between all commissioners and providers of services which will necessarily include the secondary sector, the voluntary sector and the private sector too.

I was relieved to see mention of primary care research albeit expressed somewhat esoterically! The scope of research in the primary care setting will be enhanced considerably when the sharing of patients, and sharing of skills and expertise within a federated model become a reality. It would be ideal if those working within primary care federations, in partnership with patients, could embark upon research themselves. Through the process of reflection, questioning and answering those questions, many practical and realistic ways could be found to bring about profound improvements in the quality of care delivered. With research comes learning and development, all of which can take place within a supportive, sharing and caring atmosphere which has been created for the purpose of achieving integrated patient centred care.

.....or is it better that they belong together?