

London Landscape – Book review

From General Practice to Primary Care: the Industrialisation of Family Medicine. Steve Iliffe. Oxford University Press, 2008, ISBN 978-0-19-921450-1

Professor Iliffe has presented us with a view of what is happening to general practice that is both immensely simple and profoundly complex. It is simple because he believes that the contradictory and at times overwhelming changes that have afflicted general practice in the UK in the last 20 years can all be understood as part of a single unifying process: industrialisation. It is complex because he pursues his case in compelling historical and theoretical detail. At times this makes the book a challenging read intellectually. By his own admission, he concedes that not all the pieces of the jigsaw fit properly, and invites readers to imagine alternative ways of placing them.

As Iliffe demonstrates, the advantages of seeing the recent history of our profession in terms of industrialisation are many. Firstly, there are established socio-economic models for understanding, describing and analysing such a process. More important, such an understanding reframes the process as an impersonal one. Industrialisation is not dependent on the decisions of individual politicians, organisations or interest groups. Rather, it is the consequence of multiple and dialectical influences that transcend all of these apparent causes and may involve false starts, trial and error, recalibration and a variety of other, often unconscious, organisational shifts.

Although it can go alongside privatisation, or lead to it, the two are not synonymous. Hence, Iliffe's view invites us to see the various reforms, contracts, confrontations and so forth of recent years not the result of a sustained conspiracy nor as an escalating catalogue of cock-ups, but as typically provisional and often ambiguous indicators of a long term trend. It is a trend that none of the parties concerned necessarily plan, control or even fully understand.

Steve Iliffe addresses a huge range of events and issues that will be familiar to many GPs. He does so

acutely. For instance, he discusses independent contractor status: a misnomer, as he points out, for a franchise system that was bound to break down in time and give way to a different form of competition. He also demonstrates how the performance targets of the 1990s laid the ground for a managed service as a prerequisite for industrialisation, while at the same time fund-holding buttressed the profession and put off the day of reckoning. In a careful analysis of clinical governance and evidence-based medicine, he shows how initiatives led at first by the profession have been incorporated into a classical process of bureaucratisation, mass production and managerialism.

There are a few pieces of the jigsaw that I might have added or placed elsewhere. Iliffe cites the history of engineering as a precedent for what is happening to medicine but offers few detailed comparisons to support this case. (Some mention of the current industrialisation of teaching and social work might have been even more pertinent.) The scrupulously impersonal tone of the work is admirable from an academic point of view, but the omission of a single reference to any prime minister or secretary of state is strikingly austere. In my view, the book glosses too quickly over the brief phenomenon of primary care groups (PCGs) in the late 1990s: these were arguably a last, heroic attempt by a minister and a profession to reverse an otherwise irresistible drive towards industrialisation. Finally, I think that the weasly term 'primary care' – imported from outside the UK and predating the first signs of industrialisation – deserves more deconstruction than it receives here. Those minor comments aside, this is a thorough, impressive and persuasive book.

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