Funding the Future

NHS reforms 6 - banning GPs from having conflicts of in...

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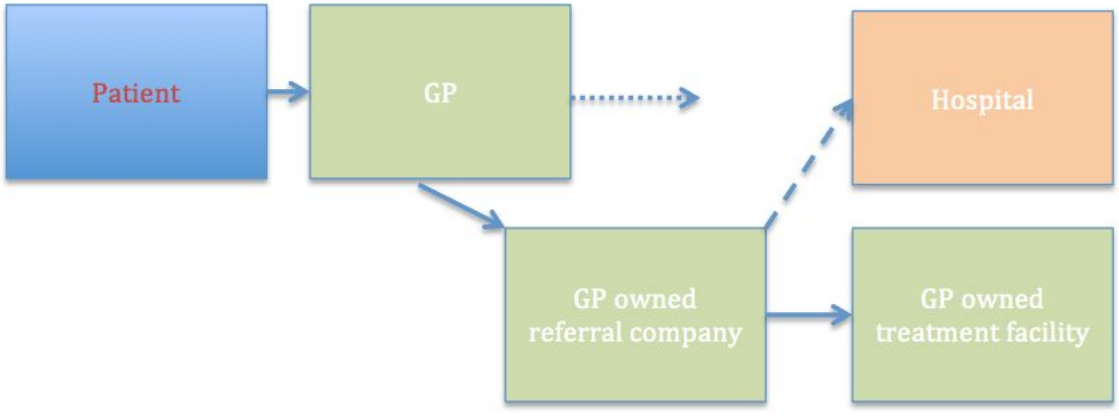
The NHS reforms promoted by Andrew Lansley are inherently flawed. One of the most blatant flaws is that GPs are not only given control of much of the NHS budget, they're also given the opportunity to blatantly abuse that control.

If a GP wants to refer a patient for secondary care now they do this:

The patient sees the GP. The GP forms an opinion. If they think it appropriate to refer they do. They can do so directly to whomever they think appropriate, having discussed that with the patient to ensure their wishes are respected. The GP is not financially involved in the decision to refer, or not. That has always been the glory of the NHS: doctors who can act independently of the patient's finances and their own finances. Medical concern comes first.

But now it's going to look like this:



The GP sees the patient. They form an opinion and they do a referral. The referral no longer goes to the person the GP addresses it to. It goes to a referral management company. These are owned by the GPs but are designed to confirm collective group think - that the GP is not independent but subject to collective control on their behaviour. The GP management company can then decide to ask the GP to alter the referral - to stop it if thought necessary, to make it more urgent if appropriate. And in future, no doubt to change its destination.

This last point is vital. All over the country GPs are setting up their own GP owned treatment facilities. These do simple operations in GP practices - things like endoscopies, cataracts, carpal tunnel operations, pain management and some urology. They have competed on price. What they can't compete on is service: there is no crash unit if things go wrong, many are an ambulance trip from serious resuscitation units, and they don't train - giving them a massive cost advantage. They also skim off all the simple work on which people have been trained, denying a training route for next generations of doctors.

And it is, I am sure, to these that work will be referred in future. So, GPs who want to keep work in the NHS will have their referral diverted by a management company which they'll have no choice but be a part of to a treatment facility which they'll have no choice but be a part of. And from which they'll profit, like it or not, and conflict of interest or not.

Should the patient trust this? Why should they? How do they know their referral is going to the right place? What happened to patient choice? And how do they know the procedure they're being asked to suffer (everyone suffers an endoscopy) is necessary? Or just designed to profit the GP?

If this model is put into place that's the end of the patient relationship with the GP.

I fear there are GPs - already well paid - who are rushing down this route motivated by greed. They need to think a little more. When the patient trust in the GP has gone so will the status of the GP and their role as independent contractors standing for all that's good in the system. And with that goes this edifice - off into totally contracted hands, entirtely out of the NHS as we know it - but with the excuse that the reform at that stage will be needed to restore the independent status of the GP.

It's all too easy to imagine.

And that's why the NHS reforms must ban GPs from owning any referral management system and any treatment or commercial diagnostic service in the NHS.

Only then will be patients be able to trust them. And when GPs already earn full time equivalent of more than £100,000 a year I don't think that's too much to ask.

Disclosure: I am married to a GP. The opinions are my own.