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Reforming the NHS: necessary and achievable?

by: Francesco Carelli, EURACT Council, Director of Communications, Professor FM University of Milan

Roger Jones' editorial¹ is totally in line with similar events in Italy, where government is trying, using health, finances, and public administration ministries, to force changes based on diktat, managerialism, bureaucracy, on avoiding doctors' opinion, and discussion (the last one being specific for Italy).

So, we are facing efforts on untested reforms proceeding much too quickly, contributing to GPs' burn-out. An iterative approach would enable such 'ideas' to be learned from the early adopters and pathfinders instead of obliging all to do soon and all unwilling and conflicting day by day.

Competition based on prices rather than quality is on the horizon also in Italy with a system named CReG (Chronic Related Group) just similar to DRG (Disease Related Group) in hospital setting, care for chronic patients based on low price offers by different providers ("any willing provider" as Clare Gerada underlines in her letter to RCGP members) already not only GPs but mainly coming from the market, groups outside primary care and NHS itself.

This opening up of healthcare boundaries destroys opportunities for collaboration between primary and secondary care, and the new system will exacerbate inequalities because more developed practices will be the only ones, as primary care, and if they succeed on any other willing provider, to work the system in this financial way.

I'm worrying about future quality of education and training funding and management when family medicine will be so under-professionalised as a specialty and seen as managerialism to be just supported for this aim by new providers of NHS services, diverting educational resources into services funding. Family doctors in UK and in Italy should work together in this dangerous situation for family medicine itself. We have to fight against compelling all GPs, also by diktat with fixed dates, to be just clerks, administrative and so on, we must slow down, get discussion and collaboration, and allow every agreed system to develop iteratively and based on evidence and learning.

GPs know best the matter and they must not be turned from talented clinicians into medical managers. We both in UK and in Italy must use the WONCA, EURACT, RCGP Definitions and Statements on Family Medicine, ask for professionalism, for using our core competences, discourage fragmentation of primary care and perverse incentives driving patient flows where costs are lower but quality not the same, and personal care not at all, ask for extending the duration and scope of vocational training so to be real specialists in a really good for patients NHS.

References

1. Jones R. Reforming the NHS: necessary and achievable? Br J Gen Pract 2011; 61(584): 163-164.
2. <http://www.euract.org>
3. Department of Health. Liberating the NH: developing the healthcare workforce. London: HMSO, 2011.