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**OPINION** 

# GPs: Tell your patients how your surgery works

by BJGP Life · 12 June 2023



Peter Levin is a former academic (Social Policy at London School of Economics and Political Science). He lives in Cornwall and he blogs at https://spr4cornwall.net.

ere's a question for today's GPs. Along with your responsibilities as a provider of services, what should be your role vis-à-vis your patients? The Oxford Handbook of General Practice (2020 edition) says: 'GPs form the 'front-line' of the NHS ... providing primary medical care and acting as 'navigators' to the rest of the health/social care system'.<sup>1</sup> But integrated care board (ICB) websites and NHS leaflets insistently claim today that it's the public's responsibility to 'choose' well' if they are feeling in need of medical help. As Cornwall's ICB says: 'We have put together this 'choose well' guide for you to see what choices you have: each option provides practical advice for you.<sup>2</sup> The Cornwall website continues: 'Your local GP practice provides a wide range of health services, including medical advice, vaccinations, examinations and treatment, prescriptions for medicines, referrals to other health services and social services.' What feels like it is missing is the traditional reciprocal relationship between GP and patient, in which the GP cares for their patient and the patient trusts their GP.

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Today it is for you and your colleagues to rebuild and sustain those relationships. You have a wonderful tool for doing this in your surgery's website. Use it to tell your patients how your surgery works. Tell them:

• Who you and all your colleagues are. Introduce yourselves. Patients will be reassured to see photos of senior staff and regularly employed sessional GPs and locums, along with a short note about yourselves, not just a list of your qualifications and summary of your experience.

• How you provide continuity of care. If you aren't in your surgery every day, tell patients on which days you are in, and arrange with one of your colleagues that you cover for each other on days when you are away. Try to do the same with sessional GPs and locums. Many patients find it upsetting to

find someone new facing them every time they come to the surgery. Crucially, make clear and informative notes of your meetings with patients so your replacement knows exactly what's been happening.

• That you appreciate that for some patients the priority is to be seen by an experienced clinician urgently, whereas others prioritize seeing someone they know, so ensure that your receptionists ask patients what their priority is.

• That your staff all feel happy to seek advice from colleagues when faced with something new or unexpected rather than jumping to conclusions which they then feel obliged to defend. • How your job, like that of other GPs, has changed over the years, so that you now rely more on specialists in hospitals and diagnostic centres to carry out scans and examine blood samples. (And always tell your patients when you have received results and what they show.) • That you train recruits to your reception staff to ensure they act with empathy when dealing with patients. Tell your patients that if a receptionist 'signposts' them to a nurse or specialist it

is not being done to protect GPs from queues of patients (and make sure this is indeed the case).

• That your surgery is now part of a primary care network, and what that means. Ask your PCN to provide you with a page for your website introducing the staff (and their skills) who are available to work with them.

Being an active member of your primary care network will mean that you gain first-hand knowledge of your local community. You will become one of the few experts in 'joined-up' thinking' at 'place' level, in helping your integrated care system to actually behave in an integrated way. And you will be helping to ensure the survival of the NHS as a hugely-valued pillar of our society.

Deputy editor's note: Peter Levin's call to arms for a resuscitation of the GP-patient relationship can seem like a tall order in these exhausted, defunded and cynical times. We welcome collegial (please) discussion about the barriers and enablers of the vision that he has shared above. 'Just do it,' feels beyond many of us right now. Can we identify fixable things that are stopping us? Can we learn from colleagues who are managing to flourish along side the public that they serve? Can practice-patient alliances save general practice? And do we need to tell patients if and why it isn't working too?

## References

- 1. Simon C et al, Oxford Handbook of General Practice, 5th edition (2020), p.4, OUP, Oxford
- 2. Cornwall and Isles of Scilly Integrated Care Board, Help us help you, 2023. https://cios.icb.nhs.uk/help-us/

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## **Ben Hoban**

12 June 2023 at 4:26 pm

Thank you. I wonder if your comments about the traditional doctor-patient relationship hit the nail on the head: should we still aspire to bring together within individual practices everything health-related that our patients need, or instead accept that other NHS players have joined us on the field, and focus instead on the things that we do best, if we can work out what they are?

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