The NHS Plan: general practitioners with special interests

The National Director of Primary Care, Dr David Colin-Thome, writes about government plans for the role of general practitioners with special interests, who will be providing specialist services and a link between primary and secondary care by 2004 under the NHS Plan.

Abstract

Many general practitioners (GPs) already have a special clinical interest. This role is now being developed and formalised by the Department of Health and by 2004, 1,000 posts of general practitioners with special interests (GPwSI) will have been created. Alongside their normal general practice work, these GPs will also offer a particular specialist service under contract to a Primary Care or Acute Trust taking referrals from fellow GPs. A National Development Group is currently consulting relevant bodies to publish advice on the commissioning and appointment of such GPs. It is hoped these appointments will help integrate primary care and hospital services under the new NHS Plan, leading to enhanced patient care and the delivery of the National Service Frameworks. It will also give continuing job satisfaction to GPs wanting to extend their role.

Key words: general practitioners with special interests, specialist general practitioners, NHS Plan, National Development Group

The NHS Plan stated that, by 2004, "up to 1,000 specialist GPs will be taking referrals from fellow GPs for conditions such as ophthalmology, orthopaedics, dermatology and ENT. They will also be able to undertake diagnostic procedures such as endoscopy". Since the publication of the Plan, I have been appointed National Clinical Director for Primary Care (colloquially known as the Tsar) and inter alia was asked to lead on the development of the specialist GP. We now refer to such GPs as GPs with special interests (GPwSI). This may seem like uncalled for pedantry but reflects the view of general practitioners that our main speciality is one of being a generalist.

'General practitioners with special interests are able to provide a bridge and a co-ordinating role between primary care and hospital services'

David Colin-Thome

There is evidence that, to aid recruitment and job retention, plus give continuing job satisfaction, many professionals within or without the NHS are adopting what is known as a portfolio career. Such a career entails having more than one job or work-related interest; this is the case with many GPs. A survey commissioned by the Department of Health (DoH) and undertaken by Roger Jones, Professor of Primary Care of GKT (Guy's King's Thomas's) Medical School, identified that 16% of GPs have a clinical special interest over and above their traditional general practice work, although many of these posts are in delivering enhanced services to their own practice. All such posts can not be construed as being that of a GPwSI but they do demonstrate the existing desire of many GPs to work in an extended role. We at the DoH wish to build on such existing developments to produce a cohort of GPwSI whose conditions of employment will reflect certain principles, namely:

- GPwSI will be employed by Primary Care Trusts (PCTs) or Acute Trusts usually on a sessional basis or as an independent contractor, but will remain foremost as GPs. All must have medical indemnity cover.
- The service provided by GPwSI will not be equivalent in breadth to a consultant level but will provide a service of high quality as well as a link between primary and secondary care.
- The contract offered by the PCT will specify the core activities and competencies required, the types of patients suitable for the service, including minimum caseload/frequency, the facilities that must be present to deliver the service, the clinical governance accountability and monitoring arrangements, including links with primary care and the Acute Trust, and the level of payment. This will all be determined locally.

Key messages

- By 2004, a cohort of 1,000 specialist GPs will take referrals from fellow GPs
- Alongside their traditional duties, these GPs will provide a high quality service in a particular speciality and a link between primary and secondary care
- The National Development Group will issue advice on the commissioning and appointment of these GPs
- These specialist GPs will work under contract drawn up by Primary Care Trusts

- In appointing a GPwSI, the PCT will take on board the views of key people including clinicians and managers in Acute and other Primary Care Trusts.
- Evidence of training for and evidence of successful acquisition of competencies. While an appropriate diploma or similar formal qualification will usually be a credible source of evidence, many applicants will offer other experience-based evidence.
- Before the service can be delivered, arrangements must be in place for induction, support, continuing professional development (CPD), appropriate facilities, monitoring, clinical audit arrangements and local guidelines on the use of the service.
- In reviewing the service and the GPwSIs' work, there needs to be evidence that the guidelines are being followed, that the caseload is appropriate, there is evidence of CPD and an involvement in appropriate clinical governance arrangements including that of the local Acute Trust.
- Evidence of satisfactory outcomes of care, including the views of patients.
- Evidence that the generalist GP service is not being adversely affected.

A National Development Group has been formed at the DoH which I currently chair. This group comprises general practitioners, the Royal College of Physicians, the Tsars (or their representatives), Primary Care Trust representatives as well as DoH and other NHS representatives. This group will publish advice for the commissioning and appointment of GPs with special interests, both generically and in specific areas. It will also review existing guidance. In doing so, it will ask the Royal College of General Practitioners (RCGP) to consult with other relevant colleges, specialist societies, professional organisations and other relevant stakeholders. The National Development Group will be the final decision-maker on the content of the guidance which should be released imminently. We trust this guidance will receive widespread professional support.

Hospital support

I have, up until now, concentrated on primary care and DoH perspectives, but the support of our hospital colleagues is absolutely essential to developing GPwSI. Many are already supportive of such developments.

Primary Care Trusts will, at least from the year 2004, be responsible for all local NHS funds, including all hospital services, making them key to the development of integrated services for our patients. GPwSI will be an integral part of such integrated services, able to provide a bridge and a co-ordinating role between primary care and hospital services. Employment of GPwSI is only one of several options for redesigning local services and so should not be seen as the only way forward. Nevertheless, it is becoming increasingly popular as an option for both GPs and our hospital colleagues; currently, GPwSI number over 600. They are a quite separate group to hospital practitioners and clinical assistants who, currently, are normally GPs employed directly by hospitals. Many of these GPs may want to become a GPwSI and undergo the training process described.

Once a patient is referred from primary care it seems essential to blur the difference between hospital and primary care. Such existing differences can lead to tensions, perverse incentives and duplication. It is not the best use of scarce resources, particularly those of our hospital colleagues. GPwSI are already working in these specialised roles and, where they exist, they are enthusiastically supported by local consultants, demonstrated by the pioneers of such work in Bradford. Other numerous examples abound elsewhere.

The development of GPwSI is also enthusiastically supported by all of the National Clinical Directors who see this as essential both in enhancing patient care and delivering the National Service Frameworks. In the specialty of cardiology, we shall – as part of the initial exemplar guidance – include specific advice on the role of GPwSI in providing echocardiography services. Others can be developed on request.

We shall issue guidance very shortly and I welcome the chance to write this article for the journal. It has given me a chance to talk of better ways of working together between general practice and our hospital colleagues to provide better co-ordinated, integrated care for patients in situations suitable for both them and us. I am also keen to be involved in the development of nurses with similar special interests whether they are working in primary care or in the hospital services.

Finally, I would certainly welcome any feedback about the development of these and other related initiatives.

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