

## Doctors' Corner

One of Gordon Brown's first pledges on winning the leadership was to look again at the NHS. The criticism that the money put into reforms has not produced results has been directed at the new contracts for both GPs and Consultant staff.

So what differences have *you* noticed since the new contract, now in its 4<sup>th</sup> year?

The main difference to services at Pembroke House Surgery has been the emphasis on better management of long term conditions, encouraged by our new contract which, for the first time in my career fixes our remuneration according to the quality of the service rather than the quantity. However much of this work was already being undertaken here unrecognized, so the government got a shock when we found the targets well within our range. This means that, by the contract's own target measurements of quality, this practice has demonstrated a high level of achievement, gaining maximum points in 2 out of the 3 years to date.

The converse of the concentration on long term care is how we deal with emergency care. We now have a greater range of alternatives open to us compared with the days when every call to an emergency had to require a callout from a busy surgery before any action could be taken. For example we can call an ambulance direct, send a paramedic (recently we had a paramedic stationed in the practice as a trial) admit a patient to hospital direct, send our district nurse or community matron. Requests for visits are now cross checked by one of our doctors to make sure the most appropriate action is taken.

We have spent a great deal of effort in improving our responsiveness. We set the target of improving the phone system, and reducing waiting both to book an appointment and reducing the time you wait in surgery. Our figures suggest we have made a difference — only you can tell for sure!

Finally there is the question of Out of Hours work. We have (and take part in) an excellent GP rota scheme, which started as BayDoc and is now Devon Doc. I did the last Saturday morning surgeries in Pembroke House Surgery 4 years ago and by then attendances had already reduced to a trickle, most of which were for repeat prescriptions which are now sent direct to the chemist for collection.

The big issue to be resolved by the government (on behalf of the patients) is whether it is intended for us to provide a full "daytime" service over longer hours, or whether to continue to improve the "daytime" services and expect the out-of hours service to manage emergencies only. Extending hours is not just about GPs working longer — nowadays the service is provided by a whole team of people working with the GP and would have significant associated staffing costs; in addition a service provided over longer hours may not be provided by your own family doctor, but by a range of different doctors.

So, have the changes been worthwhile? The indicators seem to suggest "yes" but what do you think?

Send me your comments at the surgery.....