

Not Breaking Enough Boundaries

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“PFFS – Post Francis Fatigue Syndrome”. Maybe a touch of that made me grumpy when I read the NHS Alliance’s *Breaking Boundaries – a manifesto for primary care*.

I’ve spent 25 years around the NHS, much of it up close and personal to primary care and its practitioners, as a NED, Primary Care Group vice chair, complaints convenor, mental health manager, PCT PEC member for 10 years, and lay member on lots of redesign strategies, tenders and procurements. The potential inherent in primary care is a big part of my motivation.

That’s why I didn’t relish the Alliance’s new “manifesto”. It isn’t coherent as a policy framework, much less as a call to action. Much of it has been said and written about before. That doesn’t diminish its importance, but it makes me question why we have to keep saying it.

The main reason why is the elephant in the room - how British primary care works. *Breaking Boundaries* is a great title and promises much. But it largely ignores the boundaries which constrain primary care itself. What should be smashed down first are the walls surrounding practices themselves and the artisan, self-employed business model which hobbles primary care innovation and delivery.

Face facts: most primary care is not integrated into the NHS but contracted to it in a sweetheart deal which has been in place with some tweaks since 1948. That’s why, overall, most of it is immune to change. What was it Mr Francis said about a resistant “culture”? I’ve seen it too often in GP-land.

To be really radical, it is time to make primary care central to an integrated health and social care service across England by abolishing self-employment and practitioner tribalism and by enabling communities to decide what kind of primary care services they want, where they want them, who they want to deliver them and how they want to use them. If that is in the supermarket carpark – or in the supermarket itself - so what? The objectives that matter are access and uptake and effective health improvement and protection. That’s the “radical” manifesto for primary care I hoped for. Otherwise what we have is just lipstick on the proverbial pig even if she is smiling more.

I agree with the Alliance that it is indeed time – and has been really since 1948 - “for a true primary care led NHS”. But what their manifesto doesn’t seem to get is that sharing decisions with communities about investment and service priorities, access and ensuring responsiveness means working in a different dimension. GPs and health workers cannot still be in the driving seat, only explaining more and sharing data. Patients must stop being just “patients”. We must be invested in to become assets, leaders and real partners in care and co-owners of the system we pay for.

That’s the only future for primary care that makes sense to me. So this manifesto will not get me scrambling up on the barricades. The only page (19) on which the authors begin to talk about new ways of doing things – integrated “Care Delivery Groups” - is no more than kite flying. Uniquely this section contains no recommendations for action. What are we to glean from that? That it is just an empty thought?

Back in 2010 the Alliance started on a radical pathway about rethinking ownership, responsiveness and accountability in health services with *Whose NHS Is It Anyway?* Primary care should be at the

heart of that thinking. This 2013 *Manifesto* doesn't place it there. That's a lost opportunity for us who use it and for everyone who delivers it.