



In defence of single handed general practice Family Doctor Association report 10 July 2009

1. The Historical Context

NHS overseas recruitment. Enoch Powell when Secretary of State for Health in the mid sixties recognising the Health Service was failing due to lack of doctors had a major recruitment campaign in the sub continent of India. He looked primarily for specialists and most of the doctors who applied were looking for training and consultant posts and maybe returning home after some years here.

Excluded from Consultant posts. The challenges faced by this cohort of doctors featured in a BBC documentary [From The Raj To The Rhondda](#). First shown in autumn 2003, it told the story of the generation of doctors who came to Britain from the Indian subcontinent in the 1960s and have provided the backbone of the NHS ever since. *“... but their dreams were quickly quashed when, instead of getting posts in teaching hospitals or top medical fields, many found that the only doors open to them were in the 'Cinderella' specialities like mental health, geriatrics and accident and emergency. Others discovered that that the only opportunities offered were as GPs in Britain's most deprived inner city or industrial urban areas. Time and time again many of them faced overt racism and made the best of the crumbs the British medical establishment offered them.”*

Excluded from training in general practice. Due to the selection system these doctors went primarily into geriatrics, psychiatry and general practice for the geriatricians and psychiatrists training was provided. For those who went into general practice not only was there little training nationwide but these recruits were deliberately prevented from entering training for general practice.

Institutional racism in the NHS. There were definite cultural issues which have been neglected most particularly the difficulties of incorporating people leaving a low trust culture to work in a high trust culture. There was in the UK in the 1960's and still present overt and covert racism. As recently as three years ago it was still admitted that there was institutional racism not only in the Police Service in the UK but within the Health Service itself.

Strategic neglect of general practice. Until 1990 general practice was administered and it was Kenneth Clarke the Secretary of State for Health that insisted that general practice became a managed service. The GPs who had come from the sub continent of India were then in their forties and fifties many of them still in single handed practice.

Cultural differences ignored. The group practice allowance which had been started in 1966 encouraged GPs to work together and this was easier for those from high trust than low trust cultures, no allowance was made no alternative vehicles or suggestions made to promote the working together of overseas doctors.

2. The Structure of Single Handed Practice

The [Shipman Inquiry](#) fully exonerated single handed practice. Dame Janet Smith led this forensic analysis of the structure of single handed.

Fewer complaints. Approximately ten years ago the Medical Defence Union in its booklet 'Problems in General Practice complaints and how to avoid them' is quoted "there was no apparent difference in complaint rates according to the size of partnership". "Single handed practitioners had slightly fewer complaints than their numbers suggest, but otherwise complaints occurred in proportion to practice size".



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PCT attitudes to single handed style of general practice. There exist within the UK some PCTs which are comfortable with some neutral to and some hostile to single handed practice. This evidence was reported in the Shipman Inquiry where Dame Janet Smith concluded, "It seems to me that the policy of the Department of Health and of PCTs should be to focus on the resolution of the problems inherent in single-handed or small practices rather than to try to reduce the numbers of them in existence. I know that the DH says that it has no such policy but I have the clear impression that such a policy exists in the regions, if not in Whitehall. It is typified by the attitude that single-handed practices are a problem and that the NHS would be better off without them. As I have said, the numbers are likely to decline with time in any event..."

Where single handed and small practices have worked collaboratively together and have reduced isolation they have tended to be well thought of and successful.

3. Outcome Measures: Patient Satisfaction and Patient Enablement

Enablement demonstrated that duration of GP patient relationship and length of time of the consultation enabled the patient more that is made the patient more able to cope with their illness and the vicissitudes of their life. What's only stated in the small print is that there was an added enablement factor for single handed practice and a five times factor for non UK doctors looking after patient populations with similar ethnicity to themselves.

There is also good evidence that patients prefer certain practice characteristics and these are found in small rather than middle or large practices.

- [What type of general practice do patients prefer?](#) Exploration of practice characteristics influencing patient satisfaction
- [Characteristics of practices, general practitioners and patients](#) related to levels on patients' satisfaction with consultations
- [Continuity of care in general practice: effect on patient satisfaction](#)
- [An exploration of the value of the personal doctor-patient relationship in general practice](#)
- [Quality of general practice consultations: cross sectional survey](#)

4. Quality of patient care

[New England Journal of Medicine on clinical indicators and QOF.](#)

5. Conclusion

Many actions have unintended consequences. The treatment of the cohort of doctors from overseas who were brought to this country in the sixties and seventies and the eighties has had many immense benefits. However, there have been some unintended consequences and the stasis of some practices delivering general practice in a method of the sixties and seventies has been regrettable. It is not the fault of individuals or of the system but is poly-factorial. This should not however conclude that the structure of single handed practice with one doctor looking after his own list of patients and the list of patients looking to that doctor for the delivery of generalist services is of its very nature flawed.

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