

Primary Care

-pivotal for any healthcare system

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Primary Care becomes pivotal for any healthcare system. The recent COVID-19 pandemic has reminded us as to how important is the first contact for the patient and often, becomes a barometer of the health of the community it serves.

Traditionally, a general practitioner becomes a household name, and, in most families, they are regarded as 'friend in need'. In the olden days these family doctors were treated as highly respected leaders their communities and their opinions mattered and carried enormous influence.

In contrast, with the changes in demography, technology and more conscious political consideration of the healthcare, the modern Primary Care has its own new format. Much has changed, yet the central concept of the role of the primary care and a general practitioner retains the same values.

Historically, there has been some form of state-funded provision of health and social care in England for 400 years. Most care for poor, inform and elderly were provided by religious orders – the monasteries. From 1543 King Henry VIII established Church of England and excommunicated the Catholic Church that dismantled the services provided by the monasteries.

However, over the next 50 years, various measures were introduced to ensure that some form of support was available to those who were in most need.



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Queen Elizabeth I, in 1601 introduced the first Poor Law which allowed establishment of alms-houses to care for the poor and sick, and a system of "outdoor relief", providing support to the poor at home.

Until 19th Century this state sponsored source remained. Then the attitude towards the poor started changing. Subsequently the alms-houses and outdoor relief was abolished to replace workhouses to provide accommodation for the poor, orphans and the elderly.

Rudimentary special annexes were created for the sick, care, often provided by untrained volunteers and Florence Nightingale, amongst others, commented on the atrocious conditions.

It was the post-World War II, British government was struggling to cope with rebuilding the communities. These wars had deadliest and the most globally devastating conflicts in human history, which a major impact on the development of public health in the 20th century. In the lead up to WWII, the Emergency Health Service was created in 1938 which revolutionised healthcare in Britain by driving hospitals and clinics from across the country to coordinate. After the first war the first Ministry of Health was established. It recognised the need for greater involvement of the government in order



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to improve social security and public health. Healthcare provisions improved greatly in the inter-war period.

In 1906 the Committee's research on Physical Deterioration paved the way for Liberal reforms in public health including the first National Health Insurance scheme. The coverage was not based on any provision for universal coverage or comprehensive to a larger extent. It reformed an important steppingstone towards more comprehensive ones in the 1940s.

During the war, William Beveridge released his report on social security for the country. It had a major impact on post-war public policy thinking and formation. It began a chain of events and policies that resulted in the creation of the National Healthcare Service (NHS) in 1948.

Increasingly the services were identifying in various levels. The Primary Care, which is difficult to define encompass various models of service-delivery and became the first contact for people to register as a patient.

Then the Secondary care became a layer consisting of specialised service where various specialist with access to medical facilities for treating more complex conditions. The Hospitals are considered to be part of the Secondary care while the patients discharged requiring support and care became responsibility of the local GP and the Social Services managed by the local authorities. Nowadays, hospitals have provisions for 'Tertiary' a Super specialist service which requires highly specialized equipment and expertise.

A few decades ago, the primary care was provided by single handed doctors or by groups of Family Practitioner doctors. Family Practitioners now known as General Practitioners (GP).

Primary care handwritten records were mostly illegible. Now in the age of Digital Technology patients' records are kept on computers solving this problem. Sophisticated medical programmes have made possible to keep patients records secure, accurate, concise, retrievable.

It is possible to have one patient, one record which can be shared by many agencies. Access to medical records is GDPR rules reassuring patients that their information will not be misused.

GPs have to operate in the mode of service providers. This has presented a much greater challenge for GP since the demography changes and demands have increased, particularly in the cities and towns which are growing at much faster rates. The overburdened doctors have only 10-15 minutes to deal with their problems.

Patients can be quickly referred to secondary care electronically. Use of computers have made it possible to transmit prescriptions to any pharmacy in the country, and refer patients to secondary care electronically in no time.

A new '111' phone service is available for members of the general public to take initial advice. Patients can self-refer to A&E department in need of emergency care any time.

Computerisation in Primary care has helped GPs to prescribe cost effectively and safely saving millions of pounds to NHS

- Though computerisation has been very useful in Primary Care yet it means more trained staff and facilities are needed. Hence, demand for funding has become a major 'war-cry'
- Data held in Primary care is used by various screening programmes including Cervical, Breast, Bowel and Abdominal aortic Aneurysm to determine the

eligibility of patients for screening and addresses are used to send invitation and result letters to patients.

- There is a scope to increase triage system by employing more Advanced Nurse Prescribers in primary care and recent increased use of Pharmacists in the practices has helped to reduce fatal prescribing errors.
Increased use of, both the nurses and Health Care

Assistants in monitoring health conditions of patients and supporting them in management of their conditions is saving time in many GP surgeries.

Thus, the use of the well-trained receptionist staff supported by a 'triage' system, combined with the contribution from Health Care Assistants and nurses can make a huge difference in making the primary care more sensitive and efficient. They can easily do new patient checks including referring for blood tests, do good referral letters after briefing from GP, ear syringing, perform ECG, Spirometry, suture removals, Dementia screening etc

HCA can also be particularly useful in assisting GPs in monitoring various chronic illnesses like Asthma, Diabetes, Hypertension etc.

NHS England is trying to experiment on the model of Primary Care Networking where a number of practices join together to deal with health issues of their patients collectively.

The GP services are treated like a 'provider' and must meet the contractual commitments. Practice has the responsibility to deal with surgery property, all the testing equipment and communication equipment, Health & Safety issues, HR issues, security of building, including the issues of 'data protection'.

Practice is also responsible for training and supporting staff developments, in addition to keeping financial records that needs auditors' certificate of inspection. All GP practices are visited by Care Quality Commission regularly to make practices meet all the standards required for patient care

General Medical Council is responsible for registering and deregistering the doctors and maintain medical ethics in the profession.

Patient participation Groups and opinions from Family and Friends help to involve the end users-The Patients.

The system must look after the physical and mental wellbeing of doctors and provide adequate resources. Flogging a tired horse could be counterproductive. Our NHS is the best in the world, and we must preserve it. □

