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GPs with Special Interest

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Primary Care Trusts are charged with assessing local healthcare needs and allocating resources within the framework of national NHS policies. Mechanisms both to assess and deliver needs will be paramount and GPs with Special Clinical Interest (GPSCI) are seen as a vital component in this

Government Policy

In the NHS Plan 2000¹ a short paragraph indicates the development of "GP Specialists". There was, at the time, no policy statements, a strategic vision, with little indication of details for implementation. What precisely would be GP specialists? How would they be trained and accredited? Despite the paucity of specifics this now appears to be a policy statement that is both achievable, but more importantly, is seen to have huge benefits for delivering patient services

Reaction to GPwSI

A significant number of GPs were already in the category of "GP Specialists," offering services and skills in areas such as asthma, child health, dermatology. Some had also developed frameworks for intra and inter practice referrals. Others GPs were employed as clinical assistants in local specialist hospital departments. The Royal College of Practitioners (RCGP) has recognised that the GPSC concept will develop and are liaising with other institutions to create general guidelines for PCTS. It was also agreed that the more appropriate term of General Practitioners with Special Clinical Interest (GPSCIs) was preferable to GP Specialists

What is a GPSCI

The accepted definition is "Someone who has developed enhanced skills so as to provide a variety of extended services in a primary or intermediate tier level care setting". These services could be procedure specific eg. sigmoidoscopies or a service across specialty eg. respiratory medicine, diabetes, urology

How are GPSCIs to be created

The relevant clinical expertise must be acquired through experience or by following appropriate training courses. Whatever the process this will necessarily be a combination of core knowledge (anatomy, pathophysiology) and clinical skills (history taking, examination and diagnostics skills).

It is absolutely essential that there is involvement of the local hospital specialty team in the training of and in the development of GPSCIs or in the accreditation panels convene to look at GPs with existing enhanced skills.

What are the benefits of GPSCI

For the NHS generally, the GPSCIs will be a pool of medical resource, equipped to deliver an extended range of clinical services and to deliver the numerous targets set by central policy and respond appropriately to local healthcare needs eg. implementing NSF's. By encouraging and supporting GPSCIs the PCTs will be better placed to retain and attract GPs.

For GPs it will extend skills, enhance professional status and allow self-development.

The ultimate benefactors - the patient

The patient will derive the major benefit with the introduction of GPSCIs eg. improved access as waiting times reduce with appropriate clinical decisions made earlier at the intermediate care tier GPSCIs may reduce the numbers needing hospital services and as a consequence assist in hospital waiting times. Patients will be seen in locations with which they are familiar, find less threatening and nearer to home.

Integration of Primary & Secondary Care

The skills required for GPSCI work need to be acquired from local hospital specialists. The relationships engendered during skills training will evolve into an important primary/secondary care axis. This axis will be in a position to provide the PCT with advice on the format and delivery of healthcare, in formulating guidelines and referral criteria. Structure related to clinical governance, continuing professional development and audit will be more easily devised.

The Political Angle

Major resources appear to be available for projects and schemes that enable delivery of targets set in the NHS Plan. Reformatting of the delivery of care by blurring the boundaries between primary and secondary care with the creation of an intermediate tier level of care would seem to be logical and sensible. The establishment of GPSCIs would assist in achieving many of the national goals with specific local modification to reflect the locality health economy.

GPSCIs and Hospital Specialist

The hospital clinical fraternity is in constant turmoil with its relationship to NHS policy, due to the frequent government determined structural changes. Millions of pounds can be expended in an attempt to realign, restructure, audit, govern, facilitate, appraise and validate etc.; this has been a regular feature of the NHS over the last 25 years with no sign of it abating.

The sensible approach would be to take a serious look at what, amongst all the government rhetoric, is reasonable. The development of GPSCIs looks like a "win-win" for all sides

It is therefore vital that clinicians, in primary and secondary care, recognise this major reformatting of healthcare delivery. The axis of the GPSCI and the local hospital specialist team will be fundamental to the success of many government, PCT and clinical ideals. ■

References

1. The NHS Plan - a plan for investment, a plan for reform. DOH, London 2000

Further information on courses for training GP and Nurses to acquire Special Interests
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