

BARRIERS TO PRIVATE CARE

# It's difficult to refer



GPs are not blocking patients' access to private care. It is more a case of consultants proving difficult to reach, argues Harley Street GP **Dr Alix Daniel** (left)

mentioned in my referral letter. It was about professional, efficient communication. It worked. However, this is now fading away.

Some of the consultants I used to work with are retiring and some of the new consultants I have met though conferences and other gatherings have been proved difficult to access.

Sometimes, they have no named secretary. Most of the time, no one answers the phone. This has prompted changes in my referral system. I am seldom calling to arrange appointments with consultants.

**Call several times**

I occasionally text some consultants I know well. Often, I send a referral letter and give details of the consultant to the patient. However, it is not unusual that the patient will need to call several times to get an appointment, prompting dissatisfaction and concerns.

And it is not unusual that the consultant will have not read the referral letter at the time of the consultation.

So even if I have the knowledge of the 'right facts and figures and a script', as Fiona put it, it is proving difficult to refer patients as part of independent care.

I, as a private GP, feel the very same dissatisfaction that patients feel and a certain frustration, even though I am independent.

Healthcare corporates or organisations have come up with solutions. I will call King Edward VII hospital, HCA or the London Clinic's dedicated numbers in case of relative emergencies and for the specialities for whom I just cannot find a contactable consultant.

Even if these solutions are helpful, they limit my choice for best care. And I get the bad taste of being part of a mercantile healthcare, which I have always despised for my profession. ■

I READ WITH interest the article from Fiona Booth, chief executive of the Association of Independent Healthcare Organisations (AIHO) 'GPs "block access to private care"' in last November's issue of *Independent Practitioner Today*.

She reported the dissatisfaction at barriers to real patient choice, arguing that this was not related only to misguided disloyalty from GPs to the NHS, but also due to the lack of right facts, figures and scripts from consultants.

As a private GP, I agree with the facts and reasons put forward by Fiona. However, there is a more complex picture around GP referrals.

Who are these GPs barring private care access? Are they the ones who do not refer in time for cancer treatment, or do not read consultant reports?

Are consultants who are not getting private referrals the ones with inadequate administrative support? What is a GP referral actually? What is its very meaning and usefulness?

Is a GP referral just a 'permit' given or not by a gate-keeper or a start of a conversation between clinicians about a patient, or both?

When I succeeded Dr Philip Edmondson in 2002 in Harley Street, he gave me a 'book' with details of consultants for each speciality.

He also told me he used to bar consultants from that book – those who disappointed the patients or himself – arguing that patients judge their doctor on the quality of their referrals.

**Quality of referrals**

I quickly found out that the quality of my care was depending closely on the quality of my referrals. And quality of referrals depended not only on my diagnostic skills but also on consultant skills and access, with the need for good communication between primary and secondary care.

I carried on the tradition until recently, and it worked. I used to call a secretary of a consultant or even sometimes the consultant him/herself and get an appointment on the spot for the patient I was seeing.

I was then sending a clinical referral letter. This was followed in a timely manner by a courteous and professional report with acknowledgements of the facts



We reported in November on AIHO chief executive Fiona Booth's speech to a healthcare conference

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