NHS Scotland has gone through a decade of preferential investment in specialist services, in both secondary care where consultant numbers have increased by a half and in the community health services, whose share of the NHS budget increased by a similar amount. During the same period, the general practice share of NHS funding fell by a sixth.

Specialist services do important work which is protected by referral criteria, waiting lists and discharge back to general practice when they are done. This leaves a lot for general practice to do, for patients who do not meet referral criteria, who are not good at accessing services, who don’t just have one condition and who are not made better by specialist care.

Gatekeeping keeps the NHS afloat, by keeping most care in the community. The irony of this term is that there is no “gate”, only a gateway that patients can go through at any time, as they wish. What keeps them from doing so is satisfaction with the care they receive and the avoidance of complications of their conditions. If general practice is systematically weakened, as has happened during the last decade, patients will flood through the gate, accessing out of hours, A&E services or acute hospital admissions. The answer is not more A&E consultants.

The problem is likely to get worse. For the next decade at least, as a result of the trends described, the general practice landscape will feature increasing numbers of “sink holes” as practices can’t fill vacancies, are abandoned by GPs and replaced by Heath Boards using stop-gap arrangements.

The patients getting the worst deal from the NHS are those with multiple conditions, spanning several specialty areas. They are likely to need specialist care on occasion, but what they most need is personalised continuity of care, whatever their conditions, from a small number of professionals whom they know and trust, working in local communities. The NHS weakens such care at its peril, yet this is what it has done, grossly disturbing the balance between specialist and generalist care, and relying on emergency care to pick up the pieces.

Likening the NHS to a ship, there has been too much investment in the specialist side of the service, so that the ship is listing seriously to one side and in danger of capsize. Many of the competing demands for increased health service resources will exacerbate this problem. If politicians take their hands of the wheel, the NHS does not sail a straight course, addressing the needs of the Scottish population, but is pulled aside by the strongest interests. Some of the gaps in specialist services provide opportunities to start re-balancing the NHS.

A criterion for assessing the draft budget for 2017-18 is the extent to which it recognises and addresses this issue.

As the Chinese proverb says, “If we do not change direction, we shall arrive where we are heading”.

Draft Budget 2017-18
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