

We need an appointment with Dr Finlay

A recent article by Stephen Moss ('Pills, bills and bellyaches: a peek behind the scenes at a GP surgery', *The Guardian*, 3/11/13) is a vivid Hogarthian portrait of a frontline of our current NHS.

As a long-serving inner-city GP there is much I can endorse, amplify or dispute. One strand is of interest and illuminates much else. Health Secretary Jeremy Hunt is reported as pressuring *simultaneously* for a return to a traditional 'family doctor' ethos (which I strongly support) and an instant, Skyping, emailing, extended hours service (which I find inimical). It seems clear to me that one service cannot do both, and that an emphasis on the latter will destroy the former. Personally sensitive and imaginative care requires certain kinds of understanding, and these can come only from attentive human contacts and bonds.

The article then notions the various types of GP arrangements: consortia, businesses, partnerships and polyclinics. These are considered as options for future service delivery. What is not returned to is the *small* practice with its strong vocational ethos and long vernacular roots. The better examples of these could, and did, provide much better human contact, understanding and containment than the current large-scale alternatives. Small practices may not have advantages of economies of scale but they can save much – in both human and economic terms – by restoring subtle and important human connections and understandings.

When my small, single-handed practice closes it will be dissolved into something much larger and less personally sentient and responsive. In my old age it is most unlikely that I will receive the kind of care I have been able to offer for so long. I will want it.

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