

“Self-Referral” proposals from Wes Streeting and Keir Starmer



KONP Merseyside

We ask trade unionists and Labour Party members in Cheshire & Merseyside to consider the unequivocal rejection by medics of proposals that patients bypass GPs through "self-referral", as advocated by Shadow Health Secretary Wes Streeting and Labour leader Keir Starmer. If you agree with these criticisms by medics, you may wish to convey this through your organisations. In any case, we'd be happy to hear from you.

Streeting made the proposal in The Times on 6 January, in the course of a wide-ranging attack on the current model of primary care. He wrote: "Sometimes it's pretty obvious that you don't need to see the [family] doctor. I had a lump on the back of my head, during the pandemic. I needed to see a dermatologist but in order to get an appointment with a dermatologist, I had to go through the GP. What a waste of my GP's time. I think there are some services where you ought to be able to self refer."

On 15 January, Starmer told the BBC's Laura Kuenssberg: "would it not be possible to consider self-referral, so that individuals don't have to go to a doctor, use up a doctor's time in order to get referred to specialist help? For back pain, and you want to see a physio, it ought to be possible to self-refer. For internal bleeding, and you just want a test, there ought to be a way that doesn't involve going to see a GP."

Medics rubbished the idea before and after Starmer's interview.

13 Jan: Oxford GP Dr Helen Salisbury in the British Medical Journal <https://tinyurl.com/2cebnn73>

...To a certain extent this already occurs, with open access to physiotherapy and talking therapies, but the example [Wes Streeting] gave was of having a lump on the back of his head and needing to see a dermatologist. How did he know that he needed a dermatologist, rather than an oncologist or an ENT specialist, or maybe some blood tests, an ultrasound scan, antibiotics, or just reassurance? Even if the funding and training existed to significantly increase consultant numbers, it would make no sense for people to add to waiting lists without any triage or guidance, only to find that they'd sought help from the wrong expert.

16 Jan: Dr David Wrigley, Deputy Chair of British Medical Association GP Committee, as quoted in the Daily Mail <https://tinyurl.com/59jdz7hh>

'The idea that self-referring to see non-GP specialists will help alleviate NHS pressure is very unlikely. In fact, it would probably have the opposite effect, and is precisely why we need GPs' expert knowledge. Patients could refer themselves unnecessarily or to the wrong specialty, creating higher demand and longer waiting times for those who really need specialised care.'

16 Jan: NHS psychiatrist Dr Melanie Knowles letter to the Guardian <https://tinyurl.com/3bmyjhwe>

...GPs are experts in the management of chronic conditions like diabetes, as well as common mental health difficulties like anxiety. They are also experts in diagnosis and triage. A woman is experiencing bloating. Is this ovarian cancer, or irritable bowel syndrome? Do they need a scan, a blood test, A&E, referral to a specialist, or none of the above? This is a GP's job... The answer is not to dispense with referrals from GPs. Two things would happen: secondary care services – already under-resourced, with long waiting lists – would be flooded by those who could easily be managed in primary care, or who actually need a different specialty. That's not a slur on the public; these decisions take expertise. In addition, urgent referrals would be missed. Cancer or heart disease often present with vague, insidious symptoms that many will not recognise as alarming. ▶

18 Jan: Consultant Dermatologist (retired) Dr Andrea Franks, Liverpool:

How about Dermatology as an example, Wes Streeting? According to NHS England's own website, about 10% of people with a skin problem need referral to secondary care. The GP advises on the need for referral, and the urgency, but all skin clinics are already heavily oversubscribed. How does the Shadow Health Sec think it would improve the service if 100% of patients referred themselves without seeing their GP? Would a patient know if a skin problem was really urgent – or whether they really needed to see a different specialist altogether? Does Streeting realise it takes 4-5 years of higher specialist training to become a consultant dermatologist? Would he (unlike the Tories) commit to increasing funding to train more?

Does anyone get a feeling that this has not been thought through?

15 Jan: Palliative Care doctor Dr Rachel Clarke, on twitter: <https://tinyurl.com/mvn3n5ay>

In a Telegraph interview @Keir_Starmer just dismissed GP triage of patients' presentations as "bureaucratic nonsense", suggesting we all self-refer to specialists if we notice an issue.

This is so monumentally stupid (& insulting) on multiple levels I hardly know where to begin.

1. How do you know which specialist to refer yourself to?
2. Is Keir aware that waiting lists for many common NHS specialist clinics are already over 2 years, even with triage.
3. Triage directs resources to those most likely to benefit. It is highly skilled & difficult work.

15 Jan: BMA Chair of Council Phillip Banfield, on Sky News Sophie Ridge
<https://tinyurl.com/ycyumje8>

Doctors are not the problem. They are the solution. You need us as experts to deal with the problems of the NHS. We are not averse to change, it's a complete fallacy that doctors want the health service to stay as it is. We're the first people to say we want change in the health service. But please can we have it evidence-based, please can you listen to front-line staff, and please can you invest properly in a health service we can be proud of.

In solidarity,

KONP Merseyside

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