**Written evidence submitted by Michael Bosch (FGP0386)**

I have worked as a general practitioner for nearly 25years and have been personally involved in reforms of the NHS over that time.

For the last 20 years I have been a GP partner which allowed me to take part in discussions about the nature of healthcare from a position of autonomy and with growing confidence.

My views are entirely personal but I believe that increasing healthcare delivers less and less value for society and that general practice is probably the only organisational unit in the NHS to counterbalance overmedicalization from within the healthcare sector.

General practice needs reform but reforming primary care and the NHS risks to further focus public spending around the needs of hospitals as opposed to the health needs of the population.

General practice is at the heart of NHS primary care and it has two unique approaches to care:

- being a first point contact with a potential for continuity of care for individual patients and
- being an established part of the life of local communities.

Reforming general practice threatens both of these unique advantages:
A relentless focus on access will usually neglect relational continuity of care;
the idea to support general practice by creating 'scale' above the size of current PCN levels is likely to damage the unique local position general practices still occupy in their local communities.

Reform and reorganisations are too often about gaining and losing influence and power: just saying that NHS organisations are all made up of reasonable people who don't want 'silos', doesn't get away from this.

Attempts at making general practice the commissioner of other services with the previous NHS reforms failed and health services are still being 'transformed' around the needs of hospitals with a focus on containing healthcare inflation.

The health of a population is shaped by many factors and the business of healthcare is only a small part of it. If any part of the NHS has a chance to take this knowledge and transform approaches by creating health, general practice can.

The voices in healthcare that understand what drives the relentless inflation of healthcare are far and few so the opportunity costs of doing more with even more in the NHS are rarely ever discussed. They are almost never discussed by providers that operate a business model of single disease 'pathways' and specialism rather than generalism. (Community and Mental Health Trusts are by design no different to Acute Trusts in this respect).

Current plans to reform and integrate primary care with the other providers in the NHS risks damaging the unique approach general practice can offer in providing a counter influence to the (over)medicalization of everyday life.

The idea that all NHS providers are the same and they can integrate naturally through a professed desire to ‘not work in silos’ is dangerous and it will lead to the business of healthcare being even more removed from the needs of the population.

A ‘federal’ model of PCN sized units of general practice that can relate to their local communities could stabilize individual practices and continue to re-balance the dominance of specialist healthcare.

It doesn’t matter as much what the exact business model of a reformed general practice is, but it needs to be sufficiently different and independent from the other providers within the NHS family.

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